



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

Bethel Community Foundation

2901 54th Avenue South
St. Petersburg, Florida 33712

October 5, 2021

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 2021-2022 for 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, 2022.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC, and Peer Reviewer(s). Agency representatives from the organization present for the entrance interview were Vincent Lisbon, Executive Director; Lena Moody, Program Specialist; and Sheana Vaughn, Office Manager. The last onsite QI visit was conducted on August 5, 2020.

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 all 11 applicable 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

2021-2022 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 10-05-2021-2022

Agency Name: Bethel Community Foundation					Monitor Name: Marcia Tavares, 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): October 5, 2021		
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, Abram Jones, Pacherrah Faulkner, Jarrish Jones, and Carla Baity-Lisbon are Certified Peer Reviewers 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. BCF also maintains subcontracts with New Vision Behavioral Health for clinical services and Dr. Deangelis Brandon, for instructor training 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – General Liability through United States Liability Insurance Company. The General Liability limits include coverage for \$1,000,000	

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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							maintained in the agency's Accounting Policies and Procedures Manual. The Accounting Policies and Procedures manual was reviewed 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 1, 2020- June 30, 2021. 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 activity for the period January 2021-August 2021. Reconciliations are generally being conducted within 4 weeks. Agency invoices are processed by the program specialist

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							and Executive Director prior to submission to the FNYFS office for payment on a monthly basis. All invoices have been 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 other file 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 2020-2021 the purchase of a HP Laptop, 4 HP Printers, 2 desks, an office chair, and a bookcase. None of the items cost over \$1,000.
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 a Vendor Quick Report for July 2020 through August 2021 showing bi-weekly Payroll Tax Payments for the entire period. The documentation provided include the date, amount and method in which payments were made.
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- BCF provided a Budget vs. Actual statement on Florida Network funds from July 2020 through June 2021. The Bethel Community Foundation

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							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 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 (CLA) for the year ending December 31, 2020, and 2019. CLA issued a report on May 18, 2021. 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

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					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 eleven (11) applicable indicators out of the thirteen (13) total indicators of the Administrative and Fiscal Contract Monitoring Tool. Two (2) of the thirteen (13) indicators were not applicable due to: 1) the program does not have any corrective action item(s) cited by an external funding source, and 2) the agency does not have or utilize 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 Community Counseling Program

October 5, 2021

Compliance Monitoring Services Provided by



October 5, 2021

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	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 100 %

Percent of indicators rated Limited: 0 %

Percent of indicators rated Failed: 0 %

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
2.09 Special Populations	Not Applicable
2.10 Stop Now and Plan (SNAP)	Not Applicable

Percent of indicators rated Satisfactory: 100 %

Percent of indicators rated Limited: 0 %

Percent of indicators rated Failed: 0 %

Overall Rating Summary

Percent of indicators rated Satisfactory: 100 %

Percent of indicators rated Limited: 0 %

Percent of indicators rated Failed: 0 %

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
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Reviewer

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
 Jesin Miah – Bureau of Monitoring and Quality Improvement, Department of Juvenile Justice
 Kelli Yeazell – Family Resources Inc.

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Intervention and Case Management, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (Effective August 1, 2021).

Persons Interviewed

 Chief Executive Officer

Chief Financial Officer

Chief Operating Officer

Executive Director

Program Director

 Program Manager

Program Coordinator

Clinical Director

Counselor Licensed

 Case Manager

Counselor Non-Licensed

Advocate

Direct – Care Full time

Direct – Part time

Direct – Care On-Call

Intern

Volunteer

 Human Resources

Nurse – Full time

Nurse – Part time

0 # Case Managers

0 # Program Supervisors

0 # Food Service Personnel

0 # Healthcare Staff

0 # Maintenance Personnel

1 # Other (listed by title): Program Specialist

Documents Reviewed

Accreditation Reports

 Affidavit of Good Moral Character

CCC Reports

Logbooks

Continuity of Operation Plan

 Contract Monitoring Reports Contract Scope of Services Egress Plans Fire Inspection Report

Exposure Control Plan

 Table of Organization Fire Prevention Plan Grievance Process/Records

Key Control Log

 Fire Drill Log

Medical and Mental Health Alerts

Precautionary Observation Logs

Program Schedules

 List of Supplemental Contracts

Vehicle Inspection Reports

Visitation Logs

 Youth Handbook

0 # Health Records

0 # MH/SA Records

2 # Personnel /Volunteer Records

4 # Training Records

6 # Youth Records (Closed)

4 # Youth Records (Open)

0 # Other: ____

Observations During Review

Intake

 Program Activities

Recreation

Searches

Security Video Tapes

Social Skill Modeling by Staff

Medication Administration

Census Board

 Posting of Abuse Hotline

Tool Inventory and Storage

Toxic Item Inventory & Storage

Discharge

Treatment Team Meetings

Youth Movement and Counts

Staff Interactions with Youth

Staff Supervision of Youth

 Facility and Grounds First Aid Kit(s)

Group

Meals

 Signage that all youth welcome

Comments

Due to COVID-19, this review was conducted via hybrid (virtually and on-site).

