



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of Mount Bethel Human Services Corporation  
(MBHSC)

on 10/21-10/22/2015

**Compliance Monitoring Services Provided by**





## Quality Improvement Review

Mount Bethel Human Services Corporation - 10/21/2015

Lead Reviewer: Marcia Tavares

### CINS/FINS Rating Profile

#### Standard 1: Management Accountability

1.01 Background Screening	Failed
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Failed
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Limited
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	No rating

Percent of indicators rated Satisfactory: 50.00%

Percent of indicators rated Limited: 17.00%

Percent of indicators rated Failed: 33.00%

#### Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Failed
2.03 Case/Service Plan	Failed
2.04 Case Management & Service Delivery	Failed
2.05 Counseling Services	Failed
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

Percent of indicators rated Satisfactory: 43.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 57.00%

#### Overall Rating Summary

Percent of indicators rated Satisfactory: 46.00%

Percent of indicators rated Limited: 8.00%

Percent of indicators rated Failed: 46.00%

### Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.



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## **Review Team**

### Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Keith Carr, Principal, Forefront LLC

Leroy Anderson, Staff Accountant, Harvey, Covington & Thomas of South Florida, LLC



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## Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2015).

### Persons Interviewed

- |  |                                |  |
|--|--------------------------------|--|
| <input checked="" type="checkbox"/> Program Director | <b>3</b> # Case Managers       | _____ # Maintenance Personnel          |
| <input type="checkbox"/> DJJ Monitor                 | _____ # Clinical Staff         | <b>1</b> # Program Supervisors         |
| <input type="checkbox"/> DHA or designee             | _____ # Food Service Personnel | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> DMHA or designee            | _____ # Healthcare Staff       |  |

### Documents Reviewed

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accreditation Reports                        | <input checked="" type="checkbox"/> Fire Prevention Plan   | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Grievance Process/Records         | <input type="checkbox"/> Visitation Logs            |
| <input type="checkbox"/> CCC Reports                                  | <input type="checkbox"/> Key Control Log                   | <input checked="" type="checkbox"/> Youth Handbook  |
| <input type="checkbox"/> Confinement Reports                          | <input type="checkbox"/> Logbooks                          | <b>0</b> # Health Records                           |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input type="checkbox"/> Medical and Mental Health Alerts  | <b>0</b> # MH/SA Records                            |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input type="checkbox"/> PAR Reports                       | <b>4</b> # Personnel Records                        |
| <input type="checkbox"/> Contract Scope of Services                   | <input type="checkbox"/> Precautionary Observation Logs    | <b>5</b> # Training Records/CORE                    |
| <input checked="" type="checkbox"/> Egress Plans                      | <input type="checkbox"/> Program Schedules                 | <b>8</b> # Youth Records (Closed)                   |
| <input type="checkbox"/> Escape Notification/Logs                     | <input type="checkbox"/> Sick Call Logs                    | <b>2</b> # Youth Records (Open)                     |
| <input type="checkbox"/> Exposure Control Plan                        | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____                                |
| <input checked="" type="checkbox"/> Fire Drill Log                    | <input checked="" type="checkbox"/> Table of Organization  |   |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input type="checkbox"/> Telephone Logs                    |   |

### Surveys

- |                   |                              |                          |
|-------------------|------------------------------|--------------------------|
| <b>16</b> # Youth | <b>3</b> # Direct Care Staff | <b>10</b> # Other: _____ |
|-------------------|------------------------------|--------------------------|

### Observations During Review

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admissions                      | <input type="checkbox"/> Program Activities             | <input type="checkbox"/> Toxic Item Inventory and Storage |
| <input type="checkbox"/> Confinement                     | <input type="checkbox"/> Recreation                     | <input type="checkbox"/> Transition/Exit Conferences      |
| <input checked="" type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Searches                       | <input type="checkbox"/> Treatment Team Meetings          |
| <input type="checkbox"/> First Aid Kit(s)                | <input type="checkbox"/> Security Video Tapes           | <input type="checkbox"/> Use of Mechanical Restraints     |
| <input type="checkbox"/> Group                           | <input type="checkbox"/> Sick Call                      | <input type="checkbox"/> Youth Movement and Counts        |
| <input type="checkbox"/> Meals                           | <input type="checkbox"/> Social Skill Modeling by Staff |   |
| <input type="checkbox"/> Medical Clinic                  | <input type="checkbox"/> Staff Interactions with Youth  |   |
| <input type="checkbox"/> Medication Administration       |   |   |

### Comments

Items not marked were either not applicable or not available for review

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
|  | <input type="checkbox"/> Tool Inventory and Storage |



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### Strengths and Innovative Approaches

#### Rating Narrative

MBHSC is contracted with the Florida Network of Youth and Family Services (FNYFS), to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A, Descriptions and Specifications and Section B, Delivery and Performance and is funded with General Revenue Funds effective for July 2015 through June 30, 2019.

