



**Florida Network for Youth and Family Services
Compliance Monitoring Report for**

Bethel Community Foundation

2901 54th Avenue South
St. Petersburg, Florida 33712

August 5, 2020

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for the Bethel Community Foundation for the FY 2020-2021 at its program office located at 2901 54th Avenue South, St. Petersburg, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Bethel Community Foundation 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 are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Keith D. Carr, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from the organization present for the entrance interview were: James Myles, Executive Director; Vincent Lisbon, Associate Director; Abraham Jones, Navigator. The last onsite QI visit was conducted on June 7, 2019.

Bethel Community Foundation (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 has been in operation onsite and offers a small, private educational setting to youth including an alternative for youth that have dropped out or no longer wish to attend public school. Scholarships available to parents include State of Florida McKay and Step-Up for Students. Mr. Myles is the current Executive Director of the BCF agency.

In general, the Reviewer found that Bethel Community Foundation is in compliance with specific contract requirements. **Bethel Community Foundation received an overall compliance rating of 100% for achieving full compliance with 12 indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 08-05-2019-2020

Agency Name: Bethel Community Foundation					Monitor Name: Keith D. Carr, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 2901 54th Avenue South, St. Pete FL		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): August 5, 2020		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D, I – Certified Peer Reviewers for BCF: Vincent Lisbon, Constance Shaw, William Thomas are Peer Certified staff members for the organization.	
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Copy of contract At the time of this on-site program review, the agency has an additional contract with the Pinellas County Juvenile Welfare Board to operate the Truancy Intervention Program Services.	
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – General Liability through GuideOne Insurance Elite Company. The General Liability limits include coverage for \$1,000,000 each/\$2,000,000 aggregate; \$1,000,000 personal injury; \$1,000,000 damage to rented property, \$2,000,000 products-	

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policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV							comp/op agg; Effective 09/26/2019-09/26/2020. Auto Insurance is provided through GuideOne Insurance Mutual, with combined single limits of \$1,000,000 and PIP Basic \$10,000, effective 6/14/2020-06/14/2021. Basic \$10,000, effective 6/14/2020-06/14/2021. Workers Compensation and Employers' Liability is provided by GuideOne Insurance Mutual and includes \$500,000 each accident, \$500,000 per each employee; and \$500,000 for policy limitations. Effective dates are 4/22/20-4/11/21. The Florida Network is listed as certificate holder on the certificate.	
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I – Per an interview with the Associate Director, at the time of this onsite program review, Bethel Community Foundation does not have any corrective action items cited by an external funding source.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual. The Accounting Policies and Procedures manual was reviewed

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						onsite and appears to include protocols that are general and provide for basic fiscal controls.	
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						D – General Ledger (GL) for Periods: July 2019 through June 2020. BCF maintains a detailed general ledger with corresponding source documents. The General Ledger is organized to document funding sources and it does contain a separate GL for the CINS/FINS program.	
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						The agency does not use petty cash for program related purchases not requiring an advance purchase order.	
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						D – BCF provided evidence in the form of banking statements and reconciliation documents. The documents reviewed reflect BB&T Bank. Bank activity for the period January 2019-Jun 2020. Reconciliations are generally being conducted every 6 weeks. Agency invoices are processed by the agency's Executive Director to the FNYFS office for payment on a monthly basis. All invoices have been	

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							submitted and processed in the last 6 months. BCF has a general filing system to organize all vendor files. A file for individual vendors is maintained for each fiscal year in the file room and in file other cabinets by fiscal year.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Inventory for fiscal year 2019-2020 indicates one (1) Toshiba Laptop and an accompanying 2 Yr. Protection Plan. Both purchased in 2015. Laptop is inoperable and no longer in use since August 2018.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – Bethel Community Foundation produced FL Network Payroll Tax Payments. The documentation provided include the date, amount and method in which payments were made January through June 2020.
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The BCF provided a Budget vs. Actual statement on Florida Network funds from July 2019 through June 2020. The Bethel Community Foundation Profit & Loss Budget vs. Actual - FN show program budget and variances. Variances in budget Profit and Loss Budget versus Actual statement is monitored on a

