



McKie
FOUNDATION

Restoring Hope and Reshaping the Future

Group Home Care Program Description

The McKie Foundation Group Home Care Program

Mission Statement:

The McKie Foundation is committed to providing a structured therapeutic environment for a continuum of care aimed at meeting the needs of emotionally, mentally, and behaviorally challenged children, youth and underserved populations.

Legal Base:

New Vision Services Inc. is an existing non-profit 501c3 organization that was incorporated in the State of Delaware on August 19, 2013. The company has secured IRS confirmation of tax exempt status along with approval from the Commonwealth of Pennsylvania to do business as The McKie Foundation.

Program Narrative

A. Program Description

Purpose, Methods and Goals

Purpose:

The purpose of The McKie Foundation Group Homes is to meet the development, physical, emotional, social, educational, intellectual and spiritual needs of student's male and female ages 13 – 18 years old. The McKie Foundation Group Homes will provide a therapeutic and social environment in which students and their families will address issues that negatively impact their relationships and if left untreated will prevent future reunification as well as hinder the student's potential for independence and success. Our vision is that student's will be empowered and respectful of themselves and others.

Our mission is to create and maintain a safe, nurturing group home that meets the specialized needs of students and their families with a continuum of services in a nurturing, culturally appropriate environment, through a well-managed partnership of organizations and key stakeholders.

The McKie Foundation is committed to culturally aware and sensitive partnerships with Service Participants. The McKie Foundation makes the effort to have our staff and programming reflect and respect the diversity and culture of our student's with regard to race, ethnicity, national origin, language, gender, sexual orientation, spirituality, and cultural learning.

Service Delivery Philosophy:

Service delivery is based on the philosophy that each student is responsible for his/her own behavior and for the natural consequences of that behavior. Furthermore, given the proper environment, services and mentoring, each student will make choices best suited to their needs for success and growth. With respect to our students, we believe the best environment is one that embraces and respects student culture as reflected throughout all aspects of the environment and milieu including staffing, facilities, and treatment services.

We refer to the youth and families who choose to work with us as “Service Participants”. We recognize and believe that partnering with youth and families, while focusing on and utilizing our combined strengths, is more likely to lead toward a successful realization of our Service Participants goals.

Through repeated failures in the classroom, unstable homes, past emotional, physical, and sexual traumas, and the development of destructive habits young people have lost faith in the possibilities that await them if they are successful in putting their lives together. The McKie Foundation goal is to foster a commitment to young people and families that will promote prosocial friendships, strong interpersonal skills, and reassert a sense of hope in the future. We are also dedicated to preserving families and developing students to gain insight into the nature of their problems and gain skills necessary to overcome them.

To accomplish this goal, The McKie Foundation will provide students with an eight step program that teach life skills and independency. This collaborative approach to empowerment is the keystone to developing self-sufficiency in our students. These steps include the following:

- Personal Development/Social and Emotional Goal – (i.e. Therapy/Psychiatric/Behavior)
- Recreation Goal – (i.e. Activities)
- Financial Goal – (i.e. savings/employment/income)
- Health/Medical Goal – (i.e. Physical/Dental/Vision/Medication Management)
- Environment Goal – (i.e. Household Maintenance/House Meeting/Fire Safety/Sexual Safety/Grievance)
- Education Goal
- Spirituality Goal

The McKie Foundation will operate small group residences, for students referred by Pennsylvania County Offices of Children and Youth. These students come to The McKie Foundation for short periods of time while their family circumstances are readied for their return, or alternative settings are found. Students will attend weekly and specialized therapy appointments, school, participate in the daily structure of the group residence program, and attend approved family visits. These activities strengthen the relationship between the student, resources, and family while improving the student’s confidence and hopefulness.

The McKie Foundation Group Home will create a caring, independent, and learning environment that will be an invaluable resource to students, families and the community at large.

The McKie Foundation will operate the following resident programs:

- Small Group Residences (up to 6 to 8 youth per small group resident program)
- Supervised Independent Living Program
- Independent Living Program
- Mother & Baby Program
- Treatment Foster Care Program
- Transitional Housing Program

Youth will be referred by Pennsylvania Office of Children and Youth Services, Juvenile Courts, Family Service Agencies, and Probation Offices to advance the well-being and independence of our students. All service programs will be assigned an Administrative level Director.

Treatment Methods:

The McKie Foundation Group Homes will provide 24-hour care, supervision, and treatment to students in a group home setting as part of the student’s transition to independence, reunification with their family, or foster home placement. Student’s (both male and female) aged 13 to 18 years old, whose family situations, and/or social or developmental issues preclude them from living at home or in a less restrictive setting and who display moderate behavioral, psychological, neurobiological or emotional problems are placed at home. The McKie Foundation provides a planned program of group living in a community-based setting with regular involvement in community-based education, recreational and occupational activities. Youth also receive mental health, independent living skills support, and educational supportive services.

The following table summarize the therapeutic services that will be provided to students at The McKie Foundation Group Homes.

Type of Service	Provided by	Freq.	Who
Therapeutic Services			
Intake and Assessment (Medical, PPE, BHA, Screenings, ISP Development)	Program Manager, Case Manager, Program Therapist		All Enrolled Youth
Case Management	Program Manager, Case Manager	Weekly	All youth

Treatment Team Meetings (Monthly Review of Student Program Progress, ISP, and Treatment Goals)	Treatment Team	Monthly	All youth
Individual Counseling (One on one counseling, TX plan development)	Program Therapist	Weekly, or as determined but TX team and ISP plan	All youth
Group Counseling (Group Counseling focused on interpersonal skill development, coping, and social skills)	LSC Supervisors and LSCs	Weekly	All youth will participate in at least one group

Specialized Group Counseling Targeted treatment groups such as anger management, substance abuse, teen parenting, Dialectical Behavior Therapy (DBT)	Program Therapist	Weekly	Program Students w/ Specialized Needs
Family Counseling Available if appropriate w/ TX goals and ISP	Program therapist	Bi-weekly but will vary depending on family	Families of all Program Students
Family Support Groups Psychoeducational groups for adult caregivers of program participant families (Establishing/maintaining boundaries, discipline strategies, effective communication)	LSC, LSC Coordinator, or Program Manager	Monthly	Families of all Program Students
Medication management and monitoring	Psychiatrist	Monthly	All Students Prescribed Psychotropic Medication
Independent Living Skills	LSC Coordinator, LSCs, Program Manager	Daily	All Youth
Education/Academic Enrichment Activities	Program Manager, LSC Coordinator, LSCs, School Personnel	Daily	All Youth
Indoor/Outdoor Recreational Activities	LSC Staff	Daily	All Youth

Service Participants at The McKie Foundation Group Homes will participate in individual, group, and family therapy unless determined otherwise by the County Social Worker, Program Manager, and Program Therapist. In the context of providing treatment to placed students, staff will follow the Student’s Mental Health Services Outpatient Policy and Procedures Manual and will ensure that all placement agencies and community care licensing requirements are met.

Point/Level System

The McKie Foundation Group Homes utilizes a level system that holds students accountable for all behaviors, reduces disruptive behaviors, and supports the maintenance of positive behavior. The level system is based upon a modified Token Economy with an emphasis on success rather than failure. Each student begins each day with a total of twenty (20) points. Students maintain these points when they demonstrate positive behaviors in the following arenas: academic performance, wake-up activities, following house rules, completion of chores, and positive interactions with others. Students give back points when they do not demonstrate these behaviors. Additionally, students are provided the option to earn up to four “Bonus Points” to make up for points they have chosen to give away during each day. The total number of points each student retains within a 24-hour period determines the student’s level in the home. Each level offers the student increased privileges that are considered appealing to this population.

