



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Mount Bethel Human Services Corporation
(MBHSC)

RE-VISIT
04/19/2017

Compliance Monitoring Services Provided by





Quality Improvement Review

Mount Bethel Human Services Corporation – 04/19/2017

Lead Reviewer: Marcia Tavares

CINS/FINS Rating Profile

Standard 1: Management Accountability

| | |
|---|----------------|
| 1.01 Background Screening | Satisfactory |
| 1.02 Provision of an Abuse Free Environment | Not reviewed |
| 1.03 Incident Reporting | Not reviewed |
| 1.04 Training Requirements | Not reviewed |
| 1.05 Analyzing and Reporting Information | Satisfactory |
| 1.06 Client Transportation | Not Applicable |
| 1.07 Outreach Services | Not reviewed |

Percent of indicators rated Satisfactory: 50.00%

Percent of indicators rated Limited: 33.00%

Percent of indicators rated Failed: 17.00%

Standard 2: Intervention and Case Management

| | |
|---|--------------|
| 2.01 Screening and Intake | Not reviewed |
| 2.02 Needs Assessment | Not reviewed |
| 2.03 Case/Service Plan | Not reviewed |
| 2.04 Case Management & Service Delivery | Not reviewed |
| 2.05 Counseling Services | Not reviewed |
| 2.06 Adjudication/Petition Process | Not reviewed |
| 2.07 Youth Records | Satisfactory |

Percent of indicators rated Satisfactory: 0.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 0.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

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



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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 2016).

Persons Interviewed

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

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 | <u>0</u> # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>2</u> # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>1</u> # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>0</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>0</u> # 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

- | | | |
|------------------|------------------------------|--|
| <u>0</u> # Youth | <u>0</u> # Direct Care Staff | <u>0</u> # Other: <u>Parent/Guardian</u> |
|------------------|------------------------------|--|

Observations During Review

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

Comments

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



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Purpose

The purpose of the re-visit is to evaluate the provider's progress in addressing the indicators that were rated as limited and/or failed during the QI Visit on September 14, 2016. Specifically, the provider received limited ratings for indicators 1.01 – Background Screening and 1.05- Analyzing and Reporting Information, and a failed rating for indicator 2.07- Youth Records.

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.

In June 2016, the program's former office building, located at 1021 NW 6th Street, Fort Lauderdale, was flooded, forcing evacuation and temporary relocation of the program. On April 1, 2017, MBHSC relocated its program office to a new permanent location at 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida. The current building houses all of the agency's programs namely: CINS/FINS, Foster Care Services, Family Resource Center, Community Development Corporation, and Food Pantry. The office building is located in a strip plaza facing on busy street. In addition to having ample space to accommodate all its programs, the provider is able to conveniently store all its records securely in a storage facility located next door. During the visit, staff had access to personal file cabinets; however, they were not being used as the provider was still sorting through and locating the correct locks for each.

The current office building consists of the following: a furnished lobby and reception desk; a very large open space used for groups/training; 3 individual offices occupied by the CEO, CDC Director, and Director of Programs; cubicles equipped with office desks and chairs for program staff; food pantry; computer lab; kitchen; and bathroom facilities.

The agency provides a variety of services in the local community to assist youth and families. These services include: K-8 school with an enrollment of approximately 200 students; foster care; family reunification; housing counseling; family resource center; parenting; mentoring; and child care assistance program. Parenting services are offered at the Sunland Park Elementary School twice per year, serving an average of 12 parents who participate weekly during each 12 week session. The program also offers two separate mentoring programs, one for males ages 12-18 called Young Kings and a



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second program called Growing Carols Gems that serves females ages 8-18 years. Since the last onsite visit in September 2016, the provider has expanded its foster care services to an additional 5 counties in Palm Beach and St Lucie and also provides a successful mentoring program in the Treasure Coast.



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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 under the leadership of an Executive Director and is staffed by a Program Coordinator, a multi-lingual Case Manager, and an Outreach Coordinator. The provider also has a Director of Operations who conducts HR activities, oversee grant administration, and provide fund development. No current staff vacancies were reported at the time of the onsite visit.

Personnel files and background screening for new direct care staff in the program were reviewed. 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. The provider did not report any volunteers in the program who met the criteria for background screening. As of the last onsite QI visit, the program hired one new staff in April 2017.

The primary goal of the 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. MBHSC maintains staff training records in their personnel file. The completed training 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.

MBHSC staff conducts outreach activities through presentations in schools, community agencies and resources, events, fairs, law enforcement, and businesses. Additionally, the provider attends the local DJJ Circuit Meetings when held and also works cohesively with other community organizations to coordinate services and address issues impacting its youth and families. The program has a Targeting Outreach plan for FY 2016-2017 that outlines its goals and activities planned to ensure CINS/FINS services are represented in a coordinated and effective manner.



