



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Mt. Bethel Human Services
Non-Residential Program

March 11, 2019

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

Mt. Bethel Human Services Corporation – March 11, 2019

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	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 & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Limited

Percent of indicators rated Satisfactory: 87.50%

Percent of indicators rated Limited: 12.50%

Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	Not Applicable
3.02 Program Orientation	Not Applicable
3.03 Room Assignment	Not Applicable
3.04 Log Books	Not Applicable
3.05 Behavior Management Strategies	Not Applicable
3.06 Staffing and Youth Supervision	Not Applicable
3.07 Special Populations	Limited
3.08 Video Surveillance	Not Applicable

Percent of indicators rated Satisfactory: 0.00%

Percent of indicators rated Limited: 100.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 80.00%

Percent of indicators rated Limited: 20.00%

Percent of indicators rated Failed: 0.00%



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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.
Not Applicable	Does not apply.

Reviewer

Members

Marcia Tavares, Lead Reviewer, Consultant Forefront LLC

Gabriel Medina, Regional QI Monitor, Department of Juvenile Justice

Mary Williams, Program Director, Center for Family and Child Enrichment



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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 2018).

Persons Interviewed

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | 1 # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | _____ # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | _____ # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | _____ # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input type="checkbox"/> Case Manager | _____ # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> Nurse – Full time | <input type="checkbox"/> Nurse – Part time | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Table of Organization | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | 0 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Fire Drill Log | 0 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | 4 # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 3 # 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 checked="" type="checkbox"/> Supplemental Contracts | 4 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Telephone Logs | _____ # Other: _____ |

Surveys

0 # Youth **0** # Direct Care Staff **0** # Other: _____

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 checked="" type="checkbox"/> Tool Inventory and Storage | <input checked="" type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage | <input checked="" 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"/> Signage that all youth welcome |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |
| <input type="checkbox"/> Census Board | | |

Comments

Additional Comments regarding observations, other important findings of interest, etc.



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Strengths and Innovative Approaches

Rating Narrative

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

MBHSC is 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; childcare assistance; and SNAP in Schools program. The latter program, SNAP, was recently implemented by MBHSC. SNAP is an evidence-based program that helps people lead healthier lives and teach them about good nutrition and how to make their food dollars stretch further. 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 they provide a successful mentoring program in the Treasure Coast.

On May 25, 2018, MBHSC celebrated 25 years of service in the Broward County community. The agency was joined by community partners in two successful celebratory events, a gala and a golf tournament. The agency has earned two awards during the past year: 1) Child Abuse/Neglect Champion for 2018, and 2) Faith Based Community award.

Since the last onsite QI visit, the agency has experienced turnover twice in the Program Coordinator's position, due to the resignation of a staff member of 3 years and replacement staff who left unexpectedly, and untimely resignation of a case manager. The vacant positions were subsequently filled by Mr. Washington (former Shelter Manager for Lutheran Services Florida

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southeast) who was hired as the Prevention Program Director on 01/14/2019, and case manager Miss A'sha King (hired on 02/15/2019). Per the Director of Programs, the newly developed team is very aggressive and highly motivated. The program is developing an approach that will assist them in data entry and allow them more time in the field visiting clients. It has also cross-trained other members of the staff to be able to provide assistance in data entry, screening and other areas of the intake process as needed.

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 Prevention Program Director, and two Youth Care Workers one of which is a multi-lingual case manager. One of the two Youth Care Workers was recently hired in February 2019. 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 training 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, and businesses, the agency also works 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 2018-2019 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 of Employees/Volunteers

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 07/18/2018 and was signed by the Director of Programs (DOP).

The agency's policy requires contract provider employees and volunteers, all personnel of contract providers for any program for children, including all owners, operators, employees, and persons who have access to confidential youth records 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 three eligible personnel files were reviewed for background screening of the program's new direct care staff hired since the last onsite QI review and one eligible 5-year re-screenings. The two new staff started in January and February 2019 and DJJ background screenings for both employees were completed prior to the hire date for each staff. The HR files for both employees showed proof of the completion of E-verify. The provider did not have any volunteers who met the criteria for background screening.