Examples of privileges include: Recreational community outings, additional television and video game time, opportunity to select programming during student free time, increased computer and telephone privileges. All students have the opportunity to improve their level status each week and are encouraged to do so. The point and levels are as follows:

Daily Points:

- Leaders – 20 – 24 Points
- Initiators – 16 – 19 Points
- Partners – 12 – 15 Points
- Discoverers – 9 – 11 Points
- Still Working – 0 – 8 Points

Weekly Points:

- Leaders – 100 – 120 Points
- Initiators – 80 – 99 Points
- Partners – 60 – 79 Points
- Discoverers – 45 – 59 Points
- Still Working – 0 – 44 Points

Staff engaged in student activities track Service Participants points (both earned and lost) on a point tracking form maintained in the Service Participant’s file. Service Participants mood and affect, their participation in school, program activities, treatment services, and their interactions with staff are also documented on a daily summary sheet. At the end of the week Student’s point tracking forms are calculated and their level is adjusted based on the average of points earned during a five (5) day week. For example, if a student earns leader status for a five day period. The student would earn a total of 100 points for the week, allowing them to maintain leader

status. This information is shared with the treatment team and other applicable staff. Youth are also informed of their point status during community meetings at the start, middle, and end of the day via a LSC, case manager, or another applicable staff person.

There are times in which staff target particular behavioral issues that are disruptive to the milieu. The treatment team determines if the behavioral issue will be targeted through the point/level system. Youth with a target behavior will start the day off with twenty-four (24) points and the option to earn four (4) “bonus points”. The level and point system for disruptive behaviors is as follows:

Daily Total Points:

- Leaders – 24 – 28 Points
- Initiators – 19 – 23 Points
- Partners – 14 – 18 Points
- Discoverers – 9 – 13 Points
- Still Working – 0 – 12 Points

Weekly Levels & Point Totals:

- Leaders – 100 – 120 Points
- Initiators – 80 – 99 Points
- Partners – 60 – 79 Points
- Discoverers – 45 – 59 Points
- Still Working – 0 – 44 Points

Targets behaviors are removed from monitoring when the Service Participant has maintained specific points attached to the target and has consistently made the decision not to give points away by maintaining or moving up the level system. Targets are reinstated as necessary.

Assessment:

Upon admission, all youth are screened during intake by The McKie Foundation Group Home Program Manager and the Program Therapist to determine appropriateness for placement. Screening activities take place in coordination with the placement agency that provides the Program Manager with documentation on potential student residents. Assessment of Service Participant begins with the completion of a Potential Placement Form (PPF) and Initial Individual Service Plan (ISP). The Potential Placement Form elicits information from provided reports and placing agency documents necessary for initial determination of the Service Participant’s appropriateness for non-emergency placement. An initial Individual Service Plan is completed during the assessment period to gather information needed for the placement determination and service delivery.

Once a student is placed in the home, they also complete the County Children's Mental Health Behavioral Health Assessment (BHA) with the Program Therapist. The BHA assesses the student's behavioral and academic functioning; mental health and substance abuse status; suicidal/homicidal history and risks, linguistic skills; medical history and past involvement in services including child welfare. A section of the BHA (the Client Functioning Quadrant) also measures the level of severity of school functioning, home functioning, thought processes, substance abuse, moods, self-harm, and behavior towards others in four domains: *not severe*, *somewhat severe*, *moderately severe*, and *very severe*. These domains are also assessed at discharge to determine if the level of severity remained static or was reduced. In general, the BHA is used to determine the level of services needed for this particular youth and it serves as the foundation for which the youth's treatment plan will be developed. Additional assessments will be completed by The McKie Foundation staff where applicable.

Youth with psychiatric needs will receive a psychiatric assessment and medication management monitoring services with The McKie Foundations consulting psychiatrist. The outcome of this assessment determines the plan for on-going psychiatric needs.

The McKie Foundation Goals:

The overall goal of our programs is to provide a wide range of integrated services, which will prepare each student to cope effectively with the realities of life and to become a productive member of society.

Target goals, objectives, and outcomes for our programs include, but are not limited to:

- A. To provide a living environment which promote physical, emotional, intellectual, moral, sexual, social growth and development of our clients.
- B. To insure each client physical and emotional safety.
- C. To provide each resident an individualized service plan (ISP) and to involve the resident, his/her family, and Children's Services caseworker and advocate in the development and implementation while in our program.
- D. To improve client functioning by:
 - Providing residents with educational and vocational opportunities in the local community schools
 - Assisting students with the decision making process and enabling them to make sound decisions and become responsible for their actions and decisions.
 - Integrating family in the planning and treatment process and reuniting the student with their biological family when possible.
 - Striving for independence according to the individual's ability, and enabling him/her to become involved in extracurricular activities, including working and/or volunteering in the community.
 - Providing the residents with a sense of worth, belonging, and identity.
 - Providing age appropriate recreational activities to help develop self-esteem and confidence, and social skills in a positive manner.
 - Providing age appropriate rules and supervision for all residents.
 - Developing healthy relationships with peers and adults.
 - Understanding, appreciating and respecting differences in race, sex, and cultural backgrounds.
- E. To improve family functioning wherever possible through family counseling sessions and other supportive services so reunification can occur.
- F. To improve client functioning on a daily basis with the assistance of the direct care team, with an ongoing goal and review to determine readiness to step down to a less restrictive setting.

- G. To develop and implement a service plan for permanency for each resident in our programs.

Other McKie Foundation outcomes that are produced annually:

1. Tracking discharges – positive/negative (Target: 85% Planned and positive)
2. Follow up with students three, six and twelve months after discharge from The McKie Foundation (Target: Life Connections, Employed, Education Program, Housing)
3. Academic Progress – school attendance and end of year academic promotion (Target: 75% residents placed due to truancy will improve school attendance and achieve end of the year promotion)

Outcomes:

The following represents The McKie Foundation Group Homes outcome objectives. These objectives will be reviewed on a monthly basis through the treatment team process and through a monthly report that will track movement on these objectives.

1. 85% of placed youth will be maintained in the group home or will be transitioned to a lower level of care as measured by The McKie Foundation Group Home monthly youth placement status report.
2. 85% of placed youth will accomplish a treatment plan goal within 6 months of placement and every six months thereafter as indicated in the ISP and treatment plan review process.
3. 75% of placed youth will demonstrate improved academic performance within one academic year as measured by report cards and school consultation
4. 100% of Transition Age Youth will be equipped with the skills necessary to live independently when they age out of the group home as indicated in the Discharge Summary.
5. 80% of the families involved in the youth's treatment will demonstrate significant improvement in their ability to communicate with their at-risk children within 6 months of treatment involvement as indicated by the youth and family report and therapist observation.
6. 100% of families involved in treatment through The McKie Foundation Group Home will demonstrate the ability to provide a safe and supportive home environment for their child or the ability to access services to help in this endeavor at reunification.

Quality Management/Program Evaluation:

To ensure these outcomes are achieved and quality services are delivered, The McKie Foundation has an agency-wide quality management plan in place. The McKie Foundation Group Home Program Manager will be responsible for conducting quarterly quality assurance surveys of students, their families, referral sources, program staff, and any other parties involved in treatment. The Program Manager will evaluate feedback and incorporate applicable aspects of the plan into The McKie Foundation Group Home. Program evaluation materials are shared

with program partners, funders, and stakeholders are used to inform changes in program design and delivery.

Referrals:

Students will be placed through community agencies, such as the Office of Children and Youth Services, Juvenile Justice Systems, Courts, Family Service Agencies, and Probation Offices. The McKie Foundation Group Home will develop a scholarship fund to help support students who age out of the program and need additional support. Referrals will be accepted at any time of the year and The McKie Foundation Group Homes operates 24 hours a day seven days a week and accepts emergency referrals as well.

To refer a student, an agency may call the Admissions Director, Monday through Friday 8:30 – 4:30 to make the referral and share pertinent information to determine the level of care that is needed. In addition to initial phone call, we will require the referring agency to send a written summary, including all available information concerning reason for placement, type of placement indicated, family background, significant developmental history, placement history, education experience, current description of resident functioning, psychological testing, psychiatric evaluations and medical history, including immunizations and insurance information. In addition, referral agencies will need to indicate who is able to provide consent for intake and permission forms for placement at The McKie Foundation.