MBHSC is located in Fort Lauderdale, Florida at the corner of 10th and NW 6th Street. The offices are fully furnished and consist of a lobby, conference room, bathroom, a staff kitchenette and six (6) office suites that accommodate all of the agency's programs. Adequate spacing in the conference room allows for a family visitation, group session, or intake.

The agency provides a variety of services in the local community to assist youth and families. These services include: foster care; family reunification; housing counseling; family resource center; and child care assistance program. In addition to its core services, the CINS/FINS program also offers weekly groups at two different community locations. Group topics help youth learn skills to build self-esteem and learn how to overcome life's challenges. The provider has a Substance Abuse educational curriculum that is provided to the youth at intake. The curriculum is updated to include new drugs and information received from the local sheriff's office.

MBHSC is an active facilitator of community outreach events that encourage support and participation by local agencies. Each year, MBHSC hosts a Walkathon. The theme varies from year to year and is focused on pre-teen and teenage girls. The agenda for the event included: a walk, workshops, photo exhibit (Local women heroes), a display of youth photography and art, exhibitions, inspirational speakers, vendors, fun zones (manicure, pedicure, hair/nail/skin services, arts and craft), and music and entertainment. The event attracts over 300 attendants and features providers within the community who bring awareness to all of the resources available for residents.

In addition to the Walk, the provider also co-sponsors a Back-to-School event that attracts approximately 1500 individuals. Other community events include Thanksgiving and Christmas Giveaway, both providing food and items, including gifts, to youth and family within the local community.

Prior to conducting the QI Review, the Florida Network received a report alleging malfeasance; misrepresentation of number of youth served and services billed; misappropriation of program funds; and financial issues. An investigation into these



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allegations was conducted simultaneously with the QI Review and included a thorough review of open and closed files as well as interviews with clients and former staff.



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### Standard 1: Management Accountability

#### Overview

#### Narrative

MBHSC provides non-residential community-based services for youth and their families in Broward County, Florida. The CINS/FINS program is staffed by a Director of Programs and fulltime four staff: CINS/FINS Program Coordinator, Truancy and Court Liaison, a Multi-Lingual Counselor, and a Case Manager. Two of the fulltime direct care staff positions were added this fiscal year with additional Florida Network funding. The provider also added a Director of Operations position to conduct HR activities, oversee grant administration, and provide fund development. One prior vacancy was reported by the provider since the last visit. The vacancy was for a counseling position for the period April through July 2015.

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. Personnel files and background screening for new direct care staff in the program were reviewed.

The primary goal of CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. Upon hire by MBHSC, staff are trained and conduct administrative duties until the DJJ Screening results are received at which time they are assigned to the program and given a new job description. Training record for each staff is maintained in their Personnel file. The training completed is documented on a training log that includes the name of the training, date, trainer's name, and hours. Supporting documentation is maintained in the file. Staff are regularly scheduled by the Program Director to attend upcoming trainings provided locally.

In addition to attending the local DJJ Circuit Meetings, the provider participates on the School Board Attendance Committee and has been meeting with the School Board and DJJ Chief Probation Officer on a regular basis to work cohesively to identify and work out issues, and build rapport. A representative from the agency also attends the Florida School Social Worker Conference as a vendor and also participates in several workshops.



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### 1.01 Background Screening

Satisfactory

Limited

Failed

#### Rating Narrative

The agency does not have a policy and procedures in place that address the requirements of the indicator for background screening of employees and volunteers. A policy and procedure is required to ensure all potential employees, volunteers who work alone with youth, and interns successfully complete a Level 2 Employment Screening, pursuant to Rule 65C-14.023 and Florida Statutes, prior to an offer of employment or provision of service within the program.

