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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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November 27, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
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 McKinley Children's Center Group Home (the Group Home) in July 2013. The Group Home has one site located in the First Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth, as well as children placed through Probation Department, San Bernardino County and Riverside County. According to the Group Home's program statement, its purpose is "to provide services to children who exhibit behavioral, social and emotional difficulties."

The Group Home has a 44-bed site and is licensed to serve a capacity of 44 boys, ages 8 through 19. At the time of review, the Group Home served 42 placed DCFS children. The placed children's overall average length of placement was 6 months, and their average age was 16.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to facility vehicles in which children are transported not being maintained in good condition, Special Incident Reports (SIRs) were not appropriately documented or cross-reported timely, and Community Care Licensing (CCL) cited the Group Home, as a result of deficiencies and findings noted during an investigation; Maintenance of Required Documentation and Service Delivery, related to initial and updated Needs and Services Plans (NSPs) not being comprehensive and not authorized by the DCFS Children's Social Worker prior to implementation; and Personnel Records, related to one staff member not having completed required annual training hours. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On August 8, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with Group Home representative, Stacy Duruaku, Executive Director of Treatment. The Group Home representative: agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve 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 Auditor-Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

OHCMD 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:EM:KR
RDS:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. 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

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

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

	Contract Compliance Monitoring Review	**Findings: July 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	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 Well Maintained	
	3. Children's Bedrooms Well Maintained	
	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 Children's Social 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. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's 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 or Equivalent Services and Vocational Programs	Full Compliance (ALL)
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 Nutritious 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 to Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	Full Compliance (ALL)

	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 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/Photo Album	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	Full Compliance (ALL)
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the July 2013 review. The purpose of this review was to assess McKinley Children's Center's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home'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, and
- Personnel Records.

For the purpose of this review, seven Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) 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 the Group Home's compliance with permanency efforts. At the time of the review, four children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD 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

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- Although maintenance records showed that the Group Home's six vehicles in which children are transported had been serviced regularly, none of the vehicles were maintained in good condition. While the exterior of the vehicles look well-maintained, the interiors were not: carpets were unkempt and stained; empty bottles and plastic containers were scattered across the back seats; three vehicles had graffiti written on the seats or headliners; one vehicle's speaker cover and jack cover were not properly secured; one vehicle's dashboard was broken; and one vehicle's trunk could not be opened. The Group Home immediately took actions to address the noted deficiencies. On August 8, 2013, during the Exit Conference, OHCMD verified that the vehicles had been cleaned and repaired.

- It was noted that although Special Incident Reports (SIRs) were properly documented, they were not submitted via ITrack timely or cross-reported to all required parties. The Group Home's Executive Director of Treatment stated that the Quality Systems Department (QSD) will review all SIRs for timeliness, proper cross-reporting, and for any discrepancies. The QSD will report any deficiencies to the Group Home Residential Program Manager on a weekly basis. Further, during the Group Home's staff supervision meetings, SIR training materials will be reviewed to further ensure that all SIRs are cross-reported in a timely manner.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during an investigation. On July 23, 2013, CCL substantiated an allegation of inadequate supervision, as it was determined that, on October 8, 2012, one resident was able to leave the cottage, smoke marijuana and return within two minutes. Further, the Group Home was unable to provide documentation regarding what had happened with the marijuana after it was confiscated from the resident. The Group Home submitted a Plan of Correction (POC) to CCL on July 29, 2013. CCL requested an informal meeting with the Group Home, which occurred on August 26, 2013, to discuss the Group Home's progress on the implementation of the POC. OHCMD participated in the meeting. On September 4, 2013, the Group Home's Executive Director of Treatment facilitated training on Care, Safety and Supervision for all group home staff. The training included a discussion regarding procedures for handling contraband. Also on this date, the Group Home submitted a revised policy and procedure regarding contraband to CCL as part of the POC, which was approved. OHCMD received a copy as well.