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						routine basis by the Executive Director.			
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – An audit was conducted by Clifton, Larson, Allen LLP for the year ending December 31, 2019. CLA issued a report on June 9, 2020. A Management letter was issued that did not have any financial improprieties. However, CLA cited findings related to Accounting Policies, Accounting Estimates and Financial Disclosures. The communication was for information purposes and for use by the Board of Directors and management of BCF.	
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The agency has no major updates for its current confidentiality policy. The policy's last date of revision is documented as Oct. 28, 2017. The agency is still using Passwords for limiting access to data and BCF maintains back-up copies of electronic data files in a secure, fire protected environment and additional back-up offsite.	

CONCLUSION

Bethel Community Foundation, Inc. (BCF) – St. Petersburg has met the requirements for the CINS/FINS contract as a result of general compliance. The agency has achieved full satisfactory compliance ratings on twelve (12) applicable indicators out of the thirteen (13) total indicators of the Administrative and Fiscal Contract Monitoring Tool. One (1) of the thirteen (13) indicators were not applicable due to: 1) the agency does not have or utilizes a petty cash system in its programs. No cash disbursements are allowable under its program guidelines and policies. **As a result, the overall compliance rate for this contract monitoring visit is 100%.** There are no corrective actions cited and no recommendations made as a result of the on-site contract monitoring. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

SUMMARY OF RECOMMENDATIONS

No Recommendations or Correction Actions cited.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Bethel Community Foundation – St. Petersburg
CINS/FINS Program

August 5, 2020

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

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	Satisfactory
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 85.71%
Percent of indicators rated Limited: 14.28%
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	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 93.33%
Percent of indicators rated Limited: 6.67%
Percent of indicators rated Failed: 0.00%



Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

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

Keith Carr - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Melissa Johnson – Central Region Supervisor, Bureau of Monitoring and Quality Improvement, Office of Accountability and Program Support, Department of Juvenile

Corlissa Pope – Youth Advocate Program



Quality Improvement Review

Bethel Community Foundation – August 5, 2020

Lead Reviewer: Keith Carr

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 2019).

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 checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | 2 # 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 checked="" type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | _____ # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources | 2 # Other (listed by title): Admin Staff. |
| <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"/> Visitation Logs |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | 0 # Health Records |
| <input type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | 0 # MH/SA Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Fire Drill Log | 6 # Personnel /Volunteer Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | 6 # Training Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 7 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 1 # Youth Records (Open) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> List of Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Vehicle Inspection Reports | |

Surveys

0 # Youth **3** # Direct Care Staff **0** # Other: _____

Observations During Review

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input checked="" 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 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 checked="" 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

Due to COVID-19, this QI review was conducted remotely.

Overview

Monitoring Purpose:

The purpose of this monitoring is to provide an annual quality improvement program review. This is to verify the agency adheres to all current CINS/FINS standards and contract compliance requirements for residential and non-residential services.

Strengths and Innovative Approaches

Bethel Community Foundation (BCF) operates in the Bethel Community Baptist Church School Building that houses four (4) programs: 1) Children In Need of Services / Families in Need of Services (CINS/FINS) Prevention Program; 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. Foundation families have in-house educational resources, that are immediately accessible to parent during the intake assessment process, for children ages one through fourteen. The K-8 school that is operated on site offers a small, faith-based private school setting as an alternative for youth that have been challenged by the public school system. Scholarships available to parents include State of Florida McKay and Step-Up For Students. For the Pre-School, Coordinated Child Care Scholarships are available.

The TIPS program, funded in 2011 through Pinellas County's Juvenile Welfare Board Children's Services Council, is now completing the ninth 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 to Bethel, youth undergo a comprehensive screening and assessment, including substance abuse and suicide risk screenings. Law Enforcement and Truancy Court referrals are significant referral sources for youth enrolled in the CINS/FINS TIPS programs.

