



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

Review of Mt. Bethel Human Services Corporation

on 03/27/2018

## CINS/FINS Rating Profile

### Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory
Percent of indicators rated Satisfactory: 83.33%	
Percent of indicators rated Limited: 16.67%	
Percent of indicators rated Failed: 0.00%	

### Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
Percent of indicators rated Satisfactory: 100.00%	
Percent of indicators rated Limited: 0.00%	
Percent of indicators rated Failed: 0.00%	

Percent of indicators rated Satisfactory: 92.31%  
Percent of indicators rated Limited: 7.69%  
Percent of indicators rated Failed: 0.00%

### Rating Definitions

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

Satisfactory Compliance	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.
Not Applicable	Does not apply.

### Review Team

#### Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Lashonda Chavis, Director of Admissions, Miami Bridge Youth and Family Services Inc.

Joan Jordan, Clinical Director, Children's Home Society West Palm Beach

**Persons Interviewed**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer            | <input checked="" type="checkbox"/> Executive Director     | <input type="checkbox"/> Chief Operating Officer            |
| <input checked="" type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director       | <input type="checkbox"/> Program Manager                    |
| <input checked="" type="checkbox"/> Program Coordinator     | <input checked="" type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time              |
| <input type="checkbox"/> Direct-Care On- Call               | <input type="checkbox"/> Volunteer                         | <input type="checkbox"/> Intern                             |
| <input type="checkbox"/> Clinical Director                  | <input type="checkbox"/> Counselor Licensed                | <input checked="" type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager            | <input type="checkbox"/> Advocate                          | <input checked="" type="checkbox"/> Human Resources         |
| <input type="checkbox"/> Nurse                              |  |   |
| 0 Case Managers   | 0 Maintenance Personnel                                    | 1 Clinical Staff  |
| 2 Program Supervisors                                       | 0 Food Service Personnel                                   | 1 Other   |
| 0 Health Care 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 checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs            |
| <input type="checkbox"/> CCC Reports                                  | <input type="checkbox"/> Key Control Log                      | <input type="checkbox"/> Youth Handbook             |
| <input type="checkbox"/> Logbooks                                     | <input checked="" type="checkbox"/> Fire Drill Log            | 0 # Health Records                                  |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input type="checkbox"/> Medical and Mental Health Alerts     | 0 # MH/SA Records                                   |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input checked="" type="checkbox"/> Table of Organization     | 2 # Personnel Records                               |
| <input type="checkbox"/> Contract Scope of Services                   | <input type="checkbox"/> Precautionary Observation Logs       | 0 # Training Records                                |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules         | 4 # Youth Records (Closed)                          |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input type="checkbox"/> Telephone Logs                       | 4 # Youth Records (Open)                            |
| <input type="checkbox"/> Exposure Control Plan                        | <input checked="" type="checkbox"/> Supplemental Contracts    | 0 # Other   |

**Surveys**

0 Youth                      0 Direct Care Staff

**Observations During Review**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Intake                         | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth      |
| <input type="checkbox"/> Program Activities             | <input type="checkbox"/> Tool Inventory and Storage          | <input checked="" type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Recreation                     | <input type="checkbox"/> Toxic Item Inventory and Storage    | <input type="checkbox"/> First Aid Kit(s)                |
| <input type="checkbox"/> Searches                       | <input type="checkbox"/> Discharge                           | <input type="checkbox"/> Group                           |
| <input type="checkbox"/> Security Video Tapes           | <input type="checkbox"/> Treatment Team Meetings             | <input type="checkbox"/> Meals                           |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts           |  |
| <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.

Rating Narrative

## Strengths and Innovative Approaches

### Rating Narrative

Mount Bethel Human Services Corporation (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 currently located at 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida. The building houses all of the agency's programs namely: CINS/FINS, Foster Care Services, Family Resource Center, Community Development Corporation, and Food Pantry. The offices provide adequate space for staff to use as well as an open space for program activities, groups, meetings, etc. The provider is able to conveniently store all its records securely in a storage facility located next door. Staff also has locked personal file cabinets for secure storage of active file documents and records.