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 tenth 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 and TIPS programs.

For the 5th year, Bethel is maintaining supervision and case management responsibility for Truancy Court cases that result in case staffing and CINS/FINS petitions. BCF has a written interagency agreement with Family Resources (FR), its sister CINS/FINS provider in circuit 6, to coordinate services, including arrangement for BCF to utilize FR Case Staffing Committee. Family Resources' case staffing occurs the 3rd Wednesday of each month.

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 Assessment and Service Plan and daily monitoring of client academic, attendance and discipline progress.

BCF CINS program continues to provide comprehensive family support services including anger management, youth resiliency, 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 sub-contracted licensed therapist (LMHC) and five (5) clinical technicians under the LMHC's supervision. Five (5) Navigators provide case management, including weekly coaching to parents and mentoring to youth. Counseling and life skills classes are Monday – Thursday until 7:00 p.m. Last year, Youth Resiliency replaced gender specific classes (Manhood Development and Female Life Skills) to ensure all youth, regardless of sexual orientation or identification, felt both welcomed and supported. Youth Resiliency classes is 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). An evidenced based Active Parenting curriculum is used for parents as well.

On September 9, 2021, BCF was notified it will be awarded a \$75,000 contract (effective October 1) with Pinellas County Social Action Funding to further expand in-house individual and family counseling. This additional funding will allow BCF to target psychosocial issues contributing more aggressively to habitual truancy, such as anxiety and depression. New Vision Behavioral Health, BCF's sub-contracted mental health provider, continues to offer services in the immediate neighborhood and therefore eliminates transportation as a barrier. Offering mental health services in the school further reduces the transportation barrier and improves access to mental health services. The new Social Action Funding grant also allows BCF to increase the salaries of direct care staff (Navigators) to ensure higher retention rates and lower staff turnover. There have been no major changes in personnel over the last year.

The Foundation's upcoming JWB contract has been approved for \$372,935, a slight increase from last year's \$369,243. The JWB contract increase, along with the new Social Action Funding grant, elevates the Agency's total budget to over \$600,000, a new milestone in the Foundation's history.

The onset of the COVID-19 pandemic in March 2020 required the Foundation to quickly pivot to digital virtual services. Along with in-person visits, BCF utilizes Juvenile Welfare Board approved protocols to complete intake assessments. New Vision Behavioral Health offers telehealth virtual platforms to complete MH/SA evaluations and counseling if families are not comfortable with in-person sessions.

Lastly, Youth Resiliency instructors have resumed conducting classes in-person, but offer virtual formats based on the family's comfort level. The Foundation has also developed Emergency Pandemic Operations procedures that allows the agency to continue provision of services to families in the community in the event of a staff COVID-19 outbreak.

Narrative Summary

Bethel Community Foundation (BCF) primarily provides 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 community counseling CINS/FINS program is currently staffed by an Executive Director, five TIPS Navigators, one LMHC contracted licensed Therapist/Instructor, a Program Specialist, an Office Manager, and an Administrative 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. Two background screenings were conducted on new staff members for open positions with the agency since the last on-site QI program review in August 2020. 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. 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). The Executive Director and provider's

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 CINS/FINS community counseling 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.

BCF provides CINS/FINS services that are executed by five (5) Navigators. 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 Staffing Committee sessions with Family Resources, also in Circuit 6.

The overall findings for the QI Review for Bethel Community Foundation are summarized as follows:

Standard 1 has a total of seven indicators regarding Management Accountability. Four of the seven indicators in Standard 1 were rated satisfactory with no exceptions (1.02, 1.03, 1.04, and 1.06). The remaining three indicators (1.01, 1.05, and 1.07) were rated satisfactory with exceptions.

Standard 2 has a total of ten indicators that relate to intervention and case management. Two of the indicators (2.09 and 2.10) were not applicable because the provider has not served any youth who met the criteria for specialized services and BCF is not contracted to provide SNAP services. Four of the applicable eight indicators were rated satisfactory with no exceptions. Indicators 2.01-2.03, and 2.07 were rated satisfactory with exceptions.

