



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Miami Bridge-Central

on 01/16/2013

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Limited
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Interagency Agreements and Outreach	Satisfactory
1.06 Disaster Planning	Satisfactory
1.07 Analyzing and Reporting Information	Satisfactory

Percent of indicators rated Satisfactory: 85.71%
 Percent of indicators rated Limited: 14.29%
 Percent of indicators rated Failed: 0.00%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Psychosocial Assessment	Satisfactory
2.03 Case/Service Plan	Limited
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

Percent of indicators rated Satisfactory: 85.71%
 Percent of indicators rated Limited: 14.29%
 Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care

3.01 Youth Room Assignment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Shelter Environment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Daily Programming	Satisfactory
3.06 Behavior Management Strategies	Satisfactory
3.07 Behavior Interventions	Satisfactory
3.08 Staffing and Youth Supervision	Satisfactory
3.09 Staff Secure Shelter	Satisfactory

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

Standard 4: Mental Health/Health Services

4.01 Healthcare Admission Screening	Satisfactory
4.02 Suicide Prevention	Satisfactory
4.03 Medications	Satisfactory
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	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: 92.86%
 Percent of indicators rated Limited: 7.14%
 Percent of indicators rated Failed: 0.00%

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.

Review Team

Members

Marcia Tavares, Lead Reviewer and Consultant-Forefront LLC

Marie Boswell, Delinquency Prevention Specialist, Office of Prevention and Victim Services

Mark Olshansky, Residential Coordinator, Florida Keys Children's Shelter.



Lilliam Blundell - Counselor I - CINS/FINS - Lutheran Services Florida, Fort Myers

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 0 Case Managers | 1 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 0 Clinical Staff | 3 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 1 Food Service Personnel | 5 Other |
| <input type="checkbox"/> DMHA or designee | 0 Health Care Staff | |

Documents Reviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 3 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 3 MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 16 Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 6 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 1 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 6 Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|---------|---------------------|---------|
| 3 Youth | 3 Direct Care Staff | 0 Other |
|---------|---------------------|---------|

Observations During Review

- | | | |
|--|---|--|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage |
| <input type="checkbox"/> First Aid Kit(s) | <input type="checkbox"/> Searches | <input type="checkbox"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input checked="" type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

Items not marked were either not applicable or not available for review.

Rating Narrative

This writer observed youth in the classroom. The teacher was interacting with youth during a reading exercise. Youth seemed to be engaged in the classroom activity. One youth attempted to disrupt another youth two times. Each time staff redirected the youth in an appropriate manner and the youth responded well. On another occasion a house meeting was observed in which staff discussed expectations for youth during an outing planned for the evening. Youth were observed engaged in various activities during free time, such as playing billiards, listening to music and playing video games. Staff seemed to be providing proper supervision and interaction with the youth. The facility seems to be clean and well maintained. Dormitories and common areas are kept clean by youth and staff.

Reviewer observed a substance abuse group facilitated by staff members from The Village - a community substance abuse program, that offers residential and out-patient services for both adults and teens.

Reviewer observed a group of youths participating in a game of pool. The youths appeared to be enjoying themselves and showed great sportsmanship.

Reviewer also observed other youths playing video games, listening to music and "hanging out" talking to each other. The reviewer was impressed by their behavior which was very appropriate and when the reviewer engaged them in conversation, youths were polite and respectful.

Strengths and Innovative Approaches

Rating Narrative

Staff at the shelter seem to approach youth with respect and seem to foster positive behavior from the youth. When asked how they motivate youth in the morning, staff replied that they set short goals for the youth such as giving them 15 minutes extra to sleep when they don't want to wake up and then informing them when the 15 minutes are up. Youth also have clearly defined daily chores that are posted and then checked by staff.

Miami Bridge Central Shelter (MB Central) is a Child in Need of Services and Family in Need of Services (CINS/FINS) program operated by Miami Bridge Youth and Family Services, Inc. The program has a central office and shelter located in North Miami, Florida, and a south shelter located in Homestead, in southern Miami-Dade County. The program serves male and female youth between the ages of ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The National Safe Place Program designates the MB Shelter as a Safe Place site which forms a network together with other safe place sites in the community to provide help and access to run away and homeless youth.

During the last onsite monitoring visit, MB Central had received in-kind exterior and interior renovations from Coastal Construction, a construction contracting company that updated the facility with priming, new painting as well as other cosmetic enhancements. The most recent upgrade to the facility is complete makeover of both the male and female bathrooms. This major renovation included the removal of old tiles and plumbing, down to the bare concrete, and re-tiling of the floors and shower stalls, and replacement of bathroom fixtures.

The agency has relationships with individuals in the community and active Board Members who engage youth in a variety of activities to learn leadership, self-dependency, and employability skills. Good Hope, a therapeutic horseback riding center for youth with physical and cognitive disabilities employs at-risk youth volunteers from MB Central as Ranch Hands to help them conquer their fear and learn the value of hard work. The youth were showcased in action on NBC News by Chelsea Clinton during one of their volunteer activities. Another youth development activity conducted in August 2012 was with Soho Beach House Hotel and Spa General Manager Laurent Fraticelli and Executive Chef Sergio Sigala of Cecconi's Italian restaurant who met at the shelter to help the youth "sharpen" their cooking skills with a gourmet lesson in culinary education. The youth prepared a meal under the professional guidance of Chef Sigala, and served it to fellow residents, all while acquiring a greater understanding of practical proficiencies in cooking. The event was coordinated by Miami Bridge board member Alfred Karram, Jr., who is the Lead Mentor of the organization's mentoring program with the goal of assisting youth to move toward self-sufficiency and have the desire for future careers.