All referrals will be reviewed without preferential treatment based upon any relationship with governing body, advisory board, personnel or consultants.

Each student referred for placement is evaluated according to information provided by referring agencies, family, and child in conjunction with The McKie Foundation intake department and bed availability.

We strongly encourage the biological parents and/or kinship or caregiver to be involved in the intake and treatment process.

Fee:

A per diem rate is charged by The McKie Foundation and will be billed to the county through which a student is placed. The rate varies according to the program in which a student is placed. Since the established per diem changes continually due to changing cost of services, individual contracts will be developed annually with each referring county. The McKie Foundation Group Home will serve students from various Pennsylvania Counties. Contracts and other services will be developed with out of state agencies as the need arises.

Length of Stay:

Discharge planning begins at the time of admission. Service Participants length of stay is determined by the student, reunification resource if applicable, and The McKie Foundation treatment team. An individual services plan (ISP) is agreed upon by those listed above and goals are outlined, including actual review dates of anticipated time needed to attain those goals. Input is provided by all involved parties.

The projected length of stay is six to twelve months. After consultation with the referring agency, The McKie Foundation reserves the right to request a program with a higher level of care, based on the behavior and needs of the student.

Case Planning:

Case Management services are provided for students, with each case manager responsible for 10 to 18 students. In the residential program, one case manager is assigned to work with all the students in a given residence, both individually and in group sessions. The case manager serves as the leader of the direct care team, which also includes the family, referring agency caseworker and other external parties involved with the student. At a minimum, students have weekly contact with their case manager, but in most cases students will have more frequent contact with their case manager.

The McKie Foundation Group Home will contract with a consulting psychiatrist, for approximately 8 to 10 hours per week and as needed. The psychiatrist provides initial psychiatric assessment, monitors psychotropic medication and provides short term crisis counseling.

In addition to individual and group case management sessions provided by The McKie Foundation Group Home case management casework staff, we will partner with local agencies to provide any additional services recommended not provided by The McKie Foundation. The McKie Foundation Group Home case management staff will work with The McKie Foundation treatment team to provide other services such as behavioral and mental health services, substance abuse counseling, rape crisis counseling, grief counseling and sexual abuse therapy. The McKie Foundation Group Home casework staff will work with The McKie Foundation Group Home program treatment team to provide other services such as anger management, life skills, decision making, social skills, and self-esteem in a group format. All aimed at instilling the skill necessary for independence and healthy relationships.

The McKie Foundation Group Home philosophy of care represents an organizational commitment to the students and families who are served by The McKie Foundation. Our philosophy of care focuses on three core principles of service delivery: individualized service delivery, effective/accountable service delivery, and positive approaches.

Individualized Service Delivery is driven by the unique strengths, needs, potentials, realities and expectations of the individual resident and, especially for children and adolescents, his/her family.

Key Characteristics:

- Enhancing inherent strengths and remediating deficits.
- Developing treatment goals that are consistent with resident/family values.
- Collaborating with resident families on treatment planning.
- Embracing culturally competent practice
- Engaging in active discharge planning

- Providing culturally and developmentally appropriate care

Effective/Accountable Service Delivery is a balanced approach to service delivery that seeks significant and practical treatment gains while taking into account the context in which services are being provided.

Key Characteristics:

- Using clinical data to drive treatment and programmatic decision making
- Embracing evidence based practice
- Striving for continuous quality improvement
- Implementing socially valid treatment
- Practicing Risk Management
- Providing safe, ethical, and humane treatment

Focus on Positive Approach represents an emphasis on skill building, relationship development, individual strengths, proactive or preventive intervention and the belief that all individuals can change.

Key Characteristics:

- Focusing on skill-oriented service model
- Focusing on strength-based treatment planning
- Endorsing prosocial models of service provision
- Embracing proactive and preventive methods of intervention
- Fostering hope as an active form of supportive care
- Planning normalization and inclusion as treatment targets
- Embracing the application of child/family centered service planning

The McKie Foundation Group Homes will utilize principles of Evidence Based Practices in its methods of dealing with students as well. Students are encouraged to become aware of their choices and to take responsibility for their own actions. While the circumstances of the students past are discussed and examined, students are encouraged not to use them as an excuse for their present behaviors.

Individual Service Plan (ISP):

The Individual Service Plan (ISP) is a plan that identifies the daily care and treatment of each student placed at The McKie Foundation Group Home. Students are provided a copy of their individual service plan (ISP) while being encouraged to participate in the development of their plan. The plan shall include specific time-limited objectives which relate to the need for service, specific activities to achieve the success of these objectives, and a schedule of the visits planned with parents or guardian. It also includes the services being provided to the family and goals of treatment.

The ISP shall be completed within 30 days of the initial placement of the service participant with The McKie Foundation Group Home. The case manager is responsible for developing the plan, notifying all parties in advance of the scheduled participation date, and to follow-up on the progress made in reference to the goals implemented in the plan. An opportunity to participate in the development of the ISP shall be extended to the following persons:

- Service Participant
- Parents, relative resource or guardian and external parties involved with the service participant
- Placing county agency representative

The ISP will be valid for 6 months and is reviewed quarterly until discharge. Any amendments or changes will be documented in the plan. All parties involved will have the opportunity to participate in the review.

PROGRESS REPORTS

Progress reports are written by the case manager and submitted to the Placing Agency on a quarterly basis. The report shall include all information pertinent to the service participant placement during the prior three months.

Discipline:

The McKie Foundation has adopted a philosophy that discipline is to be a positive action taken to help students learn societal limits, behavioral alternatives, and consequences to negative behavior. Discipline is to be used only for the purpose of improving the behavior of the students of this agency as indicated in the service plan for the student.

Staff training and on-going professional development sessions teach positive disciplinary techniques further deal with the disciplinary procedures of the agency. Staff training dealing with the limits of discipline, student appeals process, handle with care, and the types of appropriate discipline. Students are made aware of the above mentioned appeals process by way of the Student Handbook provided upon admission. Staff members who have first-hand knowledge of inappropriate behaviors are obligated to take disciplinary action in regards to the involved student(s). Students may appeal any disciplinary action in the following manner:

- A. Request review with their assigned caseworker by putting request and incident details in writing.
- B. If a student is not satisfied at this level they may appeal to the Program Supervisor and/or Director of Residential Services.
- C. If still unresolved, appeal may go to the Executive Administration (Executive Director and/or Executive Vice President) where the decision will be final.

It is the policy of The McKie Foundation to always treat each child in its care with respect and dignity. This respect and dignity will be carried out by all staff when implementing the following policy.

The McKie Foundation Group Home will not conduct random searches without purpose or suspicion. Searches may only be conducted with the authority of a supervisor on duty and with substantial cause to conduct a search. Such searches will be documented in writing with a permanent copy to the child's file and one mailed to the referring county. Searches will be limited to the area of suspicion, i.e. clothing, pockets, book bag, shoes, etc.

Social and Recreational Activities:

The recreation and leisure program at The McKie Foundation Group Home provides service participants opportunities for self-expression and development in the emotional, physical and social domains of adolescence. The opportunities are provided through a balanced program of in-home and community based individual and group activities.

The specific recreational and leisure deficits of each potential service participant are examined during the intake process and individual needs are included in the development of the treatment plan. The treatment plan established goals and objectives relevant to recreation and leisure, which encourages the child to seek fulfillment and satisfaction through their use of recreation and leisure.

Individual and group counseling sessions are designed to address these treatment objectives and are conducted as part of the program services. The home makes available recreation room for the child's use during non-structured recreation periods.

