Florida Network of Youth and Family Services Quality Improvement Program Report

Re-Review of Lutheran Services Florida/Miami Bridge
Central and Homestead Florida Location
CINS/FINS Program

December 8, 2022

Compliance Monitoring Services Provided by

FOREFRONT

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Reviewer

Members

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

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Overview

Monitoring Purpose:

The purpose of this monitoring is to conduct a re-review of Miami Bridge Youth and Family Services Central and Homestead program locations. During the FY21-22 annual compliance review, conducted May 25-26, 2022, the areas of Management & Accountability, Staffing & Youth supervision, Logbooks, and Suicide Prevention received a failed rating. Specifically, the agency received **Failed Compliance ratings for Indicators 1.04, 3.06, and 4.02 for the Central location and Indicators 1.04, 3.04, and 3.06 for the Homestead location.** On July 2, 2022, Lutheran Services Florida (LSF) entered into a management service agreement with Miami Bridge Youth and Family Services. LSF deployed an operations team led by Raymond Ballinger, Regional Director-SE, Shelia Dixon, Regional Director-SW, and Dr. Cari Still, Associate Vice President of Quality Assurance to immediately begin addressing risk management issues and supporting program operations. The Florida Network terminated its contract with Miami Bridge on October 31, 2022. After issuing a competitive procurement, Lutheran Services of Florida was selected to operate both programs in Miami-Dade County effective November 1, 2022.

This subsequent re-review visit is to determine if corrective actions taken have resulted in improvements by the agency, hereafter referred to as LSF/Miami Bridge. During the entrance meeting, the lead reviewers met with the following agency representatives: Raymond Ballinger, Regional Director Southeast; Shelia Dixon, Regional Director Southwest; Cari Still, Assistant Vice President Quality Assurance (QA); Jose Fontanez, Program Director; CJ Fernandez, Director of Quality Assurance and Training; Ashley Wooten, Clinical Director; Tracy Scott, Shelter Supervisor; and Lashonda Chavis, Intake Coordinator.

The re-review was conducted at the Homestead location because, at the time of the visit, no youth was being served at the Central location and the shelter has been closed since the beginning of the LSF/Miami Bridge partnership pending completion of construction. No changes had been made to the physical plant of the LSF/Miami Bridge Central shelter since the last QI monitoring visit. LSF/Miami Bridge has contracted services with an architect and general contractor for needed repairs at the Central location. The agency hired a permit expediter to assist with expediting the permit process with Miami Dade County Building Department. Architectural drawings for the repairs were submitted to the building department for review. A request for revision to the drawings was made and the agency is actively working with the architectural firm to make the required revisions and will resubmit to the building department immediately once received.

Items involved with the repair are as follows:

1. Replace broken grease trap
2. Replace the gas line
3. Install floor drains for the sink and ice machine.

Dormitory renovation, funded through Community Development Block Grant (CDBG) with Miami Dade County has been approved and the agency has contracted services with an architect to redesign the floor plan of the dormitories and renovate restrooms to meet American with Disabilities Act (ADA) compliance. The renovations to the dorms will entail converting the large

rooms into semi-private rooms. The new floor plan and costs were submitted to Miami Dade County and approved. The next steps will include finalizing the architectural drawings for the renovation and selecting a general contractor to perform the renovations.
As a result of the failed ratings during the last annual review, there was a moratorium on CINS/FINS admissions into the program by the Florida Network of Youth and Family Services. The hold on CINS/FINS admissions to the program was lifted on September 20, 2022.

Review of Failed Indicators

1.04: Training Requirements (Central and Homestead location)
Both locations received a **Failed Compliance rating** for this indicator during the FY21-22 annual compliance review. A review of a total of seven first-year staff and seven in-service staff records revealed the following:

- Four of seven first-year staff did not complete the Civil Rights training during the required 30-day time frame.
- None of the seven first-year staff completed all mandatory training required during the first 90 days.
- Six of seven in-service staff did not complete all annual required training topics or within the timeframes required.
- Documentation to evidence all completed training was not consistently recorded and maintained in staff training files as required.

