



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Miami Bridge-Homestead

on 01/23/2013

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	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

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

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: 96.43%
Percent of indicators rated Limited: 3.57%
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, Department of Juvenile Justice

Ivonne Fusco, Senior Administrative Assistant, Lutheran Services Florida Southeast



Angela Kemmer, Counseling Services Coordinator, Florida Keys Children's Shelter

Tom Popadak, Training Coordinator, Florida Network of Youth and Family Services

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 3 Case Managers | 1 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 1 Clinical Staff | 6 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 1 Food Service Personnel | 4 Other |
| <input type="checkbox"/> DMHA or designee | 1 Health Care Staff | |

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" 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 | 14 Personnel Records |
| <input 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 | 3 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 12 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 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 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

Strengths and Innovative Approaches

Rating Narrative

Miami Bridge Homestead Shelter (MB Homestead), located in Homestead in southern Miami-Dade County, 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's administrative office is located in North Miami, Florida, along with its north CINS/FINS shelter. 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 Homestead Shelter as a Safe Place site which, along with other safe place sites in the community, networks to provide help and access to run away and homeless youth.

MB Homestead has historically garnered the support of various business partners and has received in-kind donations and volunteer support from Lennar Home Builders and various entertainers. During the QI visit, the Miami Bridge's Executive Director and management team conducted a tour for the Mayor of Homestead and the owner of Coastal Construction, to assess the need for future economic support. Coastal Construction has been an invaluable supporter of the agency and completed a major renovation of the Central Shelter bathrooms and landscaping improvements.

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 locations in Miami and Homestead.

Standard 1: Management Accountability

Overview

Narrative

MB Homestead, located at 326 NW 3rd Avenue, Homestead, 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. MB Homestead has hired twelve new staff since the last QI Review in March 2012. At the time of this quality improvement review, the program had a full complement of staff. The MB Homestead facility is licensed by the Department of Children and Families for 20 beds, with the current license in effect until February 28, 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 including staff development and training. 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 and an attendance form. The provider agency conducts orientation training to all personnel through a combination of training sources that include the Florida Network, local area and in-house trainers.

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, prior to hire. All employees are also required to be re-screened after completing five years of employment. 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.

A total of fourteen (14) applicable personnel files were reviewed for twelve staff and two volunteers. All of the twelve staff were hired after the last onsite QI visit and all but two received eligible background screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire. None of the staff reviewed were eligible for a 5-year re-screening.

The program had two volunteers during the review period. One of the two volunteers received an eligible screening result from DJJ prior to program start date.

The Annual Affidavit of Compliance with Good Moral Character Standards was completed and submitted to the DJJ Background Screening Unit on January 2, 2013, prior to the January 31st deadline.

The agency's policy states that employees are re-screened after completing five years of employment *from the initial date of screening*; however, the QI indicator requires the five-year rescreening to be conducted every five years *from the date of employment*. The provider must revise its policy to meet the requirement of the QI indicator.

Two of the twelve staff hired since the last onsite visit did not receive an eligible background screening result prior to hire. Similarly, one of the two volunteers did not receive a background screening result prior to providing intern service.

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, in the dormitory hallway, and in the staff intake office. 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. The grievance box is located adjacent to the living room area. A review of ten grievances reported by youth during the review period was conducted onsite. Eight of the ten grievances were resolved promptly and provided the resolution in writing on the grievance forms.

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 Chief Operating Officer, 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 staff was reported by the three youth surveyed during the review or observed during the visit.

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.

The three youth surveyed indicated that they feel safe in the program. None of the three youth needed to call the Abuse Hotline; similarly, none of the youth have heard staff threaten them or other youth. 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. The three staff surveyed stated that the working conditions have been good at the program.

Two of the grievances did not document final resolution on the grievance form. In one of the grievances, the client who filed the grievance is no longer in the shelter but the Chief Clinical Officer responded to the issue in an email stating that the matter will be addressed with the staff member who is still employed with the agency.

Similarly, a second grievance form did not document the results of the investigation into an allegation of staff shoving a youth; however, the program had initially completed an incident report that documented the Program Director's investigation and conclusive finding that the incident was accidental.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy outlining the Incident Reporting procedure. The written policies complies with the procedures and guidelines by the Quality Improvement indicator and the Florida Network's Policies and Procedures.