One applicable program staff (DOH 8/27/08) met the criteria for a 5-year background screening during the review period which was due by the staff's anniversary date in August 2018; however, a 5-year re-screening was not completed prior to the current onsite QI visit.



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The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards that was completed and emailed to the DJJ Background Screening Unit on January 28, 2019 by the Executive Director.

The agency uses Avatar, a pre-employment assessment that uses data-driven insights to predict hiring success. The program has been using the tool since September 2018. The tool measures cognitive ability; knowledge and skills; personality factors; behavioral history; and emotional intelligence. The report includes a summary, detail, interview guide, and notes sections. The tool was administered prior to the hiring of the two new staff reviewed. The two staff received a rating greater than/equal to 64% which was accepted as suitable for the job. The agency's procedures include the use of a pre-assessment tool prior to hiring; however, upon initial review, the procedures did not specify the type of assessment that is used, the specific protocol followed, and suitability criteria used to select candidates. The DOP was advised of the missing information and updated the policy effective 3/11/2019.

Exceptions:

One of the current program staff (DOH 8/27/08) met the criteria for 5-year background re-screening during the review period. The 5-year re-screening was due by the staff's anniversary date in August 2018; however, a current DJJ 5-year re-screening was not completed and the most recent DJJ clearinghouse screening on file was 11/21/16.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has multiple policies and procedure for the provision of an abuse free environment. The policies and procedures were last revised on July 18, 2018 by the Human Resources Manager. The program policies meet the requirements of the indicator.

The agency requires all program staff to comply with the requirements of the policy in addressing the code of conduct, the reporting of any suspicion of abuse, the grievance process and taking management action related to staff incidents in violation of the code of conduct. Policy 1.02 states that MBHSC shall provide an abuse free environment and abuse of illegal substances is prohibited and 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 is responsible for maintaining a list of calls made to CCC and the Abuse Hotline. 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.



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In practice, the review of the staff personnel files and staff interviewed found each program employee has an Employee Code of Conduct form completed signed and date by the employee. The program staff adheres to the program's code of conduct and was no any incident of staff abuse since the last compliance review. Observations confirmed the program has posted the Florida Abuse Hotline and the Central Communications Center (CCC) telephone numbers throughout the program. Interview completed with the Director of Programs revealed the program did not report any calls for the review period. The review of the CCC reports applicable to this program confirmed there was no any reports related to abuse or program staff incidents of physical and or/psychological abuse during the review period. Documentation reviewed indicated the program has an accessible and responsive grievance process and there is a locked grievance box available to youth in the program's lobby; however, there was not any youth or family grievance reported during the scope of this review period.

Exceptions:

There were no exceptions documented for this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The program has a policy and procedure for incident reporting, MBHSC 1.03, that was last reviewed by the DOP on July 18, 2018. The policy meets the requirements of this indicator since it requires the program to notify the Central Communications Center (CCC) within two hours of any incident or within two hours of becoming aware of the incident.

The procedure requires that reporting incidents be consistent with the Department of Juvenile Justice's (DJJ) policy and the Florida Administrative Code requirements. Interviews completed with the Director of Programs and the Human Resources Manager indicated the program has had no incidents that were deemed reportable to CCC since the last compliance review. In the event of a reportable incident, staff will call in a report to the Central Communications Center (CCC) as soon as possible, but no later than two (2) hours after any reportable incident occurs. The DOP is responsible for maintaining a list of incidents reported to CCC.

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.

Exceptions:

There were no exceptions documented for this indicator.



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1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure for training requirements, MBHSC 1.04, which meets the requirement of the indicator and was reviewed by the DOP on July 18, 2018.