October 5, 2021

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators:	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	Review Based Upon Document Source	Notes
Standard One – Management Accountability							
1.01: Background Screening (BS) 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						<p>NO</p> <p>If NO, explain here: Current Background Screening policy does not address January 31st deadline each year for submission of Affidavit of Annual Compliance with Level 2 Screening Standard. Also, policy for Pre-Employment Testing does not include requirement for: 1) explanation for decision to hire staff with a non-passing/low score, and 2) non-testing of employee with a break in service in good standing if break is less than 90 days.</p> <p>There are 2 policies for QA 1.01: 1) Background Screening of Employees and Volunteers, and 2) Pre-Employment Testing. Both policies were last reviewed and approved on 6/30/2020 by the Executive Director.</p>	
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 or the agency has provided an explanation for staff hired with a non-passing/low score.		X				The program uses the HR Avatar pre-employment test to assess the applicant's compatibility. Proof of completion of the HR Avatar tool for both new hires was provided. It was observed one of the new hires (date of hire 8/3/2020) did not complete the HR Avatar prior to hire. Per the Director, the staff completed the assessment twice, once on 8/7/20 but erroneously signed in with the Director's name. As a result, the staff had to repeat the assessment on 9/25/20. However, both were completed after the employee's hire date.	Exception: The agency did not complete the HR Avatar pre-employment screening prior to hiring a recently hired staff as required. The employee's hire date is 8/3/2020 and the test was administered on 8/7/2020.

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	X					The program hired two new staff subsequent to the last QI Review. The background screenings were completed for both staff prior to their hire dates. The provider did not utilize any volunteers or added any new contractors during the review period.	
Agency has evidence for employees who have had a break in service and who are in good standing and reemployed with the same agency without an additional suitability assessment or background screening if the break is less than 90 days.			X			None of the new employees had a break in service with the agency.	
Five-year re-screening completed every 5 years from initial date of hire			X			There were no eligible five-year re-screenings during the review period for staff, volunteers, or contractors.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?			X			The Affidavit of Annual Compliance with Level 2 Screening was notarized on February 2, 2021, and was submitted to the Background Screening Unit on February 4, 2021.	Exception: The agency submitted the Affidavit of Annual Compliance with Level 2 Screening, due by January 31st, four days late on February 4, 2021.
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					Proof of E-Verify for the two new employees was obtained from the Department of Homeland Security and maintained in the personnel records.	
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						YES	
						If NO, explain here:	
						There is a policy Q.A. 1.02/Provision of an Abuse Free Environment that addresses the requirements of the indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Abuse Free Environment							
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	X					Reviewed documentation validated the program has a policy and procedures addressing all the requirements for indicator 1.02 titled Provision of an Abuse Free Environment. The program has a code of conduct prohibiting the use of physical abuse, profanity, and threats or intimidation.	

Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X					A tour of the program supported there were postings of the Florida Abuse Hotline telephone number. Additionally, the program provided pictures of the postings of the Florida Abuse Hotline telephone number.	
Youth were informed of the Abuse and Contact Number (see youth survey results)	X					Reviewed documentation in the youth records and an interview with the executive director validated this information is provided to the youth during intake.	
Management takes immediate action to address any incidents of threats or abuse			X			There were no abuse calls made to the Abuse Hotline by program staff during the review period.	
Grievance Process							
Agency has a formal grievance process	X					The program has a process in place to discuss the grievance process to youth during the youth's intake at the program. The program's executive director indicated the executive director or board vice president will respond to grievances and each grievance will be discussed during the board meeting.	
Locked box accessible to only management and available to youth in a common area					X	As a community counseling only program, Bethel Community Foundation does not have a grievance box on-site.	
Direct care does not handle the complaint/grievance unless assistance is asked for by the youth. Program director/supervisor will have access to and manage grievances unless it is towards themselves.	X					Reviewed documentation revealed there were no grievances filed during the review period. The program has a process in place to discuss the grievance process to youth during the youth's intake at the program. The program's executive director indicated the executive director or board vice president will respond to written grievances and each grievance will be discussed during the board meeting.	
72-hour resolution requirement by management. If this does NOT occur within the 72 hour period, there is sufficient documentation explaining the cause for the delay in resolution.			X			Reviewed documentation revealed 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						YES	
						If NO, explain here:	

