Bridge Group Home
Program Statement
PART III: PROGRAM NARRATIVE

A. Program Description

Purpose, Methods and Goals – Section 3

Purpose

The purpose of the Bridge is to meet the developmental, physical, emotional, social, educational, intellectual and spiritual needs of at risk youth. The Bridge will provide a therapeutic and social environment in which at risk youth and their families will address issues that negatively impact their relationships and if left untreated will prevent future reunification as well as hinder the youth’s potential for independence and success. Our vision is that at risk youth will be empowered and respectful of themselves and others. Our mission is to create and maintain a safe, nurturing group home that meets the specialized needs of at risk youth and their families with a continuum of services in a nurturing, culturally appropriate environment, through a well managed partnership of organizations and key stakeholders.

The Bridge is committed to culturally aware and sensitive partnerships with Service Partners. To the very extent possible, we make the effort to have our staff and programming reflect and respect the diversity and culture of our Service Partners with regard to race, ethnicity, national origin, language, gender, sexual orientation, spirituality, and cultural learning.

Service Delivery Philosophy

Service delivery is based on the philosophy that each individual is responsible for his/her own behavior and for the natural consequences of that behavior. Furthermore, given the proper environment, services and mentoring, each individual will make choices best suited to their needs for success and growth. With respect to at risk youth, we believe that the best environment is one that embraces and respects at risk culture as reflected throughout all aspects of the environment and milieu including staffing, facilities, and treatment services.

We refer to the youth and families who choose to work with us as “Service Partners.” We recognize and believe that partnering with youth and families, while focusing on and utilizing our combined strengths, is more likely to lead toward a successful realization of our Service Partners goals.
The Bridge will be operated by San Diego Youth Services (SDYS) supported by a collaborative partnership that includes San Diego Mental Health Services, San Diego Independent Living Skills Program, San Diego Juvenile Court and Community Schools, and San Diego Unified School District. The Group Home will also collaborate with key stakeholders within the County of San Diego Health & Human Services Agency and County of San Diego Probation Department. The Bridge will provide a culturally affirming environment that will aim to build self-esteem and confidence among at risk youth, along with an attitude that being at risk youth does not limit the possibility of success in life and career. The Bridge will provide opportunities for adults to serve as role models and mentors to service partners through collaboration with partner agencies and outreach to the at risk youth in our community.

SDYS has demonstrated leadership, vision and commitment to youth voice and youth-led initiatives. The agency has a carefully articulated approach to community youth development (CYD) that is reflected in the corporate values which guide all of the agency’s efforts to serve individuals, groups, families, and communities. Community Youth Development is the process by which community members design and manage change to create their preferred physical, social, economic and environmental conditions. Many public service agencies have used deficit-based approaches to remediate the existing problems of the individuals and communities they serve. CYD, on the other hand, is a proactive, asset-based approach that empowers individuals and communities to go beyond solving problems to identifying and preventing future problems. Many who study adolescent development and work with young people have increasingly come to believe that beyond preventing problems, youth need skills, knowledge, and a variety of other personal and social assets to function well during adolescence and adulthood. Thus, a broader, more holistic view of helping youth reach their full potential is built into all SDYS youth programs.

The CYD model defines the work of SDYS. The Bridge Service Partners, at risk youth (males and females) ages 12 to 17, are viewed as resources, not as objects or recipients of assistance and an emphasis is placed upon their strengths and advantages.

Genuine adult/youth partnerships, moving staff from the role of ‘expert” to that of community supporter and facilitator, are the foundation of the Bridge’s programming. Acceptance into the Bridge community depends upon a youth’s willingness to participate in all program aspects, not just hang out in placement, and his or her willingness to identify strengths and needs and work on them with assistance. Through this method, the community owns both the process and the outcome.

CYD is guided by the following values:

- Self help – increase an individual’s and group’s self esteem and reduce a sense of isolation and alienation.
- Mentor and peer support – teach the necessity and pleasure of forming familial groups for supportive living
• Empowerment – involve youth at every level of planning and program implementation and enable them to set goals and make decisions in their own best interest.

**Treatment Methods**

Within the context of the CYD philosophy, the Bridge provides 24-hour care, supervision, and treatment to at-risk youth in a group home setting as part of the youth’s transition to independence, reunification with their family, or transfer to a foster home. At-risk youth (both male and female) aged 12 to 17 whose family situations, or social or developmental issues preclude them from living at home or in a less restrictive setting and who display moderate behavioral, psychological, neurobiological or emotional problems are placed in the home. The Bridge provides a planned program of group living in a community-based setting with regular involvement in community-based education, recreational and occupational activities. Youth also receive mental health service, independent living skills support, and educational support.

The following table summarizes the therapeutic services that will be provided to youth at the Bridge.
<table>
<thead>
<tr>
<th>Type of service</th>
<th>Provided by</th>
<th>Freq.</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Therapeutic Services</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Enrollment and Assessment</td>
<td>Program Manager, Case Manager, Program Therapist</td>
<td>As needed</td>
<td>Newly enrolled youth</td>
</tr>
<tr>
<td>Case management</td>
<td>Program Manager, Case Manager, CCW Coordinator, CCWs</td>
<td>Ongoing</td>
<td>All youth</td>
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<tr>
<td>Development/management of treatment plan</td>
<td>Treatment Team</td>
<td>Weekly</td>
<td>All youth</td>
</tr>
<tr>
<td>One on one counseling to address individual issues</td>
<td>Program Therapist</td>
<td>Weekly, or as det. by tx team and N&amp;S Plan</td>
<td>All youth</td>
</tr>
<tr>
<td>Group counseling focusing on common issues such as communication, anger management, coping skills, appropriate boundaries, substance abuse. Groups may be age or gender specific</td>
<td>Program Therapist, CCW Coordinator, CCWs</td>
<td>At least weekly</td>
<td>All youth will be in at least one group.</td>
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<td>Family counseling will be available after a “settle in” time of at least 2 weeks, focus will be on reunification and or relationship building</td>
<td>Program Therapist</td>
<td>Vary depending on family</td>
<td>All families</td>
</tr>
<tr>
<td>Family Support Groups will be conducted as appropriate for parents/adult family members of residents, focus will be upon educating and supporting families</td>
<td>Program Therapist or Program Manager</td>
<td>Monthly</td>
<td>All families invited</td>
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<tr>
<td>Medication management and monitoring</td>
<td>Psychiatrist</td>
<td>Monthly</td>
<td>Youth who are on medication</td>
</tr>
<tr>
<td>Service</td>
<td>Coordinator/Staff</td>
<td>Frequency</td>
<td>Target Population</td>
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</tr>
<tr>
<td>Independent Living Skills</td>
<td>CCW Coordinator, CCWs, Case Manager</td>
<td>Daily</td>
<td>All Youth</td>
</tr>
<tr>
<td>Academic Enrichment Activities</td>
<td>Program Manager, Case Manager, CCW Coordinator, CCWs, School Personnel</td>
<td>Daily</td>
<td>All Youth</td>
</tr>
<tr>
<td>Indoor/Outdoor Recreational Activities</td>
<td>CCW Staff</td>
<td>Daily</td>
<td>All Youth</td>
</tr>
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</table>
Service Partners at the Bridge will participate in individual, group and family therapy unless determined otherwise by the County Social Worker, Program Manager, and Program Therapist. In the context of providing treatment to placed youth, staff will follow the Children’s Mental Health Services Outpatient Policy and Procedure Manual and will ensure that all placement agency and community care licensing requirements are met.

**Point/Level System**

The Bridge utilizes a level system that holds youth accountable for all behaviors, reduces disruptive behaviors, and supports the maintenance of positive behaviors. The level system is based upon a modified Token Economy with an emphasis on success rather than failure. Each Service Partner begins each day with a total of 20 points. Youth maintain these points when they demonstrate positive behaviors in the following arenas: academic performance, wake-up activities, following house rules, completion of chores, and positive interactions with others. Youth give back points when they don’t demonstrate these behaviors. Additionally, Service Partners are provided the option to earn up to four “Bonus points” to make up for points they have chosen to give away during each day. The total number of points each youth retains within a 24-hour period determines the youth’s level in the home. Each level offers the youth different privileges that are considered appealing to this population. Examples of privileges include special community outings, selecting a television show to watch, playing a video game, using the computer for personal use, having increased time to communicate with friends on the telephone. All youth have the opportunity to improve their level status each day and are encouraged to do so. The levels are as follows: Leaders 20-24 points, Initiators 16-19 points, Partners 12-15 points, Discoverers 9-11 points, Grounded 0-8 points.

Staff engaged in youth activities track Service Partner points (both earned and lost) on a point tracking form maintained in the Service Partner’s file. Service Partner mood and affect, their participation in school, program activities, treatment services, and their interactions with staff are also documented on a daily summary sheet. This information is shared with the Program Manager, Case Manager, Program Therapist and CCW Coordinator at the end of each day and with other applicable staff during shift changes, staff meetings, and in treatment team. The youth are also notified of their level status at the start, middle, and end of the day via a CCW, Case Manager, or another applicable staff person.

There are times in which staff target particular behavioral issues that are disruptive to the milieu. The treatment team determines if the behavioral issue will be targeted through the point/level system. Youth with a target behavior will start the day off with 24 points. The level system for these youth is as follows: Leaders 24-28 points, Initiators 19-23 points, Partners 14-18 points, Discoverers 9-13 points, Grounded 0-12 points. Targets are removed from monitoring when the Service Partner has maintained specific points attached to the target and chosen to not give them away for a period of two to four weeks. Targets are reinstated as necessary.
**Assessment**

Prior to enrollment, all youth are screened by the Bridge Program Manager and the Program Therapist to determine appropriateness for placement. Screening activities take place in coordination with the placement agency that provides the Program Manager with information on potential youth residents. Assessment of Service Partners begins with the completion of a Potential Placement Form (PPF) and Initial Needs and Services Plan. The Potential Placement Form elicits the information from provided reports and placing agency documents necessary for compliance with CCR 80070(b)(1) through (5), (7), (8) and (10) and our assessment for initial determination of the Service Partner’s appropriateness for non-emergency placement. An Initial Needs and Services Plan is completed in compliance with CCR 84068.2 to complete the gathering of information needed for the placement determination.

Once a youth is placed in the home, they also complete the County of San Diego Children’s Mental Health Behavioral Health Assessment (BHA) with the Program Therapist. The BHA assesses the youth’s behavioral and academic functioning; mental health and substance abuse status; suicidal/homicidal history and risks, linguistic skills; medical history and past involvement in services including child welfare. A section of the BHA (the Client Functioning Quadrant) also measures the level of severity of school functioning, home functioning, thought processes, substance abuse, moods, self-harm, and behavior towards others in four domains: *not severe, somewhat severe, moderately severe, and very severe*. These domains are also assessed at discharge to determine if the level of severity remained static or was reduced. In general, the BHA is used to determine the level of services needed for this particular youth and it serves as the foundation for which the youth’s treatment plan will be developed.

An additional assessment tool that is used to determine the youth’s mental health needs is the Child and Adolescent Measurement System (CAMS). This tool measures a youth’s overall well-being and has five subscales: acuity, social competence, hopefulness, internalizing and externalizing problems, and victimization. This tool is completed by the youth at the direction of the therapist during intake and every six months until discharge to determine change.

Youth with psychiatric needs are referred for psychiatric assessment with local Psychiatrist in the community. The outcome of this assessment determines the youth’s on-going psychiatric needs.
**Bridge Goals**

The following represent the Bridge Goals:

- To meet the physical needs of at risk youth by providing safety, shelter, proper nourishment, opportunity for exercise, family planning if desired, clothing and by ensuring access to medical and dental health care.

- To meet the emotional needs of at risk youth by providing support, empathy, mentoring (by adults), encouragement and therapy, including psychiatric care when needed.

- To meet the social needs of at risk youth by providing diverse opportunities to practice social interactions, providing diverse indoor and outdoor recreational opportunities, and providing mentoring, and coaching. Also by building emotional management skills, communication skills and conflict resolution skills and by teaching about healthy interpersonal relationships including healthy and safe sexual practices.

- To meet the intellectual and educational needs of at risk youth through mentoring, appropriate educational assessment and planning including college, tutoring, supporting interests, and exposure to creative and performing arts.

- To meet the independent living skills needs of at risk youth by teaching independent and daily living skills and independent living skills through the daily program routine and independent living skills (ILS) classes, and through referrals to other vocational rehabilitation and employment training and internship opportunities.

- To meet the spiritual needs of at risk youth by providing them freedom to explore and practice spirituality of choice and means to connect with a chosen spiritual group.

- To maintain youth placements and/or successfully transition youth to their identified discharge destination.
Outcomes

The following represents the Bridge outcome objectives. These objectives will be reviewed on a monthly basis through the treatment team process and through a monthly report that will track movement on these objectives.