The program office is described as having 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; child care assistance; and SNAP in Schools program. The latter program, SNAP, was recently implemented by MBHSC. The SNAP program provides high-risk youth and their families' strategies to increase pro-social skills that will help the youth stay in school and out of trouble by making better choices throughout a 13-week program. MBHSC offers parenting services 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 for male youth ages 12-18 called Young Kings, and a second program called Growing Carols Gems that serves females ages 8-18 years. 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.

On May 25, 2018, MBHSC will be celebrating 25 years of service in the Broward County community. The agency has planned a gala on May 18th and golf tournament on May 19th as part of the celebration and to garner community participation.

Since the last onsite QI visit, the agency and staff have received the following accolades:

- Rosby Glover, Executive Director, was appointed Governor of Faith Based Community Council, effective through 2021.
- An award for Most Outstanding Women was also presented to the Director of Programs.
- A local law firm awarded MBHSC for its service to the community.
- The Case Manager, Toni Reed, was recognized by the Florida Network for ingenuity in program implementation of the Growing Carol's Gems mentoring program for adolescent girls.

## 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, a Director of Programs, a Program Coordinator, and three Youth Care Workers-- one of which is a multi-lingual case manager. Two of the three Youth Care Workers were recently hired in December 2017. No current staff vacancies were reported at the time of the QI 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 QI visit, the program hired two new staff and submitted their background screening to DJJ BSU prior to their hire dates.

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. MBHSC maintains staff training records in a single binder. The training completed is not documented on a cumulative training log that tracks hours completed or completion of required training. Supporting documentation is maintained in the binder. The two new staff were missing proof of orientation training and other core trainings required during the first 120 days of hire.

In addition to conducting outreach activities through presentations in schools, community agencies and resources, events, fairs, law enforcement, businesses, and also work cohesively with other community organizations to coordinate services and address issues impacting its youth and families. The provider reported attending the local DJJ Circuit Meetings when held but did not have documentation of attendance such as meeting minutes and/or sign in sheets. The program has a Targeting Outreach plan for FY 2017-2018 that outlines its goals and activities planned to ensure CINS/FINS services are represented in a coordinated and effective manner.

### 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 reviewed on 04/03/2017 and was signed by the Director of Programs.

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 Florida Statutes 39,435, 984, 985, and DJJ 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 with the exception of submission of the Annual Affidavit of Compliance with Good Moral Character Standards to DJJ Background Screening Unit by January 31st each year.

Per the provider's procedures, a clearinghouse screening is submitted for all potential employees and volunteers prior to hire/start date using forms IG/BSU-002 and IG/BSU-005, respectively. The employee/volunteer is required to submit a Live Scan, driver's license, and social security card prior to an offer of employment/approval for volunteer service and upon receipt of the screening result. A copy of the background screening result is maintained in the employee/volunteer personnel record. Every employee/volunteer will undergo 5-year re-screening and the results will be kept on file in the respective employee/volunteer record.

The HR Manager maintains the personnel records, including employee background screenings, in individual employee files. A total of two eligible personnel files were reviewed for background screening of the program's new direct care staff hired since the last onsite QI review. The two new staff started in December 2017 and a DJJ background screening for both employees was completed prior to the hire date for each staff. The HR files for both employees showed proof of the completion of E-verify.

None of the current program staff met the criteria for a 5-year background screening during the review period. 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 8, 2018. Per the Director of Programs, the affidavit was emailed to the Florida Network on 1/29/18; however, it was not submitted to DJJ until 2/12/18 via fax.

Exception:

The provider's formal policy and procedures for background screening did not include the submission of the Annual Affidavit of Compliance with Good Moral Character (AACGMC) Standards to DJJ Background Screening Unit by January 31st each year. Upon review, it was determined that the AACGMC was not submitted to DJJ by January 31, 2018 as it was faxed late on 2/12/18.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a policy in place (MBHSC 1.02) to provide an abuse free environment for all clients at all times. The policy states that MBHSC shall provide an abuse free environment and abuse of illegal substances is prohibited. MBHSC 3.06 addresses the Reporting of Child Abuse and/or Neglect. MBHSC 4.02 (Risk Management) addresses the requirement for management to take action regarding incidents of reported staff abuse, neglect, intimidation, or use of profanity. However, as required by the indicator, MBHSC 1.02 does not fully address: 1) the agency's requirements for code of conduct that prohibits the use of physical abuse, profanity, threats or intimidation; and 2) grievance process/procedures. All of the above policies and procedures were last reviewed on 04/03/2017 and signed by the Director of Programs.

