



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Bethel Community Foundation

on 06/08/2018

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	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory
Percent of indicators rated Satisfactory: 100.00%	
Percent of indicators rated Limited: 0.00%	
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: 100.00%
Percent of indicators rated Limited: 0.00%
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

Scott Luciano, DJJ QI Monitor, Department of Juvenile Justice

Tiffany Martin/ Project Manager/ Florida Network of Youth and Family Services

Persons Interviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input 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 type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 1 Case Managers | 0 Maintenance Personnel | 0 Clinical Staff |
| 0 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 checked="" 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 checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 5 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 4 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input 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

Bethel Community Foundation (BCF) 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.

BCF is located in St. Petersburg, Florida and operates the following programs: 1) Children In Need of Services/Families In Need of Services (CINS/FINS); 2) Truancy Intervention Program Services (TIPS); 3) Private School for elementary to middle school youth; and 4) Pre-School for children ages one through five. The agency uses in-house educational resources that are immediately accessible to parents during the intake assessment process for children ages one through eighteen. The K-8 school that is operated onsite offers a small, private educational setting and to some an alternative for youth that have dropped out or do not want to attend public school. Scholarships available to parents include State of Florida McKay and Step-Up for Students. Mr. Myles is the Executive Director of the BCF agency.

The TIPS program, funded in 2011 through Pinellas County's Juvenile Welfare Board Children's Services Council, is now completing the eighth year of services to truant youth who are detained and transported by police officers to Bethel, site of the Pinellas County Truancy Center. On arrival at Bethel, youth undergo a comprehensive screening and assessment, including substance abuse and suicide risk screenings. Law Enforcement and truancy court referrals were the major contributors to the 86 truant youth enrolled of 200 CINS/FINS youth served or FY 2017-2018

For the second year, Bethel is maintaining supervision and case management responsibility for Truancy Court cases that result in case staffing, including filing CINS petitions. The residential CINS/FINS provider, Family Resources, has transitioned these responsibilities to Bethel Navigators/Case Managers who have been trained by the DJJ Attorney re: filing CINS petitions.

Ending school year "17 -18", Bethel executed a 2nd written memorandum of agreement with Pinellas County School Board that allows Case Managers on line access to student records for monitoring academic, attendance, and discipline progress.

BCF CINS program continues to provide comprehensive family support services, including anger management, female life skills, manhood development, parent/youth family training, mentoring, parent coaching, mental health assessments, and individual/family counseling. Two licensed therapists (LCSW-1, LMHC-1) and one (1) PhD counselor. Counseling and life skills classes are Monday – Thursday until 8:00pm.

Gender specific classes, including Manhood Development and Female Life Skills are continuing to use the evidenced based "Why Try" curriculum. The anger management class uses an evidenced based mindfulness based stress reduction workbook designed to overcome anger and aggression using Dialectical Behavior Therapy (DBT).

Effective October 2017, the Juvenile Welfare Board provided funding for a 3rd Navigator position, totaling 3 staff now responsible for case management and mentoring. This additional funding allows the Executive Director to provide more administrative oversight.

Standard 1: Management Accountability

Overview

Narrative

Bethel Community Foundation provides non-residential community-based services for youth and their families. BCF non-residential CINS/FINS program is staffed by one Executive Director, 2

Administrative Assistants, one Clerk, three TIPS Navigators, and 3 contracted licensed Therapists.

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. Two new staff were background screened and hired and there were three applicable 5-year re-screenings during this review period.

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. Staff are trained to conduct screening and assessment services to eligible youth and families. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The provider utilizes a variety of sources for training such as the FN, SkillPro, and local providers.

In addition to attending the local DJJ Circuit Meetings, the Executive Director and provider's case management staff conduct outreach activities and participate in community events. Outreach activities are entered into NetMIS.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a current policy and procedures, QA 1.01, that addresses the background screening of all employees, subcontractors, consultants, and volunteers. The provider's policy meets the requirement of the indicator and was last approved on 06/6/2018 by the Executive Director.

