County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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Interim Director

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May 11, 2011

To: Supervisor Michael D. Antonovich, Mayor
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From: Jackie Contreras, Ph.D.
Interim Director

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

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

McKinley Children's Center Group Home is located in the 1st Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth as well as youth serviced by the Los Angeles County Probation Department, San Bernardino County and Riverside County. According to McKinley Children's Center Group Home's program statement, its stated goal is "to provide services to children who exhibit behavioral, social and emotional difficulties." The agency licensed to serve a capacity of 44 children, ages 8 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of McKinley Children's Center Group Home in August 2010, at which time the agency had one 44-bed site and 40 Los Angeles County DCFS placed children. All 40 children were males. For the purpose of this review, a sample of 15 children was selected and their case files were reviewed. Thirteen of these children were interviewed, as one child refused to be interviewed and a second was unavailable to be interviewed. The sampled children's average overall length of placement was 10 months, and their average age was 15. Ten staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Of the 15 children, nine were prescribed psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorization and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess McKinley Children's Center Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, 15 DCFS placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with the children to assess the care and services they were receiving.

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

SUMMARY

Generally, McKinley Children's Center Group Home was providing services as outlined in its program statement. The children interviewed expressed satisfaction with the majority of services.

The direct care staff stated that they had open communication with the placed children and did their very best to address the children's needs in a timely manner.

At the time of the review, initial and updated Needs and Services Plans (NSP) were not comprehensive. Initial NSPs were confusing and included information pertaining to the updated NSP Quarterly Report section. The updated NSPs lacked details such as a statement regarding the feasibility of children returning home and permanency or educational goals (for children who were having academic/attendance difficulty). In addition, updated NSPs did not include progress with family visits toward reunification and/or transitional housing, and, for children who did not have an established family visitation plan, an indication whether children had been screened for mentorship services. Some updated NSPs did not include progress about children's physical, dental and/or psychological health over the previous three months.

During the exit conference, McKinley Children's Center Group Home administration indicated that the agency was receptive to making corrections to improve its compliance with Title 22 regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 15 initial NSPs reviewed, four were not comprehensive and included information pertaining to the updated NSP Quarterly Report section. Of the 15 updated NSPs reviewed, 12 were not comprehensive and were confusing and/or missing information. Some updated NSPs did not include permanency goals or state progress with family visits toward reunification and/or transitional housing. Some updated NSPs for children who did not have an established visitation plan did not indicate whether children had been screened for mentorship services or were missing a statement regarding the feasibility of children returning home. Other updated NSPs did not include educational goals for children who were having academic/attendance difficulty. Some updated NSPs did not include progress about children's physical, dental and/or psychological health over the previous three months and/or did not reference the identified treatment goals. In addition, some updated NSPs did not include dates and lacked detail on the type of contact Group Home staff had with the Children's Social Workers (CSW) regarding progress or lack of progress with the identified goals.

- One child was not receiving therapeutic services. The Group Home Monitor discussed this with the Group Home Administrator who stated that the child had initially refused therapeutic services regarding drug rehabilitation, and his needs were being met during individual therapy. However, there was no documentation in the file that the child had refused services.

- There was no court-approved authorization for the administration of psychotropic medication for one child as well as a lack of documented monthly consultations for psychiatric medication monitoring for eight children. The Executive Director of Treatment stated that the nursing staff and Office Administrator would follow up on all medical-related issues.

- The 13 children expressed dissatisfaction with meals indicating that the food did not taste good. The Group Home Monitor brought this to the attention of the Administrator, who stated that, due to these concerns, McKinley Children's Center Group Home management was in the process of conducting an internal survey that included the children's input and their satisfaction/dissatisfaction and/or concerns with meals.