MBHSC 1.02 standard operating procedure lists the contact number and/or email addresses for: Central Communications Center (CCC) and Child Abuse Hotline as well as email addresses for the Florida Network of Youth and Family Services, Florida Department of Juvenile Justice, and Florida Department of Children & Families. The DOP maintains a file of calls made to CCC and the Abuse Hotline.

The program provided separate documentation to support the aforementioned procedures for staff's code of conduct, maintained in the employee handbook, and grievance procedures which are provided to and signed by the youth and family during intake.

Per the DPO, the program did not report any client grievances for the review period. Similarly, no calls to the abuse hotline were reported for the review period. The Reviewer observed postings of the CCC and abuse hotline numbers on the walls in the vicinity of the staff desks, including egress plans. In addition, the CCC and Abuse Hotline numbers are included in the Consumer handbook given to youth/guardians during intake. The Reviewer reviewed the employee handbook on the program Code of Conduct and client handbook for grievance procedures for youth, including feedback. Per the procedures, complaints/grievance documents are handled by supervisory staff and program directors, not direct care staff. The provider informs youth/guardians of their grievance policy and procedures during intake. A copy of the policy, procedures, and grievance form is provided at that time. A grievance box is accessibly located on a table in the reception area of the program office.

Management did not have any incidents of physical/psychological abuse, profanity, verbal intimidation, and/or excessive use of force by staff that required management action.

A total of five fire extinguishers are mounted throughout the facility at exit doors, in the staff kitchen, in the hallway, and at the reception desk. The inspection of the extinguishers is valid through May 2018.

Exception:

The current MBHSC 1.02 policy and procedures does not fully address the following requirements: 1) code of conduct that prohibits the use of physical abuse, profanity, threats or intimidation; 2) the program's grievance process/procedures; and, 3) management's procedures for addressing incidents of abuse, profanity, and/or excessive use of force.

### 1.03 Incident Reporting

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a policy and procedure for incident reporting, MBHSC 1.03, that was last revised on 4/3/2017.

The procedure states that reporting of incidents shall be consistent with the Department of Juvenile Justice's requirements. Incidents will be reported to the Central Communications Center (CCC) as soon as possible, but no later than two (2) hours after any reportable incident occurs.

Mount Bethel Human Services has had no incidents that were deemed reportable to DJJ/CCC incidents within the past six months or since the last onsite QI visit.

No exceptions were noted for this indicator.

## 1.04 Training Requirements

Satisfactory

Limited

Failed

### Rating Narrative

The program has a policy and procedure for training requirement, MBHSC 1.04 that was last signed on 4/3/2017. The policy states that training and professional development are key components of continuous quality improvement. In addition, training is a requirement of all major funding sources, the federal government (OSHA) and national accreditation organizations. These requirements set specific goals for staffing training in terms of the number of hours and specific topics required for each employee. Employees must meet these requirements to satisfy funding source, contractual or local, state and federal guidelines. All direct care CINS/FINS staff shall have a minimum of 80 hours of training for the first full year of employment and 24 hours of training each year after the first year.

The program has procedures where training services are scheduled throughout the year and may be provided by the Florida Network, local community resources, and various local provider personnel approved or certified to deliver training services. The program procedures also state that staff must complete specific training within ninety (90) days, although the Florida Network requirements are for those training topics to be completed within 120 days of hire. These topics include: orientation training, CINS/FINS Core training, Suicide prevention, Signs and symptoms of mental health and substance abuse, and CPR and First Aid. The agency's procedures list the following training topics to be completed within 120 days of hire: Understanding of Youth and Adolescent Development, Ethics (Civil rights, EEO and Sexual Harassment), Confidentiality, Child Abuse Reporting, Trauma Informed, Prison, Rape Elimination Act (PREA), and Fire Safety.

There were two training files reviewed for two new hires that recently started with the agency in December of 2017. In both files, there were training topics that were not completed within the agency's 90 day requirements such as Signs and Symptoms of Mental Health and Substance abuse and CINS/FINS Core training. Although during the review, a staff completed the training for CINS/FINS Core, it did not meet the agency's 90 days requirement.