1. 85% of placed youth will be maintained in the group home or will be transitioned to a lower level of care as measured by an SDYS monthly youth placement status report.

2. 85% of placed youth will accomplish a treatment plan goal within 6 months of placement and every six months thereafter as indicated in the utilization and treatment plan review process.

3. 75% of placed youth will demonstrate improved academic performance within one academic year as measured by report cards and school consultations.

4. 100% of Transition Age Youth will be equipped with the skills necessary to live independently when they age out of the group home as indicated in the Discharge Summary.

5. 75% of discharged youth placed in the home for 6 months or longer shall show clinically significant improvement in the Child and Adolescent Measurement System (CAMS) total score at discharge compared to the initial placement score.

6. 80% of discharged youth placed in the home for 6 months or longer shall show improvement in the level of severity in at least one of the targeted behavior domains of the Client Functioning Quadrant of the Behavioral Health Assessment at discharge.

7. 80% of the families involved in the youth’s treatment will demonstrate significant improvement in their ability to communicate with their at-risk children within 6 months of treatment involvement as indicated by the youth and family report and therapist observation.

8. 100% of families involved in treatment through the Bridge will demonstrate the ability to provide a safe and supportive home environment for their child or the ability to access services to help in this endeavor at reunification.

Quality Management /Program Evaluation

To ensure that these outcomes are achieved and that quality services are delivered, San Diego Youth Services has an agency-wide quality management plan in place. The Bridge Program Manager will be responsible for incorporating applicable aspects of the plan into the Bridge program. Program evaluation materials are shared with program partners and stakeholders, including funders, and are used to inform changes in program design and delivery. Additionally, SDYS has a Program’s Policy and Procedure Manual that all staff
are required to read within 90 days of hire. This manual serves as a staff guide for service delivery integrity. The following topics are covered in this manual: professional boundaries and conflict resolution; Laws/Ethics: State and Federal Laws & HIPAA, Child Abuse and Older Adult and Dependent Abuse Reporting; Crisis Intervention: Suicide/Tarasoff; Assessment & Crisis Planning; Maintaining Collaborative Partnerships; Cultural and Linguistic Competence; Treatment Teams; Documentation Standards; Grievance and Serious Incident Reporting; Informed Consent, Maintenance of Records; Transportation of Records; and Reporting Missing Persons. Additional trainings are offered to staff on these topics as well as indicated in the training section.

Three accountability components govern the SDYS Quality Management Plan. These components provide input and feedback to each other on programmatic issues that may place a program and/or the agency at risk and that honor the great work of the agency. The three components include the Oversight and Operations Committee of the SDYS Board, the SDYS Organizational Steering Team (OST), and the Center/Program Manager Quality Management (CDQM) Team. High risk issues (e.g. agency could be involved in a lawsuit, loss of funds, loss of contract), financial reports, and grievance/incident reports are reported to the Oversight and Operations Committee. All other issues are managed at the OST and Center-Based Quality Management Team levels. The following provides a description of each component.

Program/Center-Based Quality Management Systems
Each SDYS Center/Program has quality management systems in place that function to prevent program/contract issues from arising and to preserve the integrity of the service delivery system so that youth and family needs are met. All activities are documented within each system and those activities that place the program or agency at risk are brought to the Center-Based Quality Management Committee for discussion and review. Issues that place the agency or program at high-risk (e.g. loss of funds, loss of program) will also be brought to the Organizational Steering Team and the Oversight and Operations Committee. The Center quality management accountability systems include the following components: Staff Accountability, Documentation Standards, Coordinated Services, Fiscal Accountability, Program Outcome Accountability, Utilization Review, Client Rights, Serious Incidents, Legal and Ethical Standards, and Customer Satisfaction.

Staff Accountability
Staff are evaluated on their job performance by their supervisor after three months of hire and annually thereafter. During the first three months of employment, all new staff are considered on probation and will be evaluated as O) Outstanding; (A) Above Expectations; (M) Meets Expectations; (B) Below Expectations; or (U) Unsatisfactory in the following areas: job knowledge, planning and organizing skills, cooperation and attitude on the job, public/community interface, productivity and timeliness, cultural competence, initiative and creativity. The Bridge Program Manager and CCW Coordinator will also be evaluated on her/his leadership, management, development of staff, and program development abilities. Individuals who are rated with a B or U in any area will have their probationary period extended and will complete a Professional Development plan with identified areas of needs and improvement. Staff who do not
complete the goals and objectives of this plan may be terminated. Annual Performance Evaluations focused on the same areas will be completed on all staff as well including the Program Manager. Outstanding and on-going staff issues are brought to the SDYS Center-Based Quality Management Committee for discussion and problem-solving. Staff issues that present a risk to the agency are also brought to OST and the Oversight and Operations Committee.

**Documentation Standards**

Reviewing staff files on a regular basis is an instrumental quality management system at the program level. The file contains the record of all services provided and is the main audit device used to confirm that program services adequately address the needs of the youth and families. SDYS has developed a file-check-list template that is used to complete internal file reviews by an external quality assurance consultant or program staff. This check-list identifies all the required file documents, has time-lines and benchmarks incorporated into it, and is geared to ensure that all documents are completed and written in an appropriate manner. The Bridge Program Manager randomly selects files to be reviewed on at least a bi-monthly basis and tracks reviewed files to ensure that every file is reviewed at least once. Staff are given a specified timeline to adjust files. Adjustments may include improving documentation, completing missing information, and/or adjusting services to more accurately reflect the goals and objectives of the project. Staff are evaluated on these performance criteria during the annual staff evaluation process. Staff who receive poor evaluations in this area are placed on a professional development plan to address this issue.

The Psychiatric portion of the file is reviewed by a consultant psychiatrist on a quarterly basis. All findings are sent to the treating psychiatrist for comment and adjustment. This information is then re-submitted to the consultant psychiatrist for approval. Outstanding issues are submitted to the Program Manager and the Division Director to determine the next course of action. The County Medical Director may be contacted if the consultant and treating psychiatrist are in disagreement about services provided.

Outstanding and on-going file review issues are brought to the SDYS Center-Based Quality Management Committee for discussion and problem-solving. HIPAA Privacy and Security violations discovered during the file review process are also brought to OST and the Oversight and Operations Committee. Feed-back from this committee is often used to adjust this quality management system and service delivery systems as applicable.

**Coordinated Services**

Youth and family success is often dependent upon the level of coordination between the service providers that are involved in their lives. SDYS requires programs to use treatment teams as a forum to ensure that services are appropriately coordinated and that all individuals involved in the youth’s case are working collaboratively. The treatment team process also provides a forum for the integration of multiple perspectives and to ensure that services are legally and ethically responsible. The Program Manager will establish a regular treatment team meeting schedule (all cases to be reviewed at least
quarterly) in which the county social worker, group home staff, and others involved in the youth’s life will meet. Youth in crisis will have priority review in the treatment team process. The SDYS Social Worker will send a treatment team meeting schedule to the placement agency on a monthly basis through e-mail, fax or through the United States Postal Service. The placement agency will also be requested to give input into the treatment team schedule at the completion of each treatment team, where the next meeting date and time will be discussed.

Treatment team notes are documented and tracked in the youth’s file. Outstanding issues that present themselves in treatment team are brought to the SDYS Center-Based Quality Management Committee for discussion and problem-solving. Feed-back from this committee is incorporated into this quality management system.

**Fiscal Accountability**
Reviewing financial reports on a quarterly basis is an instrumental part of the SDYS internal quality management system. The Bridge Program Manager reviews financial statements with the SDYS Contracts/Budget Analyst and the Division Director to ensure accurate claiming and billing of program funds and to mitigate spending problems. Budget adjustment options are discussed during this process as well. Outstanding and ongoing fiscal issues are brought to the SDYS Center-Based Quality Management Committee for discussion and problem-solving. Issues that place the agency at risk are brought to OST and to the Oversight and Operations Committee as well.

**Program Outcome Accountability**
SDYS requires all Program Managers to have clear program accountability systems in place to ensure that program goals and objectives are met within the specified time-frames. The Bridge Program Manager will track outcomes during treatment team and on a monthly basis in coordination with the Case Manager, Lead CCW and Program Therapist. Staff are evaluated on these performance criteria during the annual staff evaluation process. Staff who receive poor evaluations in this area (have poor outcomes, miss process objective deadlines, etc.) will develop a professional development plan to address this issue.

**Utilization Review**
Another critical aspect of the group home includes implementation of a Utilization Review (UR) process for the clinical files. The Program Therapist will create a Utilization Review (UR) committee comprised of the Program Manager, Program Therapist and Case Manager who will meet regularly to review files and to authorize mental health services. Services are authorized if the youth served meet medical necessity criteria and the proposed mental health treatment plan adequately meets the youth’s needs. The UR committee reviews all files from the point of case opening and every six months until discharge. The Program Therapist will track the UR process to ensure that all charts are reviewed and that services are approved within the specified time-frames. The Program Therapist will also maintain documentation of this process. Services (except crisis intervention or medication management) not approved by this process (e.g. child/youth does not meet medical necessity criteria, proposed services will not assist in
meeting youth needs) are considered unauthorized. The placement agency will be notified when services are determined to be unauthorized and will be requested to meet to discuss other treatment options. The Therapist can re-submit for approval, as indicated.

**Client Rights**
Ensuring that client rights are respected and validated is a quality management component that is built into the service delivery system of all SDYS programs. All youth are apprised of their rights during the intake process as described later in this program statement. Youth are also apprised of their rights through the receipt of the SDYS Notice of Privacy Practices and the SDYS Complaint and Grievance Policy. If a youth or family feels that their rights are violated during the service delivery process, they are encouraged to resolve the issue directly with the staff person or to notify the Bridge Program Manager immediately. Youth and families are also encouraged to document their concerns on an SDYS complaint form. The Bridge Program Manager retains and tracks all verbal and written complaints and grievances on a log that also indicates how the complaint/grievance was resolved. The complaint and grievance log is submitted to the Division Director on a monthly basis. The Division Director reviews the log and presents the information to OST and the Oversight and Operations Committee (all client information remains confidential) on a monthly basis. Staff with excessive grievances filed against them may be terminated. Program recommendations are made by OST and the Oversight and Operations Committee if there is a trend in complaints and grievances filed across the program. The Placement Agency, IEU, and Community Care Licensing are also notified of all formal complaints and grievances.

**Serious Incident Reports**
As a CCL requirement, staff are required to report all unusual occurrences and incidents to CCL and the County Social Worker immediately by phone and within 24 hours in writing. Youth requiring crisis intervention services will receive such services during a serious incident, as necessary, and as described later in this program statement. The Bridge Program Manager and CCW Coordinator review all reports to ensure that each incident was adequately managed. Copies of these reports are retained in the youth’s file and basic information related to the report is tracked on a log that also indicates actions taken to resolve the incident. Serious Incident Logs are submitted to the Division Director on a monthly basis. The Division Director reviews the Reports and presents the information to OST and the Oversight and Operations Committee (all client information remains confidential) on a monthly basis.

Staff who receive poor evaluations in this area (fail to report serious incidents, use crisis intervention strategies that are inconsistent or inappropriate, etc.) complete a professional development plan with her/his supervisor that is time-limited and addressed this issue. Staff who fail to perform well in this area may be terminated. The program is also monitored on how well the incidents were handled. Program recommendations may be made by OST and the Oversight and Operations Committee if a trend in poorly handled incidents.
Legal & Ethical Standards
Program compliance with legal and ethical mandates of the profession is an important element of the service delivery process and is monitored by the Program Manager, CCW Coordinator, Program Therapist, and the Division Director. HIPPA site reviews are conducted at the start of services and annually thereafter by the Program Manager and Division Director to ensure that staff use locking file cabinets to store client files; that all legal documents are signed, complete, and in the youth’s file; and that information is not disclosed to anyone outside of SDYS without a signed Authorization to Use or Disclose Protected Health Information form. Staff e-mails and out-going faxes that contain protected health information are also required to have a confidentiality clause embedded in them to protect the information in the event that it is sent to the wrong location. A HIPAA Site review tool is completed at each site visit and the Program Manager is required to be in compliance with any outstanding issues within 2 weeks of the review.

All staff are required to read the HIPAA Privacy/Security and Legal and Ethical sections of the SDYS Program’s Policy and Procedure Manual within 30 days of hire and are required to participate in agency trainings on these topics within 6 months of hire. Staff are individually monitored on these areas during their individual supervision time. Outstanding privacy and security issues are brought to the CDQM team for discussion and review. HIPAA violations that place the agency at risk are presented to OST and the Oversight and Operations Committee for review. Staff who fail to comply with HIPAA Privacy and Security standards may be terminated. Program Recommendations may be made to respond to outstanding issues (e.g. re-locate files to more secure areas, increase staff training, etc.)