Miami Bridge is currently accredited by the Council of Accreditation (COA) through August 31, 2013. The Council on Accreditation (COA) partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. Miami Bridge has licensed mental health professionals employed with the agency to review and provide oversight over its counseling services in both the residential and non-residential CINS/FINS programs at both program location in Miami and Homestead.

Standard 1: Management Accountability

Overview

Narrative

MB Central, located at 2810 NW South River Drive, Miami, Florida, is under the leadership of a Board of Directors, Executive Director, Chief Operations Officer, Chief Financial Officer, Chief Administrative Compliance Officer, and Chief Clinical Officer. Mary Andrews, Executive Director oversees the Miami Bridge program and the services provided through its two (2) service locations in Miami and Homestead, Florida. There are separate program supervisors in place for the shelter and non-residential components of the program as well as shift leaders for each shift. Since the last onsite QI Review in March 2012, MB Central has hired ten new full time staff including two (2) Chief Officers and two (2) new Coordinator's positions, (one Operations and one Quality Improvement), that were added to the organization structure. At the time of the quality improvement review, the program had a full complement of staff. The MB Central facility is licensed by the Department of Children and Families for 28 beds, with the current license in effect until May 31, 2013.

The agency handles all personnel functions of its 2 service locations through its Human Resources division located at its central office in Miami, Florida. This office processes all state and local background screenings and human resource functions. Annual training is tracked according to the employee's date of hire. An individual training file is maintained for each employee, which includes supporting documentation such as sign-in sheets and certificates. The provider agency conducts orientation training to all shelter personnel through a combination of training sources that include the Florida Network, local area and in-house trainers. Each employee has a separate training file that contains a training attendance form and corroborating documentation for training received.

The Florida Network received the program's emergency response plan and hurricane plan that was recently revised January 15, 2013 and approved by the Florida Network as evident by an email sent to the provider for the prior FY on March 10, 2012. A Universal Agreement for Emergency Disaster Shelter is also in force and was signed by the Executive Director on February 8, 2012.

1.01 Background Screening

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a policy and procedures in place that address the background screening of all employees and volunteers. The policy requires all staff and volunteers to complete a DJJ Background Screening in accordance with FS 985.407 that includes good moral character documentation, background history checks, criminal record checks, and juvenile record checks. Additionally, the provider conducts a background check with the Division of Motor Vehicles prior to hiring.

A total of sixteen (16) applicable personnel files were reviewed for twelve staff and four volunteers. Ten of the staff were hired after the last onsite QI visit and all but one received eligible screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire. The remaining two staff files reviewed were eligible for 5-year re-screenings. One of the two 5-year re-screening was conducted within the required timeframe.

The program had four volunteers during the review period. All of the volunteers received eligible screening results from DJJ prior to their start dates.

In addition to the DJJ Background Screening, the agency also requires employees to pass a drug screening and conducts local law enforcement check, a driving record history check, and verifies previous employment history, and contacts up to three references.

The Annual Affidavit of Compliance with Good Moral Character Standards was completed and submitted to the DJJ Background Screening Unit on January 13, 2012, prior to the January 31st deadline.

The DJJ Background screening was not completed prior to hire for one of the ten new hires. Similarly, one of the two employee's eligible for the 5-year re-screening (DOH 2/12/97) did not receive a 5-year re-screening during the required period in 2012. The last 5-year rescreening on file was due in 2007 but was completed in 2008.

1.02 Provision of an Abuse Free Environment

Satisfactory
 Limited
 Failed

Rating Narrative

The program has a current policy and procedure in place for the provision of an abuse free environment. The provider accomplishes this through staff training, reporting suspected or alleged abuse, communicating to staff the behavioral expectation and agency's code of conduct, allowing unimpeded access for youth to self-report, and disciplining staff who do not adhere to the code of conduct.

During the tour of the facility it was observed that the Florida Abuse Registry Hotline number, rights and responsibility, and other relevant numbers are posted in the male and female dorm rooms and in the living room. Youth are also informed of these procedures during program orientation as well as in the Resident Handbook.

The program also has a grievance box and forms accessible to youth so that youth grievances can be accepted and resolved by staff. A review of three grievances reported by youth during the review period were reviewed onsite.

Upon hire, employees receive and sign receipt of the Agency's Code of Conduct which is included in the Employee Handbook. The Code of Conduct outlines the agency's expectation regarding the provision of a safe environment. Employees are required to report all known or suspected cases of abuse and/or neglect and youth have unimpeded access to self-report. Per the HR Director, there has not been any imposed discipline towards staff for any incidents related to abuse during the review period. Similarly, no incidence of youth being deprived of basic needs or abused by program staffs was reported during youth surveys conducted during the review or observed during the visit.

Abuse reporting was evident as staff called in an abuse for three siblings in the non-residential program and one residential youth. The abuse was called in immediately by the staff and was documented in the progress notes in all of the files.

Abuse Reporting training is provided to new staff during orientation via the agency's Orientation Manual. More formal Child Abuse training is scheduled during the year for all staff and the provider had the training scheduled for two dates during the current Fiscal Year in September 2012 and February 2013.

