



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Miami Bridge-Central

on 12/03/2013

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory

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 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Youth Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory
3.07 Special Populations	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
 Percent of indicators rated Limited: 0.00%
 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 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: 100.00%
 Percent of indicators rated Limited: 0.00%
 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 - Forefront LLC
- Marie Boswell, Prevention Specialist - Department of Juvenile Justice
- Angie Kemmer, Clinical Coordinator - Florida Keys Children's Shelter



Derrick Myers, Shelter Manager - Lutheran Services Florida Southeast

Megan Wiston, Quality Assurance Specialist - Children's Home Society West Palm Beach

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 1 Case Managers | 0 Maintenance Personnel |
| <input checked="" type="checkbox"/> DJJ Monitor | 1 Clinical Staff | 3 Program Supervisors |
| <input checked="" type="checkbox"/> DHA or designee | 1 Food Service Personnel | 1 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 | 1 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 1 MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 18 Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 6 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 0 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input checked="" 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 checked="" type="checkbox"/> Posting of Abuse Hotline | <input checked="" type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input checked="" type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input checked="" type="checkbox"/> Facility and Grounds | <input checked="" type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage |
| <input checked="" type="checkbox"/> First Aid Kit(s) | <input type="checkbox"/> Searches | <input type="checkbox"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input checked="" type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input checked="" type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Staff Interactions with Youth | |

Comments

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

Rating Narrative

During the tour of the facility the Reviewers observed youth in the onsite school building. The classroom is equipped with sixteen (16) computers that provide access to digital resources, online instructional materials, assessments, and other school board approved learning tools. A Miami Dade School Board certified teacher provides instruction daily to the youth enrolled in the program. All but one of the youth was observed using the computers and one youth was involved in an alternate activity. In addition to the teacher, youth are supervised by a Youth Activity Worker who is assigned to the classroom.

Youth were also observed to be engaged in various activities during their free time such as playing billiards and playing chess with staff. 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.

A volunteer from Coastal Construction was onsite decorating the facility for the holidays. The exterior was adorned with lighted reindeers and other Christmas decor and the interior was decorated with lights and Christmas trees in the lobby and youth living room.

Strengths and Innovative Approaches

Rating Narrative

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 both 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. MB is designated by the National Safe Place Program as a Safe Place site which collaborates with other safe place sites in the community to provide help and access to run away and homeless youth.

Miami Bridge is currently accredited by the Council of Accreditation (COA) and recently received re-accreditation through August 31, 2017. 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. In addition to national accreditation, Miami Bridge is currently in the final stages of completing obtaining its Medicaid Provider status that, upon receipt, will allow the provider to provide intensive case management and therapeutic interventions and directly bill the State of Florida for services provided to low income individuals and family.

Since the last onsite monitoring visit, MB has changed over its informational technology services to "the Cloud" with added advantage of secure data storage, increased security, and more cost effective hardware and software management. In addition, the agency's phone system was also upgraded. Another program improvement initiative undertaken by MB is its task force involvement with South Florida Behavioral Health Network and collaboration with SAMHSA to provide expert training on dealing with trauma. Both of these initiatives will further improve the provider's ability to provide quality mental health services.

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 central Miami and Homestead, Florida. Each site is managed by individual Program Supervisors for the shelter and non-residential components of the program as well as shift leaders on each of the three shifts. At the time of the quality improvement review, the program had five vacancies including a HR Specialist, Licensed Practical Nurse, Director of Therapeutic Services (for Medicaid), Chief Financial Officer, and Data Analyst. 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, 2014.

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.

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. In addition, the provider conducts a background check with the Division of Motor Vehicles prior to the hiring of all staff.

A total of eighteen (18) applicable personnel files were reviewed for thirteen (13) staff and five (5) volunteers. Eight (8) of the staff were hired after the last onsite QI visit and all of the new staff received eligible screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire. The remaining five (5) staff files reviewed were eligible for 5-year re-screenings. Similarly, all of the five re-screenings were conducted within the required timeframes prior to the staff's five-year anniversary dates.

The program has five volunteers during the review period. All of the volunteers received eligible screening results from DJJ prior to their start dates. In reviewing the Interns' files, the reviewer observed that the program did not have an official start date designated in the Interns' files. It is recommended that the provider implement a formal protocol for assigning start dates for Interns, for example, an official letter from HR informing the interns of their start dates upon receipt of their eligible background screenings.

