County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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November 26, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

MCKINLEY CHILDREN'S CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of the McKinley Children's Center (McKinley) Group Home (GH) in July 2012. McKinley has one site located in the First Supervisorial District and provides services to Los Angeles County DCFS foster children, as well as youth served by the Los Angeles County Probation Department, San Bernardino County and Riverside County. According to McKinley's program statement, its purpose is "to provide services to children who exhibit behavioral, social and emotional difficulties."

McKinley has one 44-bed site and is licensed to serve a capacity of 44 boys, ages eight through 18. At the time of the review, McKinley served 34 placed DCFS children. The placed children's average length of placement was 16 months and their average age was 15.

SUMMARY

During our review, the interviewed children generally reported feeling safe at McKinley; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

McKinley was in full compliance with six of 10 areas of our contract compliance review: Facility and Environment; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

We noted deficiencies in the areas of documentation of services delivery and meeting children's educational needs. McKinley needed to develop timely and comprehensive Needs and Services Plans (NSPs), as well as ensure that placed children are discharged according to their permanency plan and make progress toward meeting their NSP goals. We instructed McKinley supervisory staff to enhance monitoring in order to eliminate documentation issues.

Attached are the details of our review.

REVIEW OF REPORT

On August 17, 2012, the DCFS OHCMD Monitor, Jui Ling Ho held an Exit Conference with McKinley staff, Stacy Duruaku, Executive Director of Treatment and Mirlande Amazan, Residential Director. McKinley representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the A-C and Community Care Licensing (CCL).

McKinley provided the attached approved CAP addressing the recommendations noted in this compliance report.

We will assess for implementation of recommendations during our next monitoring review.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:RRS:KR
EAH:PGB:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Alonzo Mason, Executive Director, McKinley Children's Center Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing

MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess McKinley Children's Center's (McKinley) compliance with its County contract and State regulations; and included a review of the McKinley's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, seven placed DCFS children were selected for the sample, as there were no children placed by the Probation Department. We interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess McKinley's compliance with permanency efforts. At the time of the review, six children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

We reviewed four staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

We found the following four areas out of compliance.

Licensure/Contract Requirements

- We found that Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. The Executive Director stated they would immediately begin submitting SIRs via I-Track timely and train their staff on SIR reporting protocols.

We noted that CCL had cited McKinley as a result of deficiencies and findings during CCL's investigations. CCL substantiated an allegation of neglect/lack of supervision, as a youth had obtained access to a metal stake from the facility's dining hall, which was under construction, and climbed to the roof of a building on campus on August 1, 2011. McKinley submitted a Plan of Correction (POC) to CCL, documenting retraining of construction staff and ensuring all tools were locked and any construction debris thrown out or made inaccessible at the end of each work day.

On October 7, 2011, CCL cited McKinley for safety and physical plant deficiencies, as the Licensing Program Analyst (LPA) observed broken windows in two of the children's bedrooms. CCL required McKinley to submit a written POC to address the repair of the windows, and no placed children were allowed to sleep in the bedrooms until the windows were installed.

On December 16, 2011, CCL substantiated Personal Rights violations, as a contracted food-service worker had slapped a child's hand as he attempted to reach for food under the serving area with his bare hands. McKinley had counseled the contracted worker who explained that they had tapped the child's hand with the intent to prevent the child's hand from being burned by hot food items. McKinley provided proof of POC to CCL.

Recommendations

McKinley's management shall ensure that:

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.

2. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

- Ten of 25 NSPs reviewed did not contain the Children's Social Workers' (CSWs) signatures to implement the NSPs, and there was no documentation indicating efforts were made by McKinley's staff to timely obtain the DCFS CSWs' authorizations. The Executive Director of Treatment stated that the McKinley treatment team will ensure that children and their authorized representatives are offered the opportunity to participate in the development of, and any modifications to, the NSPs and that the CSWs give written approval of the NSPs, in accordance with Title 22 Regulations and the County contract.

- We found that two of seven sampled children were not making progress toward meeting their NSP case goals. The Residential Director stated that every effort would be made to ensure all residents make progress toward meeting NSP goals.

The treatment team will break down goals in small tasks and utilize the S.M.A.R.T. (Specific, Measurable, Attainable, Results-Oriented and Time-Limited) technique when creating treatment goals.