The program maintains personnel records including employee background screenings in individual employee files. A total of four personnel files were reviewed for background screening of the program's direct care staff. None of the four staff had background screenings completed prior to their hire dates. Mount Bethel's policy is to hire staff and assign them to administrative duties while awaiting the DJJ Screening results. Upon receipt of the screening results, the staff are re-assigned to the CINS/FINS program and given a new job description. A review of the four files showed a Welcome Letter citing the original hire date and Administrative title in three of the four files; however, the original offer of employment in all four files occurred prior to receipt of the DJJ background clearance. None of the program staff met the criteria for a 5-year background screening during the review period as all four staff were hired within the last year.

None of the four employee files reviewed showed proof of the completion of E-verify. Each file contained an I-9 form but page 2 of the form was not fully completed in all four files.

The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards and evidence that it was submitted to the BSU on January 22, 2015.

#### **Exception**

The provider does not have a formal policy and procedures in place for the back ground screening of employees and volunteers.

All four (4) direct care staff were hired and given an offer of employment prior to receipt of the DJJ background clearance.

None of the four employees hired showed proof of the completion of E-verify.





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### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a policy and procedure in place for Abuse Reporting and Code of Ethics but does not fully address the requirement of Indicator 1.02 with regards to a Code of Conduct that prohibits physical abuse, profanity, threats or intimidation of youth and non-handling of complaint/grievance documents by direct care staff. The program also has a grievance policy that is included in the Client Handbook and is provided to youth /family at intake. Postings of the Abuse Hotline number and grievance procedures were observed in the lobby. Employees sign an Acknowledgement of Chapter 827 (Abuse of Children Laws) upon hire.

Since the last onsite visit on November 21, 2014, the program has not made any calls to the Abuse Hotline and has not received any client grievances. Per the Director of Programs, there have not been any incidents of physical and/or psychological abuse that required management to take disciplinary actions.

#### **Exception**

The program's policy and procedure is missing important elements required by the indicator as mentioned above.

### 1.03 Incident Reporting

Satisfactory

Limited

Failed

#### Rating Narrative

The agency does not have a policy and procedures in place that address the requirements of the indicator for CCC Incident Reporting. In addition, staff training on CCC incident reporting was not evident in the training files reviewed or listed on the agency's training plan. During the tour, the Reviewer did not observe any postings of the CCC telephone number.

Per the Director of Programs, during the past year there have not been any incidents that meet the criteria for reporting to CCC.

#### **Exception**



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Agency does not have current policies and procedures for reporting incidents to CCC in compliance with Indicator 1.03.

### 1.04 Training Requirements

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has policies and procedures in place to address the training requirements of new and in-service staff. However, the policies and procedures do not fully address all of the elements required by the indicator. In particular, seven of the trainings required and/or recommended by the Florida Network were not included in the provider's procedures or on their training plan namely: Professional Ethics; Serving LGBTQ Youth; Ethics and Boundaries; Trauma Informed Care; Human Trafficking Identification; . There were also no procedures documenting how the program maintains training files for each staff.

The training files for four new hire employees were reviewed. All of the staff had completed Orientation training hours (but no supporting documentation was present) and received over 40 hours of training within their first three months of hire. There was evidence of completion of some of the mandatory training topics as well with the exception of the topics listed above that were not included on their training plans.

One in-service training file reviewed exceeded the 24 hours required annually; however, none of the recommended trainings were completed as of the date of the onsite visit but the employee still had nine months remaining in the current training year to complete the training.

The program maintains a separate binder for FY 2015-2016 that includes its current training plan, individual staff training logs, and supporting agendas and/or attendance documentation. Training information is also maintained in the HR file and an Individual Staff Training file; however, there was inconsistency in all three separate files with regard to training documentation and/or up-to-date training logs. It was noted that some of the training logs were missing the number of hours and/ or dates training was completed.

#### **Exceptions**

Policies and procedures are not updated to fully address requirement 1.04 and a few required/recommended training topics are missing from the training plan.



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Training documentation maintained across three separate files is inconsistent. Also, training logs omit the number of training hours completed and/or date in few of the records reviewed.

### 1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

#### Rating Narrative

The agency does not have policies and procedures in place for the collection and review of quarterly case records; incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of Netmis data reports. The indicator requires a review of these data to analyze patterns and trends that are reviewed by management and communicated to staff and stakeholders.

In practice, the Director of Programs (DOP) conducts monthly case record reviews using a QA/QI File Checklist as a monitoring tool. Crisis cases are reviewed weekly. Record reviews are filed in each case file and a database is maintained by the DOP, documenting findings and deficiencies.