Two of the three youth surveyed indicated that they feel safe in the program and the third youth was just admitted and was not able to answer the question. None of the youth have heard staff threaten them or other youth. None of the youth surveyed reported being stopped from reporting abuse. The three staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline and have never heard the use of profanity in the presence of youth or have observed staff use threat or intimidation when interacting with youth. Two of the three staff stated that the working conditions have been good at the program.

In one of the grievances the youth alleged that staff kept dropping his behavior level for a misunderstanding of the rule book and stated that he (staff) did not care. Efforts made to address the grievance was not documented on the grievance report form and the client was already discharged from the program. After this was brought to the provider's attention by the Reviewer, a memo was issued indicating that the matter would be addressed with the staff immediately, including a review of the Behavior Management System.

It was also difficult to immediately identify all cases of hotline calls made during the review period as the provider does not maintain a running log of calls or centralized filing system for copies of reports made to the abuse hotline.

Two of the youth surveyed indicated they did not know about the abuse hotline.

1.03 Incident Reporting

Satisfactory Limited Failed

Rating Narrative

The agency has a comprehensive incident reporting policy. The agency's policy specifies that the agency notifies the Department's Central Communications Center (CCC) within two (2) hours of the incident, or within 2 hours of becoming aware of the incident. The agency had a total of forty-seven (47) reportable incidents over the last six (6) months. Information from reviews was provided by the DJJ Office of Prevention and Victim Services. Access to the DJJ CCC data was provided by the DJJ Contract Manager for the Office of Prevention and Victim Services. The review team accessed actual Incident reports as taken by the DJJ Central Communication Center (CCC). These reports were compared to the agency's records which are maintained separately from DCF incidents in separate binders.

Of the 13 incidents reviewed, 2 were absconds, 8 were Program Disruptions, 1 was Youth Behavior Incident, and 2 were Medical incidents. All of the 13 incidents were reported within the DJJ CCC 2-hour reporting time frame.

Review spoke with one of the Shift leaders in reference to his knowledge of the policy and procedures for incident reporting. He was very familiar with the policy and procedure.

1.04 Training Requirements

Satisfactory Limited Failed

Rating Narrative

Agency has policies and procedures to include training requirements for the first year of employment and required ongoing training. Agency has a training plan for the year and provided a training calendar through June 2013.

Reviewed five (5) training files, 2 files for first year training requirements, staff hired 2011 and 2012, and 3 in-service training requirements for staff hired 1998, 2008 and 2009.

Staff hired in 2011 received 101 hours of training during the first year of employment and 17 hours of in-service training towards annual requirement of 24 hours of job-related training. However, the training file does not include documentation of receipt of required trainings in Fire Safety Equipment and Cultural Competency.

Staff hired 8/27/2012 has received 65.5 hours of the required 80 hours of required training within the first year of employment. The first year of employment is not yet complete.

The three (3) Inservice training files reviewed for one staff does not document the required training for the first year of employment for Fire Safety Equipment and Cultural Competency. The required hours of training are being provided, however it is recommended that the provider ensure provision of the required mandatory trainings, i.e., training in Fire Safety Equipment, Suicide Prevention, Signs/symptoms of Mental Health and Substance and Cultural Competency within the designated timeframes.

1.05 Interagency Agreements and Outreach

Satisfactory

Limited

Failed

Rating Narrative

The provider's SOP outlines procedures and activities the agency implements to build strong community partnerships and collaborations to ensure the provision of appropriate resources and supports for its consumers. The program increases community awareness on an ongoing basis and has an Outreach Targeting Plan to provide outreach services such as presentations, fairs, dissemination of printed materials to targeted neighborhoods and schools, community agencies, law enforcement, and local businesses. Informational and educational services related to alcohol and substance abuse, adolescent behavior, parenting, youth educational issues, and CINS/FINS program services are also provided to community youth and families.

The program maintains fifty interagency agreements, including colleges, police department, medical and mental health providers, churches, and educational and recreation providers. All of the agreements reviewed have current contract/agreement dates and were signed within the last 3 years.

Outreach activities are documented on a monthly basis and maintained in a binder. The outreach event form captures information about each activity such as: name, location, and date of the event; staff conducting the activity; target audience; age group of the target audience; target ethnicity; event purpose; method of service; and presentation summary. For the review period, July through December 2012, the program has provided outreach services to many youth and adults in its service areas. The activities are also entered into Netmis.

All of the program's counselors and case managers are required to conduct outreach and this requirement is listed on their job description. Outreach activities are conducted in various locations in the community and on various topics.

No exceptions noted.

1.06 Disaster Planning

Satisfactory

Limited

Failed

Rating Narrative

The program has a current policy and procedure that provides specific procedures for the implementation of its comprehensive safety and emergency preparedness plan. These general procedures include a description of the program's responsibility for: fire prevention, emergency disaster preparedness, conducting fire and simulated emergency drills, communication of emergency situations to staff, training, and execution of the Universal Agreement Emergency Disaster Shelter document.