The program's procedure requires all applicants (staff and volunteers) to complete a background screening pursuant to Chapter 39, 435, 984, 985 and Florida Statutes related to FDJJ 1800. All employees, subcontractors, consultants, and volunteers must have an eligible background screening completed through the Department of Juvenile Justice (DJJ) prior to their date of hire, and/or start of volunteer service. The applicant is provided a background package that includes: request for Live Scan, Criminal History Acknowledgement, and finger print card. The program will not offer employment or accept applicable volunteer service until receipt of the eligible background screening. Within six months of the employee or volunteer's 5th anniversary, the Administrative Assistant submits a completed request for a re-screening. An Annual Affidavit of Compliance with Good Moral Character Standards is completed by the program annually and sent to the DJJ Background Screening Unit by January 31st of each year. Any break in employment of more than 180 days requires a new background screening to be initiated and completed prior to the five-year screening. Additionally, the policy and procedure indicates employees who have been arrested for any criminal offense are to make a report of their arrest to their immediate supervisor within three working days of the event.

At the time of this review the program has a total of seven program staff and four contracted staff. The program has current contracts with one licensed mental health clinician and one licensed clinical social worker, a registered clinical social work intern with a doctorate degree in Christian counseling, and a licensed mental health counselor intern. Six of the seven program staff were hired prior to this annual year and three were due for a five-year rescreening during the review period.

A total of 5 background screening files were reviewed for 2 new hires and three (3) employees who were eligible for a 5-year background screening since the last onsite visit. One of the 2 new hire individuals is a contracted licensed mental health counselor intern and the other is a staff Navigator. Timely background screenings were completed and received by the program prior to their hire dates. Similarly, the 5-year re-screenings for the three applicable employees were completed prior to their 5-year anniversary dates.

A copy of the provider's notarized Annual Affidavit of Compliance with Level 2 Screening Standards submitted to the BSU on January 5, 2018 was provided and reviewed onsite.

No exceptions are noted for this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has policies and procedures for Provision of an Abuse Free Environment (QA 1.02) including an Employee Conduct and Work Rules (policy #701), Progressive Discipline (#716), and Grievance Procedure. Policy QA 1.02 forbids any use of physical force, verbal abuse, or intimidation and requires timely reporting of child abuse allegations, prominent posting of the Abuse Registry phone number, and professional staff conduct.

Per the procedures, Bethel strives to create an atmosphere of mutual respect and dignity for staff, youth and parents, and expects staff's behavior and conduct to be consistent with acceptable community norms. All staff are required to review the program's policy and procedures and receive new hire training in Child Abuse Reporting.

The program requires that all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline. The policy and procedure indicates at any time during program participation youth are permitted to use an agency phone to self-report abuse and/or staff are required to report on behalf of youth abuse or suspected abuse to the Florida Abuse Hotline.

The procedures include an attachment which describes the grievance process designed to provide a means for clients to bring relevant problems and complaints concerning the manner in which they are being served at the foundation. A written grievance process is provided to clients at the time of intake. When a client has a grievance, the client should first discuss the grievance with the assigned staff. If an agreement cannot be reached during this informal phase, the client should formally submit their grievance to the Executive Director in writing. Should the complainant not be able to reach an agreement with the ED, a hearing is granted with the full Board where all efforts are made to reach an amicable resolution. Grievance procedures and Rights and Responsibilities are reviewed and an acknowledgement of receipt is signed by the parent/guardian and the youth during the intake process.

Posting of the Abuse Hotline number was observed during throughout the facility in staff offices as well as throughout the building in the hallways. The program's policy specifically complies with DJJ policies related to abuse and incident reporting, and requires program employees and volunteers to report all known or suspected cases of abuse and/or neglect to the Florida Abuse Hotline. Both paid staff and volunteers are expected to abide by the agency's rules of conduct that foster an abuse free environment and prohibit intimidation, physical abuse or force. The two applicable new staff members received training regarding the requirement of reporting incidents of alleged child abuse as a part of their initial orientation training.

The program also has a grievance policy in place that requires families and youth to be informed of their right to grieve. There were no formal grievances filed by any parent/guardian or youth since the last onsite visit.

A review of one applicable call made to the abuse registry during the review period demonstrated that staff is aware of the reporting requirement. The call was documented on the abuse log and in the youth's file; however, the log record was missing the youth's name, case number, and reporter's name. The abuse incident reported was not institutional. There were no personnel actions taken against staff as a result of grievances filed, abuse, intimidation, or excessive use of force.

No exceptions are noted for this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has established a written policy and procedure for Incident Reporting, QA 1.03, that requires compliance with the Florida Department of Juvenile Justice (DJJ), and the Central Communications Center (CCC) requirements. The policy and procedure was last reviewed June 6, 2018 by the Executive Director.