- Three children expressed concerns about some staffs' poor choice of language and preferential treatment. The children expressed that staff used derogatory language to communicate with them and they were not provided with adequate personal care items, such as shampoo and deodorizer. The Monitor contacted the DCFS Child Protection Hot Line and an investigation was conducted by a DCFS

Emergency Response (ER) CSW. Although the result of the investigation was deemed unfounded, the DCFS Monitor recommended that McKinley Children's Center Group Home's administration review the Foster Youth Bill of Rights as well as child grievance and complaints policies and procedures with their staff and placed children.

- None of the children had a life book/photo album.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 12, 2010.

In attendance:

Stacy Duruaku, MFT, Executive Director of Treatment, McKinley Children's Center Group Home, and Lilia Gonzalez, MSW, DCFS OHCMD Monitor.

Highlights:

The Executive Director of Treatment was in agreement with many of the findings and recommendations made during the review. During the exit conference, she expressed that staff members continued to make every effort to ensure that all NSPs were comprehensive.

Ms. Duruaku also stated that, in an effort to address all concerns relating to low satisfaction with food, McKinley Children's Center management was in the process of conducting an internal survey that included the children's input with their satisfaction/dissatisfaction and/or concerns with meals.

The Executive Director of Treatment further stated that issues pertaining to lack of court-approved authorization for the administration of psychotropic medication and lack of documented monthly consultations for prescribed psychotropic medication would be addressed by the nursing staff and administrative secretary.

A draft copy of the report was provided to the Program Director who stated that McKinley Children's Center Group Home understood the recommendations and would submit a Corrective Action Plan (CAP). The agency committed to ensuring that residents maintain life books. As agreed, McKinley Children's Center Group Home provided a written CAP addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted by June 30, 2011 to address the provider's approved CAP and assess for full implementation of recommendations.

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

JC:RS:KR
EAH:DC:lg

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Alonzo Mason, Executive Director, McKinley Children's Center Group Home
Leonora Scott, Regional Manager, Community Care Licensing
Jean Chen, Regional Manager, Community Care Licensing

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

McKinley Children's Center Group Home
762 West Cypress Street
San Dimas, California 91773-3599
License Number 191502075
Rate Classification Level 12

	Contract Compliance Monitoring Review	**Findings: August 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (All)
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive Needs and Services Plans	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Needs Improvement

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	1. Needs improvement 2. Needs improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	1. Full Compliance 2. Full Compliance 3. Needs improvement 4. Needs improvement 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Needs Improvement
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	Full Compliance (ALL)

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

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

The following report is based on a "point in time" monitoring visit and addresses findings noted during the August 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 15 children's files, 10 staff files and/or documentation from the provider, McKinley Children's Center Group Home was in full compliance with five of nine sections of our Contract Compliance review: Licensure/Contract Requirements, Facility and Environment, Educational and Emancipation Services, Recreation and Activities, and Personnel Records. The following report details the results of our review.

PROGRAM SERVICES

Based on our review of 15 children's files and/or documentation from the provider, McKinley Children's Center Group Home fully complied with six of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in the agency's program statement. However, of the 13 children interviewed, one stated that he did not receive required therapeutic drug rehabilitation services.

We noted that the Group Home obtained Children's Social Workers' (CSW) authorization to implement the Needs and Services Plans (NSP) and children participated in the development of the Plans. Also, the NSPs were implemented and discussed with the Group Home staff, and CSWs were contacted monthly.

Of the 15 initial NSPs reviewed, four were not comprehensive and included information pertaining to the updated NSP Quarterly Report section. Of the 15 updated NSPs reviewed, 12 were not comprehensive, were confusing and/or were missing information. Some updated NSPs did not include permanency goals or state progress with family visits toward reunification and/or transitional housing.

Some updated NSPs did not indicate whether children who did not have an established visitation plan had been screened for mentorship services or were missing a statement regarding the feasibility of children returning home. Other updated NSPs did not include educational goals for children who were having academic/attendance difficulty. Updated NSPs did not include progress about children's physical, dental and/or

psychological health over the past three months and/or did not reference the identified treatment goals. In addition, some plans did not include dates and lacked details on the type of contact the Group Home staff made with the CSWs regarding progress or lack of progress with the identified goals.