- None of the initial NSPs reviewed were comprehensive in that they did not include all the required elements in accordance with the NSP template. Training sessions were facilitated on August 31, 2012; September 6, 2012; and September 11, 2012, by McKinley's Executive Director of Treatment, the Director of Residential Services, and the Clinical Director for all the treatment team members. Effective immediately, the McKinley's clinicians will begin developing more detailed and comprehensive reports.

- Two of 18 updated NSPs reviewed were not timely, and none of the updated NSPs reviewed were comprehensive, in that they did not include all the required elements in accordance with the NSP template. Some updated NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals, or the child's status was not updated. In addition, none of the updated NSPs included a permanency treatment goal for the placed children. The Executive Director of Treatment stated that the treatment team will immediately begin creating more detailed and comprehensive reports.

Recommendations

McKinley's management shall ensure that:

3. McKinley staff obtain, or document efforts to timely obtain, the DCFS CSWs' authorizations to implement the NSPs.

4. Children are progressing towards meeting their NSP goals.

5. Initial NSPs are comprehensive and include all required elements.

6. Updated NSPs are developed timely and comprehensive to include all required elements.

Education and Workforce Readiness

- We found that two of seven children did not improve their academic performance and/or attendance. Although the reviewed NSPs documented the children having truancy issues or refusing to attend school, there was no documentation supporting efforts made by McKinley staff to ensure children attended school regularly. The Executive Director of Treatment stated that the clinician and cottage manager will work collaboratively with the school (teacher and/or school liaison), to develop goals that will assist children in increasing attendance and school performance. All children who are performing below a 2.0 grade-point-average will be enrolled in tutoring courses to assist with academic performance. Mental

Health Rehabilitation Services and Therapeutic Behavioral Services (TBS) services can and will be utilized in addressing behaviors that may impede a child's academic attendance and performance.

Recommendation

McKinley's management shall ensure that:

7. Children improve academic performance and/or attendance.

Discharged Children

- We found two of three discharged children were not discharged according to the permanency plan and did not successfully meet all of their NSP goals prior to their discharge. The Executive Director of Treatment assured that McKinley will take all necessary treatment measures to assist children with setting and meeting their stated goals. The treatment team will have weekly meetings to discuss children's progress and response to treatment.

Recommendations

McKinley's management shall ensure:

8. Efforts are made to ensure all children are discharged according to the permanency plan.

9. All children make progress toward meeting their NSP goals.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated May 14, 2012 identified 10 recommendations.

Results

Based on our follow-up, McKinley fully implemented three of 10 recommendations. In the previous recommendations McKinley was to ensure that:

- The common quarters were well maintained
- The children's bedrooms were well maintained.
- NSP were developed timely.
- Initial and updated NSPs were comprehensive and include all required elements.
- Currently placed children were assisted with progressing toward meeting the NSPs case goals.

- All children attended school as required.
- Children's academic performance and/or attendance increased.
- All children's initial dental examinations were completed in a timely manner.
- The children are assisted with making progress toward meeting their NSP goals prior to their discharge.
- Full implementation of the outstanding recommendation from OHCMD'S prior monitoring report, as NSPs were not comprehensive.

As noted, McKinley did not implement the recommendations regarding development of timely and comprehensive NSPs; ensuring children were progressing toward meeting their NSP goals; ensuring children's academic performance and/or attendance improved; and ensuring children were making progress toward meeting their NSP goals prior to their discharge.

Recommendation

McKinley's management shall ensure that:

10. It fully implements the May 14, 2012 outstanding recommendations from the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendations 4, 5, 6, 7 & 9.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of McKinley Children's Center has not been posted by the Auditor-Controller.

Per the DCFS Various Programs "Status of Outstanding Debt" spread sheet, as of October 4, 2012, McKinley is indebted to the County of Los Angeles in the amount of $26,888 in Group Home and Foster Family Agency overpayments. McKinley is making payment in accordance with invoice due dates.

MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

762 West Cypress Street
San Dimas, California 91773-3599
License # 191502075
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: July 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks? 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication	Full Compliance (ALL)

	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Needs Improvement 2. Needs Improvement 3. Full Compliance
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

September 17, 2012

JUI-LING HO. CSW
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
OUT OF HOME CARE MANAGEMENT DIVISION
9320 Telstar Avenue #216
El Monte, CA 91731

RE: GROUP HOME CONTRACT COMPLIANCE REVIEW AUGUST 2012

Dear Ms. Ho:

This correspondence is in response to the Group Home Compliance Review on 8/17/2012.

