

INTRODUCTION

The A.B. & Jessie Polinsky Children's Center (PCC) 2017 Inspection report includes a thorough review of the conditions and operations of PCC with a focus on 1) Facility Background; 2) Administration/Management; 3) Security and Control; 4) Discipline Model; 5) Hospitalization, Assault and AWOL History; 6) Training, Personnel and Management; 7) Classification and Segregation; 8) Counseling and Casework Services; 9) Grievances, Reporting Incidents and Staff Misconduct; 10) Programs and Activities; 11) Health Services; 12) Meal Service; 13) Sanitation; and 14) Transition Plan.

The annual report provides an in depth analysis of PCC's operations, along with a recommendation for system enhancement. The Health and Human Services Agency (HHSA) appreciates the continuing efforts of the Juvenile Justice Commission (JJC) to improve the overall operations and administration of PCC. PCC staff strives to implement the JJC's recommendations whenever possible. The recommendations from the JJC's most recent inspection have been reviewed; the following responses address these recommendations.

RESPONSE TO RECOMMENDATIONS:

Recommendation #1:

Given the impending consolidation of space, with infants and toddlers integrated into one cottage, the JJC recommends that PCC outline an official plan to ensure the safety of youth before the unit is consolidated. While PCC has unofficially integrated these populations at various times, once implemented as a full time model and the additional cottage is no longer available for youth residence, PCC should have very clear guidelines as staff attention could be directed largely to one group if an urgent situation arises.

Response #1:

In Fiscal Year 17-18, PCC plans to consolidate two cottages (toddler and infant). Over the last 10 years there has been a significant reduction of children in out-of-home care. The low number of infant and toddler entries supports combining the cottages. Additionally, combining the cottages will open up space on campus to allow PCC support/service staff to move onsite from an offsite location thereby enhancing service delivery.

The cottage for infants and toddlers is set up with two separate play areas. These areas can accommodate infants in one enclosed area and toddlers in a separate area to ensure the safety of infants in the cottage. As part of the planning to permanently integrate infants and toddlers into one cottage, HHSA Facilities has initiated a needs assessment to ensure that the physical structure of the cottage meets the needs of both populations.

Staff working with children ages 0-5 are mandated to attend monthly training for the purpose of developing and maintaining specialized skills. Staff-to-child ratios for children under six are in compliance with Community Care Licensing requirements.

Recommendation #1-a:

In 2016, six full time staff from Fred Finch provided mental health services for PCC. However, only one individual was licensed during this time frame (with the remaining five individuals reported to be license eligible). While this appears to be similar to PCC's 2017 mental health services contract with New Alternatives (one licensed professional, but an increase to six license eligible professionals, one parent

partner, one youth partner, one part-time alcohol and drug counselor), the JJC believes the youth serviced by PCC would greatly benefit from a higher ratio of licensed available mental health services staff or, minimally, clarification with regards to the expertise of licensed individuals supervising license eligible staff off site (e.g., clear documented evidence of working with adolescents, foster care youth, sexually abused youth etc.).

Response #1-a:

In accordance with County Contract Number 556401 (County of San Diego – Health and Human Services Agency Behavioral Health Services – Children, Youth and Family Services) with New Alternatives for Polinsky Children's Center Outpatient Services, the licensed Program Manager supervising license eligible staff at PCC meets the specified clinical and licensure requirements set forth in the contract. The Behavioral Health Services contract procured via a Request for Proposals is based on the program's need and best practices. It requires the Program Manager to be a California licensed mental health professional with a minimum of three (3) years, full time direct clinical experience post-Master's degree working with children and adolescents.

In addition, licensed mental health professionals providing supervision to Marriage and Family Therapists (MFT) Interns and Social Work (SW) Interns must meet certain minimum training qualifications in order to supervise an intern. These minimum training qualifications are mandated by the California Board of Behavioral Sciences.

The current PCC Outpatient Services Program Manager obtained their Marriage and Family Therapy Degree in 2005 and worked in a number of positions focused on children and adolescents while acquiring the needed 3000 hours for licensure in February 2013. The Program Manager's direct full time clinical experience includes one year working with youth and families exposed to relationship and sexual violence, one year providing outpatient services to teens with substance abuse disorders and mental health issues, eight years working with foster youth (ages 12-18 years old) in a residential education program, and two years working with dependent and delinquent youth in a licensed group home. The Program Manager's spectrum of professional experience includes working with children and adolescents with mental health and dual diagnosis, relationship and sexual violence victims, foster youth, transgender youth, at-risk youth, homeless youth, individuals with Post Traumatic Stress Disorder, and those with alcohol and substance abuse issues.