Recommendations:

McKinley Children's Center Group Home management shall ensure that:

1. Children receive therapeutic services.

2. Comprehensive NSPs are developed.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 15 children's files and/or documentation from the provider, McKinley Children's Center Group Home fully complied with seven of nine elements reviewed in the area of Children's Health-Related Services, including Psychotropic Medication.

We noted that children received initial dental and medical exams and follow-up and that medication logs were properly maintained.

There was no court authorization for one child who was prescribed psychotropic medication. There was also a lack of documentation for eight children who required monthly consultations for the purpose of monitoring their psychotropic medication. This was discussed with McKinley Children's Center Group Home's management who stated that the lack of documentation occurred because the staff member assigned to those duties had been on sick leave and unable to maintain documentation. During the interview, the children expressed that they received their monthly consultations. McKinley Children's Center Group Home's management stated that they would assign a new person to those duties.

Recommendations:

McKinley Children's Center Group Home management shall ensure that:

3. Current court-approved authorizations for the administration of psychotropic medication are obtained in a timely manner.

4. Children who are prescribed psychotropic medication receive timely and monthly consultations and documentation is maintained.

PERSONAL RIGHTS

Based on our review of 15 children's files and/or documentation from the provider, McKinley Children's Center Group Home fully complied with nine of 11 elements reviewed in the area of Personal Rights.

Thirteen children expressed dissatisfaction with meals, indicating that the food was edible, but did not taste good, so they preferred to eat side dishes and salads. None of the children interviewed expressed being hungry or being denied food. This was discussed with McKinley Children's Center Group Home management who stated that, due to these concerns, they were conducting an internal survey that included the children's input regarding their satisfaction/dissatisfaction and/or concerns with meals.

Three children expressed concerns about some staff's poor choice of language and preferential treatment. The children expressed that staff used derogatory language to communicate with them and they were not provided with adequate personal care items such as shampoo and deodorant. The Monitor contacted the Child Protection Hot Line and a DCFS Emergency Response (ER) CSW conducted an investigation. Although the referral was deemed unfounded, the Monitor recommended that McKinley Children's Center Group Home's administration review the Foster Youth Bill of Rights as well as child grievance and complaints policies and procedures with their staff and children.

Recommendations:

McKinley Children's Center Group Home management shall ensure that:

5. Children are satisfied with meals and snacks.

6. Staff treat children with respect and dignity.

CHILDREN'S CLOTHING AND ALLOWANCE

Based on our review of 15 children's files and/or documentation from the provider, McKinley Children's Center Group Home fully complied with seven of eight elements reviewed in the area of Children's Clothing and Allowance.

Children expressed that they received appropriate clothing allowances and that they were involved in the selection of their clothes. We noted that clothing inventories were adequate and that children were allowed to manage their allowance and/or earnings.

However, we noted that none of the children had a life book/photo album.

Recommendation:

McKinley Children's Center Group Home management shall ensure that:

7. Staff encourage and assist children in creating and updating a life book/photo album.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

Determine the status of the A-C's prior monitoring review recommendations.

Verification

We verified whether the outstanding recommendations from the A-C's last audit report dated October 2, 2007 were implemented.

Results

The A-C's prior monitoring report contained three outstanding recommendations, and McKinley Children's Center Group Home management was to ensure that all identified areas were corrected. Specifically, the Fox cottage needed repairs to bathroom floors, and Group Home management was to clean living room floors, kitchen stove tops, and carpet in the Fox and Gregory cottages. The bedroom windows in the Fox and Gregory cottages needed to be cleaned as well as the bedroom wall in the Fox cottage. The bedroom closet and light fixture in the Kingsley cottage also needed to be cleaned.