The policy and procedures indicates that training and professional development are key components of continuous quality improvement. Training is required by the major funding sources, the federal government (OSHA) and the national accreditation organizations (COA). These requirements set specific goals for staff training in terms of the number of hours and specific topics required for each employee. 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 also has clear procedures requiring training be provided by the Florida Network and several local providers and community resources.

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, Sign and symptoms of mental health and substance abuse, and CPR and First Aid, Understanding of Youth and Adolescent Development, Ethics (Civil rights, EEO and Sexual Harassment), Confidentiality, Child Abuse Reporting, Trauma Informed Care, Prison, Rape Elimination Act (PREA), Fire Safety, Information Security Awareness, LGBT youth, and Cultural Humility.

In practice each employee in the program has a MBHS Training Plan 7/1/2018-6/30/2019 which includes type of training, frequency, training required, dates, credit hours, and provider. There were two training files reviewed for two new hires that recently started with the agency on 1/14/19 and 2/15/19 who were still in the process of completing new hire training. Neither of these two staff has been employed for at least 120 days; consequently, each staff still has time to complete the training topics required during that time frame. The two staff have completed 39 and 44 hours of training, respectively. Note that, the pre-service/new staff training plan indicates completion of program orientation topics and the CINS/FINS Core trainings but the documentation was not found in the training records.



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The only eligible in-service staff member has been working with the program since 8/15/2015 and a total of twelve (12) of the 24 in-service hours required was completed. Although there is time to complete some of the mandatory annual trainings, there were a few topics that were not currently up-to-date or completed as required as follows: no valid first aid certification was on file; no fire safety within the last 2 years; and non-completion of annual refresher for Human Trafficking 101.

Exceptions:

In practice each employee in the program has a MBHS Training Plan 7/1/2018-6/30/2019 that includes type of training, frequency, training required, dates, credit hours, and provider. The pre-service/new staff training plan indicates completion of program orientation topics and the CINS/FINS Core trainings but the documentation was not found in the training records for the two new hires.

One eligible in-service staff failed to complete some of the mandatory annual trainings as follows: no valid first aid certification was on file; there was no documentation that the fire safety training was completed within the last two years; and annual refresher for Human Trafficking 101 was not completed (previously completed 4/19/17).

In addition, the program does not maintain an individual training file for each staff which includes an annual training tracking form and required annual training as required; all of the staff training is maintain 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 3/11/2019 and signed by the Director of Programs.

The procedures describe the process in place for documenting case record reviews and reviews of incidents, accidents, and grievances. Per the program's procedures, the



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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 DOP 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 DOP 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.

Interview was conducted with the DOP regarding the completion of peer record reviews. The DOP stated that staff was tasked with conducting these reviews at the beginning of the FY. During the file review, there is evidence of peer record reviews in some of the files that is documented on a QA/QI file checklist. 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 DOP and the ED on a quarterly basis. However, reviewer was not able to ascertain the number of peer reviews conducted or view compiled monthly reports of peer record reviews as this practice was not apparently being conducted.

During the review period, the provider has not had any reportable incidents, accidents, or grievances. 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 September 2018 through February 2019.

During the QI visit, the program ran and obtained a report of its customer satisfaction data from Netmis during the QI visit. The data showed 4 surveys entered into Netmis for FY 2017-2018. The report suggests a low response rate and/or lack of documentation of surveys into Netmis. Additionally, there is no evidence of an annual review of customer satisfaction data since the last review March 7, 2018.



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Per the DOP, the Executive Director receives monthly benchmark reports from the Florida Network which shows the program's performance in relation to program outcomes. The reports are emailed to the DOP who reviews them monthly at staff meetings; staff meeting minutes from September 2018-February 2019 supported this practice.

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 September 2018-February 2019.