						Reviewed documentation validated there is a policy Q.A. 1.03/Incident Reporting that addresses the requirements of the indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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			X			Reviewed documentation reflected the program did not have any reportable incidents or calls made to the Department's Central Communications Center during the review period.	
The program completes follow-up communication tasks/special instructions as required by the CCC			X			No incidents were reported to the Central Communications Center during the review period.	
Incidents are documented in the program logs and on incident reporting forms			X			Reviewed documentation reflected the program had no reportable incidents to the Department's Central Communications Center during the review period. If internal or reportable incidents occur, the agency will maintain these in a general incident binder.	
All incident reports are reviewed and signed by program supervisors/directors			X			No incidents were reported to the Central Communications Center during the review period.	
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						YES	
						If NO, explain here:	
						Reviewed documentation validated there is a policy Q.A. 1.04/Training requirements that addresses the requirements of the indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
First Year Direct Care Staff							

All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. <i>(Staff hired before January 1st were required to complete no later than December 31, 2020)</i>	X					Two applicable pre-service staff training records were reviewed. Reviewed documentation validated each pre-service staff completed the Department of Justice (DOJ) Civil Rights and Federal Funds training within the required timeframe.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	X					Two applicable pre-service staff training records were reviewed. Reviewed documentation validated each pre-service staff completed all required trainings within the required timeframes.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	Not applicable for community counseling programs.	
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).					X	Not applicable for community counseling programs.	
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> .	X					Two applicable in-service staff training records were reviewed. Reviewed documentation validated each in-service staff completed all required and applicable training hours and training topics within the required timeframes.	
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.	X					A review of two applicable pre-service and two applicable in-service staff training records validated the program maintains an individual training record for each staff which includes the training hours, dates, topics, certificates, and related training documents.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						NO	

						<p>If NO, explain here: Current policy and procedure does not include protocols for the following elements required by Indicator 1.05: quarterly review of incidents/accidents/grievances; annual review of customer satisfaction data; annual review of outcome data; monthly review of NetMIS data reports; annual Florida Network data reconciliation; invoice submission by the 4th of each month; documentation of findings reviewed regularly by management and communicated with staff and stakeholders; communication of program performance including Limited/Failed scores with the Board of Directors; and process in place to review and improve accuracy of data entry and collection.</p>
						<p>There is a policy titled Analyzing and Reporting Information that was last reviewed and approved by the Executive Director on June 30, 2020. A review of the policy shows brief descriptions of procedures for intake audit (Plan of Service Reviews) and Case Files Audit Report only. The policy and procedure was missing the requirement of all other elements required by the indicator.</p>
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	
Case record review reports demonstrate reviews are conducted quarterly, at a minimum	X					<p>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 monthly. During the review period, a total of 40 cases were reviewed Q4, FY 2020-2021 and 31 cases were reviewed for Q1, FY 2021-2022. The results are documented on the Audit Report-TIPS & CINS/FINS Quality Assurance Report form. All deficiencies are documented and corrective actions are implemented immediately. The forms are signed by the supervisor and staff acknowledging review and receipt of report findings and recommendations.</p>

<p>The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum</p>	<p>X</p>					<p>At the time of this review, the provider did not have 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.</p>	
<p>The program conducts an annual review of customer satisfaction data</p>		<p>X</p>				<p>The program specialist collects client satisfaction data and enters them into NetMIS. A survey report of 21 respondents for the period January-June 2021 was provided. However, there is no documentation of review of the data with program staff.</p>	<p>Exception: The program collects client satisfaction data but there is no evidence that the feedback provided is reviewed and/or shared with staff to address areas of concerns.</p>
<p>The program conducts an annual review of outcome data and (if applicable) there is evidence of annual reconciliation that occurs through communication from the Florida Network via email or phone call when corrections are needed and the information is corrected and submitted within the requested timeframes.</p>	<p>X</p>					<p>The agency's program service deliverables, utilization, and outcomes are reviewed by the executive director monthly upon receipt from the Florida Network. The agency reviewed the reports for FY 2021. The findings are reviewed by management and also communicated to staff and the Board of Directors as evidenced by staff and Board meeting agendas.</p>	
<p>The program conducts a monthly review of NetMIS data reports. The program submits NetMIS invoices by the fourth business day of the following reporting month.</p>	<p>X</p>					<p>The program specialist provided copies of emails for invoices submitted to the Florida Network February - September 2021. All of the invoices were submitted on or before the 4th of the month and were accompanied by a COVID-19 Hardship letter written by the executive director to explain challenges. Per the program specialist, NetMIS and JJIS data accuracy is reviewed and confirmed prior to submitting the invoices.</p>	
<p>The Florida Network conducts monthly reconciliation by comparing NetMIS data to JJIS data. Agency has evidence that they have reconciled any differences noted.</p>	<p>X</p>					<p>The program specialist is responsible for conducting NetMIS and JJIS data reconciliations. Per interview with the program specialist, data reconciliation is completed upon receipt of the monthly data from the Florida Network and an email is returned to the FN confirming reconciliation, including attachments of the Certification and LLOS files with corrections made, if any. Emails for the months of April - August 2021 supported evidence of this practice.</p>	