Within the daily program schedule, there is an opportunity for planned group activities and personal pursuits. Service participants have input into the possible activities and assist with planning events through the community meetings. Planned activities schedules are kept on file in the staff office for a period of ninety (90) days.

In addition to having in-home planned group activities, the group home and service participants utilize community events and resources to expand opportunities and enrichment both as a group and individually.

Service participants are encouraged to work at jobs in the community or at on-grounds jobs when they are available. When working, we require service participants to save 70% of their earnings in an interest bearing savings account at a local bank to establish good budgeting practices and to prepare for their future. The McKie Foundation Group Home will provide transportation to and from work for residents who have community jobs. Staff will also teach service participants how to use public transportation to navigate the community and travel (e.g. school, home visit, work, and activities).

Daily personal quiet time established to promote the service participants ability to make decisions concerning their individual needs and preferences. Service participants are required to be at the home during this time and many use the time to wrap up the day, prepare for the next, attend to personal care or pursue a relaxing activity.

SUMMER PROGRAM

During the summer months, all service participants are required to participate in supervised structured programs for part of the day. Some of the options available to the service participants are summer school, which is sometimes required, work programs on or off grounds, a summer enrichment program and formal groups that focus on community, recreation, technology and volunteerism classes, projects and activities.

The McKie Foundation Group Home staff and administration supervise all social and recreational activities. Staff acquire approval from the placing agency for service participants to engage in activities when required (e.g. going out of county). Staff are also trained in conflict resolution techniques, how to de-escalate potentially dangerous behaviors and to be cognizant of any risk for AWOL.

List of community resources used by The McKie Foundation Group Homes:

Movies, Civic & Junior Theaters	Amusement Parks
Libraries	Community & Special Events
City Parks	Water Parks
Community Careers	Theme Parks
City Pools	Bowling Alleys
Sports Teams (Professional, College & Otherwise)	Roller Rinks
Identified Walking & Hiking Trails	Zoos
Arcades	Fair Grounds
Malls	Concert Grounds
Restaurants and eateries	Stadium Events
Beaches	Historical Sites and events
Rehabilitation Opportunity Programs	Cultural Events

Education:

A critical component to a student's development centers upon the involvement in an educational system. This involvement, in addition to providing cognitive development, promotes social and physical development.

In cooperation with the respective school system, priority is given to providing education within the location of community schools. Efforts to involve the service participant in the system and the means to monitor the service participant progress in the system are documented in the service participant record. Also documented are all contacts with school personnel concerning the service participant academic, behavior and social status for review of treatment team and/or planning meetings.

Student's not enrolled in the school system, not receiving education, or receiving general equivalency diploma instruction, have the reason for this course of action documented in their record. Service Participants in these situations are provided space within the home for instructional, educational and physical activities. Their involvements in these activities are focused toward treatment/educational objectives and are documented in the service participant record.

In addition to formal education, The McKie Foundation Group Home provides education related activities. Counseling will be provided to identify career possibilities and to enhance job-seeking skills and to assist with securing part-time or summer employment, if applicable.

Specialized workshops are also provided focusing on health issues, sex education, substance abuse/use, self-sufficiency and other relevant topics.

Authorized individuals including the service participant are involved in determining the student's educational service. These needs are based upon the student's previous academic records and history. The McKie Foundation Group Home Case Manager obtains the student's past academic records from the placement agency or the student's previous school during the placement process. For some students, the Individual Education Plan (IEP) will determine their academic needs. The County School District is the responsible agent in regards to the student's academic needs.

The McKie Foundation Group Home plans on establishing a memorial education fund to help aid service participants who want to continue their education in either college or vocational schools after graduation from high school. These funds will be used to supplement available financial aid and helps to provide the balance of tuition money, supplies, clothing, medical/dental care, allowance, transportation and vacation planning. The McKie Foundation Group Home will continue to act as guardian for these students until completion of the post high school program.

We will make service participants aware of the eligibility criteria when available to take advantage of this special aftercare program.

However, on-going and clear communication between school staff and The McKie Foundation Group Home staff ensures student success. School personnel are invited to treatment teams in which academic issues and/or behavior issues in the school are discussed. Daily phone calls are also used as a method of communication between the school district and The McKie Foundation Group Home.

Group Living:

Upon arrival each service participant is assigned to a specific group home. Each group home is supervised by direct care staff members, who serve as "parents" and positive role models for the service participants and who provide many of the same things which parents typically provide for their own children. Support is available to the group home staff via our senior staff and agency supervisors that are on duty 24 hours a day.

Service participants are responsible for keeping their own rooms clean, their beds made, and for performing a daily "chore" which helps to keep the residence clean. An allowance is provided on a weekly basis for all service participants. Service participants are also responsible for doing their own laundry and laundry facilities are provided in each residence as well as staff who are available to teach service participants how to do chores and how to do their laundry.

Each night for one hour, a study hour is enforced to enable service participants to complete homework and to study. If no homework has been assigned, readings, writing letters or similar activities are permitted. Staff are available should any service participant need additional tutoring to assist in their academic program.

A clothing budget is provided for each service participant and all shopping is supervised by the staff. Service participants who are working often supplement this with their own funds.

The following represents a **SAMPLE Daily Activity Schedule** for the Group Home that includes social, recreational, and educational activities.

Monday Morning through Friday Evening

6:00 a.m. -	6:10 a.m.	Student Wake up
6:10 a.m. -	6:50 a.m.	Students complete personal hygiene activities
6:50 a.m. -	7:40 a.m.	Breakfast served
7:40 a.m. -	3:00 p.m.	Students leave and attend school
3:00 p.m. -	4:00 p.m.	Students arrive from school, have a snack, Community meeting, and relax
4:00 p.m. -	5:30 p.m.	Academic enrichment activities: homework, and tutoring, Individual or Group Therapy Time
5:30 p.m. -	6:30 p.m.	Free Time, Recreational Activity, Individual Therapy Time, and Dinner preparation/Community Activity, Trip, Leave for Home Visit (if applicable)
6:30 p.m. -	7:15 p.m.	Dinner
7:15 p.m. -	7:45 p.m.	Dinner clean up, Evening Chores and Free Time, Recreation Time
7:45 p.m. -	8:15 p.m.	Evening Community Meeting
8:15 p.m. -	8:45 p.m.	Chores, Free Times, Evening Snack
8:45 p.m.		Lights Out Based on Level: Level 1 in Bed at 8:45 p.m. with lights out by 9:00 p.m. Level 2 in Bed at 9:00 p.m. with lights out by 9:15 p.m. Level 3 in Bed 9:15 p.m. with lights out by 9:30 p.m. Level 4 in Bed at 9:45 p.m. with lights out by 10:00 p.m.

Friday is special activity night. Activities will begin when the house is clean and after Evening Community Meeting. Bed times will be tiered based on when the special activity end.

Saturday Morning to Sunday Evening and Holidays

9:00 a.m. -	Wake up
9:00 a.m. - 10:00 a.m.	Breakfast preparation, Personal Hygiene, daily Chores
10:00 a.m. - 10:30 a.m.	Breakfast
10:30 a.m. - 11:30 a.m.	Breakfast clean up, Deep Room and House Cleaning
11:30 a.m. - 11:45 a.m.	Morning Community Meeting
11:45 a.m. - 1:00 p.m.	Recreational Time, Free Time, Individual or Group Therapy Time, Home Visits
1:00 p.m. - 1:30 p.m.	Lunch Preparation
1:30 p.m. - 2:00 p.m.	Lunch
2:00 p.m. - 2:30 p.m.	Lunch clean up, free time
2:30 p.m. - 5:00 p.m.	Afternoon planned group activity, Home Visits, snacks
5:00 p.m. - 6:00 p.m.	Free time and dinner preparation
6:00 p.m. - 6:45 p.m.	Dinner
6:45 p.m. - 7:15 p.m.	Dinner clean up, chores, and free time
7:15 p.m. - 7:30 p.m.	Evening Community Meeting
7:30 p.m. - 9:30 p.m.	Planned group activity in the home or community

Participation in the event and lights out based upon service participant level. Evening snack will be provided during the activity.