In a review of the CCC incident documentation there were 14 (fourteen) incidents reported between 7/1/12 and 1/21/13, 1 (one) incident was reported outside of the two hour frame.

The reports are legible and clearly describe incidents, as best practice in this process there is an Incident Summary Report Monthly, each incident is reviewed by Supervisor and then followed-up by the QA team. This reviewer wants to acknowledge that all documentation is maintained very well and there is a great system in place.

There was one incident reported outside of the two hour frame and one staff didn't receive training (informal or formal) after a medical incident.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy outlining Training Requirements. The written policies comply with the procedures and guidelines by the Quality Improvement indicator and the Florida Network's Policies and Procedures. Based on observations and interviews with staff, it is apparent that most staff, new and old, are confident and knowledgeable of their duties/roles as well as their peers duties/roles.

For the 3 (three) First Year Training files that were reviewed, 2 (two) files had less than 80 hours, and all 3 (three) files didn't have training on the topic, Signs and Symptoms of Mental Health and Substance Abuse.

For the 3 (three) inservice training files reviewed, to date, all three have exceeded the number of hours and have received refresher training on the topics outlined in the policy manual.

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 and sign-in sheets. All files are kept legible and, in order to monitor their compliance, there is an Annual and Monthly Training Calendar.

As a recommendation for Fire Safety Equipment Training, the provider should contact the local Fire Marshall Department to do this training. Also, the provider should consider developing a training spread sheet fo facilitate the monitoring of training hours and training completed for each employee.

Two (2) of the three (3) First Year Training files had less than 80 hours of training completed, and all 3 (three) files didn't have training on the topic, Signs and Symptoms of Mental Health and Substance Abuse.

1.05 Interagency Agreements and Outreach

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy outlining the Interagency Agreements and Outreach. The written policies complies with the procedures and guidelines by the Quality Improvement indicator and the Florida Network's Policies and Procedures.

In a review of the Interagency Agreements List the agency has 50 (fifty) Agreements, some of them are on on-going basis and the rest are current with future expiration dates, the Agency meet interagency agreement requirements to ensure youth and families receive medical, educational, therapeutic, etc. services.

The agency demonstrate great efforts to reach target population and participates in activities such as group presentations, individual meetings and maintains documented Outreach activities/events in the Netmis database over the last 6 months.

As a Community Collaboration the day of the review the Mayor of Homestead Mr. Steve Betman and Mr. Michael Murphy owner of Coastal Construction were visiting the facility to asses necessities for future economical support, this shows a great outreach effort done by the management team.

No exception noted at this time.

1.06 Disaster Planning

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy outlining Disaster Preparedness Procedure. The written policies comply with the procedures and guidelines by the Quality Improvement indicator and the Florida Network's Policies and Procedures.

The agency has in place a detailed Emergency Procedures Manual, it is updated on a yearly basis and was submitted to the Florida Network. The manual also include all required disasters types, rosters, and in general is very well organized.

In a review of the Emergency and Fire drills they are done on a monthly basis on each shift, this exceeds the policy requirements of monthly fire drills. Drills are being conducted on different scenarios and duties are well designated; summary, critiques and reviews are very informative.

In case of evacuation in the Emergency Manual, although it states that staff and clients will go to the nearest shelter, a specific evacuation facility and the list of Evacuation Shelters needs to be updated and identified .

The Fire Emergency Plan approved by the city needs to be updated (last update was 2011).

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 Homestead is contracted to provide both shelter and nonresidential services for youth and their families in South Miami-Dade County. The program provides centralized intake and screening twenty-four hours per day, seven days per week for 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, the Director of the Homestead Shelter and the Licensed Clinical staff 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 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

Miami Bridge policy 2.01 indicates that the first step in the assessment process is the initial screening. Policy reflects that upon referral, a screening will occur within 7 days. Available services to client/family will be reviewed/explained to family and youth and that there is no cost to the family.

If youth meets criteria for services, services will be initiated with the parent's consent and cooperation. The policy also directs that staff review with parents/guardians the possible actions occurring through involvement with CINS/FINS or agency services as outlined in the Introduction to Services document/agreement. Client Rights and Responsibilities are also explained.

The process allows for referrals for special needs clients as well. Per policy, the agency offers access to more intensive assessments/evaluations if indicated by the youth's reported needs.