Service Partner Satisfaction
To determine the youth and families satisfaction with services, SDYS uses a Satisfaction Questionnaire (CSQ) that is disseminated at the end of the service delivery process. The degree that services were delivered in a culturally competent manner is an instrumental aspect of this questionnaire. The CSQ will be given to the youth to complete in a confidential manner. Youth will also complete a Youth Services Survey to determine their satisfaction with the mental health services they received. Parents of youth receiving mental health services will also complete a Youth Services Survey for family members. The Program Manager, CCW Coordinator, and Program Therapist will review all completed questionnaires and surveys. The Program Manager addresses negative responses on these documents with individual staff members and/or the whole team during weekly staff meetings, as necessary.

Programmatic issues related to the surveys are brought to the CDQM committee for discussion and review. Issues that place the program at risk are presented to OST. Program Recommendations may be made to respond to outstanding issues. Staff are evaluated on these performance criteria during the annual staff evaluation process. Staff who receive poor evaluations in this area (receive consistent negative responses on the surveys) are placed on a professional development plan that is time-limited and addresses all concerns. Staff who fail to perform well in this area may be terminated.
Social and Recreational Activities
Service Partners and staff plan social and recreational activities during Community Meetings. Activity planning takes into consideration the physical and emotional limitations of our Service Partners. Activities can be scheduled for the current day or for future days. Activities are individualized to the youth or are focused on the entire group. Youth participate in activities that range from after-school creative arts programs, exercise classes, social skills groups, and trips to community centers and places such as Magic Mountain, the San Diego Zoo, the Wild Animal Park, Sea World, or Disney Land.

Individual activity opportunities target behaviors identified on a youth’s treatment plan (e.g. home visits). Group activities focus on improving relationships and communication in the home or may target a common behavioral issue (e.g. poor social skills). Planned social and recreational activities provide Service Partners with a full continuum of positive and sometimes challenging opportunities that enable them to identify healthy outlets for energy investment and to develop possible interests during their free time.

Planned activities take into consideration the diversity of our Service Partners and activities available in San Diego and neighboring counties. Some examples of activities that Service Partners participate in or attend on a regular basis include: baseball, hockey, soccer, basketball, football, swimming, hiking, volleyball, community center and school dances, spiritual and religious gatherings, parades, the circus, fairs, concerts, museums, movies, arcades, cultural events and celebrations. If it is determined that Service Partner participation in any activity would put the safety of a Service Partner or the group in question, Service Partners will not participate in that activity and another safe option will be selected.

Bridge staff and volunteers supervise all social and recreational activities. Staff acquire approval from the placement agency for youth to engage in activities when required (e.g. going out of county). Staff that supervise activities are trained in conflict resolution techniques, how to de-escalate potentially dangerous behaviors and to be cognizant of any risk for AWOL.
List of community resources used by SDYS.

- Movie, Civic & Junior Theaters
- Libraries
- City Parks
- State Parks
- Community Centers
- City Pools
- Sports Teams (Professional, College & otherwise)
- Identified Walking & Hiking Trails
- Coastal attractions
- Arcades
- Malls
- Churches
- Restaurants and eateries
- Beaches
- Rehabilitation Opportunity Programs

Amusement Parks
Community & Special Events
Swap-meets
Water Parks
Theme Parks
Bowling Alleys
Roller Rinks
Fishing Piers
Zoos
Museums
Fair Grounds
Rodeo Grounds
Concert Grounds
Stadium Events
Historical sites and events
Cultural Centers

**Educational Activities and Services**

The Bridge utilizes the Public education system to provide Service Partners with an academic program that meets individual educational needs. Youth are enrolled in the San Diego Unified School District. They are placed at the most appropriate school site based on their specific education need. When determined appropriate by the treatment team and agency, youth may also be placed at a San Diego County Juvenile Court and Community School. Youth are transported to and from school by Bridge staff or may walk or use public transportation as approved and appropriate.

Authorized individuals including the Service Partner are involved in determining the youth’s educational service needs. These needs are based upon the youth’s previous academic records and history. The Bridge’s Case Manager obtains the youth’s past academic records from the placement agency or the youth’s previous school during the placement process. For some youth, the Individual Education Plan (IEP) will determine their academic needs. The San Diego Unified School District is the responsible agent in regards to the youth’s academic needs.

However, on-going and clear communication between school staff and Bridge staff ensures student success. School personnel are invited to treatment teams in which academic issues and/or behavioral issues in the school are discussed. Daily phone calls are also used as a method of communication between the school district and the Bridge. After-school tutoring and in-school behavioral health management skills are well
coordinated as well to ensure that the youth receive a common message in the home and school environments.

The following represents a **SAMPLE Daily Activity Schedule** for the home that includes social, recreational, and educational activities.

**Monday Morning through Friday Evening**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 a.m.</td>
<td>Youth Wake up</td>
</tr>
<tr>
<td>6:10 a.m.</td>
<td>Breakfast made and served by Over Night Staff</td>
</tr>
<tr>
<td>6:30 a.m.</td>
<td>Youth complete morning chores</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>Youth complete personal hygiene activities and prepare for school</td>
</tr>
<tr>
<td>7:40 a.m.</td>
<td>Youth leave and attend School</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>Youth arrive from school, have a snack, check in with staff, and relax</td>
</tr>
<tr>
<td>4:00 p.m.</td>
<td>Academic enrichment activities: homework, and tutoring</td>
</tr>
<tr>
<td>5:30 p.m.</td>
<td>Free Time, Recreational Activities, Individual Therapy time, Visitations</td>
</tr>
<tr>
<td>6:30 p.m.</td>
<td>Dinner</td>
</tr>
<tr>
<td>7:15 p.m.</td>
<td>Dinner Clean up; Evening Chores and Free Time, Recreation Time</td>
</tr>
<tr>
<td>7:45 p.m.</td>
<td>Evening Community Meeting</td>
</tr>
<tr>
<td>8:15 p.m.</td>
<td>Chores; Free Time; Evening Snack</td>
</tr>
<tr>
<td>8:45 p.m.</td>
<td>Lights Out based on Level:</td>
</tr>
<tr>
<td></td>
<td>Level G in Bed at 8:45 p.m. with lights out by 9:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Level D in Bed at 9:00 p.m. with lights out by 9:15 p.m.</td>
</tr>
<tr>
<td></td>
<td>Level P in Bed at 9:15 p.m. with lights out by 9:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>Level L and I in Bed at 9:45 p.m. with lights out by 10:00PM</td>
</tr>
</tbody>
</table>

Friday night is special activity night. Activities will begin when the house is clean and after Evening Community Meeting. Bed times will be tiered when the movie ends according to Level.
**Saturday Morning to Sunday Evening and Holidays**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 a.m.</td>
<td>Wake up</td>
</tr>
<tr>
<td>9:00 a.m. - 10:00 a.m.</td>
<td>Breakfast Preparation; Personal Hygiene, daily chores</td>
</tr>
<tr>
<td>10:00 a.m. - 10:30 a.m.</td>
<td>Breakfast</td>
</tr>
<tr>
<td>10:30 a.m. - 11:30 a.m.</td>
<td>Breakfast Clean up; Deep Room and House Cleaning</td>
</tr>
<tr>
<td>11:30 a.m. - 11:45 a.m.</td>
<td>Morning Community Meeting</td>
</tr>
<tr>
<td>11:45 a.m. - 1:00 p.m.</td>
<td>Recreational Time, Free Time, Individual or Group Therapy Time, Visitations</td>
</tr>
<tr>
<td>1:00 p.m. - 1:30 p.m.</td>
<td>Lunch Preparation</td>
</tr>
<tr>
<td>1:30 p.m. - 2:00 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00 p.m. - 2:30 p.m.</td>
<td>Lunch Clean up, Free Time</td>
</tr>
<tr>
<td>2:30 p.m. - 5:00 p.m.</td>
<td>Afternoon Planned Group Activity, Visitations, Snacks</td>
</tr>
<tr>
<td>5:00 p.m. - 6:00 p.m.</td>
<td>Free Time and Dinner Preparation</td>
</tr>
<tr>
<td>6:00 p.m. - 6:45 p.m.</td>
<td>Dinner</td>
</tr>
<tr>
<td>6:45 p.m. - 7:15 p.m.</td>
<td>Dinner Clean up, Chores and Free Time</td>
</tr>
<tr>
<td>7:15 p.m. - 7:30 p.m.</td>
<td>Evening Community Meeting</td>
</tr>
<tr>
<td>7:30 p.m. - 9:30 p.m</td>
<td>Planned Group Activity in the home or in the community.</td>
</tr>
</tbody>
</table>

Participation in the event and Lights Out based upon Service Partner Level. Evening Snack will be provided during the activity.

**Friday and Saturday night Bedtimes**

- Level G in Bed at 9:30 p.m. with lights out by 10:00 p.m.
- Level D in Bed at 10:00 p.m. with lights out by 10:30 p.m.
- Level P in Bed at 10:30 p.m. with lights out by 11:00 p.m.
- Level I in Bed at 11:00 p.m. with lights out by 11:30 p.m.
- Level L in Bed at 11:30 p.m. and Lights out by 12:00 a.m.
**Independent Living Skills Program**

The Bridge provides Independent Living Skills (ILS) services to all youth as part of the Level 12 programming. Youth participate in ILS services as part of the general daily format of activities. Some youth also engage in individualized ILS services depending upon their age and as indicated in their service plan. Youth are taught how to prepare meals, do their laundry, clean their rooms, organize their day, manage their money, use public transportation, set life goals, prepare for outings, and other activities, necessary to live life independently. Youth engage in many of these activities on a daily basis. Youth are praised for successfully completing activities and are coached on how to complete difficult activities by CCWs and other applicable staff until they master the ILS skill.

Youth aged 16-18 are also eligible to participate in ILS services through the Child Welfare Department’s Independent Living Skills unit. A representative from this unit refers youth to community-based organizations (CBO) that provide ILS classes and case-management services in different regions of the county. CBOs are funded by Child Welfare services to provide these services. ILS classes take place on a weekly basis for about 90 minutes and cover topics such as employment readiness, resume writing, opening up a bank account, locating housing and other similar topics focused on helping youth successfully emancipate from foster care. The Bridge Program Manager coordinates ILS class schedules for eligible youth with the community-based provider in the region where the group home is located.

Youth who are eligible to be employed (e.g. can obtain a work permit, are emotionally stable, etc.) are supported to find employment opportunities that are at risk friendly. Off-site employment is approved by the placement agency. When a Service Partner works off-site, the Social Worker and/or CCW Coordinator establishes a liaison with the employer to obtain a copy of the weekly work schedule and to discuss the youth’s job performance. Employed Service Partners are expected to develop a life budget and establish a personal savings account. The Case Manager helps applicable youth accomplish this task and monitors youth spending and savings in preparation for emancipation and/or entrance into a transitional living program such as San Diego Youth Services-Take Wing and THP Plus.

The Bridge works with a number of local youth employment groups (METRO, Neighborhood House Association, MAAC Project, Labor Community Service) as well as local career centers and the San Diego Workforce Partnership to connect Service Partners with employment training and experience commensurate with their age, skill levels and intended career paths. Bridge staff meet with and communicate with Service Partners employers regularly. The community-based provider’s ILS program has a relationship with businesses specific to that region and will work with the group home staff regarding
the specific needs of this population in regards to job opportunities that can adequately accommodate at risk youth.
Medical/Dental – Section 6

Medical and Dental Services

In compliance with CCR 80075 it is the Bridge’s goal to ensure that the physical needs of each Service Partner are met. Our Social Worker schedules both medical and dental appointments upon placement at the local clinic or with the Service Partner’s current physician and/or dentist (off grounds). Routinely these appointments are completed within the first three to four weeks of placement, unless the service partner was seen by a medical or dental office within the last three months. The outcome of these visits will be documented in the youth’s file. Any follow-up appointments will be schedule within the first three weeks of placement or sooner, if necessary. Service Partner emergency medical and dental care is provided at the closest facility available at the time of the emergency that will accept the Service Partner’s insurance. The Social Worker and CCWs transport Service Partners to appointments and emergency services. On-call staff may provide transportation in the event of an emergency or staff will call 911 to have an ambulance transport the youth to the nearest hospital or clinic. Staff may call the Psychiatric Emergency Response Team or the Access and Crisis line at 1-800-479-3339 in the event of a mental health emergency that can not be resolved by the clinical staff. Youth may also be transported to the Emergency Screening Unit for an emergency Psychiatric Evaluation in the event that the youth presents as actively suicidal or homicidal and the consultant psychiatrist is not available.