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1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedures in place that address the requirements of the indicator for background screening of employees and volunteers. The agency's policy and procedures, MBHSC 1.01, was last revised 04/03/2017 and signed by the Executive Director.

The policy requires employees, volunteers, and interns who are in direct contact and/or caretaker positions or who are owners, operators, or directors to successfully complete a Level 2 Employment Screening, pursuant to FDJJ 1800, prior to an offer of employment or provision of service within the program. In reviewing MBHSC 1.01, all of the requirements of the indicator were addressed as the provider updated its policy per the findings of the last QI visit to include: 1) five year re-screening of active volunteers and, 2) submission of the Annual Affidavit of Compliance with Good Moral Character Standards to DJJ Background Screening Unit by January 31st each year.

The program maintains personnel records, including employee background screenings, in individual employee files. The background screening for a new direct care staff hired since the last onsite QI review was reviewed. The date of hire for the new staff was 4/10/17 and an eligible background screening was received effective 4/6/17. The HR file for the new employee showed proof of the completion of E-verify.

Based on the findings of the last onsite visit, the provider submitted a clearinghouse request for the 5-year background screening of the ED that was identified as missing during the last review as well as a DJJ screening for a Consultant who was hired on 10/1/16. For the record, an eligible DJJ screening was obtained effective 11/21/16 for the ED and effective 12/12/16 for the Consultant.

As of the date of the QI review, the provider did not have any volunteers who met the criteria for background screening.

The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards that was completed by the Executive Director on January 9, 2017.

Exceptions

None



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1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedure, MBHSC1.05, that was revised on 4/3/2017 following the most recent QI Review in September 2016. The revised policy and procedure identifies all of the areas required for reviewing and analyzing data and lists brief procedures for the collection and review of said data. The provider hired a full time Data Specialist in April 2017 to assist with the collection and reporting of required data.

Per the policy and procedure, the Program Coordinator will conduct the following on a monthly basis: review of 15% of open client cases; review of all reported incidents, accidents, and grievances; and review of monthly NetMIS data. Information collected in the monthly reviews are compiled and reported to the Director of Programs (DOP) and ED. In addition, upon receipt of annual outcome data and annual customer satisfaction data, this information will be reviewed and compiled respectively and presented in writing to the Director of Program Operations and the ED. Monthly staff meetings are held to discuss the findings of all data reported; agendas and minutes are maintained in a binder.

Evidence of case record reviews was present for November 2016 – January 2017 but not the past 2 months because the provider was relocating offices, moving files from one location to another, and had re-developed a new QA/QI File Checklist to be implemented in May 2017. In addition, the new Data Specialist position was hired in April to direct the QI File monitoring process.

During the review period, the provider has not had any reportable incidents, accidents, or grievances; however, it was observed that these reviews were not conducted and/or included on the monthly meeting agenda as required by the provider. As of the QI visit, the program has not reviewed customer satisfaction data as an agency or program activity. The Program Supervisor indicated that it will be implemented during the current fiscal year.

The Executive Director receives the monthly Florida Network's benchmark/outcomes report that shows the program's performance in relation to established benchmarks and communicates via email to the Program Director. A review of this NetMIS data is conducted during the monthly staff meetings and copies of the reports were found for the last 5 months verifying implementation of reviews and activities for improvements



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Exceptions

Reviews of reportable incidents, accidents, or grievances were not conducted and/or included on the monthly meeting agenda as required by the provider.



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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. Services offered includes: screening and assessment, case management, group education, and substance abuse prevention education. Educational group sessions are facilitated by MBHSC staff weekly at two schools, Walker Elementary and Westwood. The DPO is trained in the Why Try curriculum but it was not yet implemented in the program. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of two fulltime direct care staff and a Program Coordinator. The direct care staff have specific duties distinguished by their titles and are responsible for completing needs assessments, developing case plans, providing case management services, and linking youth and families to community services.

MBHSC utilizes 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. MBHSC staff participates in the committee meetings held by Lutheran Services Florida. The case staffing committee meets monthly to review referred cases and can also recommend the filing of a CINS Petition with the court.



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2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures, MBHSC 2.07, to ensure youth records are maintained confidentially. The policy and procedure was last reviewed on 4/3/2017 and signed by the ED.

The provider has permanent file storage in a storage facility located next door to its offices. The key to the storage unit and CINS/FINS file cabinet is only accessible to program staff who must request it from the Program Coordinator or DPO. Staff has access to file cabinets in their office space; however, the cabinets are not currently being used as the locks were not yet retrievable. Consequently, all current and active files in use are required to be stored and accessed from the file storage unit. During the review, case file binders observed were marked “confidential”. The program has an opaque box for the transport of youth records. The box is marked confidential and is equipped with a lock.

During the last onsite review, four files randomly selected were not available and could not be located by the program’s staff. In response to the former corrective action, the provider conducted an inventory and accounted for all its client files. Monthly case file reviews were implemented in November 2016 to ensure all records are in compliance and can be located.

Exceptions

None