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 faxed to the DJJ Background Screening Unit on January 2, 2013, prior to the January 31st deadline.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy in effect for an Abuse Free Environment. It is Provision 1.02 in their Policy and Procedure Manual. The policy states that staff adhere to a code of conduct that prohibits the use of physical abuse, profanity, threats or intimidation. Staff are trained on this policy. The program has established a comprehensive employee conduct and dress code policy to ensure professional and ethical job performance. There is a procedure for violation of the code of conduct: supervisor is immediately notified and the incident is documented in their personnel file.

Provision 1.02 also addresses abuse reporting. Any allegations of abuse, neglect or abandonment will be immediately reported to the Florida Abuse Hotline. Employees are trained to report any suspected abuse. The youth are also encouraged to self-report abuse allegation. There is a procedure for alleged abuse occurring at the program facilities.

The facility has a large printed poster with all information and all relevant hotline numbers. The facility is extremely clean with no graffiti. There is a locked grievance box with grievance forms directly below the box which is mounted on the wall. This peer reviewer interviewed two youth and asked them if they knew what to do if they are upset and have a grievance. They pointed right to the grievance forms and the box on the wall. The posters include the clients' rights and responsibilities, the abuse hotline (with detailed information about abuse), and many other relevant numbers of other agencies in the area. The program has a binder of all written grievances. Each grievance is addressed and the intervention is written on the report and usually signed by client and staff (not on every report). There is an additional provision (1.02.01) which specifically addresses the grievance process.

The client satisfaction surveys asks multiple questions regarding the abuse hotline and the grievance process. One of the three surveys reviewed says the child knows about the abuse hotline but all 3 surveys indicate that the children can locate the hotline number on the wall. Two (2) of the three (3) children knew about the grievance process. The one child who stated s/he did not know about the grievance process did indicate s/he knew who to speak with about a complaint and named the counselor.

The staff satisfaction surveys ask if youth are allowed to call the abuse or CCC hotlines. Staff stated the children are allowed to call both hotlines freely. Out of the three staff surveys, none of them have observed a co-worker telling a youth that they could not call the abuse hotline.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The agency has a current written policy for Incident Reporting (1.03). The policy clearly describes the procedures for different types of incidents. It states all incidents must be reported within 2 hours of their occurrence or knowledge thereof (to CCC). The program has an internal incident reporting form for staff use. Shift leader interviewed stated that the staff either type or handwrite on the forms. The forms are kept in chronological order in binders. There is a binder for CCC reportable incidents and another binder for non-CCC incidents. There is a third binder with facility (health & safety incidents) as well. The handwritten forms are sometimes difficult to read so staff should be encouraged to type the narratives. There were 16 incidents reported to CCC from June to November (6/2/13-11/29/13). All 16 incidents corresponded to the Bridge's Incident Report forms located in the program binders.

Two CCC incidents were reported outside of the two hour required. For both incidents, the Bridges Incident Report states the incidents were called in within the two hour window, but the DJJ CCC Daily Report reports the incidents called in outside the window. The program should be mindful of the two hour call window.

1) CCC Incident #201301941. Bridge reported incident time of 5:40pm and CCC called at 7:40pm. CCC reports the call was at 7:50pm.

2) CCC Incident #201302540. Bridge reported incident time of 5:02pm and CCC called at 7pm. CCC reports the call was at 7:12pm.

Please note, the CCC incidents from October 2013 were found in the non-CCC incident binder. Two non-CCC incidents were found in the CCC incident binder.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has policies for training requirements in their Policy & Procedure manual. First year training is in section 1.04 and ongoing training is in section 1.04.01. The program has individual employee training files for each employee, which are sectioned by training periods.

This reviewer looked at 3 new hires (within the past 12 months). One employee has just completed the first year training hours and had a total of 80 hours of training. The other two new hires have 65.5 and 50.5 hours of training, respectively. They both have over two months to complete the necessary 80 hours because they were both hired in February 2013. None of these new hires had training in: 1) Fire Safety Equipment, 2) Universal Precautions, and 3) Cultural Competency. These trainings are recommended by FL Network but not required.