Centralized intake services are available 24 hours a day, seven days a week. Intake includes screening for eligibility, crisis counseling and information and referral. Initial screening for eligibility must occur within 7 calendar days of referral by a trained staff member using the Netmis screening form.

During intake, the parent/guardian/youth receive in writing:

- Available service options
- Rights and Responsibilities of youth/parents/guardian
- Possible actions occurring through involvement with CINS/FINS services
- Grievance Procedure

Of the six files reviewed, the agency provided the youth/family with a standard intake by a trained staff member resulting in the determination of service provision in the way of residential or non-residential services. All documentation required for this standard was evidenced in each file.

2.02 Psychosocial Assessment

Satisfactory Limited Failed

Rating Narrative

Miami Bridge 2.02 directs that the residential youth have a psychosocial initiated within 72 hours of admission. The residential psychosocial should be completed within two to three face to face meetings. For non-residential youth, the psychosocial evaluations should be initiated during the first week of services and completed within 3 visits/sessions.

Each youth served will receive a psychosocial assessment or an updated psychosocial assessment if the most recent assessment is over 6 months old.

The agency provides access to more intensive assessments/evaluations if indicated by youth needs. Per policy, the assessment must be completed by Bachelor's or Master's level staff and signed by the supervisor. If the suicide risk component of the assessment indicates a suicide risk, the assessment must be performed by or under the direct supervision of a licensed mental health professional.

In practice, Psychosocial Assessments are completed to gather and analyze information for youth receiving services. The psychosocial includes the elements required by the Florida Network Policy and is:

-Initiated within 72 hours of admission (shelter care) and/or updated every six months

-Completed within two to three face to face contacts following the initial intake if the youth is receiving non-residential services or updated recent every six months.

Psychosocial assessments are completed by Bachelor's or Master's level staff and signed by the supervisor. If the suicide risk component of the assessment is required (as a result of the suicide risk screening), it must be reviewed (signed and dated) by a licensed clinical supervisor or written by licensed clinical staff.

The agency consistently follows Policy and Procedure as required by the indicator. Of six files reviewed, all files contained a psychosocial evaluation completed by a Bachelor's or Master's level counselor/case management and reviewed by the supervisor. All 6 psychosocials were initiated within the appropriate time frame, and 5 were completed within 3 face to face sessions. All 6 psychosocials contained elements necessary to meet the Florida Network's Policy.

Although all of the psychosocial assessments were initiated within the required time frames, one of the non-residential files reviewed did not have the psychosocial assessment completed within the required time frame; it was completed in excess of three face to face sessions.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

Miami Bridge policy 2.03 indicates that a service plan is developed within 7 working days following completion of the psychosocial assessment. Specific needs/goals are identified in the service plan, time frames and target dates, completion dates, initiation/implementation date of service plan, responsible parties (including agency), type, frequency and location services will be provided, and measurable objectives will be developed that address the identified needs. The Counselor is responsible for implementing a service plan to address the needs of the youth and family and the counselor will document that the service plan is reviewed every 30 days for the first 3 months and every 6 months thereafter.

Case/service plan is developed with the youth and family within 7 working days following completion of the assessment. The plan is developed based on information gathered during initial screening, intake, and assessment.

The Agency consistently follows Policy and Procedure in alignment with Standard Two. The plans used by the provider includes:

-identified needs

-type, frequency, location of services

-person responsible

-target dates for completion

-actual completion dates

-signature of youth, parent/guardian, counselor and supervisor

-date the plan was initiated

Of 6 files reviewed, 2 (non-residential) of the 6 files did not document either target dates or actual dates of completion.

All 6 files included service plans that included required elements of the plan. The elements were clearly seen and were signed and reviewed by all parties within required time frames. All 6 files were reviewed with the youth/family within 7 working days following completion of the psychosocial assessment.

Of the three non-residential files reviewed, target dates for completion were omitted in one file, and actual completion dates were omitted in two of the files. However, progress toward achieving the goals is indicated in the progress notes.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

Miami Bridge policy 2.04 directs that each youth be assigned a counselor who will follow the case and ensure delivery of services through agency service provision or referral. The counselor/social worker establishes needs/coordinates referrals based upon the ongoing assessment, coordinates service plan implementation, monitoring youth's family's progress, providing support for families, monitoring out of home placement (if necessary), refers to case staffing committee (as needed) or recommending judicial action (intervention as needed), refer to additional services, case monitoring of court reviews and case termination with follow up. Ongoing assessment is achieved through family youth sessions and contact, documented in progress notes.