The program also has a comprehensive Emergency Response Plan that was recently revised January 15, 2013 and approved by the Florida Network as evident by an email sent to the provider for the prior FY on March 10, 2012. The Emergency Response Plan includes: 1) procedures for all of the required types of emergency situations with the exception of shooting emergencies; 2) evacuation sites for the shelter; 3) two meeting sites on the outside of the building in the event of evacuation; 4) evacuation routes to ensure safe and secure transportation; 5) checklist of all appropriate and necessary equipment; 6) staff contact list; and 7) notification procedures to the Florida Network and other funding agencies. The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies and the agreement was signed by the Executive Director on February 8, 2012.

Emergency response training is a mandatory annual training for all staff and is included in the provider's Orientation training.

No exceptions noted

1.07 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedures for analyzing and reporting data for case record reviews, incidents, accidents, grievances, customer satisfaction, outcome data, and monthly review of Netmis data reports. It is the responsibility of the Chief Administration and Compliance Officer (CACO) and designated QI Manager or Coordinator to coordinate and oversee the activities and functions of the program.

The organization has designated staff responsible for these functions as well as a CQI Committee comprised of senior administrators, managers, coordinators, direct care, and support staff.

In practice, the program's CQI program includes many activities that are conducted by various staff to ensure all aspects of analyzing and reporting data are consistently implemented and documented. Internal monitoring is conducted by the QI team along with the CQI Committee and sub-committees. Quality improvement goals are established by the committees and progress is documented in the CQI minutes every six months. The CACO coordinates quarterly meetings to assess information/data documented and discuss the findings with the various CQI workgroups: risk management, clinical, and service delivery. Activities being monitored include: client records filing; incidents and grievances; health and safety; outcome data; human resources deployment and training; customer satisfaction; and Netmis.

Quarterly case record reviews are conducted by the program clinical committee as directed by the QI Manager and/or Coordinator. Items identified for corrective action are presented along with the challenges and corrective actions are followed-up by the CQI/Administrative team.

Program supervisors ensure appropriated follow-up is taken by their staff and responded to in a timely manner. A review of the First Quarter Case Record Review Report for FY 2012-2013 was reviewed for cases that were open and those closed for the period July 1, 2012 - September 30, 2012. The report included key information such as key personnel, methodology, performance benchmark, results, summary of the findings, and an aggregate tabulation of the cases and items reviewed.

The program's Risk Management Committee is responsible for risk identification and analysis. The identification of risk exposures is conducted through review of policies, procedures, practices and project plans inspection of operational areas and locales as well as analysis of external incidents through legal and consultative sources that may impact the program. The CQI team reviews and tracks incidents, accidents, and grievances on a quarterly basis and a report and tables are generated showing detailed results of these items. In addition, the program conducts a health and safety walk through twice a year to assess the shelter/facility and vehicle operation and maintenance in accordance with contract regulations. A review of the first two quarters of FY 2012-2013 Incident: Health and Safety and Grievance Report was reviewed. The report is tabulated and includes a summary of the trends and analysis for the period and year-to-date.

Annually, the COO conducts a staff satisfaction survey and the results are aggregated and presented to the CEO and the management team for discussion and analysis. The findings are presented to the staff team and the Board of Directors for recommendation on changes for improvement. Staff training and stakeholder surveys are conducted annually and reported as part of the Quality Improvement and Risk Prevention and Management overview of the agency.

An analysis of Netmis data is conducted and reports are completed monthly and quarterly. This information is reported at the management team meetings and forms part of the QI report to the Board of Directors.

No exceptions noted

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Miami Bridge Youth and Family Services is contracted to provide both shelter and nonresidential services for youth and their families in Miami-Dade County. The program provides centralized intake and screening twenty-four hours per day, seven days per week status offenders that include runaways, truants, ungovernable and lockout youth. The program has an Admission's Compliance Manager who is responsible for Intake and Admissions. Additionally, trained staff members are available to determine the needs of the family and youth. Residential services include individual youth, family and group services. Case management and substance abuse prevention education are also offered. Aftercare planning includes referring youth to community resources, on-going counseling and educational assistance.

At the time of this review, according to agency's Organization Chart, the Chief Clinical Officer, Director of the Miami Site/Director of Community Based Services, and Coordinator of FSFF oversee all Counseling and Direct Care staff. The counselors are responsible for providing case management services and linking youth and families to various community services. The First Stop non-residential program is responsible for coordinating the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court.

2.01 Screening and Intake

Satisfactory
 Limited
 Failed

Rating Narrative

The provider has a policy and procedure that address all of the requirements of this indicator. Three active residential and three active non-residential files were reviewed. The youth and guardian receive in writing available service options, rights and responsibilities of youth/guardians. In addition, youth and guardians/parents received information on possible actions occurring through involvement with CINS/FINS services and grievance procedures.

No exceptions noted.

2.02 Psychosocial Assessment

Satisfactory
 Limited
 Failed

Rating Narrative

The provider has a policy and procedure that address all the requirements of this indicator. The psychological assessment is initiated and/or attempted within 72 hours of admission if the youth is in shelter care or updated if most recent psychosocial is over 6 months old.

The psychosocial is completed within 2-3 face to face contacts following the initial intake for the three non-residential files reviewed. This psychosocial will also be updated with an addendum if it is over 6 months old.

Psychosocials are completed by BA or MA level staff and signed by the supervisor.

No exceptions noted.

2.03 Case/Service Plan

Satisfactory
 Limited
 Failed

Rating Narrative

The provider has a policy and procedure that address all the requirements for this indicator.