SDYS uses universal precautions regarding HIV/AIDS and each site is equipped with a Safety Manual that addresses this more specifically. Staff maintain confidentiality of all HIV/AIDs information as mandated by law. Youth who have HIV or AIDS will be admitted to the Bridge as long as the home is able to provide the required medical support to the youth. This will be determined during the intake process where the needs of the youth will be discussed with the placement agency prior to admission.

The Needs and Services Plan indicates the specialized medical and dental needs of youth and is reviewed in the treatment team following the youth’s placement to ensure that all medical and dental needs are met. Staff schedule regular appointments with physicians for Service Partners taking prescribed medications. Recommendations for medication adjustments or changes are discussed in treatment team prior to submitting such requests to the treating physician. The Bridge will dispense birth control to applicable youth as prescribed by the treating physician and as agreed upon by the treatment team. Staff will also provide youth with applicable local pregnancy prevention resources such as Planned Parenthood.

In compliance with CCR 84075, all medications are centrally stored in the CCW office in a cabinet that has a double lock. Medications are dispensed by trained staff on duty and logged on the youth’s individual centrally stored medication logs. The Program Manager and/or CCW Coordinator are the only authorized individuals who can destroy
medications, as indicated by the doctor or when medications exist past the due date. Medication destruction activities are documented on the medication log and include a witness signature. If a youth is prescribed indictable medications that need to be destroyed, a hazardous waste container is used for proper disposal. This container is locked in the medication cabinet.

The following outlines the procedure for dispensing medications:

CCWs are responsible for dispensing medications to youth during their shifts. Staff are briefed on the medication requirements of youth during treatment team and staff meetings. All medications are stored in the CCW office in a locked file or refrigerator as indicated on the prescription. CCWs brief each other on medication compliance issues and medication dispensing timelines during shift changes. Treating physicians are notified immediately when youth are non-compliant with their medications and an incident report is filed as well.

Under the direct supervision of the CCW, Service Partners self-administer the medication as prescribed. This process typically occurs as follows: at the designated time, staff unlock the medication cabinet/box, staff remove the medication bottle for the applicable youth, staff read the label to determine how the medication is to be ingested, staff hand one tablet per time to the youth for ingestion, staff confirms that the medication was taken, staff returns the medication to the locked cabinet. Staff also document that medication was dispensed on the centrally stored medication log.
In compliance with CCR 80022(b) (10) Service Partners who don’t have independent arrangements are provided with transportation to medical/dental appointments, and from school, and to other appointments by Bridge staff. Bridge staff and volunteers utilize the Bridge’s van and their own personal vehicles to meet this need. All staff are cleared to work with minors (e.g. DOJ clearance, Child Abuse Index and FBI) prior to youth contact and are cleared to drive youth prior to transporting them. These clearances take place during the Human Resources Employment intake process. Staff are cleared to transport youth by submitting a copy of their current driver’s license, DMV record, vehicle registration, and insurance which must indicate that the staff’s license is valid, that they have 0 points on their driving record, and that their insurance is valid with appropriate coverage. The Human Resources Department monitors DMV records and Insurance on an annual basis. Staff with outstanding issues are not permitted to transport youth.

In compliance with CCR 80074, all motor vehicles used to transport Service Partners are required to be in safe clean working condition evidenced by routine service approval. In addition, the manufactures recommended seating capacity is not exceeded and all passengers are required to wear a seatbelt. Vehicle safety checks are completed on a routine basis and vehicles carry a first aid kit. Staff who transport youth will also review the SDYS Transportation of Service Partners Policy and Procedure with their supervisor. This policy and procedure outlines the following: the process for determining whether or not to transport a youth (e.g. safety issues, risk factors, benefits to the youth, treatment plan requirement, etc.), the vehicle and insurance requirements, where the youth will be located in the car (e.g. back seat), and how to manage crises as they occur in the vehicle.

A common Independent Living Skills goal for youth includes youth developing the ability to use public transportation services. Youth will be given the opportunity to practice this skill as indicated in their service plan and as approved. In these cases, public transportation will be used instead of the Bridge’s resources.

Family, friends, associates, and relatives who have been approved by the placing agency representative and/or authorized person, may also transport youth to activities and/or visits as approved by the placing agency.. Bridge staff ensures that only authorized individuals transport Service Partners by obtaining and maintaining a photocopy of the individual’s valid drivers’ license.
B. Admission/Assessment/Discharge Policies and Procedures

Admission/Intake – Section 8

The Bridge is available to at risk youth ages 12 through 17 whose family situations, social issues, or developmental issues preclude them from living at home or in a less restrictive setting. In addition, it is our goal to place youth whose families reside in or around San Diego County as a first priority.

The Bridge retains the right to determine from among applicants for its services those it can serve appropriately, within the limits of its resources, contractual or legal obligations, capacities and mission. The Bridge will accept emergency or unplanned admissions on a limited basis if the youth meets the target population criteria of the home. The decision to accept emergency admissions will be based upon the number of youth already placed in the home, the stability of the milieu, and the presenting needs of the emergency placement. If it is determined that the emergency placement will not disrupt the other placements, then the youth will be placed on a temporary basis. Before admitting a Service Partner, Bridge determines whether it, or some other agency, is best suited to provide the needed service through consultation with the placement agency.

In the event that Bridge determines that a Service Partner would be better suited elsewhere, every effort is made to refer the service partner to the provider who is best capable of providing for the Service Partner’s needs. In the event that there is a contractual or legal obligation which the Bridge may have with a particular Service Partner, they must make every effort to refer the Service Partner to the best possible provider. Every such effort must be documented and a rationale must be included in the Service Partner’s chart about the referral.

As part of an “Informed Choice for Consumers” Bridge defines each of its target populations so that potential consumers and relevant stakeholders, referral sources and cooperating organizations understand the agency’s capacities, availability and the means required or available for paying for these services. Bridge has defined in writing:

- The services it provides
- The conditions of eligibility for each service
- Specific target groups or populations for whom the organization’s services are designed or provided under contract or agreement; and
- The fee schedule and basis for waivers or reductions in fees, if fees are charged.
Bridge Service Partners are engaged in the placement process and:

- Are appropriately prepared for admission
- Are helped to understand the reasons for placement
- Are apprised of all available options
- Receive a pre-placement visit to the Bridge facility, when feasible.

**Assessment and Intake**

In compliance with CCR 80022(b)(2) the Bridge has admissions policy and procedures for acceptance of Service Partners. As indicated previously, SDYS reserves the rights of “Gatekeeper” to the Bridge and handles each and every potential placement as a non-emergency placement.

Assessment of Service Partners begins prior to placement with the completion of a Potential Placement Form (PPF) and Initial Needs and Services Plan. The Potential Placement Form elicits the information from provided reports and placing agency documents necessary for compliance with CCR 80070(b)(1) through (5), (7), (8) and (10) and our assessment for initial determination of the Service Partner’s appropriateness for non-emergency placement. An Initial Needs and Services Plan is completed in compliance with CCR 84068.2 to complete the gathering of information needed for the placement determination. When a special behavioral intervention plan (BIP) is needed for the placement of a Service Partner, this plan is completed at intake and is attached to the Needs and Services Plan.

**Summary of the admission/intake process:**

- Placing agent provides the following information
- Release of Information and Authorization to Treat Form
- Youth’s Social Study
- Applicable Court Reports
- Copy of: Youth’s Birth Certificate, SS Card, and Medical Insurance card
- Previous applicable Treatment Records Including Psych. Evaluations
- Copy of Recent Treatment Plan
- Medical and Dental History
- Service Partner Medications and Directions
- School Records
- PPF is completed
- Initial Needs and Services Plan is developed
- Behavioral Intervention Plan is developed (If appropriate)
- Determination of need for interview (if interview is needed Dual Diagnosis screening is completed at the interview)
- Determination of placement
- Transportation of Service Partner (If Service Partner is on medications a 15-day supply must accompany them upon arrival to the Bridge or the Service Partner will not be accepted for placement)
- If service partner has medications, medications are checked and logged in
- Face-to-face Service Partner orientation to the Bridge program completed
- Clothing and personal item inventory completed
- Intake documentation checked and completed
- Bridge Agreement
- Dangerous Propensities
- Personal Rights
- Grievance Policy
- Clothing Inventory
- Introduction to the Bridge milieu community completed
- Behavioral Health Assessment and CAMS completed

All Bridge admissions are voluntary. The Bridge bases admission decisions on established criteria that addresses factors that facilitates a successful transition to group home living environment, such as:

- Quality of previous placements
- The individuals ability to adjust to a group; and
- The effect the individual and the group will have on each other.

In some cases the Bridge requires a face-to-face interview with potential Service Partners if there is a concern about the appropriateness of the Service Partner after the Potential Placement Form and Initial Needs and Services Plan is completed. If an interview is required, a mental health and substance abuse screen is completed during the interview to further evaluate the needs of the Service Partner and their appropriateness for placement. The placing agency is notified immediately after initial determination is made that Service Partner placement may be appropriate.

Once the needed information for the final determination of Service Partner appropriateness is received, it is reviewed by the Program Manager, CCW Coordinator, Program Therapist, and at least one CCW for final determination. The placement agency is notified of this determination in as little as 4 hours up to 36 hours. The Bridge Program Manager or designee in her/his absence is responsible for the ultimate acceptance of a Service Partner into placement. If there are no placements available at the time of referral, the Service Partner is placed in the next available opening.
Needs & Services Plans/Assessment – Section 9

Development of the Needs and Services Plan
In compliance with CCR 84022(b) (2) and 84068.2 a Needs and Services Plan is developed for each Service Partner and is kept in their case file. An initial Needs and Services Plan is developed with the Service Partner, placing agency or individual responsible for the placement and the Bridge Social Worker at time of placement. The Needs and Services Plan is reviewed and signed by the placing County social worker, Service Partner and Bridge Social Worker.

During the next three weeks, Service Partner observations and continued evaluation takes place while the Service Partner is in placement. The Bridge Social Worker will meet often with the Service Partner and have repeated contact with the placing agency or individual responsible for the placement do develop a more detailed Needs and Services Plan to follow for the next five months or the remainder of the placement which ever comes first. An Initial Diagnostic Summary and revised Needs and Services Plan are completed at 30 days of placement. The therapist also completes a Mental Health Service Plan specifically targeting mental health issues as defined by medi-cal. A review and evaluation of the Needs and Services Plan is a continual process involving the Service Partner, authorized representative and the Bridge Treatment Team. Each Service Partner’s plan is reviewed with the Service Partner in a scheduled weekly treatment team meeting. Authorized representatives are invited to treatment team meetings on a continuing basis in compliance with San Diego County contract. At a minimum, representatives are invited for the 30-day Needs and Services Plan revision and for quarterly meetings thereafter. A Quarterly Report regarding Service Partner program participation and progress is completed for each 90 days the Service Partner is in Placement. Service Partner Needs and Services Plans are updated as needed to accurately reflect and document program participation, activities and treatment. The Mental Health Service Plan is updated every six months and changes in the Needs and Services Plan may be reflected in the Mental Health Service Plan update.

The Bridge will address and serve all issues identified in the Needs and Services Plan and identified in this Program Statement. Youth may also be referred out to services such as substance abuse treatment, and mentoring.

Development of the Mental Health Service Plan
As indicated previously, all youth who enter the Bridge will have an individualized mental health service plan completed with goals and objectives specific to the youth’s mental health needs as determined by previous assessments and the behavioral health assessment completed by the Bridge Program Therapist. This plan is completed within 30 days of placement. An authorized representative, the placement agencies representative, the youth, and her/his parents (as applicable) are invited to participate in the development of this plan. Each Service Partner’s plan is individualized to meet her/his mental health needs and is developed in accordance with the diagnosis provided. Measurable goals and objectives and interventions are identified on this plan.
Interventions may include the youth’s participation in individual, group, and/or family therapy.

The mental health service plan may address a number of issues i.e., multiple diagnosis on Axis I, II, III and IV. The mental health service plan factors in developmental as well as diagnostic issues. Youth who are assessed as having one or more of the following diagnoses will have a treatment plan developed that will focus on reducing the symptoms inherent to that diagnosis.

- ADD/ADHD
- Adjustment disorder
- Anxiety disorder
- AWOL
- Conduct disorder
- Behavior which is dangerous to self/others
- Mood disorders
- Oppositional Defiant Disorder
- PTSD

The mental health service plan may also serve as a behavioral intervention plan for identified youth. Such plans focus on protocols that will teach the youth skills to manage specific behavioral manifestations of the diagnosis. The plan will address the frequency of the behavior, the settings in which the behavior occurs, and how the staff will respond when the behavior occurs. All staff will be briefed and/or trained on the mental health service plan specific to each youth with behavioral diagnoses to ensure consistency of staff response to the behaviors as they occur. If a youth has visitation rights with her/his parents/care-givers, the parents/care-givers will also be trained on the response mechanism. For example, a youth with a diagnosis of ADHD may need to develop skills to increase concentration and stay on task. If responses to the youth’s lack of focus/concentration are consistent across the milieu, in therapy, and during home visits it is more probable that symptom reduction will occur. School personnel will also be briefed on this information to ensure consistency in the school environment as well. Youth will be reminded of their goals on a daily basis and the Level system will be used as a mechanism to support youth success.