Additionally, McKinley Children's Center Group Home was to maintain current NSPs for all children and develop comprehensive NSPs with specific, measurable, attainable, realistic, and time-limited goals and include both long and short term goals. Management was to ensure that children were provided with the required minimum weekly allowance and encourage and assist children in creating and maintaining photo albums/life books.

McKinley Children's Center Group Home management implemented two recommendations; as indicated, during this contract compliance review it was determined that NSPs were not comprehensive and children were not being encouraged and assisted in creating and maintaining photo albums/life books.

Recommendation:

McKinley Children's Center Group Home management shall ensure that:

8. The outstanding recommendations from the A-C's last audit report dated October 2, 2007, which are noted in this report as recommendations two and seven, are implemented.

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

February 1, 2011

DOROTHY CHANNELL MANAGER, CSAII
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 2010

Dear Ms. Channel

This correspondence is in response to your request for changes to the format of the Final Performance Evaluation Review Results and the Group Home Compliance Review from the August 2010 audit. This revised CAP includes the area title, recommendations, and McKinley's CAP under each recommendation.

Sincerely,

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 2010

PROGRAM SERVICES

Element #20

Finding: One child stated that he had not received required therapeutic services for drug rehabilitation. The child indicated that he was placed at McKinley for the purpose of getting him enrolled in a Drug Treatment Counseling. However, when the program at McKinley was discontinued, he was supposed to have started at a program in the community. The child stated that he was still not receiving services.

Recommendation: Ensure that children receive therapeutic services

Response to Element #20

Therapeutic Services

Each client who enters McKinley Children's Center is provided with the following therapeutic services:

Assessment

A clinical analysis of the history and current status of mental, emotional, and/or behavioral disorder. Relevant cultural issues and history may be included where appropriate. Assessment may include diagnosis and the use of testing procedures, and may be achieved by either a psychiatric diagnostic interview or an interactive psychiatric diagnostic interview.

Psychological Testing is a psycho-diagnostic assessment of personality, development assessment, and cognitive functioning. For children, referrals are made to clarify symptom logy, rule out diagnoses, and to help delineate emotional from learning disabilities if needed.

Therapy

A service activity which is therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group, and may also include family therapy at which the client is present. Therapies provided by McKinley Children's Center are categorized into the following types:

(1) Individual Psychotherapy
(2) Interactive Individual Psychotherapy
(3) Family Psychotherapy with one client present
(4) Family Psychotherapy with more than one client present
(5) Multi-family Group Psychotherapy
(6) Group Psychotherapy
(7) Interactive Group Psychotherapy

Rehabilitation

a service activity which includes assistance in improving, maintaining, or restoring one or more individuals' functional skills, daily living skills, social and leisure skills, grooming, and personal hygiene skills, and support resources; and/or medication education:

Skill building groups that help clients identify barriers related to their psychiatric and psychological experiences and, through group interaction, become better able to identify skills that address symptoms and behaviors.

Specialty groups that offer training and intervention geared toward specific symptoms or behaviors or individual needs such as Anger Management and Emancipation Training.

Adjunctive therapies involving staff and clients where the therapeutic interventions utilizes self-expressive modalities (e.g. art, recreation, dance, music). The modality is directed towards developing and enhancing skills towards client plan goals.

Process groups that are facilitated by therapists to help clients develop the skills necessary to manage their individual problems and issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems.

MEDICATION SUPPORT SERVICES include the prescribing, administering, dispensing, and monitoring of psychotropic medications necessary to alleviate the symptoms of mental illness which are provided by a staff person within their scope of practice of his/her profession. Such services may include:

(A) Evaluation of the need for medication
(B) Evaluation of clinical effectiveness and side-effects of medication
(C) Obtaining informed consent
(D) Medication education (including discussing risks, benefits, and alternatives with the client or significant support persons)
(E) Prescribing, dispensing, and administering psychiatric medications

CRISIS INTERVENTION is a service lasting less than 24 hours to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit and is delivered at a site other than a Crisis Stabilization program. Service activities include, but are not limited to, Assessment, Collateral, and Therapy. Such services may either be face-to-face or by telephone with the client or significant support persons, and may be provided anywhere in the community.