There were two training files reviewed for in- service staff and both have been working with the agency since 2015. In one of the training files, the staff only had a total of five (5) hours completed for current training year to date. The second file that was reviewed the staff had four (4) hours completed for current training year to date. Both staff still have time to complete training but are missing the suicide prevention training and fire safety. In one training file, there was no documentation that the fire safety training was completed within the last two years.

During the review of the training files, documentation of the program orientation topics were not listed in the new hire staff training files. The program Human Resource Director only has a tracking form for the HR orientation. The agency used a training log in the past and is no longer using the tracking form that lists the required training and tracking of hours of training completed. Instead of individual training files, the agency maintains a single binder which holds all staff training documents, DJJ Skill Pro training, and a multi-year training plan form but does not have a comprehensive list of all required training and hours completed for each training.

### Exceptions:

In two new hire training files, there were training topics that were not completed within the agency's 90 day requirements such as Signs and symptoms of Mental Health and Substance abuse and CINS/FINS Core training. Although during the review, a staff completed the training for CINS/FINS Core, it did not meet the agency's 90-day requirement.

During the review of training files, documentation of the program orientation topics were not listed in the new hire staff training files.

The program does not maintain an individual training file for each staff which includes an annual training tracking form and required annual training; all of the staff training is kept in a single binder.

## 1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a policy, MBHSC 1.05, to complete reports of aggregate data and analysis of targeted program information but there were no specific procedures in place for the collection and review of quarterly case records; quarterly review of 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. The policy and procedure was last reviewed on 04/03/2017 and signed by the Director of Programs.

There is a process in place for documenting Case Record Reviews and reviews of incidents, accidents, and grievances. Per the program's procedures, the Program Coordinator will conduct case reviews on a minimum of 15% of open client cases. Information will be compiled in

monthly reports and presented to the DPO and the ED on a quarterly basis.

On a monthly basis, the Program Coordinator will conduct written reviews of incidents, accidents, and grievances including reports filed and disposition of each report. Information will be compiled in monthly reports and presented to the DPO and the ED on a quarterly basis.

Upon receipt of all customer satisfaction data, the Program Coordinator will compile the results into an annual report. The report will be presented in writing to the DOP and ED on an annual basis.

Outcomes data will be tracked by the DOP, documented into a written report, and presented to the ED and all program staff regarding the program's performance. The provider uses the 6-month report card distributed by the Florida Network to track its program outcomes and performance.

NetMIS data received from the Florida Network is reviewed and distributed by the ED to the Program Coordinator, both verbally and in writing.

The program provided copies of monthly staff meeting minutes for meetings held during the review period, with the exception of September 2017 (due to Hurricane Irma) and November 2017. Documentation supported the review of a total of 10 case files that were randomly selected and reviewed by the DOP. The record reviews are documented on a Standard 2 Intervention and Case Management checklist form, reviewed at the staff meeting, and attached to the monthly meeting minutes. In addition, the DPO reported that 100% of the open files have been reviewed by staff using a QA/QI File Checklist which is maintained in the client file.

During the review period, the provider has not had any reportable incidents, accidents, or grievances; however, as required by the program's policy and procedures, there is evidence that there is relevant discussion of this item at the monthly staff meetings and it is included on the agendas for October and December 2017 and January-March 2018.

During the QI visit, the program obtained a report of its customer satisfaction data from NetMIS. The data will be shared at the next monthly staff meeting in April 2018. This report serves as the annual customer satisfaction data for the current FY 2017-2018.

Per the DOP, the Executive Director receives 6 month report cards from the Florida Network which shows the program's performance in relation to program outcomes. The most recent report card was for the period July-December 2017. A copy of the report card was submitted for the QI review. Areas of concern are discussed with program staff.

The ED receives monthly Florida Network's benchmark report that shows the program's performance in relation to established NetMIS benchmarks and communicates via email to the Program Director. NetMIS data is reviewed with program staff during the monthly staff meetings. Copies of the reports received and reviewed are attached to the staff meeting minutes and were observed for October 2017 and January – March 2018.

No exceptions noted for this indicator as of the date of the QI visit.