Recommendations

The Group Home's management shall ensure that:

1. All vehicles in which children are transported are maintained in good condition.

2. SIRs are cross-reported to all required parties via ITrack, in a timely manner.

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

<u>Maintenance of Required Documentation and Service Delivery</u>

- It was noted that the DCFS Children's Social Worker's' (CSW) authorization to implement the Needs and Services Plan (NSP) were not obtained timely for 6 of 17 NSPs reviewed. The Executive Director stated that, in efforts to ensure timeliness and efficiency, staff who contribute to the development of NSPs are expected to set reminders on their Outlook calendars. Further, at least two weeks prior to the due date, the Group Home Office Manager will be responsible for sending out reminders to staff regarding NSP due dates. All NSPs will be time-stamped and submitted to the Executive Director of Treatment for review. Any corrections will require a 24-hour turn-around. The completed, final document will be submitted to the Group Home Office Manager, so that it may be faxed to the CSW in a timely

manner. The fax transmittal will be kept on file. The Group Home Office Manager will make three attempts to fax, if a returned signature has not been received by the CSW.

- Seven initial NSPs were reviewed. The NSPs were timely; however, none were comprehensive as they did not include all the required elements in accordance with the NSP template. The treatment goals in five NSPs were not measurable or specific. In addition, two NSPs did not include a concurrent permanency treatment goal.

- Ten updated NSPs were reviewed. The NSPs were timely; however, none were comprehensive as they did not include all the required elements, in accordance with the NSP template. The treatment goals in eight updated NSPs were not measurable or specific. One updated NSP did not include any information regarding Special Incidents involving the child. Two updated NSPs did not include a concurrent permanency treatment goal. Further, two NSPs did not include appropriate methods to be utilized to reach the identified treatment goals, and one NSP did not include detailed updated Independent Living Program information.

To assist in the development of comprehensive NSPs, OHCMD provided NSP training to the Group Home's Executive Director of Treatment on August 8, 2013. It should be noted that the NSPs reviewed had been developed prior to the August 2013 NSP training. The information provided by OCHMD was forwarded to the treatment team for immediate implementation. In addition, the Executive Director of Treatment attended the DCFS NSP refresher training on August 1, 2013.

Recommendations

The Group Home's management shall ensure that:

4. The Group Home staff obtains, or documents efforts to secure the DCFS CSW's authorization to implement the NSP in a timely manner.

5. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

6. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Personnel Records

- One staff member did not complete the required 20 hours of annual training. The Group Home Executive Director of Treatment stated a training tracking system will be developed immediately by the Training Department to closely monitor all staff's training history, records, and requirements. The employee completed the required training on August 5, 2013. Verification of training was submitted to OHCMD.

Recommendation

The Group Home's management shall ensure that:

7. All employees receive all required training.

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

The OHCMD's last compliance report, dated November 26, 2012, identified ten recommendations.

Results

Based on our follow-up, the Group Home fully implemented 4 of 10 recommendations for which they were to ensure that:

- Children are progressing towards meeting their NSP goals,
- The treatment team works with both public and non-public schools to increase academic performance and/or attendance of the children,
- The Group Home staff work with the CSWs to ensure children are discharged according to the permanency plan and/or document their efforts, and
- The children are assisted with making progress toward meeting their NSP goals prior to discharge.

The Group Home did not implement six recommendations for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely,
- The Group Home is in compliance with Title 22 Regulations and County contract requirements.
- The Group Home staff obtains or documents efforts to obtain the DCFS CSWs' authorization to implement the NSP,
- Initial NSP are comprehensive and include required information,
- Updated NSP are comprehensive and include required information, and
- Full implementation of the outstanding recommendations from the OHCMD's 2012-2013 monitoring report regarding developing comprehensive NSPs; ensuring children were progressing toward meeting their NSP goals; ensuring children attend school as required and that their academic and/or attendance improved; and ensuring children were making progress toward meeting their NSP goals prior to their discharge.

Recommendation

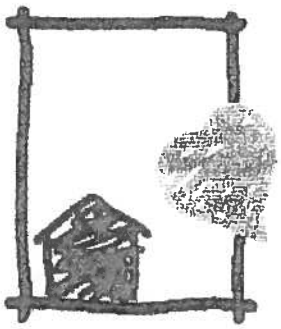
The Group Home's management shall ensure that:

8. The outstanding recommendations from the 2012-2013 monitoring report dated November 26, 2012, which are noted in this report as Recommendations 2, 3, 4, 5, and 6, are fully implemented.