For the 4th year, Bethel is maintaining supervision and case management responsibility for Truancy Court cases that result in case staffings and CINS/FINS 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.

Bethel continues a written memorandum of agreement with Pinellas County School Board that allows Case Managers on-line access to student records, permitting real time school history data for completion of Needs Assessments, Service Plans, and daily monitoring of client academic, attendance and discipline progress.

The BCF CINS FINS program continues to provide comprehensive family support services, including, Anger Management, Female Life Skills, Manhood Development and Active Parenting classes. Additionally, In-house mental health evaluations, and individual/family counseling are provided, either on-site or at the school, by a licensed therapist (LMHC), one (1) licensing intern and one (1) PHD counselor. Five (5) Navigators

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

provide case management, including weekly coaching to parents and mentoring to youth. Counseling and life skills classes are on Monday – Thursday until 8:00 p.m. Gender specific classes, including Manhood Development and Female Life Skills are continuing to use the evidence based “Why Try” curriculum. The Anger Management class uses an evidenced based Mindfulness stress reduction curriculum, designed to overcome anger and aggression using Dialectical Behavior Therapy (DBT). For parents, an evidenced based Active Parenting curriculum is used.

Effective, May 1, 2019, the Foundation signed a \$75,000 contract with the Juvenile Welfare Board (JWB) to provide for the expansion of the TIPS program to the Sanderlin Center Mid-Town site to include two (2) additional Navigators for a total of five (5) Case Managers/Navigators with responsibility for case management and mentoring. This additional funding eliminated the Executive Director for case management responsibility and provided more opportunity for administrative oversight and outreach/recruitment in surrounding high risk neighborhoods.

The Foundation’s JWB expansion contract has been approved for an annualized increase of \$150,000, totaling \$369,000, effective 10/01/20, FY 21 contract year. This elevates the Agency’s total budget to \$500,000+, a new milestone in the Foundation’s history. A one-time \$50,000 donation from a dissolved non-profit HUD housing development provided much needed capital stabilization and cash flow for the agency.

An important feature of the new contract provided office space for New Vision Behavioral Health to provide mental health services in the immediate neighborhood, and therefore eliminating transportation as a barrier. Offering mental health services in the school further reduces the transportation barrier and improves access to mental health services.

The onset of COVID-19 pandemic in March 2020 required the Foundation to quickly pivot to digital virtual services. BCF is using Juvenile Welfare Board approved protocols to complete intake assessments; New Vision Behavioral Health is using telehealth virtual platforms to complete MH/SA evaluations and counseling. The life skills instructors are utilizing virtual formats, including Zoom and Loom. The Foundation has developed Emergency Pandemic Operations procedures as a result of the COVID-19 outbreak that allows the agency to continue provision of services to families in the community

Finally, the Executive Director will be ending his tenure after nearly 20 years and the reins will be transferred to the Foundation’s Associate Director, Vincent Lisbon, who has worked with the agency for the past 12 months to prepare to assume position of Agency Executive Director, effective 10/01/2020.

Narrative Summary

Bethel Community Foundation (BCF) primarily provides non-residential community-based services for youth and their families in the metropolitan area of Saint Petersburg and across all of Pinellas County Florida. At the time of this Quality Improvement (QI) program review, the BCF non-residential CINS/FINS program is currently staffed by an

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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Executive Director, one Associate Director/Navigator, 4 TIPS Navigators, 1 LMHC contracted licensed Therapist, 1 contracted Special Topics Instructor, 2 Administrative Assistants and one Clerk. The agency has a practice of conducting Level 2 background screening on all staff members. This screening measure is mandatory for employees and volunteers, working with direct access to youth and client information, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. Twenty-one (21) new screenings were conducted on prospective staff members in contention for open positions with the agency since the last on site QI program review in June 2019. Additionally, there were no applicable 5-year re-screenings conducted since the last review.