This reviewer looked at 3 employees hired over one year. They all had the required 40 hours of training in the past training year (40 hours, 53.5 hours, 55.5 hours). None of these employees had training in Cultural Competency. Note that this training is recommended but not required. One employee did not complete the annual training in Signs/Symptoms of Mental Health and Substance Abuse.

The program has an annual training plan and a comprehensive training schedule for the year. The program has a complete 5 day new hire training orientation. The training schedules were sent on April 1, 2013.

Exception:

None of the new hires had training in: 1) Fire Safety Equipment, 2) Universal Precautions, and 3) Cultural Competency. These are recommended trainings but not required.

For the in-service trainings, none of the employees had training in Cultural Competency. Please note this training is recommended but not required.

One employee did not complete the annual training in Signs/Symptoms of Mental Health and Substance Abuse.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a provision for Analyzing and Reporting Information (Section 1.07) that mirrors the Florida Network Policy and Procedure on data analysis. In practice, the program completes quarterly case record reviews, reports on incidents and grievances, health and safety walk-throughs, outcome data reporting, and client and employee satisfaction surveys. There are quarterly CQI meetings that include all staff. There are monthly Clinical and Risk Prevention Subcommittee meetings. Reports are disseminated via these meetings and through email.

The program is following protocol set up by their policies. The program has a written quarterly updates of Incidents, Grievances, and Health & Safety. The reports include a plan summary with suggestions for future monitoring. They complete a comprehensive facility walkthrough twice a year in addition to continuous daily walkthroughs. It was evident from the daily procedures of the

facility that there are checks on cleanliness and overall safety of the facility every day. The daily schedules show which clients are responsible for bathroom and room clean-ups. The point's system for clients ensure the chores are being completed. The semi-annual inspections result in a report on issues in the facility that need to be addressed and the person responsible for the corrections/repairs.

The program completes quarterly outcomes reports on both the Emergency Shelter and the First Stop programs. The reports include findings and plan summaries. The program summarizes the FL Network Client Satisfaction Survey in a detailed report that also shows a summary comparison of Bridges vs. other programs in overall satisfaction. The program also completes satisfaction surveys with Dependency clients and produces an annual report. The program completes quarterly record reviews of client files. The reviews include files from both the Emergency Shelter and First Stop as well as both open and closed files. There are quarterly record review reports.

In speaking with the Chief Compliance and Administration Officer, it was explained that monthly NetMIS reporting data is reported orally in the monthly meetings. Staff also receive the data via email monthly. The Officer provided copies of the emails distributed monthly from July 2013-October 2013.

The program also updates its staff on Quality Improvement Updates from Florida Network, DJJ, and DCF.

It should be noted that this facility is seeking a Data Analyzation/QI Specialist. Due to the fact that they are down a staff member, there are reports that need to be written but the reviews and inspections are still being completed timely.

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. However, the provider has not initiated case staffing for any youth during the review period and/or since the last onsite QI review.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

Agency policy 2.01 Screening and Intake provides for and reflects indicator 2.01 while including all necessary elements.

Three active residential and three active non-residential files were reviewed. The eligibility screening was completed within 7 calendar days in all six files reviewed. All of the youth and guardian received, 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. A copy of the Florida Network parent brochure is provided to the youth/family during intake.

2.02 Psychosocial Assessment

Satisfactory

Limited

Failed

Rating Narrative

Agency policy 2.02 Psychosocial provides for and reflects indicator 2.02 while including all necessary elements. The agency policy further describes in detail the agency practice.

Three residential case files were reviewed. The psychological assessment was 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. Similarly, the psychosocial was completed within 2-3 face to face contacts following the initial intake for the three non-residential files reviewed. Psychosocial Assessments are completed by BA or MA level staff and signed by the supervisor.

All of the psychosocial assessments included a supervisor's review as indicated by their signature. None of the youth were identified with an elevated risk of suicide; however, the provider has a licensed mental health professional on staff who is contacted in the event an Assessment of Suicide Risk is necessary.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

Agency policy 2.03 Case/Service Plan (Development) provides for and reflects indicator 2.03 while including all necessary elements. The agency policy further describes in detail the agency practice and the expectation that the service plan includes measurable objectives and that the agency responsibility in assisting with the goals is outlined. Agency policy 2.03.01 Case Service Plan (Implementation, Review and Revision) provides for and supports 2.03. The agency policy further describes in detail the agency practice of assigning a counselor responsible for

implementing the service plan at completion of the assessment process. It also states that the service plan is reviewed every 30 days the first three months and every six months thereafter.