The policy requires that the service plan be developed with the youth and family within 7 working days following the completion of the assessment. The plan is developed using the information gathered during the initial screening, intake, and assessment.

The plan will include the needs and goals, type, frequency and location of services, person(s) responsible, target dates for completion, actual completion dates. The youth, counselor, parents and supervisor will sign the plan. The plan will also include the date the plan was initiated. Plan will be reviewed every 30 days with parents, youth and counselor for the first 3 months and every six months thereafter.

In one of the files reviewed, the service plan was not created within 7 working days of the psychosocial assessment. The psychosocial assessment was initiated on 8/23/12. The progress notes indicate that the service plan was initiated on 8/28/12; the service plan was dated 9/5/12 but signed on 9/26/12. The progress note dated 9/26/12 does not mention that the plan was signed on that date.

In two of the non-residential files reviewed the target dates were indicated but not the "actual completion dates".

In one of the non-residential files reviewed; Two of the target dates have expired. There is no indication/documentation that the goal was achieved and/or the target date extended.

One of the non-residential files reviewed, the 90-day service plan review has not been completed.

One of the non-residential files reviewed, all 3 service plan reviews (30,60,90) have not been completed.

In one of three residential files reviewed, a need identified by the psychosocial was not addressed in the service plan.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedure that address all the requirements for this indicator.

Each youth is assigned a counselor/case manager who will follow the youth's case and ensure delivery of services through direct supervision or referral.

Referral needs are established and coordinated, the service plan implementation is coordinated, youth's/family progress is monitored, support is provided for families, if needed, out of home placement is monitored, referrals to case staffing committee as needed to address the problems/needs of the family, recommending and pursuing judicial intervention in some cases, accompanying youth and parent to court hearings, referral to additional services if needed, continued case monitoring and review of court orders, and case termination and follow up.

In one of the files reviewed there is no evidence that the case was assigned to a counselor. Progress notes do not indicate it, not the intake/screening form.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedure that address all the requirements for this indicator.

Counseling services provided to youth and family are based on the needs identified in the service plan. Shelter programs will provide individual and family counseling as well as group counseling.

Non-Residential programs provide therapeutic community base services.

The programs that provide counseling services will document case files showing coordination between presenting problems, assessments, service plan, case management and follow ups. All individual case files adhere to confidentiality laws, chronological case notes are maintained on youth's progress, and an internal on going process to ensure the clinical review of case records, youth management and staff performance is conducted by the supervisor.

Three youths who were surveyed stated that they have been assigned a counselor and the counselor asks for their opinions and desires while at the shelter. All three youths were able to stated the goals they are working on.

No exceptions noted.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedure that address all the requirements of this indicator.

Case staffing committee provides additional services and perspectives in some difficult cases, if the youth/family will not participate in services, the youth/family is not in agreement with services and if the program receives a written request from parent/guardian or a member of the committee. The case staffing committee will be convened within 7 working days of the written request. The filing of a CINS petition could be a possible recommendation made by the committee.

Per the provider, there were no case staffing requests made during the review period. However, the provider has committee members and procedures in place in the event of a request for Case Staffing.

No exceptions noted.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedure that address the requirements of this indicator.

All of the six (6) youth records are consistently organized, were marked confidential, and are maintained in a locked cabinet. Each section within the file has a cover sheet that lists the types of records and/or documents to be included in that section.

No exceptions noted.

Standard 3: Shelter Care

Overview

Rating Narrative

Miami Bridge is licensed by the Department of Children and Families (DCF) for twenty-eight (28) beds and it primarily serves youth from Miami-Dade County. The shelter also provides services to youth referred to them from the Department of Children and Families. The shelter building includes a large day room, girls and boys dormitories, dining room, kitchen, laundry, staff offices and a conference room. During the Quality Improvement review, the shelter was found to be in good condition and the furnishings in good repair, and the rooms and common areas were clean. The dormitory is divided into two separate areas, one for the boys and one for the girls. There are 2 bathrooms on each dorm wing. The bathrooms were recently renovated with new tiles and plumbing, and fixtures. The sleeping rooms house fourteen (14) youth each. The sleeping room is equipped with bunk beds and each youth has an individual bed, bed coverings and pillows. The windows are frosted to provide privacy for youth and are adorned with sheer curtains supported by curtain rods. In addition, the youth have access to a recreational games, volley ball court and basketball. This youth shelter is designated by the Florida Network of Youth and Family Services to provide staff secure services.

Staff members in the Residential Program include: Admissions Compliance Manager, Residential Counselors, Youth Activity Workers, a Health Care specialist, a Food Specialist/Cook, a MIS Specialist, and a Facilities Coordinator. The Direct Care workers are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision. The youth activity workers are also responsible for processing new admissions, and providing orientation of youth to the shelter; the supervision of youth. Health and medication related activities are the responsibility of the Health Care Specialist who maintains inventories on all sharps and medications, provides distribution of prescribed and over-the-counter medications, administer first aid when needed, and coordinates all offsite appointments to medical providers. Disaster plans, knife-for-life, wire cutters, and first aid kits are located in multiple locations throughout the facility, to include the staff station, medication office, and kitchen. All medications are stored in a locked cabinet in the Health Care Specialist office.

Oversight of clinical services is provided by Chief Clinical Officer and the Director of Community Based Services. Licensed staff are employed and assigned to each program site.