### 1.06 Client Transportation

Satisfactory

Limited

Failed

#### Rating Narrative

MBHSC has a policy that states the agency's staff does not provide transportation for clients in the CINS/FINS program. Transportation by MBHSC staff of any youth is prohibited.

In addition, this indicated is rated Not Applicable for Non-residential providers.

### 1.07 Outreach Services

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a policy and procedure for Outreach services that was last reviewed on 4/3/2017. Outreach and prevention services include increasing community awareness and offering information about CINS/FINS services to youth and families which may be related to: alcohol and other drug use/abuse; adolescence behavior; parenting classes/family functioning; youth educational issues; and information about CINS/FINS and other services.

The program has a targeting/outreach plan which serves to improve the community knowledge, awareness, and access to children and families who are in need of services. The plan also includes goals, objectives, targeted areas, inter agency agreements, informal service linkages, outreach activities, and youth based year events.



The Director of Programs will designate an Outreach Coordinator and provide these services to the community audiences, individuals, and groups with a particular focus, e.g. schools. Information and education activities will be conducted through group presentations, individual meetings, group discussions, short term intervention groups, set-up/display and distribution of materials at community events, conducting tours of facilities, and media events or interviews.

The program maintains an outreach and recruitment binder that includes sign in sheets for various community activities such as mentoring groups, family engagement night, DJJ event, and small groups at schools. During review, staff also printed out over thirty outreach events on NetMIS from the beginning of the fiscal year to date. According to the Director of Programs, the CEO or herself attends the DJJ Circuit Meeting on a monthly basis, but did not provide any meeting minutes or sign in sheets.

Exception:

Program reports attending the DJJ Circuit Board monthly meetings but did not provide meeting minutes nor sign in sheet in support of participation or attendance.

## 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. 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 is not yet implemented in the program. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of three fulltime direct care staff and a Program Coordinator. The direct care staff's duties include intake and assessment, development of case plans, providing case management services, and linking youth and families to community services.

MBHSC utilizes the Case Staffing Committee for Lutheran Services Florida, 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 meets monthly to review referred cases and can also recommend the filing of a CINS Petition with the court.

### 2.01 Screening and Intake

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a policy and procedures in place, MBHSC 2.01, indicating that all referrals to the program for CINS/FINS services are screened for eligibility, and the steps that staff needs to take when completing the youth's intake form. The policy and procedure was last reviewed April 3, 2017 and was signed by the Director of Programs.

Screenings are completed from referrals within 48 hours of their stamped receipt. Once program eligibility is determined, an intake will be scheduled and completed within 72 hours of the completed screening. If that intake procedure is not done within that time frame, a new screening will be completed documenting the reasons impacting the family and the intake completion process.

Families will receive in writing and during intake available service options, rights and responsibilities of youth and families, grievance procedure, and possible actions such as case staffing, CINS petitions and adjudications. Screenings and intake procedures are reviewed as part of the case file QA/QI forms completed by the program supervisor after completion of the 60-day follow-up and satisfaction survey with parent/guardian.

There were four open and four closed non-residential files reviewed; all eight youth were screened for eligibility within seven calendar days of the referral by a trained staff. Youth and parents/guardians received a listing of available service options, their rights and responsibilities, the program's brochure, and grievance procedures, as acknowledged by their signatures.

During the file review it was observed that for one of the files with an intake date of 8-30-2016, the Informed Consent had an expiration date of 2/28/16 (180 days from signature) and a Safety Contract with an expired date of 12/30/16. The case was still open and neither of these forms have been updated.

Exception:

The provider's policy and procedure was contradictory in that the policy stated the screening would be completed within 48 hours of referral; however, under the procedure section it states the initial screening must occur within 3 calendar days (72 hours).

### 2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures, MBHSC 2.02, requiring that the needs assessment must be initiated within 72 hours of the intake process completion and 2-3 face to face sessions, and completed to gather and analyze information for all youth and their families receiving services. The policy and procedure was last reviewed April 3, 2017 and was signed by the Director of Programs.

MBHSC procedure states that the service plan is initiated or attempted within 72-hours of the intake process. If the most recent Needs Assessment is over 6-months old, an addendum can be completed but must be completed within 3 face-to-face contacts following the initial intake. Counselors sign off on completed Needs Assessment and then submits it to the program supervisor for review, who then reviews and signs off on the needs assessment. The needs assessment is completed by a bachelor or master-level staff. If the suicide risk component is required, the MBHSC staff are required to contact the Henderson Behavioral Health YES team.