Specifically, 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. Staff will use the DJJ CCC Incident Complaint Report form to document all reportable incidents and submit same to Bethel's Executive Director who will record the incident on the CINS/FINS Incident log. Incidents are first called into CCC and if accepted, copies are faxed to the Florida Network.

The program has had no incidents requiring a report to the Central Communications Center (CCC) during the review period. A review of staff training records revealed the two new staff was trained in incident reporting procedures.

No exceptions are noted for this indicator.

1.04 Training Requirements

Satisfactory
 Limited
 Failed

Rating Narrative

The program has a policy in place titled Training Requirements. The policy was last revised and signed by the program Executive Director on May 5, 2017. An annual review of the policy was conducted by the Executive Director on June 6, 2018. A review of the policy confirms staff receives training in the necessary and essential skills required to provide services and specific job functions.

The program's procedures state training is 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. The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.

Two staff were hired within this annual training review cycle and are past their first 120 days of employment. At the time of this review, both staff have completed their required initial employment training topics. One staff had a total of 144.5 training hours and the other staff had a total of 176 hours. A review of training documentation found in their training files confirmed these findings. For annual required training, two staff training files were chosen for review. Both staff have completed their required annual training topics. One staff had a total of 67 training hours and the other staff had a total of 51.5 hours. A review of training documentation found in their training files confirmed these findings. All initial employment and annual required training requirements can be achieved by taking the training through either SkillPro, Florida Network of Youth and Family Services (FNYFS), the American Heart Association, the program's licensed mental health counselor (LMHC), Executive Director, Pinellas County School District, or local fire/rescue.

No exceptions were documented for this indicator.

1.05 Analyzing and Reporting Information

Satisfactory
 Limited
 Failed

Rating Narrative

The program has a policy in place titled Analyzing and Reporting Information. The policy was last reviewed and updated on May 5, 2017 and signed by the agency's Executive Director. An annual review of the policy was conducted by the Executive Director on June 6, 2018. A review of the policy revealed that the policy addresses the information related to the program's overall program performance on a monthly basis. A general review of the policy indicates that it specifically collects data and program information from various resources designed to track CINS/FINS program progress and compliance with operational protocols and program outcomes.

The procedures regarding Analyzing and Reporting Information are focused on data collection practices of direct care Bethel Community Foundation (BCF) Navigator staff persons. The primary areas of focus require that the Navigators complete the Intake Forms and other client related documentation accurately and completely. The programs policy also focuses on a case file audit process that is conducted on a monthly basis with randomly selected case of Navigators to identify case management trends and program service areas that may require improvement. The program requires Navigators to use two forms to capture and track data collection related to client service delivery and general contact with client and family. The forms include the CINS/FINS Truancy Intervention Program Services (TIPS) audit date form and the CINS/FINS Audit Report-Case File review form. Generally, the forms capture categories of data that include evidence of contact date on a weekly, bi-weekly

basis; case notes; session log; service plans; closure; attendance tracking and other data elements.

Additionally, the agency reviews data extract reports provided by the Florida Network of Youth and Family Services (FNYFS). The FNYFS captures data elements from every client screened eligible and serviced by the agency. Each client place is placed in the Florida Network of Youth and Family Services Network Management Information System (NETMIS) for contract monitoring purposes. The NETMIS captures categories of data that include tracking of the completion rates of Intake Data, Discharge Data, Exits, 30-day Follow Up, Service Completion, School Attendance, Intake and Needs Assessment Completion, Submission of Required Documentation, Admission Rates, and Recidivism.

A review of the Florida Network of Youth and Family Services (FNYFS) Network Management Information System (NetMIS) data extract information confirmed this is the data that the program assessed and includes the NetMIS contract monitoring Report for the March 2017. The program also provided data related to their performance through a FNYFS Report Card. The data includes tracking of the completion rates of Intake Data, Discharge Data, Exits, 30-day Follow-Up, Service Completion, School Attendance, Intake and Needs Assessment Completion, Submission of Required Documentation, Admission Rates, and Recidivism. The program's Executive Director also conducts monthly and quarterly reviews of its performance and risk data with Navigators that provide direct care service to non-residential clients including applicable incidents, accidents, grievances, and customer satisfaction data. Data reports used by the agency at the highest rate include the FNYFS NETMIS data extracts. The Executive Director uses this data to improve and make changes to program operations, using this analyzed date towards process improvement. Documentation reviewed confirms this practice and the requirements of this indicator have been met.

