



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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



BOBBY D. CAGLE
Director

GINGER PRYOR
Chief Deputy Director

Board of Supervisors

HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

April 21, 2020

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn

From: *Cynthia McCasville for*
Bobby D. Cagle
Director

**MCKINLEY CHILDREN'S CENTER
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the McKinley Children's Center Short-Term Residential Therapeutic Program (the Contractor) in November 2019. The Contractor has one licensed site located in the Fifth Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 9
PRIORITY 3 1

CAD conducted an on-site Contract Compliance Assessment review, of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 5 of 10 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; Needs and Service Plans; Health and Medical Needs; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, six DCFS placed children were selected for the sample. CAD reviewed the six children's files and interviewed six children to assess the level of care and services they received. Additionally, three discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to the Contractor to assess the quality of care and supervision provided to the placed children and foster youth.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Vehicles used to transport children were not maintained in good repair.

Priority 2

- General Requirements
 - Special Incident Reports were not properly documented, not cross reported in the I-Track system.
- Facility and Environment
 - Children's bedrooms were not clean and well maintained,
 - Adequate nutritious perishable and non-perishable food were not maintained.
- Permanency and Transition Services
 - Needs and Services Plans Permanency section did not document the child's case plan goal,
 - Aftercare support services and linkages were not provided to the child and family post discharge by the STRTP,
 - The Contractor did not provide post permanency support services,
 - The Contractor did not discharge the child in accordance with the NSP permanency, or to a lower level of care.
- Education and Independent Living Program
 - Efforts to maintain children at school of origin were not documented.
- Personal Rights and Social/Emotional Well-Being
 - Children reported they are not given opportunities to participate in extracurricular or community activities.

Priority 3

- Facility and Environment
 - Vehicles are not clean.

On December 5, 2019, DCFS CAD Children Services Administrator I and II, and DCFS Out-of-Home Care Management Division Quality Assurance Specialist held an exit conference with the Contractor's representatives: Chief Executive Officer, Quality Improvement Supervisor, Director, and Unit Manager.

The Contractor's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted deficiencies in this compliance report.

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

BDC:KR
LTI:gt

Attachments

- c: Sachi A. Hamai, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Anil Vadaparty, Chief Executive Officer, McKinley Children's Center STRTP
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



McKinley
Youth • Family • Community

January 07, 2020 (Revised: 01/24/2020)

Grace Tamase

Los Angeles County Department of Children and Family Services
Contract Administration Division, Contract Compliance
3530 Wilshire Boulevard, 4th Floor
Los Angeles, California 90010

RE: Corrective Action Plan for McKinley's STRTP Monitoring Compliance Review

Dear Ms. Tamase,

Thank you for your review of McKinley during the STRTP Monitoring Compliance Review. We were pleased with your observations and appreciate the positive comments and feedback that your team provided on December 5, 2019. We are happy that you found us to be in compliance with 74 out of the 84 review elements as we have worked tirelessly during this transition from group home to STRTP.

As per your request, below is our Corrective Action Plan (CAP) for the 10 review elements needing attention.

I. GENERAL CONTRACT REQUIREMENTS

Section 5.2: The STRTP has 3 out of 76 Special Incident Reports (SIR) that were not submitted timely and/or not cross reported appropriately to all parties in the I-track system.

McKinley's Response: The Director of STRTP and the Senior Vice President of Quality Systems will conduct an SIR training for all managers on or before January 31, 2020, to ensure that all SIR's are completed, submitted, and cross reported in a timely manner. The STRTP Director will be responsible for monitoring compliance with the reporting guidelines. In addition, the Quality Systems will review SIRs on a monthly basis to ensure that the correct guidelines are being followed. Any deficiencies will be reported to the STRTP Director for follow-up and corrective action. Out of Home Care will also provide a SIR training to the STRTP administrators on 02/06/2020 to ensure that the STRTP is in compliance with the reporting guidelines.

II. FACILITY AND ENVIRONMENT

Sections (6.12 and 6.18): The vehicles used to transport children were not maintained in good repair.

McKinleyCC.org 762 West Cypress Street, San Dimas, California 91773

Office: 909.599.1227 **Fax:** 909.592.3841 **Email:** Info@mckinleycc.org

McKinley's Response: McKinley will have vehicles inspected by a certified mechanic, at a minimum, once a month. The inspection includes bodywork, tires, fluid levels, and head/tail lamps. If the mechanic's inspection reveals any findings related to safety, the vehicle will be removed from the fleet immediately, until it is properly serviced. Upon the repair being completed, the mechanic will review to ensure the repairs were made and will document on the inspection form (Please see attached form). The Director of Facilities will review the inspection forms to ensure that the process is taking place, and will institute corrective action as needed. To further ensure that this process is taking place, on a monthly basis, the Quality Systems team will review the inspection forms and report any findings of non-compliance to the Director of Facilities and the STRTP Director. The inspection forms completed by the mechanic will be kept on file with the Facilities department.

In addition, the vans will be cleaned on a bi-weekly by an outside vendor. Should staff notice that the van is in need of cleaning before the next scheduled date, staff will take the van to the car wash to ensure the cleanliness of the vans.

Section 10.11: During the walk-through of Campbell cottage, drawers in one of the children's bedrooms did not close completely. In Gregory cottage it was noted that the light in the third bedroom was missing a cover and graffiti was observed in the drawers.