TARGETED CASE MANAGEMENT is a service that assists the client to access needed medical, educational, social, pre-vocational, vocational, rehabilitative, or

other community services. Such service activities may include, but are not limited to the following:

(A) Linkage and Consultation
(B) Placement Services

***CO-OCCURING DISORDERS / SUBSTANCE ABUSE:**

McKinley Children's Center will screen each client at the time of intake for co-occurring disorder/dual diagnoses with the use of the Parent/Caregiver Questionnaire, Child/Adolescent Substance Use Self-Evaluation, and, when applicable, the Child/Adolescent Substance Use Assessment as issued by the Los Angeles Department of Mental Health.

If a client is dually diagnosed and in need of substance use/abuse treatment, the clinician shall refer the client to an internal substance abuse and/or awareness groups as part of the Outpatient Mental Health program, refer the client out to an appropriate drug/alcohol rehabilitation facility, and/or coordinate such services with any outside specialty support group.

PROCEDURE:

ASSESSMENT – As part of the Initial Assessment process, the assigned clinician will administer the Parent/Caregiver Questionnaire (MH552) and Child/Adolescent Substance Use Self-Evaluation (MH554), regardless of age. Should the client answer "yes" to any of the questions on the MH554, the clinician will then complete the Child/Adolescent Substance Use Assessment (MH553) and Supplemental Co-occurring Disorders Assessment Checklist (MH633). Refusals and/or attempts to complete these documents shall clearly be documented on a Progress Note.

TREATMENT – As with all other services provided by McKinley Children's Center, the treatment of co-occurring disorders shall be individualized to the client and guided by the client and legal representative's input, support, and active involvement. Integrated treatment of substance-related problems and mental health services within a single treatment and setting is the primary standard of McKinley Children's Center. Clients may be referred to internal substance abuse and/or awareness groups as part of the Outpatient Health Services program.

However, if the client is a resident of McKinley Children's Center, treatment may also include taking the client to the emergency room for medical attention and detoxification, referrals out to an appropriate drug/alcohol rehabilitation facility, and/or the coordination of services with outside specialty support groups.

The assigned clinician/Coordinator/SFPR is responsible for coordinating all internal and external services provided to the client, including those addressing substance-related issues/problems.

Internal substance abuse interventions shall focus on the following:

- abstinence and recovery
- Retaining individuals in treatment even without achieving abstinence
- Adherence to prescribed medication regimens where medication is a principal part
- of their treatment and recovery
- Alternatives to substance use/abuse
- Education on the consequences of substance use/abuse
- Improving the general health status of clients with a dual diagnosis (e.g. diet and
- exercise, anger-management skills, and improved social supports)
- The client's support systems (family members, significant others, etc.) who,
- whenever possible, should be involved and included in the client's treatment

The assigned clinician/Coordinator/SFPR is responsible for coordinating all internal and external services provided to the client, including those addressing substance-related issues/problems.

Resident MC, was not admitted to McKinley Children's Center for the purpose of enrolling MC in a drug treatment program. During a TDM, for MC, it was highly recommended by MCC's treatment team that said client be enrolled in an inpatient drug treatment program, which was refused by client MC. During client's residence at McKinley he received services by his assigned clinician, Fermin Salas, which addressed his substance abuse issues. He was being seen twice a week by his therapist, in addition to being enrolled in and Evidenced Based Treatment model (Seeking Safety) that specifically addresses substance abuse. **MC received therapeutic services twice weekly with his therapist Fermin Salas, MFTI.** MC was also enrolled in community substance abuse programs, which he refused to, attend regularly or not at all. The cottage supervisor, **Patricia White**, oversees client involvement in off grounds substance abuse groups/activities.