During the re-review conducted onsite, the program demonstrated compliance and received a **Satisfactory Compliance rating** for this indicator; however, some exceptions were noted. A review of three first-year and three in-service staff training records were reviewed. The three new staff were still within the first 90 days of hire and had completed the minimum required pre-service training requirements for independent supervision of youth. All three staff are on target for completing all required topics with only one to two topics remaining in the 90-day timeframe. The exceptions noted were due to annual training that was not completed by two of the three in-service staff. One of the staff did not complete the Florida Network Suicide Prevention training and the second staff had missed five annual trainings in the most recent annual training year. The program's QA and Training Director is responsible for monitoring compliance with new hire staff and ongoing training requirements. The Director reports on the status of compliance with training at each monthly Continuous Quality Improvement (CQI) Team meeting. A new "drop-file" system has been implemented which contains all of the elements required for tracking and documenting training including a tracking sheet, SkillPro transcripts, and Florida Network certificates. Moving forward, the New Hire Training tracking will utilize the LSF Daily Training Tracking System. The plan is to implement this system at LSF/ Miami Bridge in January 2023.

3.04: Logbooks/Electronic Logbooks
The Homestead location received a **Failed Compliance rating** for this indicator during the annual Quality Improvement (QI) review. The reviewer observed inconsistency with highlighting logbook entries regarding sight and sound alerts. The sight and sound alerts were not

highlighted in the logbook on multiple days in November 2021, and January, February, and May 2022. In addition, the Shelter Director or designee did not review the logbook every week as required and make chronological notes in the logbook indicating the dates reviewed. Although there is a staff per shift who would note reviewing the logbook when signing in on their shift, not all staff are indicating they have reviewed the logbook. There were also gaps in recording in the logbook review by staff between November 2021 and May 2022.

During the re-review conducted on December 8, 2022, the program demonstrated full compliance and received a **Satisfactory Compliance rating** for this indicator. The Assistant Vice President (AVP) of QA and the program's QA Director receive daily Note Active Reports for this item and at the end of the month, a report is generated with data analysis for compliance. Compliance is reported out at each monthly CQI Team Meeting via the Focus Data Elements Summary Report. The current strategy to address deficiencies is for the QA Director or Shelter Supervisor to have one-to-one meetings with staff to review the report and requirements as individualized for each staff. Staff members sign the report as documentation of the discussion.

The program utilizes an electronic logbook to document all program events, activities, and occurrences. A review of logbook entries from September 27, 2022, to present were reviewed to assess the program's adherence to this indicator. Reviews of previous shifts documenting all activities and events are being completed by staff.
Reviews of the program logbook were conducted for the following dates: October 2, 13, 15, 16, November 11, 20, 21, and December 1, 2022. All dates contained evidence of staff documenting a review of the previous two work shift. No exceptions noted as of the date of the onsite program review.

The program utilizes an electronic logbook to document all program events, activities, and occurrences. At the time of the review, there was no strike-through observed. The LSF/Miami Bridge Regional Director was interviewed and reported the current operations team began receiving CINS/FINS residential clients at the Homestead location in late September 2022. A review of program logbook entries from September 27, 2022, to present were reviewed to assess the program's adherence to this indicator.
All dates contained evidence of staff documenting review of the previous two work shifts, date, time, and signature as required. In addition, entries include the date, time, location, event, activity staff, and youth who are involved in the entry.
The agency QI Specialist conducts reviews of the logbook to ensure adherence to policy and QI standards. Utilizing the electronic logbook, the program generates daily automated reports on sight and sound, bed checks, camera reviews, supervisor reviews of the log, staff sign and sign-out confirmation, reviews of previous shifts, 30-minute observation checks, and transportation events.
Reports are submitted and reviewed by the QI Specialist and the Associate Vice President of Quality Assurance. The QI Specialist reviews all documentation and areas with staff who require improvement. The agency produces a Data Elements Summary Report of all aforementioned

areas such as bed checks, sight and sound checks, shelter manager reviews, staff reviews of the logbook, transportation logbook entries, and supervisor reviews of the logbook.
No exceptions noted as of the date of the onsite program review.