Exception

During the file review, there is evidence of peer record reviews in some of the files that is documented on a QA/QI file checklist. 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 DOP and the ED on a quarterly basis. However, reviewer was not able to ascertain the number of peer reviews conducted or view compiled monthly reports of peer record reviews as this practice was not apparently being conducted.

During the QI visit, the program ran and obtained a report of its customer satisfaction data from Netmis during the QI visit. The data showed 4 surveys entered into Netmis for FY 2017-2018. The report suggests a low response rate and/or lack of documentation of surveys into Netmis. Additionally, there is no evidence of an annual review of customer satisfaction data since the last review March 7, 2018.

1.06 Client Transportation

Satisfactory Limited Failed Not Applicable

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.

Exception

There were no exceptions documented for this indicator.



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1.07 Outreach Services

Satisfactory

Limited

Failed

Not Rated

Rating Narrative

The program has policy and procedures related to outreach services number MBHSC 1.07 that was last revised on July 18, 2018 by the Human Services Manager. The program's policy met the requirements of the indicator and required the program coordinate services with several community organizations and advocate for the program's services and activities.

The procedure requires the program to provide outreach services to community audiences, individuals and groups and share information related to the program and educational activities through presentations, meetings and group discussions. 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.

In practice the program has an Outreach Coordinator/SNAP Program Facilitator and an outreach plan in place to increase community awareness and offer information about the program and the CINS/FINS services provided. Documentation reviewed confirmed the program regularly provides comprehensive outreach services to community audiences and groups, educational activities, group presentations, individual meetings, distribution of materials at community events, facility tours and media events interviews. The program maintains an outreach binder that was reviewed that documented community activities, family nights, school groups, events and presentation completed in many different locations, and dates throughout the year.

According to the Director of Programs, the CEO or herself attends the DJJ Circuit Meeting on a monthly basis.

Exceptions:

There were no exceptions documented for this indicator.



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Standard 2: Intervention and Case Management

Overview

Rating Narrative

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

The CINS/FINS program consists of two full-time direct care staff and a Program Director. The direct care staff duties include intake and assessment, development of case plans, providing case management services, and linking youth and families to community services.

MHBSC 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 July 18, 2018 by the Director of Programs.

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). Once



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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 timeframe, 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 acknowledged by their signatures.

Exceptions:

There were no exceptions noted for this indicator.

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 and completed within 2-3 face to face sessions to gather and analyze information for all youth and their families receiving services. The policy and procedure was last reviewed July 18, 2018 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 will be completed; the needs assessment must be completed within 3 face-to-face contacts following the initial intake. The bachelor level case manager signs off on the completed Needs Assessment and then submits it to the program supervisor for review and signature. If the suicide risk component is required, the MBHSC staff are required to contact the Henderson Behavioral Health YES team.



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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 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.

Exceptions:

There were no exceptions noted for this indicator.

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 July 18, 2018 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, signatures (youth, family, counselor, and supervisor), 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 included the following: individualized needs and goals; service type, frequency, and location; person(s) responsible; and target and completed date(s). Signatures of youth, parent/guardian, counselor, and supervisor were evident in 7 of the 8 files reviewed. One of the files was missing the supervisor's signature. Also, the 30 and 60 day reviews completed weren't initialed by the youth/parent or staff.

Exception:

There were no exceptions noted for this indicator.



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2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure, MBHSC2.04, related to the program coordination of services and support for the youth's families. The policy and procedure was last reviewed July 18, 2018 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 making 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 the program is documented as required in the 4 closed cases.

Exception:

There were no exceptions noted for this indicator.

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



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of youth and families in the delinquency and dependency systems. The policy and procedure was last reviewed July 18, 2018 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.

Case managers 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 and provision of chronological case notes on youth progress.

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.

Exception:

There were no exceptions noted for this indicator.

2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The program has policy and procedures regarding adjudication and petition process, MBHSC 2.06, reviewed last on July 18, 2018, by the Director of Programs. The policy meets the requirements of the indicator and requires the Case Staffing Committee meeting be scheduled monthly, or within seven days of the written request of the family, to review the case of any youth or family that the program determines needs services or treatment.