When a client at McKinley is known to have substance abuse issues, the treatment team will decide whether the child is in need of an Inpatient Drug Treatment program. This is discussed with the CSW, and the appropriate referrals are made. If at any time, Mckinley Children's Center is unable to provide substance abuse services to a residential client, McKinley seeks out services in the community and makes the appropriate referral.

All clinician's at McKinley Children's Center Children's Center can provide services that involves dually diagnosed clients, and address those issues accordingly, in addition to making referrals when needed and appropriate.

McKinley Children's Center will continue to assess for substance abuse/use, during the clinician assessment of the client, at the time of placement. McKinley therapists will continue to provide services to residents who are dually diagnosed. McKinley will continue to make referrals to an outpatient treatment if needed and/or other outside support groups such that address substance abuse issues. Clients identified as having substance abuse issues are enrolled in and evidenced based practice, titled Seeking Safety. All refusals of any part of McKinley Children's Center will be documented in the Needs and Service Plan.

Responsible Parties:

1. The assigned clinician is the single fixed point of responsibility who will assess and diagnosis substance abuse issues. Daniel DiBlasi, MFT, Director of Clinical Services. Mr. DiBlasi is responsible for the supervision and follows up on therapeutic services from the point of intake to discharge.
2. The Cottage Supervisor is and will be responsible for transportation to community substance abuse programs. The Cottage Supervisor is also responsible for communicating with the CSW on progress with participation in community substance abuse programs and/or meetings. The Cottage Supervisor reports directly to the Executive Director of Treatment, Stacy Duruaku.

Please note: clinicians and cottage supervisors are not listed by name, because they are assigned based on living unit.

PROGRAM SERVICES

Element #22a

Finding: Needs and Service Plans were not comprehensive and needed additional information. Initial Needs and Service Plans reviewed for four children were not comprehensive and included information to the Initial NSP as well as areas pertaining to updated NSP quarterly section. Some updated NSP's did not include permanency goals or stated progress with family visits toward reunification and/or transitional housing. Some updated NSP's did not indicate whether the children had been screened for mentorship services for children who did not have an established visitation plan or were missing a statement regarding the feasibility of children returning home. Other, updated NSP's did not include educational goals for children who were having academic/attendance difficulties. Updated NSPs did not include progress about the child's physical, dental, and/or psychological health over the past three months and/or did not reference the identified treatment goals or did not include the dates and lacked details of contact GH staff made with the CSW's regarding progress or lack of progress with the identified goals.

Recommendation: Ensure that Comprehensive Needs and Service Plans are developed

Response to Element #22a
Needs and Service Plans

On 10/23/2010 all contributors to the Needs and Service Plans received a memo outlining the deficiencies that were noted in the performance evaluation review (memo sent with

Discharge Summary were reviewed with each contributor with their immediate Supervisor. On 11/26/2010, an additional email correspondence was sent reiterating information that was sent in the memo dated 10/23/2010:

1. Ensure that only one box is checked for initial and/or quarterly report.
2. You must answer the questions regarding the child's return home, to another placement, and/or transitional housing
3. Educational goals must be established for residents whom are having attendance and academic difficulties.
4. The case plan goal and concurrent case plan goal must be established (by the CSW), and stated in the Needs and Service Plans.
5. Ensure that you address progress with family visits toward reunification and/or transitional housing. Discuss the outcome of the visits from both the child and parent perspective. Also, if there is not visitation plan, you must indicate your efforts to assist with establishing a plan. Additionally, it must be indicated whether a child has been screened and/or matched with a mentor. If the child has not been screened and/or matched with a mentor, this should be stated in the NSP.
6. Discuss the outcome and follow up of your goals for the client. Please do not state client is making minimal progress. Quantify and or qualify the progress made, making reference to previous NSP if applicable.
7. Progress for physical, dental and/or psychological health must be delineated on the Needs and Service Plans, and should reference the identified treatment goals (if applicable)
8. Ensure that you list the dates and description of any contact you have with the CSW regarding the resident's progress and/or lack of progress toward their treatment goals.
9. Include in your discharge summaries, the percent of Needs and Service identified goals that have been met upon discharge (please note that the target for performance outcome for permanency is at least 62%.
10. Ensure that the resident's DCFS permanency plan is included in the discharge summary.