The agency consistently follows Policy and Procedure and is in alignment with the requirement of the indicator. In 6 of 6 files reviewed, each youth is assigned a counselor/case manager who follows the youth's case and ensure delivery of services through direct provision or referral. The case management process includes:

- establish referral needs and coordinate referrals to services based on the ongoing assessment of the youth/family needs
- coordinating service plan implementation
- monitoring youth/family progress in services
- providing support for families
- monitoring out of home placement (as needed)
- referrals to the case staffing committee
- recommendations and pursuit of judicial intervention (as needed)
- accompanying youth and parent/guardian to court hearings and related appointments
- referral to additional services (as needed)
- continued case monitoring and review of court orders
- case termination with follow up

All files included written documentation indicating that case management services were provided and managed by the counselor/case management.

Exceptions:

- 1) Referral form not specified
- 2) Releases of information must comply with 42 CFR and do not have blank, signed releases.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

Miami Bridge 2.05 policy directs that counseling services will ensure files coordinate presenting problems, psychosocial assessment, case/service plan reviews, case management and follow up; maintain individual files, confidentiality, chronological case notes, ongoing clinical review of case records; and conduct youth management and staff performance regarding services. To support family involvement, the Miami Bridge will provide services to youth, their families, legal guardians or others. Efforts are made to engage families, guardians and significant others in the planning and service activities. Family conference, outreach and access to family counseling are provided.

The program consistently follows Policy and Procedure and is in alignment with the indicator. Youth and families receive counseling services in accordance with the youth's case/service plan to address needs identified during the assessment process. Shelter programs provide individual and family counseling as well as group counseling sessions held a minimum of 5 days per week.

Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family in the event of crisis, keep families intact, minimize out of home placement, provide aftercare services for youth returning home from shelter services, and prevent the involvement of youth and families in the delinquency and dependency systems. Services are provided in the youth's

home, a community location, or the local provider's counseling office.

The six files reviewed demonstrated evidence that counseling services are being provided, that the case manager/counselor maintained the files, reviewed the files and that the supervisor also reviewed the files. An internal process ensuring clinical review of case records, youth management, and staff performance was evident in supervisor review and staff supervision documentation. Supervision book is well kept and indicative of regular and consistent staffing procedure. Staff evaluation documentation and intern evaluation book was provided and detailed evidence of regular and consistent staffing procedure.

Of three youth interviewed, all three youth indicated that they have a counselor, they know who their counselor is and that they have and/or are able to convey their needs to their counselor.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

Miami Bridge policy 2.06 indicates that when assigned counselor is unable to assist the youth/family in resolving their issues bringing them into care, a case staffing committee will review the case and attempt to obtain a solution.

When a case staffing committee is scheduled, youth, family and committee are contacted within 5 working days, prior to the scheduled meeting to confirm the time and location of the meeting. Within 7 days of the case staffing committee meeting, a written report is sent to the parent/guardian outline the decision of the committee for or against filing a CINS petition. Policy also indicates that within 7 working days of receipt of a written request of a parent/guardian for case staffing, a meeting (case staffing) will be convened.

The program consistently follows Policy and Procedure is in alignment with the indicator. The six files reviewed indicated that no adjudication/petition process has been initiated or were necessary. Furthermore, staff indicated that there have been no case staffings requests within the last six months.

Staff interview produced information that indicates that there is a dedicated case staffing day each month in the event that a case staffing invite is sent to a parent/youth or other.

2.07 Youth Records

Satisfactory Limited Failed

Rating Narrative

Client files are exceptionally clean, clear and appealing. Documentation is clean, clear and consistent as well.