A total of six case files for three residential and three non-residential youth were reviewed. All six case plans were developed within 7 working days of the completion of the psychosocial assessments. The case plans included: individualized goals, type of service, persons responsible, and target and completion dates. Service plans must be signed by parent/guardian, counselor, supervisor and date the plan was initiated must be documented.

Exceptions:

One of 6 case files omitted parent/guardian signature and date of signature. One of six files omitted the counselor and supervisor's signature. Service plans must also be reviewed by parent/guardian every 30 days for the first three months. Three of 6 files omitted 30 day reviews and 2 of those had target goals completed without development of new goals. It is recommended that the provider indicates the frequency of the service per week/month for example, as most are left blank.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

Agency policy 2.04 Case Management and Service Delivery provides for and reflects indicator 2.04 while including all necessary elements. The agency policy further describes in detail the agency practice and procedure.

Agency policy reflects indicator but further states that 24 hour Crisis Intervention Counseling Services are provided by on duty and on call staff including but not limited to shelter staff. It further states that ALL staff are trained in crisis intervention skills, provided by Shelter Director. Employees are to be trained in effective communication skills, training in active listening, reflective listening skills, life space interviewing and how to avoid roadblocks to communication.

Policy further states that all Miami Bridge staff has been trained by the Florida Network of Youth and Family Services to provide crisis intervention counseling and all staff that comes into regular contact with youth and families is scheduled to receive that instruction at least once in each yearly training cycle. Miami Bridge Counselors offers specialized training and supervision from a licensed mental health professional. The Shelter Director and all off duty counselors are available by phone at all times. All incidents of crisis are to be documented in client file or in the log book.

Each youth is assigned a counselor/case manager who follows the youth's case and ensures delivery of services through direct supervision or referral. Referral needs are established and coordinated, the service plan implementation is coordinated, youth/family progress is monitored, support is provided for families, out of home placement is monitored if needed, and whenever necessary, referrals to case staffing committee to address the problems/needs of the family, recommending and pursuing judicial intervention is conducted.

Standard requires case monitoring however one file lacks report of client progress, contact, parent contact or supervisor review.

2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

Agency policy 2.05 Counseling Services and Family Involvement provides for and reflects indicator 2.05 Counseling Services while including all necessary elements. The agency policy further describes in detail the agency practice. Policy and indicator requires that "non-residential programs provide therapeutic community based services designed toprevent 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."

One non-residential file (though only 30 days since intake) reflects very little if no therapeutic involvement with the counselor/case manager. It is documented that the attempts were made but only by telephone within a 30-day timeframe. It is expected that more frequent contacts would be made even at the youth's school. Additionally, the file review by clinical supervisor was not evident in the file.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

Agency policy 2.06 CINS Adjudication and Petition Process provides for and reflects indicator 2.06 CINS Adjudication and Petition Process while including all necessary elements. The agency policy further describes in detail the agency practice. Agency policy 2.06 states that the non-Residential Director will be responsible for arranging the times and dates of these meetings. Agendas of case staffing committee meetings are maintained and distributed by Miami Bridge to all of the committee members. Case staffing procedure will be reviewed with employees during orientation training and at regular intervals as needed.

The provider has not initiated any case staffing since the last onsite QI visit. A case staffing calendar was produced but no case staffings have been held.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

Agency policy 2.07 Youth Records provides for and reflects indicator 2.07 while including all necessary elements. The agency policy further describes in detail the agency practice.

All of the youth records reviewed were consistently organized and were marked "confidential". Residential youth records are maintained in a locked file cabinet in the staff office in the shelter and non-residential files are maintained in a locked cabinet in the administrative First Stop building.

One of 6 files reviewed was not marked with the client's name, which is not optimal for information retrieval. Additionally, one of 6 files reviewed contained a name other than the client's on the service plan.

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 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, 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 floors are tiled and the plumbing appeared functional.

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. 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.