The DOP also conducts monthly reviews of Netmis data reports as provided by the Florida Network or obtained from Netmis and reports deficiencies to staff during staff meetings.

#### **Exception**

As of the date of the onsite visit, the provider did not have current policies and procedures to address the review and analysis of patterns and trends in service delivery, program operations, stakeholder satisfaction, and program outcomes. There was no evidence of a protocol for quarterly reviews of incidents, accidents, and grievances; reviews of customer satisfaction data; or reviews of program outcome data.

### 1.06 Client Transportation

Satisfactory

Limited

Failed

#### Rating Narrative



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MBHSC has a transportation policy to ensure that best practice is considered in all situations where youth are transported by staff and prohibits transportation of client without maintaining at least one other passenger in the vehicle during the trip. The best practice to prevent such situations is to have a 3rd party present in the vehicle while transporting a client. The third party may be another direct care staff, volunteer, intern, clinical or administrative staff or other youth. The provider maintains a copy of the staff's driver's license in their personnel file. Whenever a third party is not available, there is evidence that the program supervisor is contacted and consent is documented.

Approved agency staff drivers are those approved by administrative personnel who with a valid Florida driver's license and current personal automobile insurance. The employee must have proof of both maintained in their personnel file. Driver's license checks are conducted by the provider every six months. The agency also has valid Automobile Liability Insurance for owned and non-owned autos with a combined single limit of 1,000,000 for each accident.

The program has a transportation log that includes: name/initials of driver; date and time of transport; mileage; purpose of travel; and location.

### Exception

The current transportation log does not include the number of passengers being transported.

### 1.07 Outreach Services

Satisfactory

Limited

Failed

Not Rated

#### Rating Narrative

The provider has a Targeting Outreach plan for FY 2015-2016 that outlines its goals and activities planned to ensure CINS/FINS services are represented in a coordinated and effective manner. MBHSC outreach services are conducted by the program on an ongoing basis to increase public and community awareness. The DOP attends the local DJJ Circuit 17 Board meeting when they are scheduled which is frequently monthly.

Additionally, outreach includes youth and families through presentations in schools, community agencies and resources, events, fairs, law enforcement, and businesses as well as dissemination of printed materials informing the community of CINS/FINS as an effective prevention and intervention service. Outreach activities are entered in Netmis.



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Interagency agreements are utilized by MBHSC to build strong community partnerships and collaborations, ensuring youth and their families served receive appropriate services. The reviewer reviewed documentation on Outreach events 2015-2016, Interagency Agreements, and Community meeting participation.



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### Standard 2: Intervention and Case Management

#### Overview

##### Rating Narrative

MBHSC is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Broward County. The program provides centralized intake and screening during office hours Monday . Friday and accepts referrals from Broward County Schools, parents/guardians, and local community organizations. Trained staff are available to determine the needs of the family and youth. In addition to screening and assessment, case management, group education, and substance abuse prevention education is also offered. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of a Director of Programs and fulltime four staff: CINS/FINS Program Coordinator, Truancy and Court Liaison, a Multi-Lingual Counselor, and a Case Manager. The direct care staff have specific duties distinguished by their titles and are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

MHBSC coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court.

#### 2.01 Screening and Intake

Satisfactory

Limited

Failed

##### Rating Narrative

The current sample size of ten (10) random client files was selected by the monitor to assess the Screening and Intake service delivery requirements. Ten out of 10 client files were found to be compliant with Eligibility Screenings within 7 calendar days of referral. Ten cases were found to have all major documents required. (Right and Responsibilities, Grievances, Right and responsibilities, etc.)

#### Exceptions



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The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

Available Service options are not clearly documented in open and closed client files. The agency states that they are providing this information to each client's family; however, there is no documented signature or method to consistently confirm that each youth and parent/guardian is receiving Available Services Options. Signature lines on some documents are left blank. When a youth refuses to sign, the agency is supposed to document youth and/or parent failure to sign and include the initials of the counselor that is making the entry.

### 2.02 Needs Assessments

Satisfactory

Limited

Failed

#### Rating Narrative

The agency does not have a detailed policy that specifically addresses the requirements of the indicator. The current sample size of ten (10) random client files from the last 6 months was selected by the monitor to assess the Needs Assessment service delivery requirements. Two (2) out of 10 client files were found to be in compliance with the general requirements of this indicator. These 2 files contained documented evidence of completed Needs Assessments in 2-3 face to face sessions, completed by BS degree Level staff. Monitor also found assessment related items such as Referral Screening, Agency Screening, Suicide Screening, Risk Factor Form, but no actual client specific Needs Assessments.