The mental health service plan will be reviewed in the same time-frames and format as the Needs and Services plan described previously. During the mental health service plan review, the following will be discussed:

- Progress or lack thereof, toward each service plan goal and objective:
- Progress toward and/or identification of barriers to discharge;
- The Service Partner’s response to all interventions, including specific behavioral interventions;
- The Service Partner’s response to medications;
- Consideration of significant events, incidents, and/or safety issues occurring in the period under review;
- Revisions of goals, objectives, and interventions, if applicable;
- Any change or updates in diagnosis, mental status or level of functioning;
- The results of any referrals and/or the need for additional consultation; and
- The effectiveness of techniques used in the period under review.

**Crisis and Safety Planning**

Crises may arise during the course of normal service provision and prudent planning makes them more manageable and less destructive. Youth placed in the Bridge with histories of sexual perpetration and/or victimization, exposure to domestic violence, or substance use or abuse histories may be the most at risk of placement instability. When youth display behaviors that create an imminent placement risk, the Program Therapist develops a crisis plan that targets these behaviors. A Serious Incident Report will also be completed and sent to the placing agency, IEU, and Community Care Licensing regarding the risky behavior and plans to mitigate it. Staff make every effort to help the youth obtain the goals and objectives of the crisis plan for a minimum of two weeks. If the youth’s behavior during or after this two week period is severe enough to jeopardize the health and safety of other youth, they may still lose the placement.

The Program Therapist develops a crisis/safety plan with input from the placing agency, the school (as applicable), the psychiatrist, and other applicable program staff in an effort to avoid, minimize, and reduce potential and current crises and risk factors that are not addressed in the Needs and Services Plan or the Mental Health Services Plan. The plan incorporates both proactive features designed to avert crisis, and reactive features outlining anticipated responses to crises in an effort to prevent relapses to old destructive behaviors.

Crisis Plan goals and objectives are prioritized based upon what is required to resolve the crisis and maintain stability. Staff consider the following:

- Is there risk of imminent harm (to self or others) in the crisis situation?
- What is the most critical area to stabilize?
- What is the most realistic focal point?
- Who should be involved?
- How many goals and objectives are reasonable?
- What actions should be taken, by whom, and for how long to achieve the goals?
- By what date do we hope to have the crisis stabilized?

The Crisis Plan targets several behaviors and individuals involved in both the maintenance and resolution of the crisis. The plan may be in place for as little as 2 weeks up to 3 months. The plan includes the following: goal-related measurable objectives; projected dates of achievement; description of who will provide services; activities planned for the Service Partner; individuals involved in accomplishment of crisis plan goals; and the strengths and obstacles of the Service Partner. Suicidal or homicidal youth may also sign a *No Suicide or No Violence Contract.*
The Crisis Plan is signed by the Service Partner and placing agency and is reviewed weekly during treatment team so that it can be adjusted accordingly. The Crisis Plan review includes a discussion of: the level of reduction of risk of harm; progress towards goals and objectives; problems that impede treatment progress; and the maintenance or revision of the plan.
The Service Partner's departure time and discharge is preferably arranged well in advance of discharge with the family and the placement agency’s representative. The timeline varies due to the wishes of the placing agency, a Service Partner reaching the age of eighteen, or emergency situations. A well-planned discharge is always our goal with adequate time requested for needed preparation. A discharge plan is developed with the Service Partner and others responsible for the Service Partner placement. The plan indicates what aftercare services have been arranged. At-risk Mental Health Services will continue to provide on-going mental health services. Youth in need of other on-going treatment services (e.g. substance abuse, etc.) will be referred to the most appropriate Community Programs available.

A review of the Service Partner’s case file is completed and necessary discharge paperwork and documentation is prepared to leave with the Service Partner upon discharge. Medication documentation is reviewed and a count of medications completed and documented for transfer to the next placement. Occasionally, a Service Partner may run away from the Bridge. The Service Partner is informed at the beginning of their stay that he/she may leave at any time because the program is not a locked facility. However, once the Service Partner leaves, it may be decided that he/she cannot return to the facility to continue placement. The Service Partner is strongly encouraged to inform the staff member on duty if he/she decides to leave the program. In most cases, Service Partners who choose to "self-terminate placement," do so surreptitiously. As soon as staff becomes aware that a Service Partner has run away from the program, he/she notifies the police, the placing agency representative, the family (if applicable) and the Program Manager or designee if not available. A Special Incident Report is completed and sent to the Institutions Evaluations Unit, the Placing Agency, Community Care Licensing, and SDYS Division Director.

If a Service Partner is unable to work the program or violates a major house rule, a treatment decision may be made to terminate Service Partner placement. This determination may be made after staff have developed and implemented a crisis plan to address this behavior as indicated in the crisis/safety planning section of this Program Statement. Whenever possible a ten-day notice in compliance with the County of San Diego's Ten-day Notice policy (as amended) will be given to the placement agency designee so that he/she can locate an alternative placement for the Service Partner. The Program Manager and Case Manager are responsible for completing the discharge summary and for coordinating the discharge with the placing social worker or probation officer. The Program Therapist will complete a mental health discharge summary which will be reflected in the discharge summary completed by the Case Manager.

When a Service Partner presents as out of control and a danger to self or others, plans will be made to assess and remove the Service Partner from the facility in accordance to the attached policy and procedure.

See attached policy on Determining SP Dangerousness to Others (Tarasoff)
Youth may have on-site visitation with immediate family members (i.e. mother, father, brother and sisters) unless prohibited by court order. Youth may have on-site visits with other relatives and/or friends as long as it is approved by the Authorized Representative/Placement Agency. On-site visitation may be limited to one hour and thirty minutes a day. If at all possible, on-site visitation may not interfere with scheduled Bridge activities. On-site visitation will occur on the front porch or in the back house. All visitors must sign the Bridge Visitors Agreement.

All off-site passes, including overnights and out of county visits must be approved by the Authorized Representative/Placement Agency and Treatment team. All court orders that are in place for the child must be adhered to at all times.
House Rules – Section 12

House Rules & Guidelines are in place to provide safety, consistency and ease of operations. House Rules & Guidelines are subject to change. Service Partner(s) and/or Staff may find a particular rule to be needed or no longer appropriate. In these instances, change(s) may be proposed. Bridge Administration and SDYS will consider these proposals.

The Big Four (B4):

- No possession or use of illicit Drugs or Alcohol
- No sexual contact or harassment
- No physical or emotional violence
- No criminal activity

A violation of the Big Four (B4) is grounds for placement termination and possible legal action. Service partners are told to think “B4” they act.

General Rules:

- Service Partners (SPs) are to complete assigned chores on a daily basis and have a Child Care Worker (CCW) check the chore upon completion.
- All SP privileges are suspended until all morning chores are completed
- SPs are expected to thoroughly deep clean their room every weekend when a Core CCW is on duty.
- SPs must knock and obtain verbal permission from staff before entering the staff office; failure to do so will result in a level drop.
- Smoking and possession of cigarettes is prohibited. No smoking is allowed on facility grounds.
- Males are allowed in male bedrooms only and Females are allowed in female bedrooms only. Staff supervise youth when in their bed-rooms.
- SPs are not allowed to stand by the doorway to room of the opposite sex.
- SPs are not allowed to bring food, snacks or other beverages except water into their rooms. Violation results in an automatic level drop.
- SPs are expected to fully participate in Bridge programming and cooperate with Staff and Peers.
- SPs must obtain approval from a CCW staff for all audio-video selections viewed or listened to in common areas.
- SPs are not allowed to use audio-video players in the bathroom.
- SPs may listen to their own musical choice(s) in their room with the door shut, but must turn off the music when they leave the room. The musical choice must also be approved by the CCW on shift. If the beat of the music is felt in other parts of the house, the youth may be asked to turn the music down. Youth who are asked more than once to turn down the music will lose the music privilege.
- SPs must refrain from vulgarity, cussing, and cutting down others.
• SPs that choose to masturbate must do so alone and privately. All items used for this purpose must be kept private or they will be confiscated as contraband.
• SPs may not alter, change, or decorate their physical appearance without written approval from their placement agency.
• **SPs may make or receive phone calls from individuals who are not on their “No Contact” list.**
  - Calls are not permitted during meals or other scheduled activities. Disruptive calls will be terminated. SP confidentiality is to be respected at all times.
  - No identifying information regarding another SP is to be shared during calls.
  - Incoming calls may be received until 10 minutes before bedtime. Out-going calls may be made until 30 minutes before bedtime.
• SPs may not provide Bridge phone numbers to unapproved individuals.
• SPs must earn participation in activities and outings.
• Activities and Outings that cost money must be planned in advance.
• SPs must remain together during outings and follow the structure set by the CCW(s). SPs that do not follow the structure set by Staff will lose outing and activity privileges and may earn other consequences.
• SPs that leave the group during outings will earn consequences and may be determined to be AWOL. If an SP is AWOL the activity will end immediately and Staff will return to the Bridge, contact authorized individuals and police.
• Friends, Family and Acquaintances must have Probation or Social Worker and Bridge Group Home Treatment Team approval to be with youth during an outing.
• When youth run into someone during an outing, they may acknowledge the person, but not engage in on-going conversation.
• SPs are expected to respect rules and others during outings. If the CCW determines the outing has become unsafe and/or youth are disrespectful to others, the outing will be terminated.
• SPs are not permitted to possess aerosols, matches, lighters, drug paraphernalia, contraband, or pornography and may drop a level if found with these items. These items may be turned over to the placement agency or destroyed.
• All personal hygiene items and perfumes remain in staff possession until requested for use.
• **SPs must obtain approval from the Authorized Representative/Placement Agency for all onsite visits, with the exception of immediate family members. (i.e. mother, father, brothers and sisters) unless prohibited by court order.**
• SPs must comply with the following Dress Guidelines:
  - Short shorts must be worn under short dresses and skirts
  - Low cut tops or otherwise skin revealing clothing may not be worn unless they are completely covered by other clothing.
  - Female SPs are to wear a bra at all times when out of their bedroom unless showering
  - No oversized or undersized pants
  - No “Dew Rags” or “Bandanas” are to be worn in the milieu. These items may be worn at night to train or protect hair while sleeping
**Appropriate non-gang/subversive group related head coverings and hats could be worn during outings with CCW approval**

- No rags or gloves are to be worn or displayed from the back pocket
- All gang related tattoos must be covered
- All gang/subversive groups related clothing is prohibited
- SPs may wear sleeveless T-shirts during sports activities
- Bedtime attire must be worn at all times by all SPs during bedtime hours
- All court ordered dress restrictions are supported and violations will be reported to authorized representatives
- No sunglasses are to be worn inside
- Shoes are to be worn at all times when not in bedrooms
- Athletic shoes are to be worn during participation in sports activities

- SPs must complete 5 hours of community service for losing items such as bus pass
- SPs are prohibited from glorifying illegal civil or criminal activity.
- SPs are prohibited from possessing sharp objects.
- **SP’s may own and use cell phones. SP’s must abide by the Cell Phone Usage Agreement that is signed at intake or at the time that an SP purchases a cell phone.**
- Play fighting and horseplay are not allowed in the home.
- SPs must notify staff of their whereabouts at all times.
- SPs that AWOL, then return will be dropped to level “G” (Grounded).
- SPs will prepare all meals according to the menu.
- SPs are expected to sit at the dinner table at least 10 minutes during meals.
- SPs are not allowed to answer the door or retrieve the mail without Staff.
- SPs will not lend, borrow, barter, or sell items on the premises.
- SPs who wash dishes as a chore are responsible for putting those dishes away when dry.
- SPs are expected to follow the direction of Staff.
- SPs and Staff are expected to show respect towards one another and are encouraged to recognize appreciate and value everyone’s uniqueness and differences.
C. General Policies Affecting Children Placed

| Discipline Policies – Section 13 |

The Bridge makes every effort to rely upon the natural consequences of Service Partner actions and choices to encourage healthy decision-making skills and believes empowered Service Partners will make positive choices in relation to self, others and community. Imposed consequences are a “known by all” (i.e. Service Partner, authorized representative and treatment staff) part of the program structure and are directly related to the Service Partner behavior choice. Corporal punishment is not used at The Bridge. Rather discipline is incurred verbally through the level system described in Part I of this program statement.