At the Exit Conference, the Group Home representative expressed a desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home has re-trained all staff on timely submittal of SIRs. The Group Home QSP will also monitor the Group Home's process for submitting SIRs. In efforts to ensure the development of comprehensive NSPs, the Group Home Executive Director of Treatment attended the DCFS refresher NSP training on August 1, 2013. The Group Home Executive Director will retrain all treatment team members. Further, the Group Home Executive Director and the Administrator will conduct periodic checks to monitor compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.



McKINLEY CHILDREN'S CENTER

September 5, 2013

Jui-Ling Ho, Children's Service Administrator
Department of Children and Family Services
Out of Home Care Management Division
Group Home Monitoring Division
9320 Telstar Ave, Suite 216
El Monte, CA 91731

RE: GROUP HOME COMPLIANCE REVIEW AUGUST 2013

Dear Ms. Ho:

This correspondence is in response to the Group Home Compliance Review held on July 25, 2013.

Chief Executive Officer
Al Wason

Accredited By:

Sincerely,

Stacy Duruaku, LMFT
Executive Director of Treatment

Member Agency:

- California Alliance of Child and Family Services
- Association of Children's Service Agencies
- Child Welfare League of America
- United Way

LICENSURE/CONTRACT REQUIREMENT

Element #3- VEHICLE MAINTENANCE

Finding: Maintain group home vehicles in good repair

Response to Element #3-

All items that were noted in the audit review have been repaired. Pictures of the vehicles as requested by the monitor have been sent via email correspondence and review of the repairs has also reviewed by the monitor.

Responsible Person(s) to maintain and repair vehicles (element #3):

The Maintenance Mechanic, under the supervision of the Director of Facilities is responsible for all vehicle maintenance. The vehicles are checked every two weeks by the maintenance mechanic for graffiti, carpet repair, and other mechanical issues. When vehicles are in use by staff, they are checked out using a vehicle manifest sheet. A vehicle check is completed before the vehicle is used. If a problem is noted, such as graffiti, carpet repair, damages, or safety concerns, it is reported to the Campus Supervisor and noted on the Vehicle Manifest Sheet. The vehicle is checked by the maintenance mechanic for graffiti, carpet repair, and other damages, when the vehicle is checked for maintenance (every two weeks). Any vehicle that is noted to have a mechanical problem is immediately removed from services until repaired. Any safety issues are corrected immediately and the vehicle is taken out of service until the service is completed. Cosmetic issues are completed as soon as possible when the vehicle is available to be taken out of service. Repairs are done on a priority basis, but are not in service, while waiting for repairs. All repairs and vehicle checks are kept with the Maintenance Department on a Vehicle Inspection Sheet. Repairs are also noted in a vehicle history on the computer system.

Time frame to improve-Element#3

Immediate and sustained improvement is expected, not to exceed 9/20/2013.

Element #4- SPECIAL INCIDENT REPORTS

Finding: Incident Reports not appropriately documented and cross reported timely

Response to Element #4

A meeting was held on 8/9/2013, with the Residential Program Manager and Cottager Managers to discuss the findings of the exit interview and to also address the concern about timeliness of reporting and cross reporting. During this meeting a review of reporting guidelines was discussed (including review of Exhibit V-III). The following was discussed and reviewed in the meeting:

1. Types of reportable incidents.
2. How incidents should be reported.
3. To whom incidents should be reported
4. When incidents should be reported- reports should be timely/addendums can be added if additional time is needed to gather information
5. Cross reporting guidelines- Community Care Licensing, Out of Home Care Management, Parent/Guardian/Law Enforcement
6. Times and dates of incident reports – time of incident, times/returns of unauthorized absences
7. Addendums – for additional information and return of unauthorized leaves
8. Ensure all incident reports are submitted and not saved