Sincerely,

Stacy Duruaku, LMFT

Stacy Duruaku, LMFT
Executive Director of Treatment

MCKINLEY CHILDREN'S CENTER
762 West Cypress St.
San Dimas, CA 91773
909-599-1227

GROUP HOME CONTRACT COMPLIANCE REVIEW AUGUST 2012

LICENSURE/CONTRACT REQUIREMENT

Element #4- SPECIAL INCIDENT REPORTING

Finding: Incident Reports not submitted timely

Response to Element #4

The concern of timely submission, cross reporting, time and dates of incidents, and addendums was addressed with all parties who are responsible for inputting incident reports into I-Track on 7/23/2012. This is before the date of the Group Home Compliance Review, but was an area that needed to be addressed. Each person responsible for reporting special incidents in I-Track received a copy of Exhibit V-III, and a copy of the Special Incident Report, power point presentation.

The following was addressed in a memo, with signed acknowledgments of understanding of the memorandum:

- Types of reportable incidents.
- How incidents should be reported.
- To whom incidents should be reported
- When incidents should be reported- reports should be timely/addendums can be added if additional time is needed to gather information
- Cross reporting guidelines- Community Care Licensing, Out of Home Care Management, Parent/Guardian/Law Enforcement
- Times and dates of incident reports – time of incident, times/returns of unauthorized absences
- Addendums – for additional information, return of unauthorized leaves

After the Group Home Compliance Exit Review, another retraining was facilitated on 8/28/2012, with signed acknowledgments of understanding of the special incident report guidelines. This re-training was facilitated by the Executive Director of Treatment, with the Director of Residential. The re-training was a recap of the memorandum, dated 7/21/2012. Special Incident Report Guidelines were discussed in detail, as stated in Exhibit V-III. The concern with timeliness was discussed as follows:

- Submit all incident reports according to the stated guidelines
- Ensure that all incident reports are submitted and not saved
- If additional information is needed, submit the report, make a notation in conclusions and actions taken, that more information is needed, and completes an addendum, within seven business days of receiving the additional information.

Responsible Person(s) to submit incident reports via I-Track(element #4):

Cottage Managers:
Cottage Managers are responsible for inputting all reportable incidents for the specific residents of the cottage they supervise. When a cottage manager is not on duty, another manager will be assigned to input any reportable incidents into I-Track, for the absent manager.

Campus Supervisor (CS are responsible for inputting incidents involving unauthorized absences/returns)

Sunday	9:30am-1030pm
Monday	6:00pm-1030pm
Tuesday	6:00pm-1030pm
Wednesday	6:00pm-1030pm
Thursday	6:00pm-1030pm
Friday	6:00pm-1030pm
Saturday	9:30am-1030pm

Night Awake Supervisors/Night Awake Assistant Supervisors(are responsible for inputting incidents involving unauthorized absences/returns).

Sunday	10:00pm-10:00am
Monday	10:00pm-8:00am
Tuesday	10:00pm-8:00am
Wednesday	10:00pm-8:00am
Thursday	10:00pm-8:00am
Friday	10:00pm-8:00am
Saturday	10:00pm-10:00am

AM Supervisor (responsible for unauthorized absences reporting/returns)

Monday – Friday	6:00am-2:00pm

On 9/12/2012, an All Staff Meeting was facilitated by the Executive Director of Treatment and the Director of Residential. During this meeting, training on Special Incident Report Training was held (11:30am-1:30pm). The learning objectives were as followed:

- Understanding the role of regulatory agencies – OHCM, CCL, Probation
- Incident reports as part of care, safety, and supervision
- Defining Incident Reports, there significance, and why they are important
- Types of reportable incidents
- Timeliness of Incident Reporting
- Cross Reporting
- How to write a special incident report

Responsible person to ensure compliance(element #4)

The Quality Systems Department is responsible for reviewing the timeliness of submission, cross reporting, and discrepancies in dates and times. The QS Department will report any deficiencies

to the Director of Residential and Executive Director. The Director of Residential will address said deficiencies with persons responsible for inputting reports into I-Track. The Director of Residential will report to the Executive Director, with an immediate corrective action plan, to address all deficiencies and person(s) responsible for the deficiency.

Time frame to improve – Immediate and sustained improvement is expected, not to exceed 11/12/2012.

Element #9 –Community Care Licensing

8-1-11
After the said incident, the incident was reported immediately to the Director of Facilities. The Director of Facilities, addressed the issue with the contractor's, and ensured that all debris and other materials were removed.