The program has a process in place to review and improve accuracy of data entry & collection	X					The program has a designated staff, the program specialist, whose role is to review and ensure data entry accuracy.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	X					Data on program performance is reviewed by the executive director and discussed at staff meetings. Staff meeting minutes during the review period supported practice.	
There is evidence the program demonstrates that critical performance data reports are shared with the Board of Directors frequently. All final reports that include a Limited or Failed score is submitted electronically or by mail to the providers Executive Committee on the Board of Directors.	X					Data on program performance is reviewed by the executive director and discussed at Board of Directors meetings. Agendas and minutes of Board meetings held June and September 2021 showed the Board is informed of critical program performance.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	X					The agency has documentation of file review process and documents and assesses all program services and outcomes results with staff in routine team meetings and during the case file review process. There is evidence of reviews from April - September 2021.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						YES	
						If NO, explain here:	
						Reviewed documentation validated there is a policy Q.A. 1.06/Transportation that addresses the requirements of the indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	X					The agency's transportation 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.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	X					Background screening for program staff includes driver's license check. Staff is required to maintain current auto insurance.	

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	X					The program's policy indicates the program will only transport clients in emergency situations and include exceptions for obtaining permission from the executive director prior to transporting any client as well as the requirement for staff to text the director upon arrival at each destination point during the trip.						
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	X					Per the agency's transportation policy, the director must approve all client transport.						
The 3 rd party an approved volunteer, intern, agency staff, or other youth			X			There was no client transportation by program staff during the review period.						
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.			X			The executive director confirmed there was no emergency situation during the review period which required a transportation by the program staff; therefore, there was no client transportation by a program staff during the review period.						
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</p>						YES						
						If NO, explain here:						
						Reviewed documentation validated there is a policy BCF 1.07/Outreach Services that addresses the requirements of the indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.						
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable							
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		X				There was no documentation indicating program participated in the required Department of Juvenile Justice (DJJ) Board and Council Meeting during the review period. The program executive director stated there were multiple attempts to reach the DJJ Board Council to participate in the meeting but he did not receive information regarding the meetings and did not receive invitation to participate in any DJJ Board Council Meeting.	Exception: There was no documentation indicating program participated in the required Department of Juvenile Justice (DJJ) Board and Council Meeting during the review period.					

<p>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.</p>	X					<p>Reviewed documentation validated program staff attended the Monthly FSI Side Door Community Meeting each month during the review period. The program staff also attended the School Board Community Conversation once during the review period. Reviewed documentation validated the Monthly FSI Side Door Community Meeting and the School Board Community Conversation included community awareness and informational and educational services to youth and families.</p>	
<p>The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.</p>	X					<p>Reviewed documentation revealed the program has interagency agreements with ten community partners which includes the outreach and prevention services.</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</p>						<p>NO If NO, explain here: The current policy for Screening, Intake, and Needs Assessment was not revised to reflect the new requirement for screenings to be completed within 3 business days of receipt of the referral. The agency's current policy for Screening, Intake, and Needs Assessment was last reviewed on June 30, 2020 and approved by the Executive Director.</p>	
<p>Rating Criteria</p>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<p>Shelter youth: Eligibility screening is completed immediately for all shelter placement inquiries. If staff on duty cannot complete the screening, an on-call supervisor is contacted and eligibility is determined within 30 minutes from initial inquiry.</p>					X	<p>Not applicable for community counseling programs.</p>	
<p>Community counseling: Eligibility screening is completed within 3 business days of referral by a trained staff using the NetMIS form</p>		X				<p>Reviewed documentation of four open records and six closed records showed eligibility screening form is completed within 3 business days of referral by trained staff. Two Secret Shopper calls were made to the agency on October 11, 2021. One of the two calls did not result in an immediate screening. The second call resulted in an immediate eligibility screening.</p>	<p>Exception: One of two secret shopper calls made to the agency did not result in an initiation of screening; instead, caller was redirected to another phone number to contact for the screening.</p>