3.01 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

The agency's policy for room/bed assignment is to assess the youth's needs at time of intake based on personal demographics such as age and gender and specific history and risk factors of the youth such as medical needs, mental health needs, and history of violence or sexual aggression.

At the time of intake the youth meets with a member of the clinical staff who does the intake and the assessment of the youth. In the event that the youth is admitted at night or other times clinical staff are not available, shelter staff will do the initial assessment and clinical staff will re-assess as needed.

A review of three (3) individual residential youth case files found that in all cases reviewed the program completed a CINS/FINS Intake Assessment form that included all the required elements of the room assignment indicator. The facility has two separate large dormitory style rooms for males and females with 14 beds in each dorm area. Each area has a module A and module B on opposite sides of the room. Youth are assigned a module and bed based on age, physical size and behavioral characteristics. In addition, youth room assignments are clearly indicated in the staff office. Shelter staff interviewed seemed to have a working knowledge of how room assignments are made.

No Exceptions noted.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The agency has a clearly defined policy for providing program orientation to youth and family members. The youth is provided with a shelter handbook that discusses things such as contraband, how discipline works in the shelter, proper dress, access to medical/mental health care, visitation, mail and telephone, grievance procedures, behavior management system, and suicide prevention.

At the time of intake a youth meets with staff who provides both the client handbook and an explanation of the information stated above. After meeting with a staff, the youth then meets with a shelter supervisor or other shelter staff who reviews information pertaining directly to the shelter such as bed assignment. In the event a youth is admitted when a counselor is not available, the shelter staff provide the full orientation.

After the full intake is completed, staff takes the youth on a tour, introduces key staff and their functions, review emergency evacuation procedures, and identify all areas of the facility.

Three youth charts were reviewed for observance of practice. There was no consistency in the system showing which items on the checklist the youth had been made aware of since the orientation checklist in some of the charts were not checked off entirely and initialed, indicating completion of those tasks.

3.03 Shelter Environment

Satisfactory
 Limited
 Failed

Rating Narrative

The agency's policies and the implemented procedures seem to be in compliance with the mandated guidelines.

A review of the 11/26/2012 Health Inspection shows that the shelter has had a satisfactory inspection. In addition the shelter has up-to-date inspections for fire equipment.

This reviewer saw no signs of insect infestation. The grounds of the shelter seemed well cared for and a new garden is in the process of being built for meditation and other times when youth want to quietly reflect. Each of the bathrooms and showers seemed clean. The furniture in the shelter all seems to be in good repair. This reviewer did not notice any observable graffiti.

The sleeping dorms seemed to be clean and each youth had his/her own bed, pillow, linens etc. The shelter seemed to have adequate lighting and each youth had his/her own locker in the dorm with a combination lock. The windows are frosted to provide youth with privacy. Windows are also adorned with sheer curtains draped through curtain rods.

The youth at the shelter seem to have a clear understanding of their role in keeping the shelter clean, and youth interviewed seemed to take pride in having accomplished their chores.

Recommendation: The provider strives to create a home-like ambiance for youth in the sleeping rooms by adding window coverings; however, caution should be taken to ensure that the safety of the high-risk population served is not compromised. The provider must evaluate their use of bunk beds and items that hang to eliminate the risk of youth inflicting self harm or injury to another.

No Exceptions

3.04 Log Books

Satisfactory
 Limited
 Failed

Rating Narrative

This reviewer looked at log books dating from Aug. 2012 through the present. The log books seem to meet all of the requirements of the indicator. Random reviews of dates showed consistency in log book entries. Log book entries seem to be brief and concise consistently showing the date and time of information shared. This reviewer did not observe any out of the ordinary events that may have occurred from the review of the log book notes. Staff seem to consistently review entries from the previous two shifts and the shelter supervisor reviews the log book more frequently than the weekly requirement. Corrections are made using a single line and are initialed. The shelter uses a system of color coded entries, which makes looking for specific information easier.

During one shift, the logbook reflects that some youth participated in an outing offsite. During this period youth had been included with the headcount of youth remaining at the shelter, rather than reflecting that youth had been offsite.

Rating Narrative

Daily programming seems to be well defined and adhered to. Youth seem to have a meaningful and well structured day. Youth begin the day by doing basic chores such as cleaning the dorm and making their beds prior to breakfast. Youth attend school in the morning and then engage in freetime activities after lunch such as billiards and playing video games. During the review this reviewer observed some youth playing

basketball. A punching bag is also available for youth to get exercise. Groups appear to be incorporated into the daily schedule. This reviewer observed a group being facilitated by an outside agency and the youth seemed to passively participate. Per staff, house meetings are held almost every day. This reviewer observed one house meeting in which youth were informed of the expectations regarding an outing that evening.

Staff interviewed told this reviewer that youth are offered the opportunity to participate in faith based functions. Youth have the opportunity to do homework and have reading time in the school. This reviewer observed youth participating in classroom activities. The daily schedule is posted on the wall in the common area.

No Exceptions noted.

3.06 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The agency's Behavior Management System (BMS) is structured on a level system that is dictated by resident behavior and length of stay. This system consists of three (3) levels which entitle youth certain privileges and rewards by meeting the criteria associated with the level. Residents must achieve a minimum number of points per day. Residents can advance to a higher level when reaching these goals over an extended period of time. As youth advance to a higher level, they can achieve receive more privileges and opportunities in the shelter. The system will provide residents with opportunities to practice leadership skills, and acquire life skills training. Clients that achieved the designated point level for any three (3) consecutive days.