The program has policies and procedures in place for its Shelter Care programming. This writer found that the staff, supervisors, and management team work well together and have a program that emphasizes the practice of its policies and procedures with fidelity. The Shelter Environment, Program Orientation, Youth Room Assignment, Log Books, and Behavior Management Strategies policy and procedure were all well written, as they mirrored the Florida Network's standards and in some instances went beyond. However, the actual practice of the policy and procedure makes the program stand out and provides the youth served with a environment that's conducive to growth.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy & procedure in place to ensure compliance with the standard and their practice matches the expectation of the policy.

- The program's health & fire safety inspections are current.

- Furnishings are in good repair

- The program is free of insect infestation, and has a pest control service each month.

- The grounds are well maintained and landscaped.

- The bathrooms & showers, on each side, are clean and functional.

- No graffiti was observed in the building

- Each youth had their individual bed, with clean covered mattress, pillow. All were clean and well maintained.

- The building is well lit and there is sufficient lighting for a variety of activities.

- Each youth has locked place to secure their personal belongings.

- All youth engage in meaningful, structured activities, as documented on the daily activity schedule and via this writer's observation.

- All youth engage in large muscle activity daily (7 days per week), as documented on the daily schedule and via this writer's conversation with staff.

- All youth have the option to attend faith-based activities weekly, and those who chose not to engage are provided with non-punitive activities in lieu of participation.

- All youth engage in homework completion, during the week, and opportunities for leisure reading are available.

- The program daily schedule is posted in clear view for youth and staff to observe.

The Young Professionals, a volunteer group, completed a community service project whereby trees and a garden was planted demonstrating outstanding community involvement. The female bathrooms have waste baskets in each stall for the disposal of hygiene products.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedure in place for Program Orientation and adheres to said policy and procedure with fidelity, as demonstrated by client file review.

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 provides the full orientation.

The youth orientation in the three residential files reviewed included a review of the following:

- Program Rules

- Program Goals & Services

- Client Rights

- Behavior Management System

- Grievance Procedures & Visitation

- Schedule Telephone procedure

- Health Services Daily

- Schedule/Activities

- Weekend schedule/activities, including faith-based activities

Additional orientation activities include a tour of the shelter, introduction to staff, review of client rules & guidelines contract w/ signature, documented receipt of client handbook, youth are shown fire exits, fire extinguishers, the visiting room, made aware of the client phone, and advised of and shown the Abuse Hotline & DJJ Hotline numbers. Each of the aforementioned is documented with staff and youth initials at the completion of each task on the checklist.

3.03 Youth Room Assignment

Satisfactory Limited Failed

Rating Narrative

The program has a written policy and procedures for Youth Room Assignment and the program is meeting the expectation for the policy with its practice. The process for assigning a youth a bed is highlighted by the following and was verified in the three residential files reviewed:

- A review of the youth's history, status, and exposure to trauma.

- His/her age and gender.

- The youth's history of violence, gender identification, and gang affiliation.

- The youth's physical size/strength, any disabilities, or sexually aggressive or reactive behavior.

- The youth's risk of suicide is also considered

The information listed above is documented in the second section of the youth's file and is signed by the staff conducting the assessment and the youth being assessed. 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. Additionally, initial interactions and observations, as well as alerts, are documented and reviewed.

Noteworthy practice:

The program has a community-based organization, The Alliance for GLBTQ, that facilitates a weekly group at the program. The group provides support and education to the youth in three specific delivery models (male only group, female only group, and integrated group). While the staff are sensitive to the issues of GLBTQ youth, each youth is treated as a child in need of specific services and cultivates an atmosphere of acceptance for all youth.

3.04 Log Books

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedure for its log book documentation and their daily practice is meeting the expectation. The log book documentation is highlighted by the following:

- Safety & security issues are documented; those issues are documented in red ink to draw the eye to the issue.

- Most entries were legible and all were brief and concise.

- The log book clearly documents incidents with youth and staff, whereby all entries have the date/time/staff signature.

- The log books reviewed were well written and there's staff care in each note, as only one correction was observed in the three (3) log books reviewed and said correction had one line struck through and was dated and initialed by staff.

- Supervisor reviews are conducted in accordance with the policy.

- Incoming staff document their fidelity in reviewing the log book for each shift.

- Supervision and resident counts are documented regularly in the log books reviewed.

- Visitation and home visits are documented in the log book, which are accompanied with a copy of the person's ID.