<p>There is evidence all referrals for service is screened for eligibility and is logged in NetMIS within 72 hours of screening completion.</p>	X					<p>Nine of the ten records reviewed showed proof of the eligibility screening being logged into Netmis within 72 hours.</p> <p>One of the two Secret Shopper calls made to the agency on October 11, 2021 resulted in a screening; however, the screening was not entered into Netmis within 72 hours as required.</p>	<p>Exception: One of the 10 records reviewed did not indicate that the eligibility screening form was entered into Netmis within 72 hours.</p> <p>Additionally, the provider completed an eligibility screening for one of two secret shopper calls but did not enter the screening in NetMIS within 72 hours of completion as required.</p>						
<p>Youth and parents/guardians receive the following in writing:</p> <p>a. Available service options</p> <p>b. Rights and responsibilities of youth and parents/guardians</p>	X					<p>Reviewed documentation showed proof of available service options and rights and responsibilities of youth and parent/guardians were received by youth and parents/guardians for each record.</p>							
<p>The following is also available to the youth and parents/guardians:</p> <p>a. Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)</p> <p>b. Grievance procedures</p>	X					<p>Reviewed documentation showed proof of available possible actions through services and grievance procedures were provided to youth and families for each record reviewed.</p>							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</p>						<p>YES</p>							
						<p>If NO, explain here:</p>							
						<p>Indicate policy number, authorized signee, date(s) of last review/revision/approval:</p>							
						<p>There is a policy in place titled Screening, Intake and</p>							

Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						Needs Assessment that addresses the requirements of this indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Completion of Needs Assessment							
Shelter Youth: Needs Assessment initiated within 72 hours of admission					X	Not applicable for community counseling programs.	
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	X					All ten records reviewed showed proof of the Needs Assessment being completed within 2 to 3 face to face contacts.	
Needs Assessment is conducted by a bachelor's or master's level staff member		X				Reviewed documentation showed six of the ten records reviewed were conducted by a bachelor's or higher level staff member.	Exception: Four of the ten records reviewed showed the staff who completed the needs assessments only has an Associates level degree.
Needs Assessment includes a supervisor's review signature upon completion	X					All ten records showed proof of supervisors review and signature.	
Suicide Risk as a Result of the Needs Assessment							
Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	X					Two of the ten youth records were identified with an elevated risk of suicide on the CINS/FINS Intake form.	
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	X					The two youth identifying with an elevated suicide risk were referred for a Suicide Assessment that was completed by the program's contracted licensed mental health professional.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						YES	
						If NO, explain here:	
						There is a policy titled Service Plans that addresses the requirements of the indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case/Service plan is developed within 7 working days of Needs Assessment	X					Reviewed documentation showed service plans were completed within 7 working days of the Needs Assessment in all 10 records reviewed.	

<p>Case plan service Plan includes:</p> <ol style="list-style-type: none"> 1. Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/ guardian, counselor, and supervisor 6. Date the plan was initiated 		X				<p>Reviewed documentation showed proof of one record not containing a parent signature or explanation and a separate record not containing a youth signature or explanation.</p>	<p>Exception: There was no parent signature or explanation on case plan in one record reviewed. In a separate record, there was no youth signature or explanation provided.</p>						
<p>Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after</p>	X					<p>Reviewed documentation showed proof of 30 day case plan review calls in all ten records reviewed.</p>							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</p>						<p>YES</p>							
												<p>If NO, explain here:</p>	
												<p>There is a policy in place titled Case Management and Service Delivery that addresses the requirements of this indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.</p>	
<p>Rating Criteria</p>	<p>Satisfactory</p>	<p>Non-compliant</p>	<p>No Eligible Items for Review</p>	<p>No Practice</p>	<p>Not Applicable</p>								
<p>Counselor/Case Manager is assigned</p>	X					<p>Proof of navigator assignments for each record was documented.</p>							
<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 						<p>All records showed proof of referral needs established, service plans implemented, monitoring of services, support provided by program staff, documentation of case termination notes, and applicable 30 and 60 day follow-ups.</p>							

6. Makes referrals to the case staffing to address problems and needs of the youth/family	X						
7. Accompanies youth and parent/guardian to court hearings and related appointments							
8. Refers the youth/family for additional services when appropriate							
9. Provides case monitoring and reviews court orders							
10. Provides case termination notes							
11. Provides follow-up after 30 days of exit							
12. Provides follow-up after 60 days of exit							
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	X						The program maintains written agreements with ten community partners for mental health/substance abuse, education, parenting, and prevention services.
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						YES	
						If NO, explain here:	
						There is a policy in place titled Mental Health and Substance Abuse Counseling Services that addresses the requirements of this indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	X						Reviewed documentation showed proof of counseling services being identified and provided by the contracted licensed provider.
Shelter Program							
Shelter programs provides individual and family counseling					X		Not applicable for community counseling programs.
Group counseling sessions held a minimum of five days per week					X		Not applicable for community counseling programs.
Group counseling sessions consist of: a. Length of at least 30 minutes							Not applicable for community counseling programs.