#### **Exceptions**

The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

Eight (8) out of 10 client files reviewed did not have evidence of completed Needs Assessments. By the random selection of files, the agency was found not to be in compliance with the general requirements of this indicator.

### 2.03 Case/Service Plan

Satisfactory

Limited

Failed



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### Rating Narrative

The agency does not have a detailed policy that specifically addresses the requirements of the indicator. The current sample size of ten (10) random client files from the last 6 months was selected by the monitor to assess the Case/Service Plan service delivery requirements. Two (2) out of 10 client files were found to be in compliance with the general requirements of this indicator. These 2 files contained documented evidence of completed Individualized Service Plans in the intake and assessment phase of the service delivery process. Plans for open cases were found to be developed with 7 days or less. Plans were individualized and included location and type of goals. The Case Plans also included person responsible, documentation of target and completion dates, signature of youth and parent, and counselor and supervisor. Plans also included Plan reviews. The agency did have Risk Areas or goal-related NETMIS page to document goals had been identified. Thirty day Plan Reviews are documented in 2 out of 2 open files reviewed on site.

### **Exceptions**

The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

No completed individual Service Plans for 8 out of 10 client files selected.

No documentation of Frequency on the goals developed for each client.

Plan Review Sessions in 1 out of 2 client files reviewed included 3 out of 4 Signatures found in plans assessed on site (Missing Supervisor Review signature in 1 case).

### **2.04 Case Management and Service Delivery**

Satisfactory

Limited

Failed

### Rating Narrative

The current sample size of ten (10) random client files from the last 6 months was selected by the monitor to assess the Case Management and Service Delivery requirements. Eight (8) out of 10 client files were found to be in compliance with most of the general requirements of this indicator. Three client files did locate evidence of limited progress notes on day 2 of the onsite QI program review. Evidence of referrals is documented and is based on the initial assessment of the youth's needs. Five out of ten (10) client files contained evidence of Activity or Progress notes. Referral follow up





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is documented in several files. Exit from program is documented as required in 8 of 8 closed cases. Follow ups of 30 and 90 days are documented.

### Exception

The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

Five out of ten (10) client files are missing evidence of Activity or Progress notes.

Several files are missing clear follow up documentation that verifies and confirms that referral outside sources are appropriate and being serviced as required.

### 2.05 Counseling Services

Satisfactory

Limited

Failed

#### Rating Narrative

The current sample size of ten (10) random client files from the last 6 months was selected by the monitor to assess the Counseling service delivery requirements. Two (2) out of 10 client files were found to be in compliance with the general requirements of this indicator. These 2 files contained documented evidence of completed Individualized Service Plans in the intake and assessment phase of the service delivery process.

#### Exceptions

The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

Eight (8) out of 10 client files review did not have evidence of completed work to demonstrate case file coordination between presenting problems, Needs Assessments, Case/Service Plan, Plan Reviews, Case Management and follow in the majority of case sample selected. In a random selection of files reviewed, the agency was found not to be in compliance with the general requirements of this indicator.

Case notes were not found in 5 out of 10 cases.

Four (4) files did not have Confidential stamped on the exterior/outside of the file.

Current internal review by supervisors of direct counselors, practice records and activity notes are not done on a consistent basis.



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### 2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

#### Rating Narrative

Agency has a staffing plan that is overseen by the MBHSC Director of Programs. The Plan has staff that initiates Case staffing as requested. Staffing notification is conducted and distributed on a daily basis. The agency provided 1 case in the last 6 months for review to assess the requirements of this indicator.

#### **Exception**

The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

### 2.07 Youth Records

Satisfactory

Limited

Failed

#### Rating Narrative

The current sample size of ten (10) random client files was selected by the monitor to assess the Youth Records service delivery requirements. Six out of 10 client files were found to be compliant with the indicator. All ten files are maintained in a file cabinet that is marked confidential, that is not accessible to unauthorized staff.

All staff transport files in soft brief cases that are not accessible to unauthorized parties. All files are maintained in a neat and orderly manner so that staff can quickly and easily access information.

#### **Exception**

Four (4) out of ten (10) client files did not include markings of confidential and or a stamp to mark the process.

The agency does not currently transport client file documents outside of the agency in opaque containers that is marked confidential.