The primary goal of Children in Need of Services/Families in Need of Services (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 members are equipped to perform the required job responsibilities. The agency has a detailed on-boarding process for all new hires. The agency provides a formal program orientation and a broad series of trainings prior to the new staff member is assigned a caseload. Staff are trained to conduct screenings based on the presence of presenting problems documented during the process. The agency also has staff members that conduct assessments on youth and families deemed eligible to receive CINS/FINS services. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The agency utilizes a variety of sources for training such as the Florida Network (FN), SkillPro, as well as training from local sources (live instructors, city, county and colleges/universities and other community-based organizations). Further, the agency participates and attends local DJJ Circuit Six (6) meetings. The Executive Director and provider's case management staff conduct outreach activities and participate in local community events. The agency documents Outreach activities into the FNYFS data platform named NetMIS.

Bethel Community Foundation (BCF) is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in the sixth judicial circuit covering Pasco and Pinellas County. The program provides screening and centralized intake during business hours that occur on Monday – Friday. Trained staff member conducts the intake process and establishes a set of resources and measures to address the needs of the family and youth. The agency provides a broad array of intervention methods that include case management, group education, anger management, female life skills, manhood development, parent/youth family training, mentoring, parent coaching, in addition to screening and assessment.

BCF provides CINS/FINS services that are executed by four (4) Navigators, including a PhD contract specialist that leads group sessions. BCF navigators, provide essential services that include completing assessments, developing case plans, providing case management services, and linking youth and families to community services. The agency provides Clinical oversight through its contracted services provider New Vision Behavioral Health that is under the management of a LMHC. Additionally, the agency facilitates Case



Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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Staffing Committee sessions. These sessions are statutorily-mandated that require that the agency work to develop treatment plans for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. All the agency's Case Staffings are conducted via a written interagency agreement with another local full service CINS/FINS provider, Family Resources, also in Circuit 6.

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):

Standard 1:

1.04 Training found that 4 staff members did not have evidence of all mandatory trainings completed in the first 120 days of employment.