Home Visits:

Active family involvement is an essential component of care. Home visits are arranged for each student at the direction from the referring county. Prior to any visits, the referring county must provide The McKie Foundation with written documentation for approved visitation resources. If students are approved for visitation, overnight visits will take place Friday at 6:00pm ending Sunday 4:00pm. Day visits will take place between the hours of 9:00am – 6:00pm. Visitation lengths can be modified at the discretion of the referring county and The McKie Foundation Treatment team. The McKie Foundation Group Home will provide transportation either directly or via public transportation depending on the location of the home. Transportation costs will be provided by The McKie Foundation Group Home.

Transportation:

In order to provide services necessary to the treatment of the service participants, The McKie Foundation Group Home utilizes a vehicle to transport service participants. Transportation is provided, as necessary, to and from the service participants home or other pre-arranged sites and for treatment services rendered under the auspices of the facility. Such services may include transportation for medical and counseling sessions, recreation activities, and community/school activities.

To provide for the safety of all passengers, all must wear seat belts when in the vehicle and the number of passengers cannot exceed the number of available belts, all upholstered spring and foam rubber seats are securely fastened and the heater is operable and maintains a fifty-degree (50) temperature. In addition, no service participant is allowed in the vehicle unless accompanied by a staff member and all loading and unloading of passengers is done on the curbside. Finally, the vehicle is equipped with all season radial tires to increase the safety of the service participant.

In the event of an accident or mechanical breakdown, the vehicle is equipped with a portable red triangle reflector and a portable first aid kit containing medical information sheets and the phone numbers of the facilities medical consultants, clinical coordinator and administrator. The registration card, vehicle insurance card and procedures to follow in case of an accident are kept in the glove compartment. These items and the spare tire are checked monthly by the Program Manager and recorded in the vehicle maintenance log.

The vehicle maintenance log is designed to record the use of the servicing/inspection of the vehicle. The use of records include the name of the driver, the destination, the round trip mileage, remarks concerning the functioning of the vehicle and record of gas and oil additions. Following return from a trip the use record is submitted to the Program Manager. The servicing/inspection record is the same as the vehicle schedule of the owner's manual or lease agreement and state law for vehicle inspection. In addition to verifying servicing, maintenance and repair receipts are kept on file in the staff office for the life longevity of the vehicle.

Also maintained on file in the staff office are photocopies of licenses of authorized staff drivers, Division of Motor Vehicles registration card, a copy of the insurance policy specifying the liability coverage for bodily injury and death in minimum amounts of \$300,000 per person and \$500,000 per accident and the name and address of the vehicle leasing company.

Medical Services:

The McKie Foundation Group Homes goal is to ensure attention and supervision of health and medical concerns are provided for Service Participants. This includes but is not limited to medical appointments, medication supervision, immunization review, dental, vision and hearing examinations and any and all indicated follow-up care.

During the intake/application process, a review of all available health records is conducted. When the possibility of a contagious disease or an illness is apparent during the intake process, a physical examination will be required prior to admission. Within 15 days the physician conducts a comprehensive physical examination, unless the Service Participant has had such a comprehensive exam within the previous 90 days. The comprehensive medical examination includes at minimum: a measure of height and weight, a determination of blood pressure, a vision screening, a urinalysis, a hematocrit or hemoglobin test, and mantoux test.

A review of immunization records conducted as they are received and is targeted for completion within 30 days of admission. The records of these examinations and any indicated follow-up care, consultations or appointments are included in the Service Participant record.

In addition, following examinations, the physician must complete the medical form. Information on this sheet includes but is not limited to: Service Participant identification information, parental consent of treatment statement, parent/legal guardian identification, and insurance information, results of medical examination and brief medical history, list of allergies, list of prescribed medication, side effects, and the physician's identification information. The sheet is kept in the Service Participant Record for emergency use.

The McKie Foundation Group Homes uses universal pre-cautions regarding HIV/AIDS and each site is equipped with a Safety Manual that addresses this more specifically. Staff maintain confidentiality of all HIV/AIDS information as mandated by law. Service Participants who have HIV or AIDS will be admitted to The McKie Foundation Group Homes as long as the Group Home is able to provide the medical support to the Service Participant. This will be determined during the intake process where the needs of the Service Participant will be discussed with the placement agency prior to admission.

The Individual Service Plan (ISP) indicates the specialized medical and dental needs of the Service Participant and is reviewed every 90 days by the treatment team following the Service Participant placement to ensure all medical and dental needs are met.

Dental Care:

As soon as possible and/or within 30 days of admission, a dental examination is completed and semi-annually thereafter. The results of this examination are recorded on the medical information form.

A review of the dental records will be conducted with the Service Participant parents/legal guardian by the Case Manager and the course of treatment for non-emergency, routine and/or specialized procedures will be reviewed.

Informed Consent:

Prior to any medical, dental, psychological, or psychiatric treatment or medication changes are conducted; an explanation of these is given to the Service Participant and parent/legal guardian.

The explanation is to include the need for treatment, a review of the procedure and its treatment role, the anticipated outcome of the treatment, a description of reasonable risks, and offer to answer any questions or concerns, and assurances of emotional support.

The record of the review is kept in the Service Participants record.

Medication:

3800.181 Storage of Medications

Prescription and over-the counter medications shall be stored separately.

3800.185 Medication errors

Documentation of medication errors shall be kept in the medication log. Medication errors include the failure to administer medication, administering the incorrect medication, administering the correct medication in an incorrect dosage or administering the correct medication at the incorrect time.

3800.186 Adverse reaction

If a Service Participant has a suspected adverse reaction to a medication, the facility shall notify the prescribing physician, the Service Participant parent and, if applicable, the Service Participant guardian or custodian, immediately. Documentation of adverse reactions and the physician's response shall be kept in the Service Participant record.

Medication Management and Administration:

Service Participants are permitted to take medication only upon written order of a physician.

All medication shall be stored in the locked medication closet. The medication closet is of sufficient size to accommodate all medications. Medications requiring refrigeration will be stored in a lock box. The medication closet will be used for storage of medication only and is locked when not in use. The key shall be kept on the person on duty who is responsible for supervision of the Service Participants.

All medication shall be kept in the original container and shall be properly labeled. Each Service Participant medication shall be stored separately within the medication closet.

All medication shall be offered at the ordered time. If medication is refused, appropriate notation must be made in the Service Participant record.

As with all medications, Narcotics are to be self-administered by the Service Participant for whom it is prescribed. Any deviation from the prescribed dosage, and/or frequency of prescribed usage, is to be considered abuse. This must be reported to the Program Manager immediately for presentation to the Director of Children and Youth Services.

Stock supplies of over-the counter medication will be maintained. Because these drugs, as well as vitamins, dietary supplements and home remedies can have undesirable side effects or interact adversely with prescription medications, no over-the-counter medication can be used without physician orders. The Program Manager determines the type and quantity of stocked medications after consultation with a pediatrician.

Injectable medication is self-administered upon physician order and under the supervision of the staff. Needles and syringes will be kept in the locked medication closet. Used syringes and needles will be placed in a rigid container with needle down, intact and uncapped. When the used needles container is full, medical staff will tape securely and contact the proper disposal firm or health center.

When supervising the Service Participant application of a topical fluid, crème or ointment to a minor physical injury, staff members instruct the Service Participant to use a cotton swab or gauze pad to take the medication from the container and then apply it to the injury. The swab or pad is then disposed of in a plastic lined wastebasket.

A staff supervises the taking of all medication. Supervising the taking of medication entails handing the Service Participant the correct container, reviewing with the Service Participant the prescribed dosage and administration technique before the medication is taken observing that the medication is taken as per the written instruction, and returning the container to the closet.