b. Opportunity for youth engagement						X	
c. Clear and relevant topic (informational/developmental/educational)							
d. Clear leader or facilitator							
Community Counseling							
Community counseling 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, the local provider's counseling office or virtually if written documentation is provided in the youth's file for reasons why it is in the best interest of the youth and family.						X	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 youth 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						X	Reviewed documentation reflect coordination of services based on presenting problems, needs assessments, and case/service plans.
Maintain individual case files on all youth and adhere to all laws regarding confidentiality						X	Reviewed documentation showed proof of individual case files adhering to confidentiality and proof of signed consents.
Case notes maintained for all counseling services provided and documents youth's progress						X	Reviewed documentation showed case notes are maintained for each youth record as well as documentation of services that are provided.
On-going internal process that ensures clinical reviews of case records and staff performance						X	The executive director provided evidence of client file reviews and staff performance conducted at case file review meetings.
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						NO	
						If NO, explain here: Current policy does not include the requirement for: 1) notifying the family and committee no later than 5 working days prior to the staffing, and 2) providing a written report of the committee's recommendations within 7 days of the case staffing.	

						There is a policy in place titled CINS Petition Process-Case Staffing Committee Services that was last reviewed and approved on June 30, 2020 by the Executive Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case Staffing Initiation and Notifications							
If parent/guardian initiates, staffing is held within 7 days			X			There were no eligible files to review as the provider reported there were no case staffings held since the last QI review.	
The youth, family and case staffing committee are contacted within a minimum of five working days a. Notification to youth/family no less than 5 working days prior to staffing b. Notification to committee no less than 5 working days prior to staffing			X			There were no eligible files to review during the review period for this indicator.	
Case Staffing Committee							
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative			X			There were no eligible files to review during the review period for this indicator.	
Other members may include: a. State Attorney's Office b. Others requested by youth/ family c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative			X			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	X					The program has an established case staffing committee for Circuit 6 consisting of Behavior Evaluation Program, SEDNET-PCSB, police officers, a school attendance specialist, State Attorney, truancy case managers from Family Resources, and case manager for the referring agency.	

The program has an internal procedure for the case staffing process, including a schedule for committee meetings	X					Per the agency's policy and procedure, BCF has a written interagency agreement with Family Resources (FR), its sister CINS/FINS provider in circuit 6, to coordinate services, including arrangement for BCF to utilize FR Case Staffing Committee. Family Resources' case staffings occur the 3rd Wednesday of each month.	
As a result of the Case Staffing							
The youth and family are provided a new or revised plan for services			X			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			X			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			X			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			X			There were no eligible files to review during the review period for this indicator.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						YES	
						If NO, explain here:	
						There is a policy in place titled Youth Records: Confidentiality that addresses the requirements of this indicator. The policy was last reviewed and approved on June 30, 2020 by the Executive Director.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All records are clearly marked 'confidential'.	X					All ten youth records reviewed were marked confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					During the tour, youth records were observed to be kept in a filing cabinet with a lock and marked confidential on each filing cabinet.	
When in transport, all records are locked in an opaque container marked "confidential"		X				Multiple pictures of the file transport container showed it was not clearly marked "confidential" on the exterior of the case.	Exception: The container used to transport youth records are not marked "confidential" on the exterior of the container.

All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					All ten records reviewed were observed to be neat, legible, and organized in an orderly consistent manner.							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</p>						NO							
												<p>If NO, explain here: Current policy does not include the requirement for youth's preferred name/pronoun to be used on all outward facing documents.</p>	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable								
<p>Use of youth's preferred name/ pronoun: 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</p>			X			The agency reported they have not served any applicable youth during the review period.							
Youth in need of specialized support is referred to qualified resources (as applicable)			X			The agency reported they have not served any applicable youth during the review period.							
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					X	N/A - This program only serves community counseling youth.							
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression					X	N/A - This program only serves community counseling 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	X					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 onsite tour and inspection.							
						N/A							