In an effort to ensure comprehensive needs and service plans, NSP's will be due one week prior to the NSP due date. The NSP will be reviewed by Stacy Duruaku, for completeness and accuracy, and will be returned for any necessary corrections. NSP will only be signed by the clinician and client, once it has once it has been reviewed and approved by the Executive Director of Treatment, Stacy Duruaku.

Responsible Parties:
Stacy Duruaku, Executive Director of Treatment will be responsible for the review and implementation of corrected deficiencies, and ensure compliance with the recommendations for a comprehensive Needs and Service Plans

Children Health-Related Services
Element #30

Finding: One child who was prescribed an additional medication did not have a request or court authorization for the newly prescribed medication. A request for court authorization had not been made for the new medication. Two children did not have timely renewals for psychiatric medication. The GH had initiated request for court approvals for those two children, but court approval had not yet been obtained. McKinley Group Homes nursing staff

state that they would work closely with the physician to ensure that court approvals are made for newly prescribed psychotropic medications within the required time-frames. The administrative secretary stated that she would request for court approvals ahead of time by extending the date from two to 3 weeks ahead of the renewal date.

Response to Element #30
Child Health-Related Services

McKINLEY CHILDREN'S CENTER

Court Authorization Procedures

As the client is admitted, (if he is on medication), the expiration date will be logged in the court authorization log book and renewed 6 months from the approval date and every 6 months thereafter.

Each month, 3 weeks prior to the expiration date, all renewals for the following month are re-done, submitted to the Doctor for completion of his section and signature. After the Doctor has completed, the authorizations are faxed to the court for approval. They are then logged into the authorization log. The log book is reviewed weekly. If the authorizations are not back from the court within two weeks, the Court medication desk is called for the status. This is noted in the log book. When they are approved from the court, the court log number is entered in the log book and submitted every six months thereafter if the client is still on medication.

If for any reason the Doctor changes the client's medication before the renewal date, a new court authorization is submitted to the court for approval, logged into the log book. When it is returned, a new date will be logged into the authorization log, and renewed every six month.

Court authorizations are submitted 3 weeks in advance to ensure more time for them to be returned from the court. Authorizations are submitted into our computer system, and used as a cross reference. This is also updated each month.

Responsible Parties:

Linda Martinez, Office Manager is responsible for the court authorization process.

Children Health-Related Services
Element#31

Findings: There was a lack of documentation for eight children who required monthly consultations for the purpose of monitoring their psychiatric medication. This was discussed with McKinley Group Home's Management who stated that the lack of documentation was due to the staff member assigned to those duties had been on sick

leave. McKinley Group Homes management stated that they would be assigning a new person to those duties.

Recommendation: Ensure that children who are prescribed psychotropic medication receive timely evaluations/reviews/monthly consultations.

Response to Element #31
Child Health-Related Services

Health Services Supervisor, Julie McInnis will deliver a list of consultations to be printed by the **Office Coordinator, Paola Santos**. Each Psychiatric Consultations note will be submitted directly to the Health Services Supervisor for review and tracking purposes. The consultations will be immediately filed in the client chart by either nurse on duty, Office Coordinator, and/or Health Services Supervisor. At the end of the month, there will be a chart audit to ensure all required documentation is in the child's chart. All client refusals (no shows) will be clearly marked as a refusal (no show), and immediately filed in the client chart. The Office Coordinator, under the supervision of the Health Services Supervisor will audit the charts monthly to ensure that all refusal in the client chart.

Upon admittance to the residential program, nursing staff, under the supervision of the Health Services Supervisor will review each medication and dosage and verify whether prescribed amounts match the approved amounts on the court authorization. If there is a discrepancy, the Heath Services Supervisor will consult with the psychiatrist on course of treatment and action needed.