The Program Manager provides two hours per week of group supervision and one hour per week of individual supervision to the license eligible clinicians. Two of the license eligible professionals are close to completing requirements to become licensed. In addition, the small clinical setting afforded at PCC allows the Program Manager to engage in frequent consultation and collaboration with license eligible clinicians to ensure appropriate services are being provided. NAI is in the process of hiring a second licensed clinician to support the program.

In addition, Child Welfare Services (CWS) and Behavioral Health Services (BHS) employ the Core Practice Model (CPM) Guide with Pathways to Well-Being. Pathways to Well-Being seeks to positively impact all CWS children/youth by providing mental health screening, mental health assessment as warranted, and thoughtful and timely linkage to mental health and supportive services for our most vulnerable children and youth.

For Fiscal Year 2017-2018, New Alternatives' clinical staffing at PCC will include: one licensed Program Manager, one licensed clinician (pending hire), six license eligible clinicians, one parent partner, one youth partner and one part time alcohol and drug counselor. This is an increase from seven Fred Finch

PCC providers in Fiscal Year 2016-2017 to 11 NAI providers in FY 2017-2018. NAI services enhance programming by providing substance abuse groups, anger management services, a trauma informed assessment for youth as well as aftercare services to ensure youth receive proper mental health treatment when they leave PCC.

PCC meets monthly with the NAI administration and will continue to advocate for the hiring of such qualified staff to serve the children and youth at PCC.

Recommendation #2:

PCC should carefully monitor and maintain oversight on the training status of all New Alternatives staff, especially as they will work in close proximity to the consolidated infant and toddler cottage, even if they are not working with them directly. The JJC further recommends that New Alternatives staff attend all training that is mandated to PCC staff, unless they demonstrate recent completion of a comparable training.

Response #2:

PCC staff working with children ages 0-5 are mandated to attend monthly training for the purpose of developing and maintaining specialized skills with the infant and toddler population. Developmental Services and Evaluation Program (DSEP), a contract with Rady Children's Hospital, provides onsite services to the infants, children and PCC staff in both Cottage B (babies) and C (toddlers). Developmental and behavioral services are provided for children ages 0-5 and staff working directly with these children. These services will continue once the cottages are integrated and will provide PCC staff coaching towards infant and toddler safety.

NAI staff do not directly work with children ages 0-5, however, NAI staff does participate in mandatory trainings on an on-going basis as directed by NAI. Both PCC staff and NAI staff are trained in Pro Act, which is the emergency intervention model used at PCC. PCC and NAI management teams meet monthly to review operations, training needs and related topics and will include NAI in additional trainings as necessary.

Recommendation #3:

Regarding Special Incident Reports (SIRs): there was a noticeable difference between reports written when Law Enforcement was contacted versus when they were not involved, with a much greater level of detail provided for incidents where Law Enforcement became involved. The JJC recommends greater specificity in non-Law Enforcement reports and requests, for all report types and that there is better clarity of where staff were located when incidents occurred. It was not clear from the SIRs if staff witnessed the incident or if the report details were based on the youth's report. All reports should be clear and concise, and contain all relevant details (e.g., there was inconsistency across reports on even major details such as how an injury occurred). Some reports contained the information and some did not.

Response #3:

Community Care Licensing (CCL) requires the immediate reporting of any events that involve death, injury, unusual incident or client absence that threatens the physical or emotional health or safety of a client by way of writing a Special Incident Report (SIR). The CCL requires these reports must include the client's name, date and nature of the event and the disposition of the incident.

When law enforcement is involved with any particular child/youth at PCC, CCL requires additional information be included in the associated SIR. The law enforcement contact SIRs require additional information compared with non law enforcement SIRs, including the nature of the contact, outcome, whether the youth was released from the facility or not and whether a crime was committed. The law enforcement information is required to be reported immediately to CCL with a follow up report within 7 days.

PCC strives for continuous improvement and will continue to use Quality Assurance staff to review all SIRs to ensure they are thorough, accurate and timely and will continue to train staff as needed.