Quality Improvement Review

AGENCY – DATE OF REVIEW
Lead Reviewer: NAME

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						There are 2 policies for QA 1.01 Background Screening and QA 1.01a Pre-Employee Training that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program uses the HR AVATAR program to assess the applicant's compatibility. Proof of the HR AVATAR instrument being completed on all recent hires was documented in recent hires.	
b. Background screening completed prior to hire/start date or exemption obtained prior to working with youth (if rated ineligible) for new hires, volunteers/interns, and contractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four (4) staff eligible for background screening prior to hire. All four background screenings were completed prior to the staff's hire date. All 4 completed the pre-employment assessment tool prior to hire.	
c. Five-year re-screening completed every 5 years from initial date of hire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no staff applicable for a five-year rescreening during this review period.	
d. Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Affidavit of Annual Compliance with Level 2 Screening was completed and submitted to the Background Screening Unit on January 27, 2020.	
e. Proof of E-Verify for all new employees obtained from the Department of Homeland Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee/Volunteer/Intern Files. Proof of E-Verify for all new employees was obtained from the Department of Homeland Security for all 4	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						staff. All personnel files reviewed had evidence of copies.	
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) There is a policy QA 1.02 in place titled Abuse Free Environment that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	Policy needs to include grievances will be reviewed and a resolved by management within 72 hours and that grievances will be maintained by program for at least 1 year.
Abuse Free Environment							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has a policy and procedures addressing the provision of an abuse free environment. The code of conduct was revised during the annual review to address these items, except intimidation.	Exception: The original staff code of conduct included with the policy did not address the prohibition of the use of physical abuse, profanity, threats or intimidation.
b. Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the program supported there were postings of the Florida Abuse Hotline telephone number.	
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the program supported there were postings of the Florida Abuse Hotline telephone number and this information is provided in the youth Clients Rights form that is signed by youth at intake.	
d. Management takes immediate action to address any incidents of threats or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed documentation indicated there were no calls placed to the Abuse Hotline during the review period.	
Grievance Process							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The grievance procedure indicates the client will submit their grievance in writing to the BCF Executive Director or Board Vice President.	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Locked box accessible to only management and available to youth in a common area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is a non-residential program, there is no locked grievance box for the youth to place their completed grievances.	
c. Direct care does not handle the complaint/grievance unless assistance is asked for by the youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The BCF Executive Director or Board Vice President will respond to the complainant's written grievances.	
d. 72-hour resolution requirement by management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed documentation indicated there were no grievances filed during the review period.	
e. Grievance maintained on file for a minimum of 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed documentation indicated there were no grievances filed during the review period.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 1.03 in place titled Incident Reporting that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program did not have any internal or reportable incidents to DJJ Central Communications Center during the review period.	
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No incidents were to the Central Communications Center during the review period.	
c. Incidents are documented in the program logs and on incident reporting forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If internal or reportable incidents to DJJ Central Communications Center occur the agency maintains these in a general incident binder.	
d. All incident reports are reviewed and signed by program supervisors/directors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program did not have any internal or reportable incidents to DJJ Central	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						Communications Center during the review period.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A review of the agency's policies indicates that it has both Q.A. 1.04 and 1.04B in place for training requirement that were last revised and signed by the program Executive Director on June 30, 2020.	
First Year Direct Care Staff							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 employee training files were reviewed for this indicator. 1 out of 5 agency staff members that provide service provision to children on a caseload were accessed and are receiving all required training during the first 120 days of employment.	Exception: Four (4) staff members do not have evidence of all required trainings at the time of this review. Staff 1 did not have evidence of Abuse Reporting, Confidentiality, Understanding Youth and Adolescent Development; Staff 2 training file did not have evidence of Confidentiality, Universal Precautions and Understanding Youth and Adolescent Development; Staff 3 did not have evidence of CINS Core, CPR/1 st Aid, Suicide Prevention Pt. 2; and Staff 4 did not have evidence of Suicide Prevention Pt. 2 and CINS Core.
b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first year employment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All agency staff members have evidence of being registered, as well as completing numerous trainings on both the FNYFS and DJJ training platforms.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not applicable for this program.

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not applicable for this program.
In-service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>40 hours if the program has a DCF child caring license</i>).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All in-service/on-going staff members have individual training records. In addition, there is evidence of training records and certificates that reflect completing 24 hours of annual training.	
Required Training Documentation							
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff members had evidence of individual training files that include dates, training topics, hours, and all certificates and associated documents that verify course completion.	
1.05: Analyzing and Reporting Information							
The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 1.05 implemented titled Analyzing and Reporting Information. The policy was last reviewed by the Executive Director in May 29, 2019. A review of the policy indicates that the policy addresses the requirements of this indicator.	
Quarterly Reviews							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A general review of the policy indicates that it specifically collects data and program information from various program services and data sets that track CINS/FINS program	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						services and outcomes. The Executive Director (ED) is responsible for directing all efforts associated with completion of case record reviews. The agency has evidence of conducting case file reviews routinely on a quarterly basis. The agency randomly selects 50% of cases to assess accuracy and completion rates of client files. The agency's method of reviewing client case records entails reviewing an average of 50% of active caseloads across the four (4) Navigators. In general, active cases that served over longer term records are randomly selected, and results are documented on the Audit Report-Active File form. All deficiencies are documented, and corrective actions are implemented immediately.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the time of this review, the provider has not had any reportable incidents, accidents, or grievances. When applicable, the agency has a process to ensure that incidents and grievances are reviewed, and a root cause assessment is conducted with the Executive Director. There is evidence of discussions of the results of these reviews at the staff meetings.	
Annual Reviews							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency promotes the use of satisfaction surveys. All clients that exit the program are required to complete satisfaction surveys.	
b. The program conducts an annual review of outcome data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's program service deliverables, utilization and outcomes are reviewed by management and leadership. The agency reviews numbers reported on the Metrics report for FY 2020, quarters 1-3. The findings	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						are reviewed by management and communicated to staff and stakeholders.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Monthly Reviews							
The program conducts a monthly review of NetMIS data reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency reviews multiple data sets provided to them through the review of their performance across service delivery units and outcomes source in the NetMIS data extract provided by the FNYFS.	
Quality Improvement Process							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency uses multiple data sources to review its organizational performance.	
b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data on program performance is reviewed by the Executive Director and discussed at staff meetings.	Exception: It is required that findings reviewed by management are regularly communicated to staff and stakeholders. There was documentation that was provided and reviewed of only one staff meeting held during the past 6 months.
c. There is evidence that strengths and weaknesses are identified, improvements are implemented or modified and staff are informed and involved throughout the process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has documentation of file review process and documents and assesses all program services and outcomes results with staff in routine monthly meetings and during the case file review process. There is evidence of reviews from July 1, 2019 – June 30, 2020.	
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 1.06 in place titled Transportation that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
Approved agency drivers							