Medication, which has been discontinued, shall be destroyed in the following manner: a staff member will flush the unused medications down the toilet. This action will be documented indicating the name of the medication, strength, number of doses, date of disposal, and by whom in the Service Participant record.

During lengthy temporary absences or in the event of discharge, unused medication will be given to the responsible person. Documentation of this transaction will be made in the Service Participant record and will indicate the name and address of the responsible individual, the name of the medication, and number of doses. All medication not picked up sixty (60) days after notification will be destroyed.

Food and Nutrition:

Good health is established and maintained in part by good nutrition and reasonable dietary practices. Staff prepares menus that ensure Service Participants have available three nutritional meals daily, either in the home or in the community. These menus include a balance of foods from the (4) basic food groups and are kept on file in the staff office for minimum of ninety calendar days. Taken into consideration during preparation of the menu, is the availability of seasonal fresh foods, holidays, special events such as birthdays and Service Participant requests via family conference. These are considered to provide palatable foods and a pleasant social experience at mealtimes.

The selection, storage, preparation and serving comply with the sanitary standards, established by the State of Pennsylvania. Each meal contains sufficient amounts of food for each Service Participant and an alternate choice of food is available at each mealtime.

The house does not coerce or force-feed any Service Participant. The house does adhere to individualized dietary needs and schedules when they are included in the Service Participant treatment plan as a result of medical needs and/or religious beliefs.

The meal is served and eaten at the kitchen or dining room table dependent upon the meal being served. In addition, the home makes snacks available on a daily basis during the after school time and recreation leisure time. All snacks are eaten outdoors, or in the kitchen to maintain the sanitary condition of the rest of the home.

Meals are served by the following times each day:

<u>Meal</u>	<u>Week Days</u>	<u>Weekends</u>
Breakfast	6:40 a.m.	10:00 a.m.
Lunch	12:00 p.m.	1:30 p.m.
Snack	3:00/8:15 p.m.	3:30/8:30 p.m.
Dinner	6:30 p.m.	6:00 p.m.

A sample menu for one week is below:

The McKie Foundation Group Home Menu – Week One						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfasts 6:10 AM (10:30 AM on Weekends)						
2 frozen waffles w/ syrup, 1 cup of warmed strawberries 2 scrambled eggs w/cheese, 2 sausage links/Bacon 1 cup of 1% milk or Orange Juice	1 Bowl honey-nut oat cheerios cereal w/ 1% milk 2 piece wheat toast w/butter & fruit Preserves 1 Banana 1 cup of 1% milk or Orange Juice	Breakfast Burrito 2 scrambled eggs w/cheese, 1 wheat tortilla ½ cup of salsa 1 orange 1 cup of 1% milk	1 bowl reduced sugar instant oatmeal cereal 2 piece wheat toast w/butter Slices of fresh cantaloupe 1 cup of 1% milk	1 Cinnamon Raisin bagel w/light cream cheese 1 cup of 100% Apple Juice	1 bowl wheat flakes cereal w/ 1% milk 2 wheat english muffins w/butter & fruit preserves 1 cup of Grape Juice 1 cup of 1% milk	2 pancakes w/ syrup, 1 cup of warmed blueberries 2 scrambled eggs w/cheese, 2 sausage links/Bacon 1 cup of 1% of milk

Lunch 1 p.m. (1:30 p.m. on Weekends)						
2 grilled cheese sandwiches Lettuce, tomato & cucumber salad (1cup) light dressing 1 cup of 1% milk	2 PBJ sandwiches Fruit preserves 1 cup fruit-cup 1 cup of 1% milk	1 Turkey & Cheese sandwich on wheat bread w/ lettuce, tomato, light mayo 1 cup fruit-cup 1 8oz bag of pretzels 1 cup of water or 1 cup of 1% milk	Bean & Cheese Burritos (2) w/ wheat tortillas 1 cup fruit-cup 1 cup of 1% milk	1 BLT (Turkey/ Beef Bacon) on wheat bread w/ lettuce, tomato, light mayo 1 bag of 8oz pretzels 1 cup fruit-cup 1 cup of 1% milk	1 chicken salad sandwich, on wheat bread w/lettuce, tomato, light mayo 1 bag of 8oz chips 1 cup fruit-cup 1 cup of 1% milk	2 english muffin cheese pizzas Lettuce, tomato, & cucumber salad with /light dressing 1 cup fruit-cup 1 cup of 1% milk

1st snack 3:45 p.m.						
Doritos's Chips with milk & juice	2 Granola Bars 1 cup of 1% milk	Mandarin orange yogurt	2 slices of Cantaloupe 1 cup of 1% milk	Tiger's Milk with Ginger Snaps (6)	2 Granola Bars 1 cup of 1% milk	Goldfish crackers with juice and milk
Dinner 6:00 p.m.						
Baked chicken breast with red potatoes and carrots Dinner roll w/butter 1 cup of 1% milk	Spaghetti & meatballs with salad (lettuce, tomato, & cucumber) 1 piece Garlic bread 1 cup of 1% milk	Chicken & cheese Enchiladas with Spanish rice, Salad (Lettuce, tomato, & cucumber w/light dressing) 1 cup of 1% milk	Shake –N-Bake Turkey Chops & wild rice w/wheat rolls & butter Mixed vegetables Salad (lettuce, tomato & cucumber w/light dressing) 1 cup of 1% milk	Meatloaf with Real Mashed Potatoes, Cut Green Beans Salad (lettuce, tomato, & cucumber w/light dressing) 1 cup of 1% milk	Chicken vegetable stir-fry w/Rice Salad (lettuce, tomato & cucumber w/light dressing) 1 cup of 1% milk	Carne Asada Tacos & Refried Beans with lettuce, tomato, & Avocado Salad (lettuce, tomato, & cucumber w/light dressing) 1 cup of 1% milk
2nd Snack 8:30 p.m.						
Cheese & Crackers 1 cup of 1% milk or Juice	Peanut Butter cookies 1 cup of 1% milk or Juice	Berry Pie & Animal crackers 1 cup of 1% milk or Juice	Chocolate cookies with Milk	Soft Pretzels with mustard 1 cup of 1% milk or Juice	Popcorn with milk	Tortilla Chips & Salsa 1 cup of 1% milk or Juice

Admission/Intake:

The McKie Foundation Group Homes is available to students ages 13 through 17 (with an option to be extended to age 21 pending meeting board extension requirements) whose family situations, social issues, and/or developmental issues preclude youth from living at home or in a less restrictive setting. In addition, it is our goal to place students whose families reside in or around the serving County as a first priority.

The McKie Foundation Group Homes retains the right to determine from among applicants for its services those it can serve appropriately, within the limits of its resources, contractual or legal obligations, capacities and mission. The McKie Foundation Group Homes will accept emergency or unplanned admissions on a limited basis if the youth meets the target population criteria of the group home. The decision to accept emergency admissions will be based upon the number of youth already placed in the home, the stability of the milieu, and the presenting needs of the emergency placement. If it is determined that the emergency placement will not disrupt the other placements, then the youth will be placed on a temporary basis. Before admitting a Service Participant, The McKie Foundation Group Home determines whether it, or some other agency, is best suited to provide the needed service through consultation with the placement agency.

In the event that The McKie Foundation Group Homes determines that a Service Participant would be better suited elsewhere, every effort is made to refer the Service Participant to the provider who is best capable of providing for the Service Participant needs. In the event there is a contractual or legal obligation which The McKie Foundation Group Homes may have with a particular Service Participant, they must make every effort to refer the Service Participant to the best possible provider. Every such effort must be documented and a rationale must be included in the Service Participants chart about the referral.