10-7-11
After said incident, the Director of Facilities was contacted, windows were replaced, boards covering the window were re-secured, and any opening from the outside of window was covered. Arrangements had already been made for rooms not to be used or slept in, until the windows were replaced.

12-11-11
After said incident, the Director of Facilities was notified about the personal rights violation. This issue was addressed with the contracted staff, and child personal rights were discussed with the contracted worker. It was established that the contracted worker had no mal-intent toward the child, but was only attempting to safeguard the child from getting burned by reaching under the food-guard.

Responsible person to ensure compliance (element #9)

The Executive Director of Treatment, Director of Residential, and Clinical Director will continue to work collaboratively to ensure the care, safety, and supervision of all children placed at McKinley Children's Center. The Executive Director of Treatment will work directly with Community Care Licensing to ensure compliance. The Director of Residential and Clinical Director will work with Community Care Licensing when and if needed, in the absence of the Executive Director of Treatment.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #16-County Worker's Authorization
Element #18-Case Goals
Element #23 –Initial –Timely & Comprehensive
Element #24 – Updated – Timely & Comprehensive

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San Dimas, CA 91773
909-599-1227

Response to Element #16, #18, #23, #24

On 8/31/2012, 9/6/2012, and 9/11/2012, training on Needs and Service Plans was facilitated by the Executive Director of Treatment, Director of Residential, and Clinical Director. Each contributor signed an acknowledgement of participation and understanding. During this training, it was emphasized that the Needs and Service Plans must be **detailed and comprehensive**, that includes a narrative of the services being provided to a child in placement. The importance of **client participation in the development of goals, CSW authorization**, and the mandate of **timely submission** of Needs and Service Plans was addressed. The accurate completion of Needs and Service Plans was discussed in its entirety, with great detail, beginning on page 1. Each entry on the NSP was reviewed, and what was required for each entry. The following was also discussed in the training:

- Permanency- Case Plan and Concurrent Case Plan
- Adjustment to placement
- Reporting periods (initial & updated)
- Psychological/Psychiatric/Behavioral needs and goals
- Medical/health concerns
- Educational needs/goals
- Daily Living Skills
- Emancipation/Independent Living
- Visitation/Family Involvement
- SMART Goals

The clinicians were instructed to consult with the CSW, regarding the case plan goal, concurrent case plan goal, and plans toward permanency. Clinicians were informed that **a permanency goal** must be established in the Identified Treatment Needs section of the Needs and Service Plan

During the training, developing goals that are specific, well defined, measureable, and attainable was emphasized, in an effort to assist client/family with achieving success in reaching their goals. The possible goals to be addressed in the Needs and Service Plans are stated in the bulleted section above (not limited to).

The timeliness of submission of the Needs and Service Plan and the time frame for submission of reports was reviewed. All contributors were informed that the Needs and Service Plan is due on the **last day of the reporting period**, submitted to the Office Manager, to be reviewed by the Director of Residential. All contributors were informed that the final Needs and Service Document must be submitted, no later than 10 days, after the last day of the reporting period.

Contributors to the Needs and Service Plan were also trained and instructed to report the 3 month progress in the Quarterly Section of the report, and indicate the number of the Identified Treatment Goal.

Each contributor to the Needs and Service Plan was provided a handout, outlining what section of the NSP they are responsible for, and the requirements/necessary information needed for their specific section of the Needs and Service Plan to reference.

Responsible Person(s) for Needs and Service Plans (element #16, 18, 23, 24) (dependent on treatment goals of child)

Residential Clinician
Health Services Supervisor
Mental Health Rehabilitation Specialist (MHRS)
Therapeutic Behavior Coach (TBS)
Cottage Manager
Independent Living Coordinator (ILC)
School (teacher)
School Liaison (when applicable)

Each week an Interdisciplinary Team Meeting is held to discuss client progress toward identified treatment needs and goals. One week prior to NSP due date, all contributors will meet to review the final Needs and Service Plan that will be submitted to the CSW. These meetings will be facilitated by the Director of Residential and/or the Clinical Director.

The Residential Clinician is responsible for the timely submission of the Needs and Service Plan to the Office Manager on the due date of the report.