Standard 3: Shelter Care

Overview

Rating Narrative

MB Homestead Shelter program provides temporary residential shelter care for male and female youth identified to be at-risk. The facility is comprised of three buildings: the main shelter building, a classroom building and the First Stop For Families building for non-residential counseling. The shelter is currently licensed by DCF as an emergency shelter for twenty beds. The program has adequate space for all activities and is equipped with one dormitory for male youth and one for female youth. The dormitories, kitchen, restrooms and common areas were clean during the tour of the facility. Each dormitory is further differentiated into Module A and Module B which is used to classify youth based on risk factors identified during intake. Youth are assigned lockers to store their personal belongings. Beds and lockers are numbered and youth are assigned to individual beds furnished with bed coverings and pillows. Youth have access to a large yard for outdoor activities. The facility is well maintained, nicely decorated and attractively landscaped with tropical foliage. A full-time maintenance person assists with regular facility maintenance issues at both agency sites.

Staff members in the Residential Program include: Admissions Compliance Manager, Residential Counselors, Youth Activity Workers, a Health Care specialist, a Food Specialist/Cook, and a Facilities Coordinator that is shared between the two shelters. 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 Licensed Mental Health Counselor. All youth admitted to the program receive a copy of the Client and Parent Handbook and an orientation to the facility. The program provides individual, group and family counseling, as needed. Group sessions are conducted five times per week and include: anger management, substance abuse prevention, nutrition, life skills, and social skills. Youth also received formal on-site education from Miami-Dade County Public Schools teachers and tutorial services. The program encourages family members to visit and to take part in the development of the youth's service plan. The program utilizes a variety of local medical facilities for emergency services. The shelter also admits youth from the Department of Children and Families (DCF). The shelter is designated by the Florida Network to provide staff secure services.

3.01 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

The practice at intake is for the staff completing the intake to complete the CINS Intake Form which is located in Section II of the client case file. This form contains the room assignment information on page two near the bottom of the form. In the four residential files reviewed, all of the forms were completed in a timely and efficient manner and contained all required information to consistently and effectively support the module/bed assignment practice.

The staff member, assigned to conduct the intake interviews, does a visual general physical assessment the youth and compares corroborating information from the initial NETMIS screening form and DJJ Risk Factor form to ensure the appropriate module and bed assignment for each youth.

The facility has two separate large dormitory style rooms for males and females with 10 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.

A tour of the facility confirmed this practice and interviews with several staff were consistent in support of this policy.

No exceptions were noted at time of this review.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedure that covers all of the specific issues identified in this CQI indicator.

Each residential client case file reviewed (4) contained a comprehensive client orientation process documented on several forms in Section I of the client case files. The new client orientation checklist reviews program rules, goals and services, clients' rights, behavior management system, visitation and phone privileges, daily program schedule, abuse hotline, DJJ hotline, fire safety and tour of facility and several other critical client care issues.

The orientation process takes approximately 30 minutes and requires that both youth and staff sign the orientation form. CQI checks are conducted by the QI Manager on a routine (daily) basis as new clients are admitted to the facility. Any errors or omissions are noted by the QI Manager and are immediately communicated to the Program Manager and corrected by the staff who conducted the intake.

No exceptions were noted in the four case files reviewed. An interview with program staff did indicate that there may be rare (not systemic) exceptions to this policy. However the QI Manager did indicate that she reviews files for accuracy, content and compliance and takes immediate action to address any errors or omissions.

3.03 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

The agency has a full-time maintenance person who performs routine facility maintenance at both agency sites (Central/Homestead) on a regular basis. During our site visit the maintenance person was observed performing exterior maintenance and was also available for a brief interview. During the interview he confirmed his responsibilities and weekly site visits to the Homestead shelter.

The facility contracts for pest control services with Orkin Pest Control and for landscaping services with Creative Cultivation, Inc. The facility is very clean, well-maintained, appropriately furnished and attractively landscaped. Beds and lockers are numbered and youth are assigned to individual beds furnished with bed coverings and pillows. Each dormitory is equipped with bunk beds to accommodate at least 10 male and 10 female residents. The windows are covered with verticals to ensure youth privacy while in their bedrooms.

Health Department and fire safety inspections are current. The most recent Food Service health inspection was conducted on 11/13/12 and was rated "Satisfactory" with two minor violations noted to be corrected. The most recent Fire Safety Inspection was conducted on 2/27/12 and listed one corrective action (storage in electrical room) which was completed while the inspector was on site. A second inspection report was provided from the same inspector/date with "No Code Violations" noted.

All youth are provided clean linens at intake and launder them weekly. Clean towels are provided daily. This reviewer observed an adequate supply of linens and towels that were located in the laundry room. Each youth is assigned a locker to securely store their personal possessions.