McKinley's Response: McKinley's Unit Managers and maintenance staff will conduct weekly cottage inspections at minimum one time per week and complete the Daily Maintenance Checklist (please see attachment). Should the staff find any deficiencies the staff will immediately complete a maintenance request to fix the deficiencies. This document will be reviewed by the STRTP Director and the Assistant Director of STRTP for follow-up and corrective action.

Section 12.4: During the walk-through, an expired gallon of milk was observed inside the refrigerator in one of the cottages.

McKinley's Response: The Assistant Director for STRTP will provide a Title 22 and food storage training to residential staff on January 29, 2020. Residential Staff will be required to complete a Food Safety checklist which will include checking the refrigerator to ensure that food storage meets USDA guidelines (Please see attached form). This document will be reviewed by the Lead Staff and/or Unit Manager on a daily basis to ensure that it is being completed. Any deficiencies will be reported to the STRTP Director and the Assistant Director of STRTP for follow-up and corrective action.

III. PERMANENCY & TRANSITION SERVICES (NEW):

Section 20: During the review of NSP's for youth (C3), it was noted that the NSPs did not document the youth's case plan and concurrent plan.

McKinley's Response: The Director of STRTP and the Clinical Director for Mental Health Services within the STRTP will conduct an NSP training for all case managers, MHRS, and Unit Managers

to ensure the appropriate information is in the NSP no later than January 31, 2020 . The Clinical Director for Mental Health Services within the STRTP will review the NSP 7 days prior to it being due to the county to ensure that this information is documented accurately and will institute corrective action as needed.

Section 24: No documentation of aftercare support services and linkages were provided to the child (C2) post-discharge by the STRTP and it's not clear from discharge summary the type of placement child was discharged to after leaving the STRTP.

McKinley's Response: The STRTP will make all efforts in conducting a Transitional CFTM and/or completing the Transitional Determination (please see attached documents) plan prior to discharge to discuss aftercare services and linkages that will be needed after discharge. McKinley will also ensure that in the discharge summary additional information is added to the disposition area of the document to include but not limited to, place of discharge, aftercare support services (mental health, medical, school, linkages, etc.), and documentation of request to participate in initial CFTM for the new placement. If the STRTP is not able to gather all of the information described above an addendum will be done to the discharge summary. The Clinical Director of Mental Health Services for STRTP will be responsible for monitoring compliance for aftercare. Any deficiencies will be reported to the STRTP Director and the Vice President of Mental Health Service for follow-up and corrective action.

Section 25: No documentation was noted that STRTP provided post permanency support services to the child (C2) and it's not clear from discharge summary the type of placement child was discharged to after leaving STRTP.

McKinley's Response: McKinley will ensure that in the discharge summary additional information is added to the disposition area of the document to include but not limited to, place of discharge, aftercare support services (mental health, medical, linkages, etc.), and documentation of request to participate in initial CFTM for the new placement. If the STRTP is not able to gather all of the information described above an addendum will be done to the discharge summary.

Section 26: Child (C2) permanency plan was not documented in NSPs and it's not clear from discharge summary the type of placement child was discharged to after leaving STRTP.

McKinley's Response: Per Section 5, the STRTP will be conducting an NSP training by January 31, 2020, to ensure that all disciplines that provide input to the NSP are trained. In addition, prior to NSP's being finalized the Director of Mental Health for STRTP will be responsible for reviewing each document and ensure that all pertinent information is included and that it is complete. Any deficiencies will be reported to the STRTP Director and the Vice President of Mental Health Service for follow-up and corrective action.

IV. EDUCATION AND INDEPENDENT LIVING PROGRAM SERVICES (NEW)

Section 28: No documentation that the STRTP made efforts to maintain children (C1 & C3) in the school of origin.

McKinley's Response: McKinley will make all efforts to discuss the school of origin during the IPC screening and interview with the youth. The Intake Coordinator will document these efforts on the Intake Assessment form (please see attached form) to ensure that the needs of this youth are met. McKinley's Unit Managers will also work with the Bonita Unified School District Foster Care Liaison in documenting all of these efforts. The STRTP Director will be responsible for monitoring compliance to ensure that all youth have a voice and choice in reference to school of origin.

V. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Section 55: Child reported that the staff doesn't communicate with each other when it comes to activities. The child stated staff from one work shift had approved for an activity and then staff from another work shift will say they're not aware of the approval so the activity will not be done. The staff will say that the manager has to be contacted for approval, but the manager is scheduled off.

The second child reported submitting signed up paperwork for sports tryouts in the community to cottage staff, but the staff forgot to transport the child to the activity on the date of the sports tryouts.

McKinley's Response: McKinley will make all efforts to connect youth with outside extracurricular programs to ensure their social growth amongst kids that are not in placement. Should a child have a desire to play sports, he will communicate this information to the Lead staff and /Unit Manager for approval. If a youth is unable to participate in extracurricular activities due to behaviors, a plan will be developed with the Child and Family Team to assist him in meeting this goal. The Unit Managers will work alongside the Activities Coordinator to ensure that each youth the opportunity to participate in extracurricular activities. This will be documented by the Case Managers in the youth's monthly Child and Family Team Meetings.

Sincerely,



Talesha Payne, MA
Director of STRTP

CC: **Anil Vadaparty, Chief Executive Officer**