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A for Non-Residential Programs.	
b. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A for Non-Residential Programs.	
Third party present in the vehicle							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The policy indicates the program will only transport clients in emergency situations. The policy delineates what constitutes an emergency situation. The policy indicates the program provides daily bus passes for families needing assistance with transportation.	
b. In the event that a 3 rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A for Non-Residential Programs.	
c. The 3 rd party an approved volunteer, intern, agency staff, or other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A for Non-Residential Programs.	
Transportation documentation							
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A for Non-Residential Programs.	
1.07: Outreach Services							
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy in place titled QA 1.07 Outreach Services that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by Executive Director.	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has a policy and procedure addressing all required documentation. There is documentation to support the program regularly attends the Department of Juvenile Justice (DJJ) Board and Council meetings.	
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was documentation the program designee attended the Department of Juvenile Justice (DJJ) Board and Council meetings on the following date; July 25, 2019, October 17, 2019, January 16, 2020 and July 16, 2020. There was documentation from NETMIS to support staff attended various outreach events throughout the review period.	
c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has interagency agreements with ten (10) providers. Two (2) of the agreements were signed in 2009; four (4) of the agreements were signed in 2010; Two (2) of the agreements were signed in 2018 and all aforementioned agreements had no updates made to the original agreement. One agreement was signed in 2019.	
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.01, 2.02 in place titled Screening, Intake and Needs Assessment that addresses the requirements of this indicator. The policy was last revised on June 30, 2020 by the Executive Director.	
Eligibility screening is completed within 7- calendar days of referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to all 8 client files that were randomly selected from the client roster of the previous 6 months (4 open and 4 closed). 7 out	Exception: 1 out of the 8 client files did not have evidence or date on the screen to

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						of 8 files clearly indicated that the eligibility screening was completed within 7 calendar days of referral.	determine if the screen was completed within 7 days of the referral.
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> Available service options Rights and responsibilities of youth and parents/guardians 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to all 8 client files that were randomly selected from the client roster of the previous 6 months (4 open and 4 closed) and met the requirement accordingly.	
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) Grievance procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of documentation was found in the 8 non-residential files reviewed to support information was provided to youth and parents/guardian.	
2.02: Needs Assessment							
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.01, 2.02 in place titled Screening, Intake and Needs Assessment that addresses the requirements of this indicator. The policy was last revised on June 30, 2020 by the Executive Director.	
Completion of Needs Assessment							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		The requirement is not applicable to Non-Residential providers.
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 client records were reviewed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all 8 records.	
c. Needs Assessment is conducted by a Bachelor's or Master's level staff member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All eight Needs Assessments were conducted by a Bachelor's or Master's level staff member.	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
d. Needs Assessment includes a supervisor's review signature upon completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A supervisor's signature was present on all 8 Needs Assessment reviewed.	
Suicide Risk as a Result of the Needs Assessment							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable to all 8 client files that were randomly selected from the client roster of the previous 6 months (4 open and 4 closed). There were no youth identified with an elevated risk of suicide.	
b. If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable to all 8 client files that were randomly selected from the client roster of the previous 6 months (4 open and 4 closed). There were no youth identified with an elevated risk of suicide.	
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.03 in place titled Service Plans that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
Case/Service plan is developed within 7 working days of Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans were completed within 7 working days of the Needs Assessment in 8 of the 8 client file cases reviewed.	
Case/Service Plan includes:							
<ul style="list-style-type: none"> Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment Service type, frequency, location Person(s) responsible Target date(s) for completion and Actual completion date(s) Signature of youth, parent/guardian, counselor, and supervisor Date the plan was initiated 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 client files contained evidence of major service plan tasks being completed as required by the indicator.	