The Bridge DOES NOT use any form of physical restraints or intervention with residents. All staff and residents are fully aware that if an individual presents an immediate danger to themselves or others, policy and procedure indicated in the “Discharge and Removal” section are to be followed. If a situation arises that presents as a possible danger that is not immediate, on-duty staff immediately notify the Program Manager, or On-Call Supervisor in that order. These individuals are available on pager when not on site.

Service Partners are orientated to the Bridge discipline policies and procedures during the placement process via the Social Worker. Youth are notified that the Bridge has a zero tolerance policy towards any form of physical, verbal, emotional or physical battering of others in the home.

During the Bridge’s weekly treatment team meeting, the youth’s status and progress in the home will be discussed. Behavioral issues and discipline are an instrumental part of the treatment team discussion to ensure that all staff and applicable individuals are managing the issues in the same manner. Youth may participate in these discussions as necessary. If a youth declines to attend, applicable staff will inform them of the discussion.

Methods of Discipline and Control

The Bridge discipline system is based upon the “Nurtured Heart Approach” of Howard N. Glasser, Executive Director of The Children’s Success Foundation. The Nurtured Heart Approach is a strategic family systems approach designed to turn the challenging child around to a new pattern of success. The approach has also been found to produce substantial success in helping the average child flourish at higher-than-expected levels of functioning. The approach is also used in hundreds of classrooms nationally and its strategies have been adopted with substantial success as the school-wide discipline plan in several schools.

The Nurtured Heart Approach teaches “significant adults” how to strongly energize the child’s experiences of success while not accidentally energizing experiences of failure.
Since The Nurtured Heart Approach was first introduced at CDC in 1994, a number of studies have been undertaken and several positive outcomes have emerged supporting the use of this approach.

The Nurtured Heart Approach is based upon the following premises:
- Staff must refuse to be drawn into focusing on and energizing negativity.
- Staff must pull the Service Partner into success.
- Staff must be clear on the rules and their consequences and not engage in trying to defend them.

The Nurtured Heart approach also proposed that within the residential setting staff represent a caring controlling entity to the placed youth. As a result, Service Partners who engage in “power struggles” with staff in this position due so as a result of the abuse, neglect, rejection, abandonment and other life trauma related to power and control that they experienced in their lives. Service Partners may believe that they must control their world to prevent any further emotional scarring which sets up an automatic “No” response to authority to protect the youth with a sense of security. Staff are trained to recognize and respect this “reality” or “frame of reference” so that they can form a healthy professional “working relationship” with youth and avoid power struggles.

**Interventions:**

- Staff focus more energy on healthy activities and less on unhealthy activities (e.g. telling the SP that they are glad they are taking care of themselves, etc.)
- Staff regularly praise and prompt youth for positive interactions and for following the house rules (e.g. I saw how frustrated you were and I’m happy you chose to stay focused and calm when you could have gone off, good job for choosing peace, etc.)
- Staff allow the point system to dictate consequences related to misbehavior or rule violations and remind youth of the consequences once while disengaging in a power struggle.
- Staff ensure that consequences occur immediately and that they are directly related to the misbehavior.
- In applicable situations, staff utilize crisis-intervention techniques first to calm the youth, then follow up with clear and concise consequences as set by the rules and level system.
- Staff empathize with the youth’s frame of reference to prevent a defensive staff posture.
- Staff clearly articulate requests to redirect misbehavior.
- Staff recognize and respect when a youth allows the staff in authority to be in control and flood this interaction with positive feedback.
Emergency Intervention Plan – Section 14

The Bridge staff make every effort to prevent crises from occurring at the group home. Staff utilize crisis intervention techniques to manage crises without applying physical restraints or other physical techniques. Crisis intervention services may be used to de-escalate volatile behaviors, and to manage suicidal and homicidal behaviors. The following represents the Bridge’s Emergency Intervention Plan to address crises as they occur on an individual and group level. This plan was developed by Laurie Chapman, LMFT (MFC 35559), prior Associate Executive Director of San Diego Youth Services, and meets the qualifications for 84001 (b)(1)(c). It was approved by the Organizational Steering Committee of SDYS which is comprised of the Executive Director, the Chief Financial Officer, and the Associate Executive Director. This plan is reviewed every year and adjusted as necessary to ensure that it continuously meets the needs of the youth.

BRIDGE HOME EMERGENCY INTERVENTION PLAN

Purpose: To provide for the resolution and documentation of services provided as a result of an unplanned crisis or event. To ensure the safety, protection, and well being of Service Partners, Family Members and Staff in the event of a crisis that does not warrant a suicide assessment and intervention or the implementation of the Tarasoff decision.

Policy: Bridge staff will comply with the following procedures with respect to responding to crises involving youth placed in the home. If the crisis involves an entire community, staff shall comply with all county and state procedures in response to the crisis which takes precedence over the elements of this Policy and Procedure.

Procedure:

Responding to a Crisis

- Bridge staff will provide rapid response crisis services to Service Partners
- Trained staff and volunteers shall provide crisis services.
- Crisis services shall be provided in the preferred language of the Service Partner.
- The First Responder to a crisis shall determine if the individual in crisis is a new or on-going Service Partner and shall attempt to estimate the nature and severity of the crisis.
- The First responder shall interview the Service Partner to understand her/his needs and desires and shall apply crisis intervention strategies as outlined in this Policy and Procedure and as applicable.
- The Bridge Home Program Manager or CCW Coordinator will be notified immediately if the crisis escalates putting other Service Partners and Staff at risk or harm.
- When a crises involves any physical injury resulting in a youth experiencing severe physical damage or loss of consciousness, respiratory, or circulatory
collapse or death or an incident that may indicate potential risk/exposure for SDYS or the community (e.g. serious suicide attempt, severe arson, shooting). The Bridge Program Manager will immediately notify a member of the Executive Team as outlined in the SDYS “Agency Crisis Response” Policy and Procedure, the placement agency, CCL, and the proper legal authorities, as necessary.

- If the crisis involves potential Suicide or Homicide, and the risk of completion of these two acts is high, staff shall follow this Policy and Procedure first in an effort to resolve the immediate crisis and should then follow-up with completing the applicable steps outlined in the “Suicide Assessment” and “Implementing the Tarasoff Decision” Policies and Procedures. Steps will include completing a suicide or homicide assessment, determining risk, developing a safety plan and notifying others including the therapist, psychiatrist, placement agency, CCL, and law enforcement (as indicated by law).

Elements of a Crisis

- A crisis is an unplanned event that results in the individual's need for immediate service intervention.
- Crisis intervention is a quick emergency response service enabling the individual to cope with a crisis, while maintaining her/his status as a functioning community member to the greatest extent possible.
- Crisis Intervention services are limited to stabilization of the presenting emergency.
- Individuals engaged in a crisis typically experience an increase in emotions such as anger, sadness, and fear.
- Individuals engaged in a crisis typically do not recognize the problem.
- Individuals engaged in a crisis typically have difficulty accessing internal problem-solving skills. This may be exacerbated for an individual with mental health or substance abuse problems.
- Crises are time-limited.

Basic Crisis Intervention Skills

STEP 1: Assess the safety needs of the Service Partner, Family Member(s), and/or Staff.

- Determine if the Service Partner has a history of assaultive behavior towards property or others.
- Assess if the Service Partner is armed and if so, what type of weapon. If s/he does have a weapon, do not attempt to take it away. Leave the area as soon and as possible in a calm manner.
- If the Service Partner is not armed and s/he has a history of assaultive behavior, remove items that could be used as weapons (e.g. pens, pencils, scissors, forks, knives, etc.). If you cannot do this, ask another staff to remove potential weapons.
- Remove other youth from the room during a crisis situation. This reduces the risk of injury and/or "copy-cat" behavior.
• Remain aware of the Service Partner's location and how close you are to him/her. Stay at least a few arm lengths away.
• If the Service Partner moves around, do not follow too closely as this could escalate the crisis.
• If the Service Partner insists on fighting, back up, put objects in the way.
• If the situation continues to escalate and safety is a major concern, the Police Department should be notified immediately.

STEP 2: Establish Rapport

• Employ active communication skills, do not interrupt or give advice.
• Provide hope and reassurance.
• Provide direction and reassurance.
• Avoid "power struggles".

STEP 3: Validate the individual's feelings/concerns

• Provide support to the youth without signing "I understand how you feel"; this can often escalate a youth in crisis.
• Focus on the behaviors that the youth is doing right and tell them.

STEP 4: Remind the person of their personal rights and the consequences.

• Review options that relate to the resolution of the crisis and that validate the youth's emotions.
• Deliver an appropriate positive consequence for positive behavior or a negative consequence for inappropriate behavior.

STEP 5: Clarify the Problem - (See “Suicide Assessment” and “Implementing the Tarasoff Decision” Policies and Procedures for specific questions related to these types of crises)

• Identify the specific hazardous event and the meaning of the event to the Service Partner.
• Focus on the behaviors, not the individual.
• Use constructive questions to help separate and define the Service Partner's problems and remove some of the confusion.
• Identify when stress is the greatest.

STEP 6: Identify Options - (See “Suicide Assessment” and “Implementing the Tarasoff Decision” Policies and Procedures for specific questions related to these types of crises)

• Actively explore concrete options with the Service Partner, but do not impose solutions.
• Identify the previous coping mechanisms used and reinforce those that have been successful.
• Identify new coping mechanisms and problem-solving techniques.
• Make a list of all the possible alternatives and discuss each one.
• Give the Service Partner a reason to change behavior.
• Offer resource information including mental health.
• Help the Service Partner enter back into the milieu with the potential to use explored options if s/he feels s/he may escalate again.

Communicate with Other Staff

• Make sure that other staff members are monitoring the other Service Partners while you work with the Service Partner in Crisis.
• This will allow one person to focus on the crisis and will prevent the Service Partner from feeling like staff is "ganging up" on her/him.

General Principles of Crisis Intervention

• Self Control: Staff should have the capacity to remain in control during crisis. Non-verbal behaviors should appear calm and in control.
• Identification: It is essential to accurately identify visual signals that come before an assault.
• Communication: Signing should be simple, direct, and brief. The "Rule of Five" can be applied - sentences should be limited to no more than five signed words.
• Posture: Your posture should be relaxed and open with your hands in full view.
• Timing: Crisis intervention techniques should be applied before, during, and shortly after the incident.
• Patience: The crisis will pass even if crisis intervention techniques are not successful. Retreating in panic or becoming unnecessarily punitive because techniques are not successful can result in avoidable future consequences.
• The Crisis Intervention strategies for Fear, Frustration, Manipulation, and Intimidation are included in the Program’s Policy and Procedure Manual and should be followed to address those issues.

Documentation

• After the initial crisis has been resolved, the lead staff documents the crisis intervention process in the Progress Notes section of the Service Partner's file.
• If necessary, a Crisis Intervention Plan is developed following the "Crisis/Safety Plan" process described in the Program Statement.
• This plan shall be completed by the therapist and shall be presented and reviewed by the Treatment Team.
• A Serious Incident Report will also be completed and will be sent to the placing agency, IEU, and Community Care Licensing.
Runaway Plan – Section 15

The Bridge is a community-based group home for adolescents from 12 to 17 years of age. The Bridge is a non-locked and non-restraint facility. Therefore treatment and policies are based entirely on choice rather than force. Many of the youth at the Bridge are wards or dependents of the court. During the initial placement phase at the Bridge, Runaway Policies of the group home are explained to the prospective residents and their authorized representatives.

If a resident decides to leave the program without permission, staff will not attempt to restrain them or block their exit in any way. If a resident feels the situation at the Bridge is unbearable to the point that they feel they want to leave, they are encouraged to notify staff immediately. Staff will then immediately notify their authorized representative and work with all parties to rectify the situation or find a suitable alternative placement.

If a Service Partner has a history of running away or have other circumstances indicating they are a high runaway risk, an individualized plan specific to the individual’s runaway circumstances will be developed by the Service Partner and treatment team. This individualized plan will be signed by the Service Partner, their authorized representative and the facilities Social Worker at the time of placement. This plan will be attached to the Needs and Services Plan.

- If a Service Partner is outside the facility without permission in view of staff they will be immediately informed they must return to the facility to avoid a negative mark in the house level system. If the Service Partner states they left to avoid a confrontation or to “cool down” from anger or frustration, staff will allow them 15 minutes to cool down as long as they remain in sight of staff. If the youth refuses to return to the facility the same procedures outlined below in reporting a runaway will be followed.
- If a Service Partner appears to be missing during bed checks or during waking hours, staff will immediately check the entire facility and grounds as well as with other residents to determine if they are indeed missing.
- If a Service Partner is more than 15 minutes late returning to the facility from an off-site activity (i.e. school, work, passes according to level) or other activity authorized by their placing representative, staff will immediately call the location they were at to determine if they left at the agreed upon time.
- After the 15-minute grace period in each of the 3 situations described above on-duty staff will immediately do the following:
  - Call the placement agency representative and others responsible for the well being of the Service Partner.
  - Call local law enforcement to request a police officer to file a formal runaway (missing persons) report.
  - Notify the Bridge Program Manager or page the On-call Supervisor should the Program Manager not be available.
• Complete a formal Serious Incident report and submit to the placing agency, IEU, CCL, and the Division Director giving all the pertinent details of the runaway including the contact number and name of law enforcement personnel notified.