Behavior Management Strategies seem well defined in the policy manual and are reflective of the guidelines. Staff interviewed seemed to have a clear understanding of behavior management goals and the reasons these strategies are applied. Staff seem to apply the point system in a logical and consistent manner. Youth interviewed seemed to understand the points system and the advantages of being on level. Youth seemed to want to be on level in order to have rewards like going on outings and having passes to go on home visits. Three staff files had been reviewed and in each file, supervisors provided observations of staff's implementation of behavior management strategies. Three staff training records had been reviewed. Staff seem to have ongoing training in behavior management strategies.

However, during the review of grievances, a youth made an allegation that staff kept dropping his behavior level for a misunderstanding of the rule book and stated that the staff did not care. Efforts made to address the grievance was not documented on the grievance report form and the client was already discharged from the program. The provider drafted a memo during the visit stating that the matter would be addressed with the staff immediately, including a review of the Behavior Management System.

3.07 Behavior Interventions

Satisfactory

Limited

Failed

Rating Narrative

Behavior intervention policies seem to be clearly defined, and staff interviewed seem to have an understanding of appropriate interventions to be used when needed. Behavioral interventions are based on crisis intervention training that all staff receive on an annual basis. The agency utilizes the Techniques for Effective Aggression Management (TEAM) that was developed by the University of South Florida and is one of the curriculums approved by the Florida Network.

The agency employs a "No Contact" policy between staff and youth except in situations where physical interventions are required to prevent serious injury to youth or others. Interviews and surveys with staff and youth indicated that youth feel safe at the facility and that staff do not use any form of verbal abusive or physically intimidating behavior.

This writer observed one instance in the classroom when one youth seemed to want to engage another youth in an argument. Staff calmly and respectfully redirected this youth twice, which may have prevented a verbal altercation between the two youth. Rules and consequences are included in the youth's orientation handbook and are prominently posted on the wall in the facility.

No Exceptions noted.

3.08 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

There seem to be an appropriate staff to youth ratio based on number of youth and gender of youth at the shelter. As reflected in log book entries, there is always at least one staff of each gender on each shift. Staff schedules and contact information are clearly posted in the staff office. Staff phone numbers are also clearly posted in the staff office for the purpose of making sure all shifts are fully staffed. Also per the log book, staff are maintaining timely observations of youth. Staff were observed supervising youth in various settings such as the classroom and recreation area. Staff interacted with youth and modeled appropriate behavior.

No Exceptions noted.

3.09 Staff Secure Shelter

Satisfactory

Limited

Failed

Rating Narrative

Agency Staff Secure policies seem clear. The provider has a policy and procedures in place to include the provision of a higher level of services, interventions, supervision, and security for youth placed at the agency residential facilities under "Staff Secure" status. The procedures include the documentation of the staffing provided, in-depth orientation, name of staff assigned to the youth, and documentation of assessments, interventions, and referrals made on behalf of the youth.

At the time of this visit, no peer review was done on a staff secure youth's chart. During the past six month review period, the shelter did not have any staff secure clients admitted into the program.

No Exceptions noted.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

MB Central has specific procedures related to the admission, interviewing and room assignment of youth to ensure the safety and appropriate supervision of youth admitted in the program. Upon admission, program staff will interview youth. An initial assessment occurs to determine the most appropriate Room Module assignment, Module A or Module B, given the youth's needs and issues, the current population at the facility, physical space available and staff's assessment of the youth's ability to function effectively within program rules and expectations. Staff conducting the initial interview and assessment considers the youth's physical characteristics, maturity level, history including gang or criminal involvement, potential for aggression, and apparent emotional or mental health issues. Based on this information, the youth is assigned a bed which can change after further assessment. Room assignment is documented on the CINS/FINS Intake Assessment page 2. Staff on duty at the time of admission immediately identifies youth who are admitted with special needs and risks, such as risk of suicide, mental health, substance abuse, physical health, or security risk factors, etc. The Chief Clinical Officer and Program Manager are notified immediately if risks and/alerts are present and recommendations regarding placement and supervision are provided to the direct care staff. This information is documented on the alert board, youth alert forms, and in the youth files using a color coding system. Youth admitted to the shelter with prescribed or over the counter medication will surrender those medication to staff during admission. The provider has a Health Care Specialist, who is also a LPN, whose main responsibility is the provision of medical care and medication management in the facility. Medications are stored in a double locked medication cabinet and topical and/or injectable medications are stored separately from oral medication. Refrigeration is available for medication requiring cool storage. The program has a list of staff who are authorized to distribute medication ensures that an approved staff is scheduled on each shift. Medication records are maintained for each youth and stored in a MDR Binder.

4.01 Healthcare Admission Screening

Satisfactory
 Limited
 Failed

Rating Narrative

The facility has established procedures for the delivery of quality healthcare in accordance with established FDJJ and the Florida Network standards.

Of the three (3) files reviewed, the healthcare screening reflects one (1) youth currently on medication, and two (2) youth with allergies. The healthcare screening is conducted during the intake and is documented in the files.

The provider documented parental involvement in coordination and scheduling of follow-up medical appointments.