9. Faxing of special incident report, if not cross reported and addendum

In an effort to ensure that incident reports are properly cross-reported, the Residential Manager, Cottage Managers, Campus Supervisors, Night Awake Supervisors, and Night Awake Assistant Supervisor's, were instructed to first save the incident report, the reopen the report to double check that all information is input and all cross reports are noted on the report. They were also instructed to ensure that the CSW name is on the report, for cross-reporting purposes. Once they have verified all information is correct and accurate, the incident report can be submitted. During this meeting, SIR#'s 344923, 335257, 33987, 332732, and 338443 was discussed as well as the corrective action to eliminate these issues in the future. In regard to incident number 332732, this person is no longer an employee of McKinley Children's Center

Please note: Campus Supervisors, Night Awake Supervisor, and Night Awake Supervisor are only responsible for submitting incident reports for unauthorized absences. All other reports are submitted by the Cottage Managers, and the Residential Program Manager, in the absence of the Cottage Manager.

Responsible Person(s) to ensure appropriate documentation of incident reports, timely submission and cross reporting (element #4):

The Residential Program Manager is responsible for reviewing incident reports for content, timeliness, cross reporting, discrepancies of dates and times. If there is any concern with the incident report, the Residential Program Manager will follow up with the author of the report to correct the deficiency. If an incident report is not cross reported, it will be faxed to the appropriate parties. An addendum will be added to the incident report, indicating the date, time, and to whom the report was faxed. The Residential Program Manager will provide a report to the Executive Director for any incident reports that are not submitted timely or not cross reported appropriately. The Residential Program Manager will use the method of progressive discipline, with those responsible for incident reporting, if there is a noted pattern of late reporting and failure to cross-report.

In addition, 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 Residential Program Manager, on a weekly basis, any noted deficiencies. The Residential Program Manager will report to the Executive Director.

Time frame to improve –Element #4- Immediate and sustained improvement is expected, not to exceed 9/20/2013.

Element #9 –Community Care Licensing

Finding: Inadequate supervision

Response to Element #9

The plan of correction was submitted to Community Care Licensing on July 29, 2013. A meeting was held on 8/26/2013, requesting additional information to be submitted on 9/5/2013. This additional information was submitted on 9/4/2013.

Responsible person to ensure compliance (element #9)

The Residential Program Manager will be responsible for all safety and supervision of McKinley Children's Center. The Residential Program Manager will immediately address any concerns in the area of safety and supervision with the Executive Director of Treatment.

A four hours training on Care, Safety, and Supervision was facilitated by The Executive Director of Treatment, on 9/4/2013 The learning objectives are as follows:

1. Gain knowledge on the history of residential treatment and the milieu
2. Learn about the genesis of Humanistic Psychology
3. Review of Maslow's Hierarchy of Needs
4. Gain an understanding of physiological and safety needs as it relates to residential treatment
5. Define and Identify a caring environment
6. Gain knowledge on safety provision in the milieu
7. Understand what it means to actively supervise
8. Learn about client engagement

The participants in this training also gained specific knowledge about monitoring clients, keeping vigilant, scanning the environment, head counts, protective watches, 1:1 supervision, unauthorized absences, client baselines, engaging and building client rapport, supervising the sexualized client, self-harm/harm to others, and effective communication as it relates to care, safety, and supervision. Also discussed were the procedures involving contraband. A detailed policy and procedure regarding contraband was submitted on the POC, submitted both to Community Care Licensing and Out of Home Care Management on 9/4/2013.

Time frame to improve –Element #9- Immediate and sustained improvement is expected, not to exceed 9/30/2013

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #16 – Needs and Service Plans

Finding: Authorization to implement Needs and Service Plan

Response to Element #16

On 8/12/2013, a meeting was held with the Clinical Director, Clinical Manager, clinicians, and other contributors to the Needs and Service Plans to discuss the importance of timely submission of the NSP to the County Social Worker, to ensure that the CSW has enough time to review, sign, and authorizes the implementation of the Needs and Service Plans. All contributors were informed that the Needs and Service Plan is due **7 days before the last day of the reporting period for review. Any corrections that are needed will be submitted 24 hours after it is returned for corrections.** The final Needs and Service Plan will be submitted no later than 10 days after the last day of the reporting period. All Needs and Service Plan due dates that fall on a weekend will be submitted on the Friday, prior to a weekend date.