Population Specifics and Intervention Rationale

As stated previously, many of the residents of the Bridge are dependants or wards of the court. At the initial interview and during the intake process each resident is informed of the rules of the group home. The program allows individuals to make clear choices regarding their behavior and actions and clearly articulates the consequences of misbehavior. Staff understand and accept that they cannot force or make the youth comply with directions. As young adults, their responsible for their behavior and actions.

Intervention Continuum

When staff becomes aware that a Service Partner is attempting to leave without permission, they ask the Service Partner if they plan on returning. Staff then attempt to engage the Service Partner in a discussion by asking the reason they feel they have to get away from the program. Staff offer youth the opportunity to contact their social worker, probation officer, therapist, mentor or any responsible authorized support person to discuss the situation. Staff also offer the youth the opportunity to address the issues causing them to leave through a meeting with applicable staff. Youth are requested to postpone leaving until the meeting takes place. Other Crisis Intervention skills may be used to prevent the youth from leaving.

If a Service Partner refuses to discuss their situation or after doing so is still determined to leave without permission, staff will attempt to explain the following consequences:

• They may be picked up by law enforcement as a runaway from a group home and placed in juvenile hall or a more restrictive environment
• If they leave, their present placement at the Bridge may no longer be available
• If they return, they may lose all privileges for a minimum of 2 days. They are required to do an extra 2-hour chore and write an explanation of their actions including what they will do to prevent any further reoccurrence

Staff Training

Prior to being assigned any shift, all new staff will be trained in the interventions described above. This process will also be reviewed during staff meetings as needed to ensure that all staff comply with the runaway plan. Individuals meeting the criteria required by Community Care Licensing regulations may also conduct mandatory initial and on-going staff training on this topic.
Service Partners are provided with a copy of their rights as Foster Youth upon intake and a signed copy is kept in the Service Partner’s case file. Service Partner rights are also posted in the milieu along with contact numbers for the Foster Care Ombudsman and Community Care Licensing. Grievance procedures are presented and a copy provided to the Service Partners and their authorized representatives upon intake. Youth rights including those related to their protected health information are also included in the San Diego Youth Services Notice of Privacy Practices and a signed acknowledgement of receipt of these practices is kept in the Service Partner’s case file. Youth enrolled in mental health services are also notified of their mental health rights and are provided a copy of the medical beneficiary handbook and the agency grievance procedures. All rights and the grievance procedures are posted and provided to youth in their preferred language.

If a Service Partner’s rights are violated, the following chart indicates the course of action that is taken.
Service Partner Notified of Her/His Rights
- Foster Youth Rights Form
- SDYS Notice of Privacy Practices
- SDYS Complaint and Grievance Procedure
- Medi-cal Beneficiary Handbook

Service Partner Feels Rights Were Violated

Staff Person, Community Member, BA, SP, Feels SDYS Out of Compliance with HIPAA

Complaint/Grievance Filed

Informal Process
- HIPAA Related
  • HIPAA Privacy Officer contacted immediately
  • SP/Staff complain/grieve verbally
  • SP/Staff complain/grieve in writing: Complaint/Grievance Filing Form
    - 5 days to respond
    - 30 days to resolve
  • Privacy Officer and PM attempt to resolve complaint/grievance and respond in writing to SP/Staff
    - Resolution Process may move from Center to Board level until completed
  • Privacy Officer completes Complaint/Grievance Log
  • Logs Reviewed at Board Level with feedback loop
  • Documentation provided to funding source, if required.

- Other Related
  • SP/Staff complain/grieve in writing: Complaint/Grievance Filing Form
    • 5 days to respond
    • 30 days to resolve
  • SDYS attempts to resolve complaint/grievance and responds in writing to SP
    - Resolution Process may move from Center to CEO level until completed
  • PM completes Complaint/Grievance Log
  • PM Submits Log to Division Director
    • Logs Reviewed at Board Level with feedback loop
    • Documentation provided to funding source, if required.

Unresolved Informal Complaint/Grievance

Formal Process
- HIPAA Related
  • Office of Civil Rights, Rm 515F
    US Dept. HHSA
    200 Independence Ave. S.W.
    Washington D.C. 20201
    (202) 619-0805
    (202) 619-0553
  • Complaints must be filed within 180 days
  • When information about Formal Grievance becomes known, Privacy Officer completes Grievance Log
    • Logs Reviewed at Board Level with feedback loop
    • Documentation provided to funding source, if required.

- Other Related
  • Consumer Center for Health Education and Advocacy
    1-877-734-3258
  • State Fair Hearing (medi-cal recipients)
    – Filed within 90 days of completion of formal grievance review, when not satisfied with the outcome
    • PM completes Complaint/Grievance Log, when filing of complaint/grievance becomes known
    • PM Submits Log to Division Director
      • Logs Reviewed at Board Level with feedback loop
      • Documentation provided to funding source, if required.
Examples of Service Partners Rights:

- The right to services that support the individual’s personal liberty, cultural diversity, and linguistic abilities
- The right to ongoing participation in the planning of services to be provided
- The right to choose services
- The right to review, upon written request, one’s own records
- The right to amend one's record
- The right to a referral, as appropriate, to other services at anytime
- The right to express concerns if something goes wrong with the care
- The right to file a formal grievance at any time
- The right to request an appeal if services are terminated, reduced, or denied
- The right to authorize another person to act on one's behalf
- The right to not be subject to discrimination or any other penalty for filing a complaint
- The right to have confidentiality protected after filing a complaint
- Those rights identified in the SDYS Notice of Privacy Practices
- The Rights outlined in the Foster Youth Rights documented handed to youth at intake.
Handling of Children’s Funds, Allowances & Salaries – Section 17

The Bridge does not handle or manage Service Partners’ funds. Allowances are issued to youth on a weekly basis. Each Service Partner is given their allowance based on the level they are on at the time allowances are issued, (Level “L” $10.00, Level “I” $8.00, Level “P” $6.00, Level “D” $4.00 and Level “G” $2.00). After receiving their allowance each Service Partner signs a cash voucher to document that they have received their allowance for that week. Service Partners are responsible for their own funds and are encouraged to have a bank account with an ATM card. Bank accounts are established through the ILS component of the group home as indicated in section 5 of this program statement. Money management is also taught in the ILS component of the Bridge. The Service Partner is responsible for managing her/his funds. Service Partners who choose not to open a bank account are encouraged to secure money in their assigned locker at the Bridge.
As part of the Bridge ILS programming, Service Partners are taught and coached by CCW staff to complete daily household chores and tasks. Staff are ultimately responsible for ensuring that daily chores are completed and this often involves hands on preparation, cleaning and teaching by staff to ensure completion. At the completion of chores, staff review Service Partner progress as part of the teaching process. Youth who refuse to complete their chores will be reminded of the consequences of such action and will be given up to three prompts to complete their chores. Youth who do not respond to the prompts will lose points and/or house privileges or will receive another applicable consequence. These un-finished chores will be completed by staff or another youth who may earn additional points by doing so. The following represent the types of chores youth complete as a resident of the group home.

### Breakfast, Lunch or Dinner Prep:
- Set table with plates, bowls, napkins, glasses, utensils, etc.
- Prepare meals according to menu (e.g. identify ingredients, measure ingredients, etc.)

### Breakfast, Lunch or Dinner Cleanup:
- Clear the table
- Wipe down and dry the table
- Put away leftover food items in containers or food storage bags ensuring that each is dated and place in refrigerator or freezer
- Wipe down counter tops and microwave as necessary
- Sweep and mop floor

### Breakfast, Lunch or Dinner Dishes:
- Scrape all leftover food on plates into the trash
- Wash all dishes, utensils and glasses
- Wash all pots and pans used to make the meal
- Clean out the sink
- Load and run dishwasher
- Put away dishes, pots pans when finished

### Trash Pick-up:
- Collect all trash from the house and put in trash containers outside of house (trash cans from Service Partner rooms are to be set outside the door of the room with neatly tied bags)
- Replace bags in trash all house trashcans
- Trash pick-up is done once in the AM and once in the PM
- On trash night take outside trash containers to the curb for pick-up the next morning
- Wash trash cans and containers as needed and hose off trash container area
Milieu Clean-up and House vacuuming:
- Dust all the furniture, TV and bookshelves
- Vacuum common areas of the house
- Straighten up newspapers, books, games and magazines and furniture as requested by staff

Laundry Room:
- Wash, dry and fold laundry, (Wash house laundry only, not Service Partner personal laundry)
- Clean and wipe down washer and dryer
- Sweep and mop floor
- Wash personal laundry during assigned day and time

Refrigerator, Freezer and Stove:
- Remove items from refrigerator and freezer
- Throw away all items with dates three days old
- Throw away any spoiled vegetables or fruit
- Clean and dry the inside and outside of the refrigerator and freezer

Bathroom Clean Up:
- Clean toilet all over (top, bottom, bowl etc.)
- Clean sink, counter, bathtub and shower with appropriate cleaner using gloves
- Make sure all bathroom supplies, (toilet paper and seat covers) are in place
- Sweep and mop floor

Front and Back Grounds:
- Sweep porches, patio, driveway and hose off with water
- Pick up all visible trash and put in trash containers outside

General House Clean Up:
- Straighten up and vacuum the common areas of the house
- Sweep and mop floors
- Clean up counters
- Empty dishwasher and put away dishes etc.
- Wash, dry and put away any dishes left in the sink from snack

Bedrooms (Youth are responsible for cleaning her/his own side of the bedroom):
- Ensure floors are clear of trash, clothing and other items
- Make bed with mattress cover, fitted sheet, flat sheet, pillow covers, and blankets and/or comforters
- Vacuum Floor
- Ensure items in the room, on desks, closets, and drawers is organized and clean.
- Place all dirty clothing in basket or hamper
➤ Place all trash in trashcan and place outside the door when full for internal trash pick-up

Staff are responsible for cleaning and organizing staff areas of the house in the same manner as Service Partners.
The nutritional needs of the Service Partners are met by establishing a weekly balanced meal plan. Within this plan, there are provisions available for special dietary needs of our Service Partners. These needs will be determined at intake and all meals will be prepared in consideration of these needs during the youth’s placement period. For example, a portion of all meals will be prepared without meat or meat products for vegetarians. Meals will be prepared in a similar fashion for youth with food allergies. Overall the plan provides nutritionally balanced menus, recipes and shopping lists. Service Partners and staff are involved in the preparation and serving of meals including shopping for required items.

Meals are served by the following times each day:

<table>
<thead>
<tr>
<th>Meal</th>
<th>Week Days</th>
<th>Weekends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>6:10 a.m.</td>
<td>10 a.m.</td>
</tr>
<tr>
<td>Lunch</td>
<td>12:00 p.m.</td>
<td>1:30 p.m.</td>
</tr>
<tr>
<td>Snack</td>
<td>3:00/8:15 p.m.</td>
<td>3:30/8:30 p.m.</td>
</tr>
<tr>
<td>Dinner</td>
<td>6:30 p.m.</td>
<td>6:00 p.m.</td>
</tr>
</tbody>
</table>

A sample menu for one week is below.