3.06: Staffing and Youth Supervision

Both program locations received a **Failed Compliance rating** for this indicator during the last annual compliance review. As a result of the QI visit it was reported that the Central program failed to provide evidence that there was a minimum of two staff scheduled to provide adequate shift coverage on some first and second shifts. At the Homestead location, transportation with youth was not found to be within the ratio on February 17, 2022, where one staff was noted as transporting eight youths. A review of bed checks for both locations resulted in evidence of missed 15-minute bed checks during sleeping periods on multiple overnight shifts at both sites. On two occasions at Homestead, staff was seen on the video going down the hallway and scanning the barcode to indicate completing bed checks. However, at no instance did the staff go inside the girl's dorm yet the staff recorded bed checks as completed in the logbook.

During the re-review conducted on December 8, 2022, the program demonstrated full compliance and received a **Satisfactory Compliance rating** for this indicator. The Central shelter has been closed since the last annual review and the Homestead shelter began admitting youth on September 20, 2022. LSF/Miami Bridge is currently fully staffed at Homestead. The staff schedule is created via an online system which allows any changes to be made in real-time. The Shelter Supervisor currently develops the schedule and both the AVP of QA and the program's QA Director have access to the online system to review the schedule for ratio compliance. Staff schedules were reviewed during the re-review for the period September 20 - December 8, 2022. Reviewed staff schedules for the period, as well as transportation schedules during the same period, revealed the program maintained a minimum staffing ratio of 1:6 during wake hours and 1:12 during the sleep period. All new staff on the schedule were background screened and those who had completed the minimum training required were included in the ratio. Staff who are still in training are noted as "training" on the schedule and are not included in the staff ratio. A copy of the schedule along with the on-call roster is posted in the intake office.

An interview with the program QI Specialist was conducted. A review of the bed check and shift review entries was conducted on 9/27/22, 9/29/22, 10/4/22, 10/17/22, 10/26/22, 11/07/22, 11/22/22, 1/29/22, 12/05/22, and 12/07/22. At the time of this onsite re-review, no exceptions were noted for these bed checks, and a review of the previous shifts was documented in the program logbook.

4.02: Suicide Prevention

The Central location received a **Failed Compliance rating** for this indicator during the annual QI review. Three out of four suicide screening results reviewed were not reviewed and signed by the supervisor and documented in the youth's case file. There was no evidence provided by

the agency that Banyan staff, who are contracted to provide clinical services needed from a licensed professional, are licensed or background screened. When evidence was requested from Banyan to verify the licensure of all staff, none was provided to verify and confirm this requirement. Further, clinical services required to be provided by a licensed professional, as required by the indicator, could not be validated. In addition, four of five suicide screening results were not reviewed and signed by the supervisor and documented in the youth's case file. Two client files do not have evidence of observation logs that verify the status of the youth on elevated supervision. Two client files do not have evidence of the supervision level being changed by a licensed professional or counselor under the supervision of a licensed counselor.

During the re-review conducted onsite, the program demonstrated compliance and received a **Satisfactory Compliance rating** for this indicator; however, some exceptions were noted. Six randomly selected client records from September 27, 2022, to present which screened positive for suicide risk were reviewed for adherence to the requirements of this indicator. All six client files met general requirements. Deficiencies identified: 1) One client record did not have evidence of documenting the client being placed on sight and sound 15-minute observations checks in the logbook, 2) one sight and sound log on day two, on the second shift, observation log sheet was missing. Documentation was observed for both days in the logbook, however, the observation log sheet, was only found for day one.

Summary of Re-Review

As previously stated, the purpose of the re-review is to determine if corrective actions taken by the program has resulted in improvements. LSF/Miami Bridge submitted its Outcome Based Corrective Action Plan (OBCAP) on September 1, 2022. The CAP addressed all failed indicators as well as indicators that received a Limited rating. The re-review of the Failed indicators demonstrates there has been satisfactory improvement resulting from the corrective action. Two indicators 3.04 and 3.06 were found to be fully compliant during the re-visit; however, there were two indicators, 1.04 and 4.02, where exceptions were identified as reported above. The agency must continue to address these exceptions and monitor progress so performance can be fully compliant in the future.