Responsible person to ensure compliance (element #16, 18, 23, 24)

All contributors to the Needs and Service Plans are expected to set reminder dates on their outlook for Needs and Service Plan due dates. The Office Manager is responsible for sending out reminders for Needs and Service due dates, two weeks prior to due date. All Needs and Service Plans will be time stamped and submitted to the Director of Residential for review. Any corrections will require a 24 hour turn around. The completed and final document will be submitted to the Office Manager, to be faxed to the CSW, no later than 10 days after the due date of the reporting period. The fax transmittal will be kept on file. The manager will make 3 attempts to fax, if a returned signature has not been received by the CSW.

All untimely submissions of Needs and Service Plans will be addressed by the Director of Residential, and reported to the Executive Director of Treatment. A corrective action plan will be implemented for all contributors to the Needs and Service Plans, who are untimely with their documentation, according to the agency policy on progressive discipline.

Time frame to improve – Immediate and sustained improvement is expected, not to exceed, 11/12/2012.

EDUCATION AND WORKFORCE READINES

Response to Element #28

In an effort to ensure that a child increases academic performance and/or attendance. The clinician and cottage manager will work collaboratively with the school (teacher and/or school liaison) to develop goals that will assist child in increasing attendance and school performance. All children who are performing below grade 2.0 will be enrolled in tutoring courses to assist with academic performance. Mental Health Rehabilitation Service and TBS services can and will be utilized in addressing behaviors that may impede child's academic attendance and performance.

Responsible Person(s) for Needs and Service Plans (element #28)

The Residential Clinician and Cottage Manager will be responsible for coordinating services for a child's educational needs and progress, in conjunction with school personnel. Any needed referrals for MHRS and TBS services will be discussed with the treatment team, and the appropriate referral will be made, within the scope of practice of the referring person. The clinician will be responsible for referrals to MHRS and TBS. The Cottage Manager will be responsible for following up on tutoring services when and if needed. Client educational needs and goals will be addressed in the weekly IDTM meetings.

Responsible person to ensure compliance (element #28)

During the weekly IDTM, educational goals and attendance will be discussed, and responsible person(s) will be charged with the follow up with school personnel. The Director of Residential will be responsible for follow up on educational goals and attendance, by communicating with school personnel when needed, and ensuring that educational goals for performance and attendance have been established when needed.

Time frame to improve - Immediate and sustained improvement is expected, not to exceed 11/12/2012.

DISCHARGED CHILDREN

Response to Element #56

At the time of intake, permanency goals for the client will be established, and will be listed as an Identified Treatment goal. The treatment team will then develop goals that are specific, measurable, attainable, to assist the child with achieving this goal, and ultimately discharging according to the permanency plan.

Responsible Person(s) element #56

The Residential Clinician will work in conjunction with the CSW to determine the permanency plan for the child. The clinician will then establish goals individual/family therapy to assist the client/family to attain this goal. Other goals that are needed to assist in goal attainment will be established by the treatment team and indicated in the Identified Treatment Need section of the Needs and Service Plan.

Responsible person to ensure compliance (element #56)

The Director of Residential and the Clinical Director will be responsible for tracking permanency goals, and all efforts made with the treatment team to assist in the achievement of clients permanency goal, at the time of discharge. They will report all non-compliance issues to the Executive Director.

Time frame to improve - Immediate and sustained improvement is expected in establishing permanency goals, not to exceed 11/12/2012.

Response to Element #57

In an effort to assist a child in making progress toward their goals, the goals will be well defined, specific, measurable, and attainable. This will assist the child with achieving success and make progress toward their identified treatment goals at the time of discharge. Each week an Interdisciplinary Team Meeting is held to discuss client progress toward identified treatment needs and goals. During this meeting treatment modalities and interventions will be discussed. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed. Changes to treatment plan will be made when and if needed to assist with goal attainment.

Responsible Person(s) (element #57)

The Interdisciplinary team will work collaboratively in establishing goals, and assisting child with reaching those goals according to their permanency plan, in addition to achieving other established goals that will assist toward permanency during child's residence at McKinley Children's Center.

Responsible person to ensure compliance (element #57)

The Director of Residential and the Clinical Director will be responsible for tracking established goals and adjustment to goals during the reporting period. They will be responsible for ensuring the appropriate treatment modalities and execution of those modalities. The Clinical Director and Residential Director will report all concerns to the Executive Director of Treatment.

Time frame to improve - Immediate and sustained improvement is expected in establishing permanency goals, discharge goals, and other goals as needed, not to exceed 11/12/2012. The Residential Director and Clinical Director will hold to the integrity of the client progress. If a client is not achieving set goals, all treatment efforts and client response to treatment will be documented.