The program procedure indicated that as a result of the case staffing committee the youth and family are provided a new or revised individualized service plan. Within seven working days of the meeting, a written report is provided to the parent/guardian outlining the committee recommendations and the reasons behind the recommendations.



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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 a review summary prior to the reviewing hearing, informing the court of the youth's behavior and compliance with the court orders and providing recommendations for further dispositions. This process remains ongoing until the case is formally closed by the court with an order releasing the court from adjudication. Corrective action shall be required when a minimum of twenty percent of a worker's case records are not in full compliance with the program's policy and procedures.

In practice, interviews completed with the Director of Programs revealed the program has not had any case staffing committee meeting during the scope of this review period; however, the program has an established case staffing committee and regular communication with committee members, as well as an internal procedure for the case staffing process, including a schedule for committee meetings.

Exception:

There were no exceptions noted for this indicator.

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 July 18, 2018 by the Director of Programs.

The 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.

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. All records are maintained in a neat and orderly manner.

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Reviews of the program's case files found all eight files reviewed marked "confidential". All of the files are only accessible to program staff. Closed files are stored onsite in a CINS/FINS locked filing cabinet located in the adjacent storage facility. The storage is locked and only accessible to designated staff. The case managers have locked file cabinets for secure storage of active files/documents. The program also has an opaque box for the transport of youth records. The box is marked confidential and is equipped with a lock. All of the records reviewed onsite are maintained in an orderly and neat manner.

Exception:

There were no exceptions were noted for this indicator.

2.08 Sexual Orientation, Gender Identity, Gender Expression

Satisfactory

Limited

Failed

Rating Narrative

The agency provided a written policy and procedures MBHSC 5.08, Sexual Orientation, Gender Identity, and Gender Expression, effective March 11, 2019 and approved by the Director of Programs.

Per the agency's procedures:

1. MBHSC shall provide training to all staff annually on this policy and procedures so that they have knowledge of the Florida Network policy 5.08 and provide services that are respectful, supportive and safe for the youth served in the program
2. Youth will be addressed by their preferred name and gender pronouns.
3. Staff is prohibited from discussing youth's sexual orientation, gender identity, or gender expression with other youth in services without the documented consent from the youth.
4. All staff, service providers, and volunteers are prohibited from engaging in any form of discrimination or harassment of youth based upon their actual or perceived sexual orientation, gender identity, or gender expression
5. Staff will report all allegations of harassment or abuse by staff to the CCC

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6. Harassment, verbal abuse, or intimidation by staff towards any youth based on the youth's sexual orientation, gender identity, or gender expression must be reported the DCF Abuse Hotline. 1-800 96 ABUSE (1-800-962-2873)
7. All staff, service providers, and volunteers are prohibited from attempting to change a youth's sexual orientation, gender identity, or gender expression, including, but not limited to referrals for conversion therapy, or other similar interventions
8. All staff, service providers, and volunteers who have intentional contact with youth will be aware of the terms utilized with this policy
9. If youth are in need of specialized support or services, they are referred to qualified resources. If assistance is required in doing so, the agency will ask for assistance from the Florida Network
10. The program will have signage placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression

During a tour of the facility there was a rainbow flag on the flagpole in the parking lot but no signage was observed in the offices. No visible printed LGBTQ material was observed to be accessible for youth/families providing information/education about safety and resources for the population.

The program has not served any youth during the annual review period who met the criteria for the indicator. Training files for two new staff and one in service staff reviewed did not include training documentation showing staff received training on the Florida Network policies and procedures, including guidelines outlined in policy 5.08. There are no applicable volunteers in the program to receive the training.