No exceptions were documented for this indicator.

1.06 Client Transportation

Satisfactory
 Limited
 Failed

Rating Narrative

The provider has a policy and procedures, QA 1.06, for transportation. The policy and procedure was reviewed June 6, 2018 by the Executive Director.

Per the policy, Bethel only transports clients via utilization of the agency's vehicle primarily for participant group events. In emergency situations, staff may use their personal vehicles but only with permission of the ED. Staff is required to maintain documentation of current auto insurance on file. A Client Transport Phone Authorization Log is used to document each transport.

This indicator is rated Not Applicable for Non-residential providers.

No exceptions are noted for this indicator.

1.07 Outreach Services

Satisfactory
 Limited
 Failed

Rating Narrative

The program has an outreach policy. The current policy is titled Outreach Services. The policy was developed in March 2009. The policy was last reviewed and signed by the agency Executive Director on May 2, 2017. An annual review of the policy was conducted by the Executive Director on June 6, 2018.

The current policy requires the agency to have a minimum of 60% of all client served reside in a high crime zip code. The policy states that agency aims to meet this goal by focusing its outreach and marketing of its services in zip codes that include 33705, 33711, and 33712. Bethel Community Foundation (BCF) has developed a broad base of community collaborations, including youth agencies, faith based institutions, community grass root empowerment groups, schools, recreation community centers and mental health/substance abuse agencies.

The program collaborates with multiple local service providers to form working partnerships that assist the clients deemed eligible to receive CINS/FINS services. The program places a large degree of outreach activity on outings it conducts through its presence in the community. The program has a strategy to develop relationships with other system and community partners. The partners they seek to engage partnerships with include faith-based organizations, community grass roots organizations, schools, community centers, mental health and substance abuse

agencies and other related community based entities and local community improvement efforts and organizations.

The program is directly affiliated and co-located on the same property with the Bethel Community Church. The program provided evidence of attending and conducting outreach events through its participation in the Faith Action for Strength Together (FAST). FAST is a local faith-based organization. The program provided additional examples of the outreach events that included the Pinellas County Juvenile Justice Citizens Academy (JJCA), St. Petersburg Police Department, Sheriff's Office, Juvenile Welfare Board, Pinellas County School Board and other local faith-based organizations. The program's Truancy Intervention Program (TIP) is a unique service. The program includes partnerships with local municipalities such as the St. Petersburg Police Department (SPD) and the Pinellas County Sheriff's Office. The agency has an active TIP program. The program also has outreach events completed and documented in a month event and calendar log. The events list where the program has presented and or attended meetings that provided it an opportunity to inform, promote and market its services and the clients it is looking to serve. The program provided a general listing of events documented over the last six months. The program also markets its programs to the members of the church congregation that it is the program's parent entity.

No exceptions were documented for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Bethel Community Foundation is contracted with the Florida Network of Youth and Families to provide nonresidential CINS/FINS services for youth and their families in Pinellas County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from local 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 anger management, female life skills, manhood development, parent/youth family training, mentoring and parent coaching are offered.

The CINS/FINS program consists of the three (3) contracted licensed therapists, one (1) counselor and two navigators who are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

As needed, BCF 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.

During the QI review, 8 client files were reviewed (4 open and 4 closed cases).

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy for Screening, Intake, and Needs Assessment that was last reviewed by the agency Executive Director on June 6, 2018. Initial eligibility screening begins for all referred youth within seven days of youth referral to BCF CINS/FINS. The needs assessment is initiated at the 1st face to face intake visit and completed by the 2nd assessment visit.

Initial screening is conducted by the BCF Screener Administrative Assistant, whether by phone from parent or referral agency/ school. The initial screening could also begin at the receipt of a referral by fax. Attempts are made to determine youth eligibility for services using the criteria on the approved screening form. Also, via initial phone or face to face screening, a determination is made as to youth's legal status as pending dependency or delinquency allegation renders youth ineligible for CINS/FINS services. Follow up calls or face to face meeting can be completed if necessary to determine eligibility. The screening is the beginning of the assessment process and any and all information regarding youth's situation, presenting problem, and immediate needs are documented on the screening form. However, if it is determined the youth is not eligible because of legal status or severe clinical issues, every attempt is made to provide parent and or referral source at least one appropriate referral source.