All medical referrals are documented on the Emergency Medical Care Log that reflects date/time of transport, youth transported, nature of illness and name of medical provider. The program has procedures in place to include a thorough referral process and mechanism for necessary follow-up medical care for youth admitted with chronic medical conditions.

4.02 Suicide Prevention

Satisfactory
 Limited
 Failed

Rating Narrative

Agency's policy and procedures complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS. Suicide risk screening is included as part of the initial intake and screening process using the CINS/FINS Intake Assessment Form in accordance with the Florida Network's Policy and Procedure Manual. If a suicide risk is indicated as a result of the screening, the provider has licensed staff available to conduct a further assessment. The provider's Suicide Risk Response procedures also include provision for the various levels of youth supervision, referral to law enforcement/Baker Act, ongoing evaluation of suicide risk assessments to determine continued risk and/or removal from sight and sound or one to one supervision, documentation, notification of agency officials, outside authority, and parent/guardian, and staff training.

Of the three (3) files reviewed, the Suicide risk screening was completed during the initial intake using the CINS/FINS Intake form and the screening results are reviewed and signed by the supervisor and documented in the youth's file. No further assessment was required in any of the cases as none of the youth were identified as suicide risks.

4.03 Medications

Satisfactory
 Limited
 Failed

Rating Narrative

The program has a written policy and procedure for medications to include storage, access, inventory, administration and documentation and disposal of medication. In addition, the provider has a designated Health Care Specialist, who is a LPN, whose main function is to oversee the medical care and medication distribution for youth in the shelter. The Program follows written procedures that address the safe and secure storage access, inventory, disposal and administration/distribution of medications in accordance with DJJ Health Services Manual. As such:

- 1) All medications are appropriately stored in a separate, secure (locked) area that is inaccessible to youth (when unaccompanied by authorized staff.
- 2) Oral medication, topical medication, sharps, razors narcotics and controlled medication are stored in the Intake Office in a locked cabinet. At the time of the review, there was no medication requiring refrigeration. However, medication requiring refrigerator is kept in a locked refrigerator. The refrigerator with a lock is kept in a secured room.
- 3) Sharps, Sewing kits and Razors are kept separately in a locked cabinet.
- 4) Narcotics and controlled medication is stored in a locked box in a locked cabinet. There were no injectable medication at the time of the review.
- 5) Program has designated staff that have access to secured medications. The LPN has access to injectable medication.
- 6) All staff designated to have access and distribute medication have received training in medication distribution. Medication training is provided by the Health Care Specialist during orientation for new staff and additional training for all designated staff is provided by Nursing Unlimited, Inc.

A perpetual inventory with running balances are maintained for controlled substances and shift-to-shift inventory counts are conducted each shift. Over-the-counter medications are inventoried more frequently than required. The indicator requires that OTC medication inventory is conducted weekly. The program conducts OTC medications daily.

The medical file for one applicable youth was reviewed. The medication records contained the youth's name, date of birth, allergies, medication side effects and/or precautions, a picture of the youth, staff's initials, and youth's initials.

In review of the Medical File Chain of Custody/Review Log, it is noted that on Jan. 14, 2013, there was not chain of custody conducted for the 2nd shift of the day, 3:00pm - 11:00am.

The designated staff identified on the Medication Distribution Form was not up to date. There staff distributing and counting medication that was not included on the form. It is noted that the staff had received training on medication distribution however, there was not written documentation designating them access or approval to distribute medication. It is recommended that written documentation is provided to all staff identified to access and distribute medication. Program provided an updated list of the staff identified access and to distribute medication.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The program has a procedure entitled "Medical and Mental Health Alert Process," that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, food and medication contraindication, and other pertinent treatment information is effectively communicated to all staff through the alert system. The alert system is a color coded system that is communicated to staff through the program logbook, the alert board located in the Intake Office, and documented in the youth's individual case file. The Client Alert System identified medical, substance abuse, victimization, nutritional and mental health issues and the color codes are as follows: Red=Medical; Blue= Substance Abuse; Green= Victimization; Yellow= Nutrition; and Orange= Mental Health. The program has established interagency agreements with Camillus Health Concern, Here's Help, Miami Behavioral Health Center, New Horizons Community Mental Health Center, Narcotics Anonymous, PsychSolutions Inc, The Village South, and the University of Miami to assist with the provision of medical, mental health, and substance abuse services as needed.

Three active residential youth files were reviewed. Two of the three youth had a medical, mental health, or food allergy condition that was documented and the youth was appropriately placed on the program's alert system. Precautions concerning prescribed medications was noted in one applicable file.

Two of the youth had allergies listed on the alerts form but this information was not noted on the CINS/FINS Intake Form. For consistency, it is recommended that the food allergies noted on the Youth Alert System form also be reflected on page two of the CINS/FINS Intake form.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The program has a written procedure to ensure the provision of emergency medical and dental care. The program has MOU's on file for obtaining off-site emergency services; parental notification and development and implementation of daily logs.

The Program written procedures complies with the requirements outlined in the DJJ Health Services Manual. Staff are trained on emergency medical procedures.

None of the three (3) youth files reviewed received off-site emergency medical or dental care.

Knife-for-life are located:

- Intake Office
- School
- Both Vans
- First Stop Center

First Aid Kits with supplies are located:

- kitchen
- School
- Both Vans
- Intake Office
- First Stop Center