Exception:

The agency did not, upon initial review, have a written policy or procedures in place for Indicator 2.08, Sexual Orientation, Gender Identity, and Gender Expression as required by the Florida Network's 5.08 policy and procedure. A policy and procedure was drafted during the QI visit. During a tour of the facility there was a rainbow flag on the flagpole in the parking lot but no signage posted in the facility. No visible printed LGBTQ material was accessible for youth/families providing information/education about safety and resources for the population. Training files for two new staff and one in service staff reviewed did not include training documentation showing staff received training on the Florida Network policies and procedures, including guidelines outlined in policy 5.08. There are no applicable volunteers in the program to receive the training.



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Standard 3: Shelter Care and Special Populations

Overview

Rating Narrative

MBHSC is a non-residential program that provides services to special populations who meet the criteria for Family/Youth Respite Aftercare Services (FYRAC). Youth who receive FYRAC services may be referred following a residential shelter stay, an arrest, or from DJJ for a DV arrest or Probation officer for youth on probation. All FYRAC referrals must have prior approval from the Network Office.

3.01 Screening and Intake

Satisfactory Limited Failed Not Applicable

Rating Narrative

This rating does not apply to this program.

3.02 Program Orientation

Satisfactory Limited Failed Not Applicable

Rating Narrative

This rating does not apply to this program.

3.03 Room Assignment

Satisfactory Limited Failed Not Applicable

Rating Narrative

This rating does not apply to this program.

3.04 Log Books

Satisfactory Limited Failed Not Applicable

Rating Narrative

This rating does not apply to this program.

3.05 Behavior Management Strategies

Satisfactory Limited Failed Not Applicable



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Rating Narrative

This rating does not apply to this program.

3.06 Staffing and Youth Supervision

Satisfactory Limited Failed Not Applicable

Rating Narrative

This rating does not apply to this program.

3.07 Special Populations

Satisfactory Limited Failed Not Applicable

Rating Narrative

The program does not currently have written policies and procedures for services to Family/Youth Respite Aftercare Service (FYRAC) population, the only special population currently being served by the program.

The program provides services to special populations who meet the criteria for Family/Youth Respite Aftercare Services (FYRAC). A review of 3 applicable FYRAC cases for 1 open and 2 closed youth was conducted. In 2 of the 3 cases, the youth was referred by the DJJ probation officer; one youth was referred by the school and was found to be on probation. Approval by the FN was submitted and obtained by the program for all 3 youth. The initial and intake assessment was a face-to-face session and met the criteria of the indicator in the 3 cases, including the gathering of family history and demographic information. Two of the 3 records reviewed had evidence of the development of an individual service plan. The service plan included goals for development of coping skills, substance abuse prevention, and dealing with anger.

Only 1 of the 3 youth completed the 13 sessions required. For the remaining 2 youth, one received only 2 individual/family counseling sessions (duration of services 6/28/18-9/26/18) and the other youth who was on active status (intake 10/17/18) received 3 individual sessions and did not have an extension of services requested from DJJ Probation for being in care for over 90 days.

Two of the files reviewed did not have progress notes maintained in the files by the case manager. Instead, services provided were documented in Netmis then printed and placed in the files.



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Exception:

The program does not currently have written policies and procedures for services to Family/Youth Respite Aftercare Service (FYRAC) population, the only special population currently being served by the program.

In 2 of the 3 cases, the youth was referred by the DJJ probation officer; one youth was referred by the school and was found to be on probation.

Only 1 of the 3 youth completed the 13 sessions required. For the remaining 2 youth, one youth received only 2 individual/family counseling sessions (duration of services 6/28/18-9/26/18) and the other youth who was on active status (intake 10/17/18) received 3 individual sessions.

The latter open file did not have an extension of services requested from DJJ Probation for being in care for over 90 days as required.

Two of the files reviewed did not have progress notes maintained in the files by the case manager. Instead, services provided were documented in Netmis then printed and placed in the files.

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

This rating does not apply to this program.