- All entries were made in ink, whereby different colors of ink are used to draw the eye to important issues and concerns, and no white-out was used in the log books reviewed.

Rating Narrative

The program has a written policy and procedure for Behavior Management Strategies and, per youth interview, the practice is conducted with fidelity. The Behavior Management system is highlighted by the following:

- The program is detailed and explained to youth during their orientation.

- The program provides accountability, influences positive youth behavior, and gets youth to adhere to the program rules.

- The program provides incentives for positive behavior/compliance with program expectations.

- The system promotes behavioral appropriateness by providing youth with opportunities during the week for token items and access to weekend activities.

- Staff appropriately use the point system for consequences by reducing the points earned for non-compliance.

- Staff are knowledgeable of the BMS and its rewards and consequences. Youth are verbally encouraged to remain on task and meet the behavioral expectations.

- There is protocol for staff to provide feedback for the BMS rewards and consequences, both during training and during daily house meeting.

- Supervisors are trained to monitor the use of rewards and consequences by the staff. Daily interaction with staff and youth was observed by this writer.

- The BMS promotes order, safety, security, respect, fairness and protection of the residents' rights.

- The BMS provides positive reinforcement, assists in the constructive exchange between staff and youth, provides the youth with recognition for their progression in the program and minimizes separation of youth in the program.

Noteworthy Practice:

The daily house meeting, whereby youth have the opportunity to verbalize their concerns is a good practice, as one youth shared with this writer that she would make a big deal about a conflict during the day, but would address the concern during the house meeting with her peers and staff.

3.06 Staffing and Youth Supervision

Satisfactory Limited Failed

Rating Narrative

The agency has a policy for staffing and youth supervision to ensure adequate staffing is provided that optimizes the safety and security of all youth and staff. The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. The shelter is licensed for 28 beds and the staff schedules reviewed for the review period reflect staffing ratios of 1 staff to 6 youth during awake hours and 1 staff to 12 youth during sleep period. The Shelter Manager is responsible for creating the staff schedules and schedules a minimum of three staff on the morning and afternoon shifts. The staff schedules frequently list the names of the on-call staff, with an asterisk next to the name, during times when the census increases and the on-call staff needs to be accessed. Two staff are regularly scheduled on the overnight shift and the schedule is adjusted to meet the minimum 1:12 ratio when necessary.

The program accepts both males and females. All of the staff schedules reviewed demonstrate the staffing of male and female staff on duty on each shift at all times. The youth in the program are assigned to specific groups, A, B, C, during their stay and are under the supervision of staff who are similarly assigned a group to supervise during their shift.

The staff schedule is posted on a board in the Intake Office and is visible to staff. The program has a roster of all employees that includes their home and cellular phone numbers and email address; however, on call staff is not specifically identified on the employee contact list and a separate holdover/overtime roster of staff who may be accessed when additional coverage is needed was not maintained by the program at the time of review.

Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or when youth are in their sleeping rooms.

As required by QI Indicator 3.06, the program must maintain a holdover/overtime rotation roster along with telephone number(s) of on-call staff who may be accessed when additional coverage is needed.

3.07 Special Populations

Satisfactory Limited Failed

Rating Narrative

Miami Bridge Central is a designated Staff Secure and Domestic Violence Respite (DV Respite) provider and has a policy 3.09 for Staff Secure Shelter and Staff Secure Beds place. A separate Intake Guideline for referrals of DV Respite youth is maintained by the program that was last revised April 2013. The agency has no record of a Staff Secure youth admission during the onsite visit or since the last QI review. Staff was interviewed and confirmed not having a recent staff secure youth in the program. If that were the case, the agency's policy provisions meet the requirement for accommodation, supervision, and services to staff secure youth.

Similarly, the program did not have an active DV Respite youth on its census during the visit but the files of two (2) cases that were closed during the past six months were reviewed to ascertain practice. The two files reviewed demonstrate that the youth met the criteria for DV Respite placement. Prior approval was received via email from the Florida Network for Domestic Violence Respite placement. Both youth had a pending Domestic Violence (DV) charge and were screened by the JAC /Detention or screening unit, but did not meet criteria for secure detention. None of the youth's length of stay in DV Respite placement exceeded the 14 days allowed. Documentation in files demonstrate transition to CINS/FINS via shelter placement court order and/or home (shelter) detention agreement. The Case Plans in each file reflected goals for aggression management, coping skills, or other interventions designed to reduce propensity for violence in the home. Additional services were provided to these youth similar to services that are provided to youth in the CINS/FINS program.