Responsible person to ensure compliance (element #16.)

The Residential Program Manager is responsible to ensure the timely submission and accurate content of the Needs and Service Plans. The Clinical Manager is responsible for the content of the Needs and Service Plans for clinical and treatmen goals. The Office Manager submits a monthly calendar of all Needs and Service Plans that are due in that month. If an NSP has not been submitted for review, 7 days before the due date, a reminder email will be sent informing all contributors that the Needs and Service Plan is due. The Office Manager is responsible for faxing and tracking CSW returned signatures for the Needs and Service Plans. If a returned signature has not been received by the CSW, 2 additional attempts will be made, totaling 3 attempts to obtain the CSW signature. All fax transmittals will be kept on file

Time frame to improve –Element #16- Immediate and sustained improvement is expected, not to exceed 9/30/2013

Element #23 &#24 – Needs and Service Plans

Finding: Needs and Service Plans, not comprehensive

Response to Element # 23 & #24

In efforts to ensure the development of comprehensive Needs and Service Plans, the Executive Director of Treatment attended the DCFS Refresher NSP training on August 1, 2013.

On 8/12/2013 and 8/13/13, a meeting was held with the Clinical Director, Clinical Manager, Residential Manager, Cottage Manager and the Independent Living Coordinator regarding the findings of the Needs and Service Plans. During this meeting, it was stressed that Needs and Service Plans must be detailed and comprehensive, goals must be specific, measurable, attainable, result-oriented, and time limited, and that the methods used to attain stated goals, must be consistent with the stated identified treatment goal. Also discussed, was the inclusion of concurrent permanency treatment goals, detail SIRs information and ILP information to be included in to NSPs. On 8/12/2013, all contributors to the Needs and Service Plan were provided with a detailed guideline (page by page) on what is expected in each section of the Needs and Service Plans.

Responsible person to ensure compliance (element #23 & #24)

The Residential Program Manager is responsible to ensure the timely submission and accurate content of the Needs and Service Plans. The Clinical Manager is responsible for the content of the Needs and Service Plans for clinical and treatmen goals. The clinicians were instructed to consult with the CSW, regarding the case plan goal, concurrent case plan goal, anc plans toward permanency. Clinicians were informed that if there is a concurrent case plan goal, it must also be established in the Identified Treatment Needs Goals, in addition to the permanency goal.

All untimely submissions of Needs and Service Plans will be addressed by the Residential Program Manager, and reported to the Executive Director of Treatment. Progressive discipline will be utilized when needed.

The Office Manager submits a monthly calendar of all Needs and Service Plans that are due in that month. If an NSP has not been submitted for review, 7 days before the due date, a reminder email will be sent informing all contributors that the Needs and Service Plan is due.

Time frame to improve – Immediate and sustained improvement is expected, not to exceed, 9/20/2013.

PERSONNEL RECORDS

Element#65-Training

Finding: Missed Training Hours

Response to Element #65

Employee training hours are tracked in an on-line training management system and are tracked by year, (August 1 – July 31st). Certifications (CPR, First Aid, Pro-Act) are tracked monthly and employees are automatically enrolled based on upcoming expiration dates. Employees will be notified by the training department regarding upcoming trainings that are being offered. Reminders are given to the employee's that they are enrolled in upcoming trainings. Strict policies regarding no-shows (per policy, no shows to training will result in a written warning, if un-excused).

Employees will be only permitted to take online trainings at a maximum of 7 credit hours in an 8 hour work day. Employee's must clock in while completing online training hours and no other job duties are performed while taking an on-line course.

Responsible person to ensure compliance (element #65,)

The training records are tracked monthly by the Training Department Assistant, under the supervision of the Training Department Administrator, under the direction of the Chief of Administration. The Training Department will notify each employee of any deficiencies in training hours to the employee and the immediate supervisor. The Training Department will ensure that all employees are up to date on their yearly training requirements.

Time frame to improve Element#65 – Immediate and sustained improvement is expected, not to exceed, 9/30/2013.

Sincerely,

Stacy Duruaku, LMFT

Stacy Duruaku, LMFT
Executive Director of Treatment