



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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March 30, 2022

To: Supervisor Holly J. Mitchell, Chair
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Supervisor Kathryn Barger

From: 
Ginger Pryor
Acting Director

**MCKINLEY CHILDREN’S CENTER dba MCKINLEY BOY’S HOME
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 virtual Contract Compliance Review of the McKinley Children’s Center dba McKinley Boy’s Home Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in October 2021. The Contractor has an office located in the Fifth Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 7
PRIORITY 3 0

CAD conducted a virtual 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 4 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Engagement and Teamwork; Education and Independent Living Program Services; and Health and Medical Needs.

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

CAD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff. To assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted virtual site visits of the Contractor's location.

CAD noted findings in the areas of:

Priority 1

- Personnel Files
 - Personnel did not receive current emergency intervention training; and the contractor did not have the current emergency intervention training on file.

Priority 2

- General Contract Requirements
 - Special Incident Reports were not properly documented in the Needs and Services Plan.
- Needs and Services Plans (NSPs)
 - NSPs were not completed comprehensively and accurately.
- Permanency and Transition Services
 - The child's case plan goals were not consistently documented in the NSP permanency section.
- Personal Rights and Social/Emotional Well-Being
 - Children reported inconsistent consequences for not following the rules.

- Children were not informed about their right to have contraceptives and a container for storage.
- Personal Needs/Survival and Economic Well-Being
 - Children reported not receiving the basic amount required for monthly clothing allowance.
 - Children reported not being allowed to make their own clothing purchase selections.

On January 6, 2022, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations and 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 findings in this compliance report.

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

GP:KDR
LTI:yw

Attachments

- c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office
Audit Committee
Anil Vadaparty, President and CEO, McKinley Children's Center
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY
MCKINLEY CHILDREN'S CENTER (STRTP)



Corrective Action Plan

2021

GENERAL CONTRACT REQUIREMENTS

5. Special Incident Reports (SIRs) are properly documented.

5.1 SIR Documentation is in the Needs and Services Plans (NSPs) [Master Contract §§19.2 & 19.6; ILS §87068.3(c)].

Facility
Site 774
Site 774
Site 774
Site 774
Site 774

1. Explain the Cause.

There were staff changes and a new staff began inputting the SIRs in the NSPs and did not have a clear understanding of the process.

2. Corrective Action Taken.

The Director of STRTP, and Vice President of STRTP will conduct NSP training for all managers/supervisors to ensure that all SIRs are added to the monthly Needs and Services Plans on or before February 28, 2022. The Director and Vice President of STRTP will be responsible for reviewing the NSPs, and ensuring compliance prior to providing a copy to all parties involved for review. **Documentation of this training will be emailed to the analyst no later than 02/28/2022.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Quality Systems will review SIRs in the Itrack System, as well as, review the Special Incident Reporting Section of the NSPs on a monthly basis to ensure that this information is reported accurately.

NEEDS AND SERVICES PLANS

16. The NSPs were completed accurately and on time.

16.2 NSPs were comprehensive & accurate. [Title 22 §84268.3(c); SOW Part C §§19.2, & 19.6; ILS §§87068.22(c) & 87068.3(a)].

Facility

Site 774

1. Explain the Cause.

Staff lacked training and the information to accurately complete the education section.

2. Corrective Action Taken.

The Director of STRTP and Vice President of STRTP will provide Needs and Services Plans training to all staff who complete the NSPs (Unit Managers, Clinical Staff). The Director and VP of STRTP will be responsible for reviewing the NSPs and ensuring that NSPs are comprehensive and accurate, and complete. This training will be completed by 2/28/2022. **Documentation of this training will be emailed to the analyst no later than 02/28/2022.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Quality Systems will review a sample of NSPs on a monthly basis to ensure that the NSPs are completed accurately. Any deficiencies will be reported to the Director of STRTP and VP of STRTP for follow-up and corrective action.

PERMANENCY & TRANSITION SERVICES

20. The NSP Permanency section documented the child's case plan goals (i.e. concurrent plan, progress made, barriers).

Facility

Site 774

Site 774

1. Explain the Cause.

During the CFTMs when the teams met the Case Plan goal were continuously in flux, and the team was unable to identify a goal for permanency, and/or due to changes in the permanency plan and/or having to wait for approvals these barriers were not well documented.