All The McKie Foundation Group Homes admissions are voluntary. The McKie Foundation Group Homes base admission decisions on established criteria that addresses factors that facilitates a successful transition to group home living environment, such as:

- Quality of previous placements
- The individuals ability to adjust to a group; and
- The effect the individual and the group will have on each other

In some cases The McKie Foundation Group Homes requires a face-to-face interview with potential Service Participants if there is a concern about the appropriateness of the Service Participant after the Potential Placement Form, Initial Needs, and Individual Service Plan (ISP) is completed. If an interview is required, a mental health and substance abuse screen is completed during the interview to further evaluate the needs of the Service Participant and their appropriateness for placement. The placing agency is notified immediately after initial determination is made that Service Participants placement may be appropriate.

Once the needed information for the final determination of the Service Participant appropriateness is received, it is reviewed by the treatment team for final determination. The placement agency is notified of this determination in as little as 4 hours up to 36 hours.

The McKie Foundation Group Home Program Director or designee in his/her absence is responsible for the ultimate acceptance of a Service Participant into placement. If there are no beds available at the time of referral, the Service Participant is placed on a waiting list for the next available opening. The McKie Foundation group home is unable to accept youth with a history of predatory sexual behaviors and fire setting.

Summary of the admission/intake process. Placing agent provides the following information:

- Release of Information and Authorization to Treat Form
- Youth's Social Study
- Applicable Court Reports
- Copy of: Youth's Birth Certificate, SS Card, and Medical Insurance Card
- Previous applicable Treatment Records including Psych. Evaluations
- Copy of recent Treatment Plan
- Medical and Dental History
- Service Participant Medications and Directions
- School Records
- Potential Placement Form
- Initial Needs and Service Plan developed
- Behavioral Intervention Plan is developed (if appropriate)
- Determination of need of interview (if interview is needed Dual Diagnosis screening is completed at the interview)
- Determination of placement
- Transportation of Service Participant (If Service Participant is on medications a 15 day supply must accompany them upon arrival to The McKie Foundation Group Home or the Service Participant will not be accepted for placement)
- Face-to-Face Service Participant orientation to The McKie Foundation Group Home is completed
- Clothing and personal item inventory completed
- Intake documentation checked and completed
- The McKie Foundation Agreement signed and completed
- Personal Rights
- Grievance Policy
- Behavioral Health Assessment Completed

Crisis and Safety Planning:

Crises may arise during the course of normal service provision and prudent planning makes them more manageable and less destructive. Students placed in The McKie Foundation Group Homes with histories of sexual victimization, exposure to domestic violence, or substance use or abuse histories may be the most at risk of placement instability. When students display behaviors that create an imminent safety risk, the Program Therapist develops a safety plan with student targeting these behaviors. A serious Incident Report will also be completed and sent to the placing county, IEU, and Community Care Licensing regarding the risky behavior and plans to mitigate it. The McKie Foundation Group Home staff will make every effort to assist the youth in accomplishing crisis plan goals and objectives for a two week period. If the students behavior during or after this two week period does not stabilize or is severe enough to jeopardize the health and safety of other students, they will be discharged.

The Program Therapist develops a safety plan with input from the student, school (as applicable), the psychiatrist, and all other applicable program staff in an effort to avoid, minimize, and reduce potential and current crises and risk factors. The safety plan provides students and The McKie Foundation staff with a framework for how to respond to destructive behaviors.

Safety Plan includes coping strategies that may be used by the student and McKie Foundation staff during a crisis. The safety planning intervention is a collaborative effort. Staff consider the following:

- Is there risk of imminent harm (to self or others) in the crisis situation?
- What is the most critical area to stabilize?
- Recognizing the warning signs of impending crisis
- Identification of students triggers
- Identification of supportive resources
- Reducing the availability of means to attempt suicide or engage in self-harming behaviors
- Supportive staff directives
- Target date for stabilization and or reduction in unsafe behaviors
- Student signature for safety, self-harm, and no-violence contracts

The Safety Plan targets severe behaviors for a two (2) week period up to three (3) months. Each plan is reviewed by the Program Therapist bi-weekly with student. The plan includes the following:

- Student Strengths
- Goal-related measurable objectives
- Student coping strategies
- Projected dates of achievement
- Identification of service providers
- Implemented activities planned for student
- Individuals involved in accomplishment of crisis plan goals

The Safety Plan is agreed upon and signed by the Service Participant, Program Therapist, and reviewed by The McKie Foundation treatment team. Adjustments to student safety plans will be made accordingly. The Safety Plan review includes a discussion of: the level of reduction of risk of harm; progress towards goals and objectives; problems that impede treatment progress; and the maintenance or revision of the plan.

Discharge/Removal:

Discharge of a student at The McKie Foundation Group Homes may occur through two avenues. These avenues are anticipated and emergency discharges. Each discharge is designed to serve the needs of the individual Service Participant and/or to protect the well-being of all home children. The criteria and factors defining each discharge are defined below.

Anticipated discharges apply to Service Participants who have successfully met the goals of their individual treatment plan and are expected to return home or are ready for an additional follow-up placement.

Emergency discharges result in the immediate removal of the Service Participant to a home such as medical hospital, psychiatric home, detention center, other agency, or parents/legal guardians. Circumstances necessitating emergency discharges are but not limited to acute physical illness or injury, illegal or criminal activity, behavior posing significant threat to the well-being and safety of oneself, others and/or the program.

Discharge is initiated by the Team and occurs following a meeting of these individuals where circumstances permit.

ANTICIPATED

1. Date of discharge is established during treatment planning sessions.
2. The staff completes a discharge summary in the resident record. Summary notes dates of admission and discharge, summary of treatment, criteria for discharge, name and address of person or agency receiving Service Participant, and projections for ongoing health, educational and behavioral care.
3. Remove Service Participant record from the active file and store in the discharged Service Participant file drawer.

EMERGENCY

Behavioral

1. The treatment team meets to discuss the reason for the discharge initiated by the Director or the potential discharge and to make final determination.
2. The case manager notifies the Service Participant (if applicable) the parents/legal guardians, and if applicable the Office of Children, Youth and Family Services Case Manager.
3. If applicable, the Services Social Worker coordinates the departure of the Service Participant, assisting with transportation if necessary.

4. The case manager completes a discharge summary for the Service Participant record including recommendations for follow-up services as well as the other information comprising the summary within 10 days of the discharge.
5. The discharge summary copy is forwarded to the receiving person or agency.
6. Service Participant records are removed from the active file and stored in the discharged Service Participant file drawer.

MEDICAL

1. The treatment team meets to review the medical situation and the length of anticipated treatment to determine the need for discharge.
2. The case manager notifies the Service Participant and parents/legal guardian of determination.
3. If applicable, the Office of Children, Youth and Family Services Case Manager is notified by telephone no later than the next working day.
4. The case manager completes a discharge summary in the Service Participant record including recommendation for following-up services as well as the other information comprising the summary within ten days of discharge.
5. The discharge summary copy is forwarded to the receiving person or agency.
6. Service Participant record is removed from the active file and stored in the discharged Service Participant file drawer.

If a Service Participant is unable to adapt to the program or violates a major house rule, a treatment decision may be made to terminate Service Participant placement. This determination may be made after staff have developed and implemented a crisis plan to address this behavior as indicated in the crisis/safety planning section of this Program Statement. Whenever possible a 30-day notice in compliance with the Department of Human Services 30 day policy will be given to the placement agency designee so that he/she can locate an alternative placement for the Service Participants.

When a Service Participant presents as out of control and a danger to self or others, plans will be made to assess and remove the Service Participant from the facility in accordance to The McKie Foundation Group Home policy and procedure.

Emergency Conditions:

During emergency conditions, the primary goal and function of The McKie Foundation Group Homes is to maintain the safety and well-being of the Service Participants. Emergency conditions are defined as natural disasters such as floods, hurricanes and tornadoes, nuclear alerts, fire, bomb threats, and first aid/medical problems. The specific procedural responses to these emergency conditions are categorized into three groups: first aid/medical, evacuation and safety precautions. Although specific procedural responses differ for each condition, there exist some commonality.