A total of 8 files (4 open, 4 closed) were reviewed for this indicator. Of the 8 total files parent/guardians were made aware of or were provided the following at time of intake and screening:

- Available service options (as based on information collected from screening)
- Rights and responsibilities
- Parent Guardian Brochure
- Possible actions occurring through involvement with CINS/FINS
- Grievance Procedures

At intake, clients and parents receive a Parent and Youth Orientation handbook. During the review of this handbook the parent and youth receive a copy of all the information that is listed above. In addition, all screenings were completed in less than 7 calendar days of the referral.

No exceptions were documented for this indicator.

2.02 Needs Assessment

Satisfactory
 Limited
 Failed

Rating Narrative

The program has a policy for Screening, Intake, and Needs Assessment that was last reviewed by the agency Executive Director on June 6, 2018.

The screener schedules an intake appointment with the Intake Specialist/Program Coordinator based upon available appointment opening and the urgency of need for service. During the CINS/FINS Intake, the needs assessment is initiated and if not completed by the 2nd session, it is scheduled to finalize same. Assessment documents completed include:

- Needs Assessment
- Client Self-Assessment Tool
- Client Development Assessment Checklist
- NETMIS
- NETMIS Release
- ACE

A total of 8 files (4 open, 4 closed) were reviewed for this indicator. Agency has a consistent practice of full completion of the Needs Assessment on the day of intake. Needs assessments were completed by a Master's/Bachelors level employee and all were signed by a supervisor. In addition, the initial assessment was completed and was also reviewed and signed by a supervisor. There were no youth identified at elevated risk of suicide as a result of assessments. There are two initial assessments in one youth file. One was completed at intake while the other was completed months later. The later assessment is a result of a DCF visit to the program with the family to investigate family issues identified during services.

No exceptions were documented for this indicator.

2.03 Case/Service Plan

Satisfactory
 Limited
 Failed

Rating Narrative

The program has a policy for Service Plans that was last reviewed and signed by the agency Executive Director on June 6, 2018.

Service plans are required to be completed within 7 days following completion of the needs assessment. In most cases it is BCF's goal to complete both needs assessment and plan of service at the initial face to face assessment. If not, a 2nd appointment is scheduled with family within 7 days. The BCF service plan is completed at the 1st or 2nd visit with the family, and represents a consensus with parent and client regarding: needs/issues; goals/objectives; services; responsible parties; and time frames.

A total of 8 files (4 open, 4 closed) were reviewed for this indicator. All case plans included the following elements: service type/frequency and location (when applicable), persons responsible, target dates for completion, actual completion dates, youth signature, parent signature, counselor signature, supervisor signature and date plan was initiated. Service plans also included "cancel" in cases where the youth or family did not make any effort toward participation in service goal or where they refused to participate.

Treatment/ case plans were additionally neatly organized and easy to follow. Plans were also reviewed by counselor parent and youth at 30, 60 and 90 day intervals (when applicable).

One youth file did not contain the supervisor's signature on the plan of service.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

The program has a policy for Case Management and Service Delivery that was last reviewed by the agency Executive Director on June 6, 2018.

The BCF counselor/case managers are responsible for monitoring and implementation of the Plan of Service. Every 30 Calendar days a plan of service review should be completed to determine progress in achieving goals and for making any necessary revisions to the Plan of Service Agreement, if needed. Although a "Plan of Service Review" can be completed with client only, BCF's goal is to involve parents in the plan review process. At last resort is to complete a desk PSR, using file documentation of Service as progress towards goals.

Service plan implementation is a case management process that is ongoing from intake assessment through discharge. All case note entries must be recorded in the Session Log including contact date, location of contact, contact/activity type, and activity results. Also, all no shows for services, including counseling sessions and/or classes should be documented in the Activity Results Sections. Plan of service reviews should be completed every 30 days with the client, but preferably with the client and parent. Any changes with plan, including goals for service should be recorded in case notes. Summary of service discharge is completed by case manager as a part of discharge detailing summary of all sessions, individually family and groups and progress/achievement of goals. Any after care plans/services should be outlined. Referrals should be identified on referrals for services form. At discharge NETMIS services received and youth program log should be completed.

A total of 8 files (4 open, 4 closed) were reviewed for this indicator. All files had a counselor assigned and referrals were made based on needs identified in the youth needs assessment. In all 8 files there was evidence of the program navigator coordinating service plan implementation, providing support for family and monitoring youth/family's progress in services. In all files reviewed no youth had out of home placements or court orders.