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.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

The program maintains a log book to capture daily program events related to the safety, security and movement of youth at the shelter facility. The log book captures new intakes, discharges, current resident head counts and other daily program activities. All entries include the date and

time and the signature of the staff member making the entry.

Supervisory review of the log book exceeds the weekly requirement listed in the CQI standards. The Program Manager and the Quality Improvement Manager review the log on a daily basis, document their findings and make comments related to any corrective actions necessary.

Staff arriving to work review and sign the log book back to the previous day/time/shift that they were scheduled to work. Three colors of ink red, green and black are used to differentiate the various types of entries in the log book. Errors are corrected with a single line through the correction and "VOID" written above the entry in accordance with the CQI indicator.

No exceptions were noted at the time of this CQI review.

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

The agency has a daily program schedule that is consistently followed. The schedule lists all activities including meals, school, group counseling, house meeting, recreation, faith based activities and sleep times. During this site visit this reviewer observed program operations over an extensive period of time and witnessed youth attending school, eating meals and going on recreational activities in accordance with the program schedule.

In addition the program develops and posts a monthly recreation schedule that includes off-site activities that serve as incentives for youth who comply with program rules and achieve Level 1 or 2 in the program's behavior management system.

This reviewer also observed several interactions between youth and staff during routine program operations. Four staff were interviewed regarding the daily schedule and all confirmed that the schedule is consistently followed.

No exceptions were noted during this CQI site visit.

3.06 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

The program has a behavior management system in place to promote appropriate behavior by providing positive rewards and negative consequences for behaviors youth demonstrate during their placement at the facility. The system has three levels: Orientation, Level 1 and Level 2. Youth begin on the orientation and earn privileges as they earn daily points to advance from one level to the next level. A total of 54 points is required to advance to Level 1 and 62 points are needed to advance to Level 2.

Youth levels are documented on the client status board (colored stars) and are posted for youth to see their levels each day. Orientation level is coded in Red, Level 1 is documented in Green, and level 2 is coded in Blue on the client status board. Many off-site activities are offered as incentives for youth who achieve Level 1 or 2. These activities may include sports events, bowling, movies and other fun events for youth.

Consequences are delivered in a manner consistent with this CQI standard. Therefore, the program prohibits group punishment, the use of room restriction and youth applying consequences to other youth. Youth rights are not violated under any circumstances according to agency policy and staff and youth interviews.

Several verbal interviews with youth confirmed that they knew about the exiting behavior management system and were very aware of what level they were currently on. Staff interviews indicated that the behavior management system and assigned levels during house meetings that are held after lunch and after evening recreational activities.

There was one grievance report filed by a male youth regarding what he felt was an unfair placement on one of the levels of the Behavior Management System. There was no documentation that the grievance was effectively resolved which was followed up on and addressed later by the Chief Administration and Compliance Officer and Chief Clinical Officer.

3.07 Behavior Interventions

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

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.

There was one internal incident report regarding a female youth and female staff member that indicated some physical contact was used in an effort to control the movement of the youth into a restricted area. The incident was classified as minor and the investigation revealed that there was no injury that resulted and therefore no DJJ incident report or abuse report was required to be filed.

3.08 Staffing and Youth Supervision

Satisfactory Limited Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

The agency has a staff weekly schedule that is developed by the Program Manager and is posted in the staff office in the shelter. The schedule includes youth care staff work hours/days over three shifts.

The three shifts run from 6:30 AM to 3:00 PM, 2:30 PM to 11 PM and 10:30 PM to 7 AM. This provides for a 30 minute overlap between shifts to facilitate the transfer of information between staff working on different shifts.

There are 2 staff that work on the overnight shift, one male and one female, to meet the 1:12 ratio during sleeping hours and a minimum of three staff on each shift during awake hours.

No exceptions were noted.

3.09 Staff Secure Shelter

Satisfactory Limited Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key areas of this CQI indicator.

The agency is contracted to provide staff secure shelter. During this CQI site visit there was one staff secure youth (male) who was actively participating in the Staff Secure shelter program.

One staff member of the same gender as the youth on each shift is directly assigned to supervise the staff secure youth, who are court ordered to the facility for up to 90 days.

Interviews with staff revealed that the agency places staff secure youth basically on what amounts to "site and sound" supervision. This practice is documented on the Staff Secure Observation Form at 15 minute intervals.