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Case/service plans are reviewed for progress/revise by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eight (8) of the 8 client files demonstrate service plan reviews are being completed every 30 days for the first three months of service delivery.	
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.04 and QA 2.04a in place titled Case Management and Service Delivery that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eight (8) out of 8 client files reviewed contained evidence in the file that each client case had an assigned Counselor/Case Manager.	
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs Coordinates service plan implementation Monitors youth's/family's progress in services Provides support for families Monitors out-of-home placement (if necessary) Makes referrals to the case staffing to address problems and needs of the youth/family Accompanies youth and parent/guardian to court hearings and related appointments Refers the youth/family for additional services when appropriate 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eight (8) of the 8 client case files reviewed had evidence that case management services were provided as needed and progress is monitored and includes the following: All 8 applicable files monitored the youth's and family's progress in services. All 8 applicable files provided support for families. None of the files were applicable for monitoring out-of-home placement. None of the files were applicable for referrals to the case staffing committee. None of files were applicable for accompanying the youth or parent to court hearings or appointments. All 8 of 8 applicable files referred the youth/family for additional services when needed. All 8 applicable files provided case	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Provides case monitoring and reviews court orders Provides case termination notes Provides follow-up after 30 days of exit Provides follow-up after 60 days of exit 						monitoring and reviewed court orders. All 8 of 8 applicable files provided case termination notes. All 8 of 8 applicable files provided follow-up after 30 days of exit. All 8 of 8 applicable files provided follow-up after 60 days of exit.	
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.05 in place titled Mental Health and Substance Abuse Counseling Services that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 client service plans and case progress notes had evidence of youth receiving counseling services as identified during the assessment process.	
Shelter Program							
Shelter programs provides individual and family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This program only serves non-residential youth.
Group counseling sessions held a minimum of five days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This program only serves non-residential youth.
Group counseling sessions consist of: <ul style="list-style-type: none"> Length of at least 30 minutes Opportunity for youth engagement Clear and relevant topic (informational/developmental/educational) Clear leader or facilitator 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This program only serves non-residential youth.
Non-residential Program							