There were four open and four closed non-residential files reviewed. The needs assessments were completed during the first face-to-face visit in all eight files. All of the eight needs assessments reviewed were completed as required in that they were completed by a Bachelor's level staff and were reviewed and approved by a supervisor with evidence of the supervisor's signature. None of the needs assessments reviewed indicated the youth were at risk for suicide.

No exceptions noted for this indicator as of the date of the QI visit.

**2.03 Case/Service Plan**

Satisfactory
  Limited
  Failed

Rating Narrative

The program has a written policy and procedure, MBHSC 2.03, indicating that the Case/Service Plan will be developed within seven working days of the completion of the needs assessment. The policy and procedure was last reviewed April 3, 2017 and was signed by the Director of Programs.

MBHSC requires the case plan to be developed with the youth and family within 7 working days following the completion of the needs assessment. The plan is based on the initial screening, intake, and assessment. The case plan identifies the following: needs, goals, type of service, frequency, location of services, person(s) responsible, target and completion dates, signature of youth, family, counselor, and PS, and date of plan implementation. The case plan is reviewed by the counselor and family (if available) every 30 days for the 1st 3 months, and every 6 months thereafter, for progress and for making necessary changes to the service plan. If the youth and/or the family are not available, it is noted on the service plan and in the progress notes.

All eight case/service plans reviewed were developed within 7 working days following the completion of the needs assessment and contained all the elements required such as: individualized needs and goals; service type, frequency, and location; person(s) responsible; target and completed date(s); and signatures of youth, parent/guardian, counselor, and supervisor. Seven of the eight files met the criteria for timely progress reviews.

Exceptions:

The 30 and 60-day reviews were completed late for one youth with date of service plan implementation on 10/9/17. The due dates were 11/8/17 and 12/8/17 but were completed 11/9/17 and 12/11/17, respectively.

None of the files had a place on the service plan to document progress.

**2.04 Case Management and Service Delivery**

Satisfactory
  Limited
  Failed

Rating Narrative

The program has a policy and procedure, MBHSC 2.04, related to the program coordination of services and support for the youth's families. The policy and procedure was last reviewed on April 3, 2017 and was signed by the Director of Programs.

Each youth is assigned a counselor after case referral that follows the youth's case and ensures delivery of services through direct provision or referral. The case management process includes: coordination to services based on ongoing assessment of problems and needs; coordination of service plan implementation; monitoring progress; providing support for family and any out-of-home placement; referrals for case staffing committee, as needed, recommending judicial intervention; accompanying youth/family to court hearings; referral for additional services; case monitoring; and case termination, with 30- and 60-day follow-ups.

The review of four active and four closed youth files confirmed that the program assigned a case manager to each youth and staff worked closely with the youth and families to assist in the coordination of services, identification of issues, and make the appropriate community referrals, as needed. The review of the youth files confirmed that the program staff monitors youth's and family progress in services. Evidence of referrals is documented and is based on the initial assessment of the youth's needs. All of the client files contained evidence of activity and/or progress notes. Exit from program is documented as required in the 4 closed cases.

No exceptions noted for this indicator as of the date of the QI visit.

### 2.05 Counseling Services

Satisfactory
  Limited
  Failed

Rating Narrative

The program has a policy and procedures, MBHSC 2.05, to ensure that youth and families receive counseling services to stabilize the family and prevent the involvement of youth and families in the delinquency and dependency systems. The policy and procedure was last reviewed April 3, 2017 and was signed by the Director of Programs.

Counseling services are based on the youth and family's individualized service plan. MBHSC coordinates with the therapeutic community-based services designated to provide intervention necessary to stabilize families in the event of a crisis, keep families intact, minimize out-of-home placement, provide aftercare services for returning youth from shelter environment, and prevent the youth and families in the delinquency and dependency systems.

Counselors will reflect documentation in all case files for coordination between presenting problems, needs assessment, individualized service plan (and reviews), case management, and follow-ups. Case files are maintained for all youth and adhere to all laws regarding confidentiality, provision of chronological case notes on youth progress, and facilitation of an on-going internal process that ensures clinical review of case records, youth management, and staff performance regarding CINS/FINS services.