No exceptions were noted at the time of this review.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

MB Homestead 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. 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.

The agency is very unique in that they are one of only a few that has a full time Health Care Coordinator to oversee the intake health screening, physical health assessment and medical follow-up process. This position plays a critical role in supporting shelter operations during the initial intake and screening process and in making appointments and transporting youth for any follow up medical services. The position is staffed by an certified LPN who was interviewed by the review team during this CQI site visit to verify her assigned duties and responsibilities.

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

Rating Narrative

The agency has written policy outlining the Healthcare Admission Screening procedure. The written policies comply with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS and DJJ health services manual.

In a review of three (3) residential shelter files, all youth received the Healthcare Admission Screening.

No exceptions noted at the time of this review.

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

The agency has written policy outlining the Suicide Prevention procedure. The written policies comply with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

In review of the policy and procedures, it is noted that the agency's policy and procedure does not clearly delineate staff positions, duties and supervisory roles in connection with suicide prevention and response.

In a review of three (3) residential shelter files, all youth received the Suicide Risk Assessment. The initial suicide risk screening occurred during the eligibility screening for residential and at the intake screening, utilizing the CINS/FINS Intake Form. Assessments reviewed did not require further suicide prevention services.

In review of the youth files, there were no applicable sight and sound observations.

It is recommended that the agency's policy includes specific clarification of the roles and responsibility of staff for suicide response.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy outlining the Medications (storage, Access, Inventory, Administration, Documentation and Disposal) Process procedure. The written policies comply with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

The program follows written procedures that address the safe and secure storage, access, inventory, disposal and administration/distribution of medications in accordance with the DJJ Health Services Manual.

All medications are appropriately stored in a separate, secure area which is inaccessible to youth. Narcotics and controlled medications are stored in a locked box in a locked cabinet in addition to the locked cabinet maintained in a locked door area. Only designated staff delineated in writing has access to secured medications, with limited access to controlled substances. Designated staff has received training on medication distribution.

The healthcare specialist is responsible for maintaining perpetual inventory with running balances for controlled substances. At the time of the review, there are no youth on controlled medication or any medication that must be refrigerated. Consequently, shift-to-shift inventory counts were not observed. The healthcare specialist is also responsible for the shift-to-shift inventory.

Over-the-counter medications that are accessed regularly are inventoried daily by the healthcare specialist and the shift leaders in the absence of the nurse. This is in line with the agency's policy and includes the agency protocol for prescription medication.

No syringes were present in the facility at the time of this review. The sharps, nail clippers, tweezers are kept in a box in the health specialist's office in a locked cabinet and are inventoried weekly.

Medical records contain the required information, youth's name, youth's date of birth, allergies, medication side effects and/or precautions. The picture of the youth is on the outside of the medical binder (file). Both staff and youth initial medication records.

No exceptions noted at the time of this review.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy outlining the Medical and Mental Health Alert Process procedure. The written policies comply with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

The program ensures information concerning a youth's medical condition, allergies, common side of effects of prescribed medications, and food and medication contraindication are communicated to staff through an alert system.

A review of three youth files demonstrated that alerts for each youth is documented in the youth's file, on the Youth Alert System Form, in the intake office on the client status board, and food/nutrition alerts are posted in the kitchen.

No exceptions noted at this time.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy outlining the Episodic/Emergency Care procedure. The written policies comply with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

The program follows written procedures that ensure the provision of emergency medical and dental care. The program's procedure does not include development and implementation of a daily log. Offsite emergency medical care is documented on a "Client Transported Offsite Due to Emergency Medical Attention" form and maintained in medical file and a copy stored in a "Medical Off-Site Emergency/Sick" binder and vaguely documented in the log book. A review of the documentation in the log book does not indicate emergency medical care in all instances.

Emergency medical procedures training are conducted during orientation training.

Knife-for-life and wire cutters are located: 1 in the School; 1 in the First Stop Building; 1 in the take Office; 1 in the kitchen and 1 in each van. The First Aid kits are checked weekly.

As development and implementation of the daily log is a mandatory component of the Florida Network Quality Improvement Standards, it is recommended that the agency develop and implement a daily log for off-site emergency care. It is also recommended that the entries in the log book clearly indicate whether or not the youth's medical appointment is a result of a medical emergency.