Responsible Parties:

Julie McInnis, Health Services Supervisor will be responsible for the coordination and supervision of all Health Related Services.

Office Coordinator, Paola Santos will be responsible for monthly chart audits

Personal Rights
Element #41

Findings: Twelve children expressed dissatisfaction with meals indicating that the food was eatable, but it did not have a good taste. so they preferred to eat side dishes and salads. None of the children interviewed expressed being hungry or being denied food.

Recommendation: Ensure that children are satisfied with meals and snacks

Response to element #41

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

On October 12, 2010, McKinley Children's Center met with the management team of Huntington Culinary to discuss the concerns expressed by the residents in regards to the quality of the food. The results of that meeting are as follows:

- Begin a new menu on October 18th, 2010
- Increased portion sized of protein items
- "Cottage Choice," residents can contribute directly to the menu planning

On 10/26/2010, a new kitchen manager, Joseph Mesisca was hired. Since this date, positive feedback has been received from the residents regarding the quality of the food. Forms are available for residents to give weekly feedback on menu items. Feedback will be used to ensure the quality of food provided, as well as give residents the opportunity to have some input on what they would like to see as menu items. Periodic Food Surveys will be given to a random selection of residents on a quarterly basis, and the outcome will be reported to Kitchen Manager, Joseph Mesisca, and Executive Director of Facilities, Gary Bean, and the Executive Director of Treatment, Stacy Duruaku.

Responsible Parties:

Gary Bean, Executive Director of Facilities will be responsible for the supervision of Food Services.

Personal Rights
Element #42

Finding: Three children expressed concerns about some staff's use of preferential treatment and inappropriate language.

Recommendation: Ensure that staff treats children with respect and dignity

Response to element #42

On 10/15, McKinley Children's Center conducted an internal interview in regards to unfair treatment and favoritism.

In an effort to prevent further occurrences, a meeting was held with residential staff on 10/19/2010 to discuss client rights, professionalism, and preferential treatment: During this meeting a copy of personal rights was reviewed. Also discussed was the importance of employee's conducting themselves in a professional manner, always treating clients with respect and dignity, and not crossing boundaries of preferential treatment and/or favoritism. Ways to avoid client perception of favoritism was also discussed, in regards to fair practices for all clients and adhering to the policy and guidelines as stated. If a violation of personal rights occurs, each supervisor will address the issue through McKinley Children's Center disciplinary process.

Client grievance forms are stationed in each cottage, for client use. Client's can also report any grievances directly to the Executive Director of Treatment, Stacy Duruaku, and/or to Lina Njroge, Quality Systems Supervisor.

MCKINLEY CHILDREN'S CENTER
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Responsible Parties:

Each cottage supervisor, Mario Gallegos, Zell Johnson, Patricia White, and Michelle Mora will be responsible for ensuring that there subordinates adhere to the policy and procedure of McKinley, and immediately address any infraction through the client grievance procedure.

Stacy Duruaku, Executive Director of Treatment will supervisor the Cottage Supervisor, and immediately address any know infraction and/or violation of child's personal rights, through investigation and progressive discipline if warranted.

Clothing Allowance
Element #57

Finding: The majority of the children interviewed (12) stated they did not have a life book/photo album

Recommendation: Ensure that staff encourages and assist children in creating and updating a life book/photo album

Response to element #57

As of 11/30/2010, life books have been purchased for each resident at McKinley Children's Center. Life book classes are held weekly to allow the residents to update their photo albums and/or scrapbooks. Classes will be conducted by a residential counselor on duty, under the supervisor of the Cottage Supervisor of resident's cottage.

Responsible Parties:

Residential Counselors are responsible for facilitating life book classes.

Cottage Supervisor's are responsible for ensuring that life books are being maintained and updated regularly.

Sincerely,

Stacy Duruaku, LMFT
Executive Director of Treatment Services