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 program has written policy and procedures to ensure medical care for youth admitted to the program. Practice was exhibited in the three (3) files reviewed. Of the three files reviewed, the files document that the program performs preliminary physical health screening for each youth at the time of admission to the shelter. A preliminary health screening is documented in each of the files reviewed. Medical care for youth admitted with chronic medical conditions are referred out for treatment. The Agency Policy and procedure includes the process for referring youth for medical care for chronic medical conditions. Staff also receive training on the intake and admission process.

While none of the three (3) files reviewed required a medical referral, this reviewer did review a case where a medical referral was required. The medical referral was documented on the "Emergency Medical Care Log", and an "Offsite client transportation" form was completed and appropriately documented in the log book.

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

Agency has written policy and procedure to address suicide prevention and response procedures. 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.

A review of one (1) file and the observation log documents that the first two documented times during the sight and sound observation and behavioral observation was not conducted within the 15 minute interval as indicated in the instructions on the "Suicide Precautions-Observation Log" and as outlined in the agency's written policy and procedure. The Log Book does not reflect that the required observations were conducted within the 15 minute intervals as outlined in the agency's policy and procedure.

Ensure documentation of time and behavioral observation is conducted within 15 minute interval as outlined in the agency's policy and procedure.

4.03 Medications

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedure for Medications (Storage, Access, Inventory, Administration, Documentation and Disposal). A review of the processes for storage, access, inventory, disposal, administration/distribution of medications is in accordance with the agency's written policy and procedures.

All medications are stored in the intake office in a separate, secure area, which is not accessible to youth. At the time of this review, no injectable medication is stored at this location. If a youth were in need of injectable medication, the medication would be stored appropriately and would be administered by the LPN located at the site.

At the time of this review, there were no medication requiring refrigeration. However, there is a refrigerator on site with a lock for storage of medication requiring refrigeration.

Narcotics and controlled medications are stored in a locked box in a locked storage cabinet. Perpetual inventory with running balances are maintained of controlled substances are maintained. Designated staff, delineated in writing and trained in medication distribution, have access to secured medications and controlled substances.

The facility does not house syringes. Knives are kept in a locked cabinet. Shift Leaders on each shift conduct an inventory of sharps. Razors are only used on weekends.

Over-the-counter medications are inventoried weekly as documented on the "Over-The-Counter Medication & Supply Inventory and Log".

A review of the medication records reveals that they contain the youth's name; youth's date of birth; allergies; if any; medication side effects and/or precautions; picture of youth, staff and youth initials medication record; printed name, signature, and title of each staff member who initials a dosage and full printed name and signature of youth receiving medication.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

Agency has a written policy and procedure to address Medical, Mental Health Alert, Emergency Mental Health and Substance Abuse Services 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, Psych Solutions Inc, The Village South, and the University of Miami to assist with the provision of medical, mental health, and substance abuse services as needed.

Medical, nutritional, substance and mental health alerts are identified on the Census board kept in the intake officer. Each file reviewed contained a Youth Alert System Form which identifies applicable alerts.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The agency has policy and procedures to address episodic/Emergency Care. The agency's written procedures address the provision of emergency medical and dental services through Memoranda of Understanding with various off-site emergency services sites. Parental Notification noted on "Client Transported Offsite Due to Emergency Medical Attention" form, Emergency Medical Care Log, and log book entry.

Verification of receipt of medical clearance, discharge instructions and follow-up care is received upon youth return to shelter.

Staff are trained in CPR, First Aid, and AED and emergency medical procedures.

The written policy and procedure require that mock emergencies are conducted at least quarterly. However, the agency document that Mock emergencies are conducted on each shift monthly.

Knife-for-Life and wire cutters are located in various places: under the desks located in the intake office, in the secretary's desk at the First-Stop Office, in the teacher's desk in the school, and in the two vans assigned to the facility.

First Aid kits are located at the School, Intake Office, Kitchen, First Stop building, both vans ,and are inspected weekly--last inspected 11/28/2013