A review of four active and four closed youth files revealed that the program consistently refer youth and families for therapeutic community-based services including individual, group and family counseling. Referrals to these services are documented in the case plans, progress notes, and documented on the youth and families counseling progress.

No exceptions noted for this indicator as of the date of the QI visit.

### 2.06 Adjudication/Petition Process

Satisfactory
  Limited
  Failed

Rating Narrative

The program has a policy and procedure for Adjudication/CINS petition Process. MBHSC 2.06 was last reviewed on 4/3/2017. The Case Staffing Committee meetings are scheduled monthly, or within seven (7) days of the written request of the family, to review the case of any youth or family that the program determines is in need of services or treatment if the youth/family is in agreement with services of treatment. The youth/family will not participate in the services selected; or the program receives a written request from the parent/guardian or any receipt of the written request from the parent/guardian.

The program states as a result of case staffing meeting, youth and family are provided a new or revised individualized service plan within seven days of the meeting. A written report is also provided to the family outlining the committee recommendations. The program works with the circuit court for judicial intervention for the youth or family, as recommended by the case staffing committee. The program supervisor completes review summary prior to the review hearing. The process remains ongoing until the case is formally closed by the court with an order releasing the youth from adjudication.

During review, the program had two active CINS cases, but only one CINS case was reviewed due to program initiated one with a Case Staffing Committee meeting and CINS petition. This case was opened in August 30, 2016 and was initiated by program's counselor. Case staffing committee meeting took place on 10/11/2016 and participants were present such as mother, DJJ representative, program staff, two others whose titles were not listed. A notification to the family and committee meeting was provided within seven days. Program has court Pre-Disposition Report forms and petitions in file which shows circuit court for judicial intervention for the youth/family. The program has an established case staffing committee and has regular communication with committee members.

Exceptions:

Per interview with staff, there was a school board representative present during a Case Staff Committee meeting reviewed but the representative did not sign the attendance form.

The program states in its policy and procedures that the youth and family will be provided a new or revised plan, as a result of the case staffing committee meeting. For one of the cases reviewed, the last service plan was completed in 2016 and no updates to the plan were made to reflect the case staffing committee recommendations as required.

The program does not have an internal procedure for the case staffing process, including a schedule for committee meetings which are held by Lutheran Services Florida.

## 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 April 3, 2017 and was signed by the Director of Programs.

Program will maintain confidential record for each youth that contains placement information and his/her treatment in the program. Youth records are only accessible by program staff. Records are required to be reviewed and organized for optimal information retrieval.

Procedure – All records are marked “Confidential” And kept in a secure room or locked in a file cabinet marked “Confidential”, which is accessible only to program staff. All records are transported in a locked, opaque container that is marked “Confidential” when records are transported. Youth records are maintained in a neat and orderly manner so that staff can quickly and easily access information.

Eight client files were reviewed, 4 closed and 4 open. All records are kept in locked file cabinets, marked “Confidential.” All opaque containers have locks and are marked “Confidential.” All records are maintained in a neat and orderly manner.

Exception:

Seven files are marked “Confidential.” One file (client C.C.) is not marked “Confidential.”

## **Standard 3: Shelter Care**

### **Overview**

[Rating Narrative](#)

#### **3.01 Shelter Environment**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **3.02 Program Orientation**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **3.03 Youth Room Assignment**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **3.04 Log Books**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **3.05 Behavior Management Strategies**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **3.06 Staffing and Youth Supervision**

Satisfactory                       Limited                       Failed

Rating Narrative

**3.07 Special Populations**

Satisfactory

Limited

Failed

Rating Narrative

**3.08 Video Surveillance System**

Satisfactory

Limited

Failed

Rating Narrative

## **Standard 4: Mental Health/Health Services**

### **Overview**

[Rating Narrative](#)

#### **4.01 Healthcare Admission Screening**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **4.02 Suicide Prevention**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **4.03 Medications**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **4.04 Medical/Mental Health Alert Process**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### **4.05 Episodic/Emergency Care**

Satisfactory                       Limited                       Failed

[Rating Narrative](#)