Provider has a written policy and procedure that meets the requirement for Indicator 2.09						If NO, explain here: BCF is not contracted to serve any of the specialized population youth.
						N/A
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	
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”)					N/A	N/A - This program only serves community counseling youth.
Staff Secure policy and procedure outlines the following: a. In-depth orientation on admission b. Assessment and service planning c. Enhanced supervision and security with emphasis on control and appropriate level of physical intervention d. Parental involvement e. Collaborative aftercare					X	N/A - This program only serves community counseling youth.
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services					X	N/A - This program only serves community counseling 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					X	N/A - This program only serves community counseling youth.
Agency provides a written report for any court proceedings regarding the youth's progress					X	N/A - This program only serves community counseling 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")					N/A	N/A - This program only serves community counseling youth.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements.					X	N/A - This program only serves community counseling youth.	
There is evidence the youth was entered into NetMIS as a Special Populations youth at admission and a Human Trafficking Screening Tool (HTST) was completed.					X	N/A - This program only serves community counseling youth.	
Services provided to these youth specifically designated services designed to serve DMST youth					X	N/A - This program only serves community counseling 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 appropriate level of supervision and safety measures?					X	N/A - This program only serves community counseling youth.	
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.)					X	N/A - This program only serves community counseling 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					X	N/A - This program only serves community counseling youth.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements					X	N/A - This program only serves community counseling 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")					N/A	N/A - This program only serves community counseling youth.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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					X	N/A - This program only serves community counseling youth.	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	N/A - This program only serves community counseling 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.					X	N/A - This program only serves community counseling youth.	
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home					X	N/A - This program only serves community counseling youth.	

All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements					X	N/A - This program only serves community counseling 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")					N/A	N/A - This program only serves community counseling youth.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All probation respite referrals are submitted to the Florida Network.					X	N/A - This program only serves community counseling youth.	
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status					X	N/A - This program only serves community counseling youth.	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	N/A - This program only serves community counseling 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)					X	N/A - This program only serves community counseling youth.	
All case management and counseling needs have been considered and addressed					X	N/A - This program only serves community counseling youth.	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements					X	N/A - This program only serves community counseling 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")					N/A	BCF is not contracted to provide ICM services.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible	No Practice	Not Applicable		

Rating Criteria	Satisfactory	Non-Compliant	Items for Review	No Issues	Not Applicable		
Youth receiving services was court ordered					X	BCF is not contracted to provide ICM services.	
Services for youth and family include: a. Two (2) direct contacts per month b. Two (2) collateral contacts per week c. Direct and collateral contacts not obtained must have documentation to support attempts made to obtain them. All reasonable attempts (at minimum of three) must be made to reach all contacts (direct and collateral) and documented in the case file and NetMIS.					X	BCF is not contracted to provide ICM services.	
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)					X	BCF is not contracted to provide ICM services.	
Case plan demonstrates a strength-based, trauma-informed focus					X	BCF 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					X	BCF 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”)					N/A	BCF is not contracted to provide FYRAC services.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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					X	BCF is not contracted to provide FYRAC services.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office					X	BCF is not contracted to provide FYRAC services.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information 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					X	BCF is not contracted to provide FYRAC services.	
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					X	BCF is not contracted to provide FYRAC services.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence					X	BCF is not contracted to provide FYRAC services.	

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							
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					X	BCF is not contracted to provide FYRAC services.	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						N/A	
						If NO, explain here: BCF is not contracted to provide SNAP services.	
						N/A	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
SNAP Clinical Groups							
Youth are screened to determine eligibility of services					X	BCF is not contracted to provide SNAP services.	
Needs assessment is completed at initial intake, or within two face-to-face sessions					X	BCF is not contracted to provide SNAP services.	
SNAP Assessments a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post) b. Teacher Report Form (TRF) completed by the teacher (pre & post) c. Tool for Parenting Self Efficacy (TOPSE) completed by the caregiver (pre & post) d. Prevention Assessment Tool (PAT) (pre & post) There must be at least three (3) documented attempts in the youths' file to obtain all pre-assessment (listed above) information.					X	BCF is not contracted to provide SNAP services.	
SNAP discharge report summary					X	BCF is not contracted to provide SNAP services.	

SNAP Boys/SNAP Girls Parent Group Evaluation Form					X	BCF is not contracted to provide SNAP services.	
SNAP Boys/SNAP Girls Child Group Evaluation Form					X	BCF is not contracted to provide SNAP services.	
SNAP for Schools & Communities							
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All cycles conducted outside of the school setting is reviewed by the Florida Network prior to the facilitation of services.					X	BCF is not contracted to provide SNAP services.	
Each classroom or community setting group session has the following: a. a minimum of 45 minutes in length b. children ages 6-11 years of age with a minimum of five (5) children present c. one trained SNAP facilitator as well as a teacher or community facilitator in each session.					X	BCF is not contracted to provide SNAP services.	
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)					X	BCF is not contracted to provide SNAP services.	
"Class Goal" sheet					X	BCF is not contracted to provide SNAP services.	
Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment outcomes of reported classroom dynamics.					X	BCF is not contracted to provide SNAP services.	
Pre and Post Evaluations					X	BCF is not contracted to provide SNAP services.	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox					X	BCF is not contracted to provide SNAP services.	