<table>
<thead>
<tr>
<th>Bridge Menu – Week One</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast 6:10AM (10:30AM on Weekends)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 frozen waffle covered w/ ½ cup warmed frozen strawberries</td>
<td>1 bowl honey-nut oat cereal w/ 8floz 1% milk</td>
<td>Breakfast Burrito</td>
<td>1 bowl reduced sugar instant oat meal cereal</td>
<td>1 cinnamon raisin bagel w/ 1oz light cream cheese</td>
<td>1 bowl wheat flakes cereal w/ 8floz 1% milk</td>
<td>1 pancake covered w/ ½ cup warmed frozen blue berries</td>
<td></td>
</tr>
<tr>
<td>1 scrambled egg or 1 breakfast sausage link</td>
<td>1 piece wheat toast w/butter &amp; fruit preserves</td>
<td>1 scrambled egg w/ 1oz cheese</td>
<td>1 piece wheat toast w/butter ¼ of a fresh cantaloupe</td>
<td>1 8floz 100% apple juice</td>
<td>1 8floz 1% milk</td>
<td>1 Scrambled Egg or 1 Breakfast Sausage Link</td>
<td></td>
</tr>
<tr>
<td>1 banana</td>
<td>1 8floz 1% milk</td>
<td>1 wheat tortilla ½ cup salsa</td>
<td>1 8floz 1% milk</td>
<td>1 8floz 1% milk</td>
<td>1 8floz 100% grape juice</td>
<td>1 8floz 1% Milk</td>
<td></td>
</tr>
<tr>
<td>Lunches 1PM (1:30PM on Weekends)</td>
<td>1 grilled cheese sandwich</td>
<td>1 PBJ Sandwich</td>
<td>1 Turkey (2oz) Sandwich</td>
<td>Bean &amp; Cheese Burritos (2)</td>
<td>1 Ham (2oz) Sandwich</td>
<td>1 Chicken Salad (2oz) Sandwich (see recipe)</td>
<td>2 English muffin cheese pizza</td>
</tr>
<tr>
<td>----------------------------------</td>
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<td>-------------------------</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>2oz cheese</td>
<td>2oz peanut butter</td>
<td>2 wheat bread</td>
<td>2 oz black beans</td>
<td>2 oz cheese</td>
<td>2 wheat</td>
<td>2 wheat bread</td>
<td>2 wheat bread</td>
</tr>
<tr>
<td>2 wheat bread</td>
<td>fruit preserves</td>
<td>2oz Cheese Lettuce Tomato light mayo</td>
<td>2 wheat</td>
<td>2 tortillas</td>
<td>Tomato light mayo</td>
<td>Lettuce Tomato light mayo</td>
<td>Lettuce Tomato light mayo</td>
</tr>
<tr>
<td>lettuce, tomato</td>
<td>1 cup fruit-cup</td>
<td>1 cup fruit-cup</td>
<td>1 cup fruit-cup</td>
<td>1 cup fruit-cup</td>
<td>1 cup fruit-cup</td>
<td>1 cup fruit-cup</td>
<td>1 cup fruit-cup</td>
</tr>
<tr>
<td>&amp; cucumber</td>
<td>1 8fl oz 1% milk</td>
<td>1 8fl oz 1% milk</td>
<td>1 8fl oz 1% milk</td>
<td>1 8fl oz 1% milk</td>
<td>1 8fl oz 1% milk</td>
<td>1 8fl oz 1% milk</td>
<td>1 8fl oz 1% milk</td>
</tr>
<tr>
<td>salad (1cup)</td>
<td>w/light dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 8fl oz 1% milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Snacks 3:45PM</th>
<th>1st Snacks 3:45PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doritos’s Chips with Milk &amp; Juice</td>
<td>2 Granola Bars</td>
</tr>
<tr>
<td>1 8fl oz 1% milk</td>
<td>Mandarin Orange Yogurt (see recipe)</td>
</tr>
<tr>
<td></td>
<td>¼ of a fresh cantaloupe 1 8fl oz 1% milk</td>
</tr>
<tr>
<td></td>
<td>Tiger’s Milk (see recipe)</td>
</tr>
<tr>
<td></td>
<td>1 8fl oz 1% milk</td>
</tr>
<tr>
<td></td>
<td>Ginger snaps (6)</td>
</tr>
<tr>
<td></td>
<td>2 Granola Bars</td>
</tr>
<tr>
<td></td>
<td>1 8fl oz 1% milk</td>
</tr>
<tr>
<td></td>
<td>Goldfish Crackers with Milk &amp; Juice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dinners 6PM</th>
<th>Dinners 6PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baked Chicken Breast with Boiled Red Potatoes and Carrots</td>
<td>Spaghetti &amp; Meatballs, with Salad (Lettuce, Tomato, Cucumber), Garlic Bread, Milk</td>
</tr>
<tr>
<td>Dinner Roll with butter &amp; Milk</td>
<td>Chicken &amp; Cheese Enchiladas with Spanish Rice, Salad (Lettuce, Tomato, Cucumber), Milk</td>
</tr>
<tr>
<td></td>
<td>Shake-N-Bake Pork Chops &amp; Wild Rice with Wheat Rolls &amp; Butter, Mixed Vegetables, Milk</td>
</tr>
<tr>
<td></td>
<td>Meatloaf (see recipe) with Real Mashed Potatoes, Cut Green Beans, Milk</td>
</tr>
<tr>
<td></td>
<td>Chicken Vegetable Stir-fry with Rice, Milk</td>
</tr>
<tr>
<td></td>
<td>Carne Asada Tacos &amp; Refried Beans with Lettuce, Tomato, Avocado, Milk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Snacks 8:30PM</th>
<th>2nd Snacks 8:30PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese &amp; Crackers with Milk &amp; Juice</td>
<td>Peanut Butter Cookies with Milk, &amp; Juice</td>
</tr>
<tr>
<td>Berry Pie with Milk &amp; Juice</td>
<td>Chocolate Cookies with Milk</td>
</tr>
<tr>
<td>Pretzels &amp; Mustard with Milk &amp; Juice</td>
<td>Popcorn with Milk &amp; Juice</td>
</tr>
<tr>
<td>Tortilla Chips &amp; Salsa with Milk &amp; Juice</td>
<td></td>
</tr>
</tbody>
</table>
Clothing & Incidentals – Section 20

Service Partners placed at the Bridge usually arrive with clothing and others personal items. An inventory of clothing and personal items is done at intake to determine the Service Partners needs upon placement. Service Partners determined to have adequate clothing will have a combination of at least the following items for one weeks wear without laundering:

- Complete sets of undergarments
- Socks, pantyhose and knee-highs etc.
- Shirts, tops, blouses etc.
- Sleep-wear
- Jeans
- Shorts
- Skirts and/or dresses
- Gender specific accessories
- One pair of athletic shoes
- One pair of dress shoes
- One pair of casual shoes
- One jacket
- One set of dress clothing
- One set of athletic clothing
- Sweaters and/or cold weather clothing

Should the Service Partner be determined to have inadequate clothing (e.g. it is worn-out or under-sized), the Service Partner is taken shopping and clothing is purchased to meet the adequate clothing standard by the second week of the Service Partner’s placement. Staff will take the youth shopping for additional needed clothing items on a quarterly basis throughout the placement or when items become worn or no longer fit the Service Partner. The Bridge provides complete gender and culturally specific personal hygiene items (e.g. shampoo and conditioner, soap, lotion, deodorant, etc.) to each Service Partner at intake and throughout placement when needed. Items are purchased with AFDC and donated funds.

The Bridge recognizes that Service Partners can make poor decisions regarding safeguarding personal possessions. Should a Service Partner be determined by staff to be making poor decisions regarding safeguarding personal possessions, Staffs are expected to provide coaching to assist Service Partners to improve their decision making process. Should a Service Partner abandon their personal possessions when AWOL, staff are expected to collect and inventory Service Partner personal possessions through use of the Service Partners inventory kept in their case file, and to bag and store these items in a locked safe place. This being the case, Service Partners are fully responsible for the safety of their personal property and possessions. The Bridge is not responsible for replacement of Service Partner personal property (see Protection of Service Partner Property Agreement). Each Service Partner is issued a locker at intake to provide a secure location for personal possessions.
D. Staffing/Administrative Organization

Staff Schedule – Section 21

The Bridge is a house located in the North Park Community of San Diego at 3151 Redwood St., San Diego, CA 92104. The Program Manager will be at the facility a minimum of 40 hours per week and is responsible for the daily operations of the Bridge Facility. The Program Manager, CCW Coordinator, and Program Therapist will be on-call 24 hours a day to handle crisis situations, as necessary. There will be a maximum number of nine (9) Service Partners (youth) living at the Bridge at any given time. As appropriate to the needs and ages of Service Partners, SDYS ensures that one or more trained professional staff members is on duty and available on a 24-hour basis to provide continuous supervision to the Bridge. Between the hours of 10pm and 7am the ratio of youth to staff will be 6:1, at all other times the ratio will be no more than 4:1.

The Bridge shall maintain a written, legible schedule clearly identifying direct service staff responsible for the care of Service Partners. The staff schedule shall be updated daily to reflect actual hours staff are present and changes in attendance as they occur. Original updated staff schedules shall be kept on file for at least 12 months. The updated schedule will also document the client census for the Bridge on a daily basis.

The following personnel report represents the current staff work schedule for the Bridge.
Staff Qualifications – Section 22

The following documents are attached as proof of staff qualifications:

**Resumes:**
- Associate Executive Director: Steven Jella
- Division Director: Michael Jones
- Program Manager/Administrator: Autumn Bailey
- Case Manager: Emma Flores
- Program Therapist: Diane Daniels
- CCW Coordinator: Ivan Renteria

**CCWs:**
- Nick Underwood
- Marco Rizo
- Rafael Ibara
- Jaci Ameer
- Janet Madison
- Gloria Allen
- Jonell Blevis
- Steven Avina
- Nordean Harris
- Kimberly Blackman
- Curtis Montoya
- Diana Rabban
- Rachel Gasca

**Administrator**
The Bridge Group Home is the first group home program of San Diego Youth Services. The Bridge Group Home will be administered by a Program Manager who spends a minimum of 40 hours per week at this facility. This time is tracked and documented through the use of timesheet following a written Administrator time allocation plan.

**Administrator Time Allocation Plan:**
The Administrator position entails the following program duties as related to Foster Care Rate Setting and is allocated as follows based on an average 45 hour work week: Administrative duties = 23%; Social Work activities = 44%; Child Care & Supervision = 33%
Please see attached job descriptions for the following positions:

- Program Manager
- CCW Coordinator
- Case Manager
- CCWs
- Program Therapist
Bridge Staff Training Plan

The Program Manager ensures that all staff meet CCL training requirements prior to working alone with youth, within the first 90 days of hire, during the first year of hire, and annually thereafter. Every employee completes 40 hours of training within the first year of employment and every CCW receives as many training hours per year as the average number of hours they work in a week. All staff receive at least 5 of their annual training hours from an external consultant such as the Psychiatrist.

Staff also participate in a minimum of 4 hours of cultural competency training per year (from date of hire). Cultural Competency Training opportunities approved by SDYS consist of the following: cross cultural communication, customs, belief systems, communication patterns, family dynamics, assessment, service planning, service delivery, and cultural traditions. The Program Therapist also participates in the County of San Diego Children’s Mental Health Services training requirements pertinent to their jobs per this funding source.

Upon completion of internal or external training, staff obtain the following information and turn it into her/his supervisor: information on the training topic, trainer's qualifications, date and hours, and attendance verification. The Program Manager reviews this information and submits it to the Human Resources Department for insertion in the employee file. Training hours are reviewed quarterly to ensure that all staffs are meeting the requirements.

Staff meet with their assigned supervisor on a regular basis to review quality of services, learning goals, probationary contracts, staff development goals, organizational development participation, performance assessments, and organizational information. These meetings serve to keep the supervisor abreast of staff training issues as well. The following may serve as indicators of a staff person’s need for more specialized training: consistent disruption in the milieu during staff coverage, Service Partner complaints about staff conduct, and the inability of the staff to handle particular situations on a consistent basis. Staff with specialized training needs will create a Professional Development Plan with her/his supervisor that will identify specific training topics to address these needs. Staff also receive a performance review from their supervisor after a three (3) month orientation period and annually thereafter. Categories on the Performance Evaluation indicating “Areas of Development” often indicate the need for more specialized training. If it is indicated that staff in general are having difficulty managing a particular issue or situation in the home, the Program Manager, in coordination with the Human Resources Department will attempt to develop or implement trainings to accommodate those needs.

The following chart represents the initial and annual training plan for all staff and includes the facility manager training.
Please see the following list of attachments:
- Board of Directors
- San Diego Youth Services Org chart
- The Bridge Org chart
- Articles of Incorporation
- By laws
The Bridge utilizes Volunteers as support staff for milieu management and implementation of programming. Volunteers are utilized in compliance with CCR 80065 in that volunteers are supervised and are not included in the facility staff plan with regard to Foster Care Rate Setting. Volunteers are subject to live scan fingerprint criminal record clearance and the child abuse index check by the SDYS Volunteer Services Coordinator. Volunteers are required to complete the same employee physical and initial and ongoing training as a paid staff member. Volunteers that wish to be eligible to transport Service partners must comply with the same expectations as indicated in Section 7 of this program statement.
The group home facility which is located at 3151 Redwood St., San Diego, CA 92103 is the property of San Diego Youth Services, a non-profit 501c3. Attached is a copy of the Deed as proof of ownership.
The attached sketch of the Bridge Facility includes the dimensions of all rooms and their designated use, the number of children per bedroom, and all indoor and outdoor space including driveways, fences, storage areas, gardens, recreation areas, and other space used by the children.

Please see the attached sketches of the Bridge Facility.
AFDC-FC Warrants – Section 29

The AFDC-FC warrants are to be mailed to Angie Tran, Chief Financial Officer, located at 3255 Wing Street, San Diego, CA 92110.
Please see attached Signed Statements for each member of the SDYS Board of Directors.