2. Corrective Action Taken.

The Mental Health Case Manager for the STRTP will be responsible for updating the NSPs to include the youth's Permanency and Concurrent Case-Plan Goals. The Case Plan Goal/s will be consistent with what the team has identified and discussed in the CFTM (Child Family Team Meeting). The STRTP Director and VP of STRTP will be responsible for ensuring that the NSPs state the youth's permanency plan and concurrent plan, as well as, address any modifications that are made to the Case Plan Goal/s, prior to forwarding the NSP to the CSW for review. The STRTP Director and VP of STRTP will train staff on how to properly fill out the document, and ensure that all goal/s are SMART goals. This training will be completed by 2/28/2022. **Documentation of this training will be emailed to the analyst no later than 02/28/2022.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Quality Systems will review NSPs on a monthly basis to ensure that the NSPs have accurate consistent information. Any deficiencies will be reported to the STRTP Director and VP of STRTP for follow-up and corrective action.

PERSONAL RIGHTS AND SOCIAL /EMOTIONAL WELL-BEING

39. Children report the consequences for not following the rules are fair

Facility

Site 774

1. Explain the Cause.

Staff lack consistency with implementing the consequences due to not fully understanding the behaviors the youth/s are exhibiting and the root cause of the behavior.

2. Corrective Action Taken.

The STRTP Director, VP of STRTP, and Unit Managers will train and work with the staff to apply interventions/consequences that are consistent and fair. This training will be completed by 2/28/2022. The Lead Treatment Counselors are currently creating interventions and consequences based on Restorative Justice. The Unit Managers are also meeting with the youths to discuss consequences and allowing them to have input in creating consistent consequences for various incidents.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Quality Systems will provide surveys to the youth monthly to receive feedback regarding the consistency of consequences, as well as, attend the monthly Residential Counselor meetings to check-in and follow up with the youths.

60. Children were informed about their right to have contraceptives and a container to lock them in

Facility

Site 774

Site 774

1. Explain the Cause.

The staff did not effectively and efficiently communicate to the youth/s their right to have contraceptives and a container to lock them in.

2. Corrective Action Taken.

The Health Services Department (Nursing Staff) or designee will facilitate quarterly training with the youth to provide them with information on contraceptives available and locations in which they can be stored for access. Initial training for the youth will be on 1/26/2022 and will continue quarterly on 4/2022, 7/2022, and 10/2022. The Director of STRTP will monitor these trainings to ensure quarterly facilitation.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Quality Systems will review quarterly training notes and sign-in forms to ensure compliance.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

74. Children report receiving the required basic monthly clothing allowance amount

Facility

Site 774

1. Explain the Cause.

The staff/s were not aware of the amount of clothing allowance each youth/s receive monthly due to Unit Managers handling all clothing allowance forms.

2. Corrective Action Taken.

The Director of STRTP and Unit Managers will ensure that the youth are aware of their clothing allowance and balances monthly. This will be documented by staff teaching youths how to keep a ledger of their spending, and the youth's signature of acknowledgment.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The Director of STRTP will monitor this activity to ensure compliance.

75. Children report being allowed to make their own clothing purchase selections, within Prudent Parent standards

Facility

Site 774

1. Explain the Cause.

The youth/s were not allowed to leave the campus during the high rates of Covid-19, and the Unit Managers were inquiring as to what clothing the youth/s wanted and purchasing these items for the youth/s.

2. Corrective Action Taken.

The Unit Managers will make arrangements for the youth to go clothing shopping monthly. Direct care staff will be trained by the Unit Managers on the youth's personal rights to select clothing items of their choice within Prudent Parent Standards by 2/16/2022.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The Director of STRTP will monitor this activity to ensure compliance.

PERSONNEL FILES

84. Personnel received annual on-going training.

84.1 Personnel has received current emergency intervention training (e.g. Pro-ACT). [Title 22 §84165(f)(2)(A)].

Facility

Site 774

84.2 Personnel has current emergency intervention training on file with the provider. [Title 22 §84165(f)(1)(C)].

Facility

Site 774

1. Explain the Cause.

Staff #1 was on leave of absence, and when she returned she was not scheduled to take the emergency intervention training in a timely manner.

2. Corrective Action Taken.

The Director of STRTP and designees will facilitate a Policies and Procedure training on Emergency Intervention to the STRTP direct care and mental health staff by 2/6/2022.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The Vice President of STRTP in conjunction with the training department will monitor the STRTP's training progress monthly.