No exceptions were documented for this indicator.

2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

The program has a policy for Mental Health and Substance Abuse Counseling Services that was last reviewed by the agency Executive Director on June 6, 2018.

All CINS/FINS clients are screened for substance abuse and suicide risk at intake and referred for substance abuse, mental health treatment if warranted. This referral is completed within 5 days of identification of need. For all clients screened if they answer yes for drug or alcohol use and/or yes to at least 1 of the 6 Risk questions, the client is referred to 1 of three in-house therapists or out-patient community agencies for MH/SA assessment and counseling.

A total of 8 files (4 open, 4 closed) were reviewed for this indicator. All needs identified were included on the needs assessment and case service plan and reviewed with the youth/family. There are case notes for services provided in the file and youth and families received counseling based on services identified in the needs assessments. Individual counseling is provided through program referral sources as well as 3 contracted clinicians that youth can be referred to. Group counseling is provided by the provider. All groups are at least one hour, with a leader, clear and relevant topic and opportunity for youth engagement. Youth groups are based on Why Try material, anger management and manhood development.

No exceptions were documented for this indicator.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

The program has a policy in place called Adjudication and Petition Process. The policy was last revised and signed by the agency Executive

Director on May 2, 2017. An annual review of the policy was conducted by the Executive Director on June 6, 2018.

The policy includes content that describes the agency's process for clients that are eligible for court related CINS/FINS status sessions and proceedings. The policy states a case staffing committee meeting will be scheduled and utilized in order to assist with the progress of families and youth needing additional guidance of their case. A case staffing committee is convened within seven days from receipt of the parent or guardian request. The program has general procedures for addressing issues related to the CINS/FINS clients that are participating in the Adjudication and Petition process. The program requires that all clients with court ordered circumstances that involve adjudication or petition be addressed by a designated Bethel Community Foundation (BCF) personnel in case staffing or court meetings. The procedures involved staff attending required case staffing meetings, adjudication proceedings and petitions hearings.

The program provided examples of youth files containing past case staffing for the last six months. The program has a process for adjudication and petition. A review of three randomly chosen youth files, two open and one closed, confirmed a practice of the adjudication and petition process. These cases occurred between December 2017 and the present. The program staffing committee meetings are scheduled to review the case of youth and families that the program has determined to have a need for additional services in treatment. The committee meetings are being scheduled within seven (7) days after receiving a written request by the client's parents and family. The parent did not initiate the staffing in these cases. The cases reviewed include evidence that the person initiated the case was the local judge. In all three cases, each client was found to have a significant amount of truancy days which resulted in them being in truancy court. A review of the three cases indicate that all have evidence that the notification of the family was provided to them no less than five (5) working days prior to the staffing meeting. In addition, notification to the committee was also provided no less than 5 working days prior to the staffing meeting. Cases reviewed include evidence that representatives from the school district, Department of Juvenile Justice, local State Attorney's Office, local mental health, and others participated as needed. There was no evidence to support active participation of a law-enforcement official and a Department of Children and Families representative. The program had documented evidence that the youth and family are provided an updated or revised plan of services following a case staffing meeting, as reflected within the youth's case notes. Additionally, a written report is provided to the family within 7 days of the case staffing meeting. This was usually found to be done on the same day of the case staffing meeting. The written report includes outlined recommendations and justification for the recommendations. These cases were specifically initiated by the judge and involved the Circuit Court for judicial intervention for the family. The case manager and/or counselor completed a review and summary prior to the court proceeding.

No exceptions were documented for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy for Youth Record that was last reviewed by the agency Executive Director on June 6, 2018.

All client files are organized using a checklist that designates specific documents as to left/right sides for filing. Files are maintained behind 2 locked rooms with locked cabinets. Opaque file boxes are provided for any authorized staff use of files outside the office.

Whenever files are transported in the field for case management, including home school visits, case staffing's and/or court hearings, BCF requires the transport of the client files in an issued locked opaque metal box to limit exposure and/or loss and minimize agency liability and risk.

A total of 8 files (4 open, 4 closed) were reviewed for this indicator. All files were stamped with a confidential sticker. File room is located in the very last office within the program. Files are located behind more than two locked doors and all filing cabinets have locks. Each agency navigator has an opaque box that they utilize while offsite to transport youth files. Boxes are also locked and labeled confidential.

No exceptions were documented for this indicator.

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](#)