Quality Improvement Review

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Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic services provided by agency staff are documented in the client case file progress notes. All necessary presenting problems and needs had evidence that referrals were provided to all 8, where applicable.	
Counseling Services							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all 8 files reviewed.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual client records were maintained for all eight client files reviewed.	
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 client files included case notes that Documents the services that are provided including counseling services.	
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Executive Director provided evidence of client file accuracy and completion of staff performance reviews are conducted at case file review meetings.	
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.06 in place titled CINS Petition Process-Case Staffing Committee Services that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
Case Staffing Initiation and Notifications							
If parent/guardian initiates, staffing is held within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	
The youth, family and case staffing committee are contacted within a minimum of five working days	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Notification to youth/family no less than 5 working days prior to staffing Notification to committee no less than 5 working days prior to staffing 							
Case Staffing Committee							
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	
Other members may include: <ul style="list-style-type: none"> State Attorney's Office Others requested by youth/family Substance abuse representative Law enforcement representative DCF representative Mental health representative 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	
The program has an established case staffing committee, and has regular communication with committee members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has an established case staffing committee for Circuit 6.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a policy and practice in place that discusses the internal procedure and process for case staffings.	
As a result of the Case Staffing							
The youth and family are provided a new or revised plan for services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	
Case Manager/Counselor completes a review summary prior to the court hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no eligible files to review, during the review period, for this indicator.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.07 in place titled Youth Records: Confidentiality that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 client file records reviewed were stamped confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The client file room was observed during the virtual walk thru inspection. All cabinets have a locking mechanism and are marked confidential. The door to the cabinet room is also equipped with a lock.	
When in transport, all records are locked in an opaque container marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The container used to house all client files used to transport case files outside office was viewed during virtual inspection. The container used to transport files was marked confidential.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 client files viewed during virtual inspection were observed to be neat and organized in an orderly manner.	
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) There is a policy QA 2.08 in place titled Sexual Orientation, Gender Identity, Gender Expression that addresses the requirements of this indicator. The policy was last reviewed on June 30, 2020 by the Executive Director.	
Use of youth's preferred name/pronoun:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency reported that they have not had any youth that fall under these requirements	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards						during period of review, however, this is addressed in the internal policy.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency reported that they have not had any youth that fall under these requirements during period of review, however, this is addressed in the internal policy.	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the program supported there is signage to reflect that all youth are accepted. The agency had both signage and brochures that were observed during the virtual walk thru inspection.	
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST,DV, PR, ICM and FYRAC.						<input type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A Indicate policy number, authorized signee, date(s) of last review/revision/approval, and exceptions in notes.	This indicator is Not Applicable for this non-residential agency.
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				
Staff Secure policy and procedure outlines the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
							N/A - This program only serves nonresidential youth.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> In-depth orientation on admission Assessment and service planning Enhanced supervision and security with emphasis on control and appropriate level of physical intervention Parental involvement Collaborative aftercare 							
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Agency provides a written report for any court proceedings regarding the youth's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				N/A - This program only serves nonresidential youth.
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
appropriate level of supervision and safety measures?							
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Domestic Violence							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A			N/A - This program only serves nonresidential youth.
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Youth in program do not have length of stay in DV Respite placement that exceeds 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Case plan in file reflects goals focusing aggression management, family coping skills, or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
intervention design to reduce reoccurrence of violence in the home							
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A			N/A - This program only serves nonresidential youth.
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Length of stay is no more than fourteen (14) to thirty (30) days? (Placement beyond thirty (30) days requires the approval of the JPO and/or CPO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
All case management and counseling needs have been considered and addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A - This program only serves nonresidential youth.
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A			Not Applicable. This agency is not contracted to provide ICM services.
Youth receiving services was court ordered or referred by case staffing committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not Applicable. This agency is not contracted to provide ICM services.
Services for youth and family include: a. Six (6) direct contacts per month b. Six (6) collateral contacts per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not Applicable. This agency is not contracted to provide ICM services.

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Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not Applicable. This agency is not contracted to provide ICM services.
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not Applicable. This agency is not contracted to provide ICM services.
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not Applicable. This agency is not contracted to provide ICM services.
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A			This indicator is Not Applicable for this non-residential agency.
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is Not Applicable for this non-residential agency.
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is Not Applicable for this non-residential agency.
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is Not Applicable for this non-residential agency.

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program							
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is Not Applicable for this non-residential agency.
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is Not Applicable for this non-residential agency.
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is Not Applicable for this non-residential agency.
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) Indicate policy number, authorized signee, date(s) of last review/revision/approval, and exceptions in notes.	
SNAP Clinical Groups							
Youth are screened to determine eligibility of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.

Quality Improvement Review

Bethel Community Foundation – August 5, 2020
Lead Reviewer Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
SNAP Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
c. TOPSE (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
d. Prevention Assessment Tool (PAT) (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
SNAP® discharge report summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
SNAP in Schools							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
"Class Shoot for Your Goal" sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.
Pre and Post Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		This indicator is not Applicable for this non-residential agency.



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<p>Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below</p> <p>This indicator is not Applicable for this non-residential agency.</p>