As a primary means to ensure the Service Participant safety and well-being in all emergency conditions, the telephone system is programmed to automatically dial the police, fire department, rescue squad, poison control center, and hospital. These phone numbers are also maintained in the first aid kit in case evacuation of the house is necessary.

Whenever anyone of these numbers are called to report an emergency situation, the caller is to remain on the line until the responding individual has acknowledged receipt of all necessary information.

In addition, kept with this first aid kit are an updated house census sheet, the Service Participant parental/legal guardian medical care information sheets and a listing of current staff personnel phone numbers. Also, located with the first aid kit is the American Red Cross First Aid manual. The first aid kit contents are inspected monthly to ensure they are uncontaminated and the information sheets are complete and current. This inspection is completed by the staff, with record of the inspection being kept on file in the staff office.

Regardless of the specific emergency condition, following resolution of the immediate crisis or the condition, the staff is notified. Finally an incident report is submitted to the Director whenever the emergency condition procedures are used in response to a situation.

During first aid/medical emergency conditions, primary focus is to assist the injured using the procedures outlined by the American Red Cross First Aid manual and training and/or obtains assistance as necessary. At **no time are any Service Participants to be left unsupervised,** even if it requires that all Service Participants accompany the injured to treatment until arrangements are made to return them to the facility.

Evacuation of the facility occurs as an immediate response to notification of a bomb threat or fire. Each Service Participant and staff member is informed of the evacuation routes throughout the house and the location of the rendezvous points during their orientation to the facility and once a month at a community meeting.

Immediately upon notification, Service Participants are to vacate the facility. The staff is to obtain the medicine room first aid kit and first aid manual. The staff is to respond as outlined in the procedures for these emergency conditions.

Safety precautions are taken in response to natural disasters and nuclear alerts. During these emergency conditions, all Service Participants are maintained and confined to the Recreation Room. Service Participants are kept calm and dressed for possible evacuation. In addition, Service Participants medications and medication logs, the first aid kit and manual are brought to the room.

The procedure delineating the specific responses to each emergency condition are maintained in the procedure handbook located in the staff office.

PROCEDURE: EMERGENCY SITUATIONS

1. FIRST AID/MEDICAL

- Serious/Life Threatening Injury or Illness
 - I. Attend to immediate injury/illness following basic first aid and universal precaution procedures.
 - II. Summon Assistance
 - Rescue Squad – 911
 - Poison Control – 911
 - Consult Potentially Hazardous Substance List as necessary
 - III. Obtain Service Participants Medical Information Sheet, Medication Log Card, Informed Consent Sheets from and Harmful Substance List (if applicable)
 - IV. Contact Director
 - V. Notify Parents/Legal Guardians (if directed)
 - VI. Complete incident/injury report, submitting it to Program Manager and copy to Director of Children and Youth Services.

2. MEDICATION REACTION

- I. Attend to immediate distress following basic first aid and universal precautions procedures.
- II. Obtain Service Participants Medical Information Sheet, medication Log Card and Informed Consent Sheet.
- III. Summon Assistance (as directed)
 - Rescue Squad – 911
 - Poison Control – 911

*Note: Provide all requested information and remain in contact with person called until they break connection.

EVACUATION

1. FIRE

- Rescue any person in immediate danger.
- Alarm Service Participants and any others by activating alarm system.
- Contain, using extinguisher and closing doors and windows.
- Evacuate area and building using posted routes.
 - I. Stays low to floor and hand check closed doors.
 - II. HOT door – do not open; use alternate exit
 - III. COLD door – stay low and behind door while opening.
- Obtain first aid kit and manual from Medicine Room and Service Participant Destination Log from kitchen if possible.
- Rendezvous at designated point.
- Take census count accounting for all Service Participants.
- Assist Service Participants to remain calm.
- Notify Director and Family Intervention Services.
- Complete Incident/Injury Report submitting it to Program Manager and copy to Director.

2. BOMB THREAT

- Alarm Service Participants and any others by activating alarm system.
- Obtain first aid kit and manual.
- Evacuate building using posted routes.
- Rendezvous at designated point.
- Take census count accounting for all Service Participants.

3. NATURAL DISASTER (flood, earthquake, etc)

- Gather all individuals in safe location.
- Contact local Office of Civil Preparedness.
- Listen to radio station for further details.
- Contact agency administration, if possible.

Incident Policy:

An Unusual Incident is defined as any of the following:

1. Injury, trauma or illness of a Service Participant requiring in-patient hospitalization.
2. A suicide attempt by a Service Participant.
3. A Service Participant who is missing for more than 24 hours or who could be in immediate jeopardy if missing at all.
4. Misuse or alleged misuse of Service Participant funds.
5. Outbreak of disease as specified in 28 PA Code CH 27- Communicable and Non-Communicable Diseases-Section 27.2 Reportable Diseases. "Outbreak" means more than one Service Participant or staff has the disease.
6. An incident requiring the services of a fire department.
7. An incident requiring the services of a law enforcement agency.
8. Any condition (except for snow/ice conditions) that results in closure of the facility for more than one operation day.
9. The violation or alleged violation of a client's rights.
10. Death of a Service Participant.
11. A serious behavioral incident requiring the use of an emergency restraint.

An incident is defined as any of the following:

1. A Service Participant requires first aid or medical attention for injuries.
2. A Service Participant has unexplained bruises, scratches, or marks.
3. A Service Participants illness necessitates a physician visit.
4. A Service Participant illness necessitates absence from day program or work.
5. A Service Participant has an acute emotional trauma or behavioral episode for which a mental health agency is notified.
6. Any medication error involving a Service Participant.
7. Damage or theft of a Service Participants personal property.
8. The use of a non-emergency physical, mechanical, or chemical restraint (See behavior management policy).

PROCEDURE FOR REPORTING INCIDENTS:

The staff person witnessing the incident will complete an Incident Report form as soon as possible after an incident has occurred. The Program Supervisor will ensure that the incident report is turned into the Executive Office within 48 hours of the occurrence.

Either the Executive Director or a designee will review the Incident Report. A copy will be sent to the County and Regional offices of Children Youth and Services agencies and the original will be placed in the Service Participant file. A copy will also be kept at the Executive Office.

When appropriate, the Executive Director or designee will notify the Service Participant next of kin or guardian regarding the Incident that occurred.

PROCEDURE FOR REPORTING UNUSUAL INCIDENTS:

The management of Unusual Incidents will include:

1. Prompt medical treatment of the Service Participant when necessary.
2. Timely and accurate notification of appropriate person/officials/agencies.
3. Thorough investigation and documentation of the Unusual Incident by the Executive Director or designee.
4. Disciplinary action of the staff as appropriate.
5. Evaluation of the situation and corrective action to preclude the occurrence of similar incidents in the future.
6. In-service training for all staff in prevention, detection, management, and reporting of Incidents and Unusual Incidents.
7. Specialized counseling for the Service Participant when necessary.

During an Unusual Incident, staff must:

1. Immediately ensure that the Service Participant is safe from any further harm.
2. Ensure that any medical services needed are obtained as soon as possible.
3. Ensure that any needed fire or police services are obtained as soon as possible.
4. Ensure that proper notification is made to the agency administration as soon as possible.
5. Complete an Unusual Incident Report form as soon as possible after the incident report has occurred

Complaints & Grievances:

The McKie Foundation strives to provide the highest quality of services, treatment and care to its Service Participants and their families. In addition, the house acknowledges its responsibility to the immediate neighborhood and the township at large to assist in the maintenance and upgrading of the community's standards.

In order for these goals to maintain relevance, The McKie Foundation has established mechanics through which individuals or groups may express and receive responses to concerns about the home. These mechanics are further incorporated into the overall quality assurance system of the home.

Service Participants having concerns about the program or schedule at the Group Home use the house conference forum to express themselves. Concerns are written, phrased in a constructive manner, and are verbally presented to the entire Service Participant census. Discussion of the issue at the meeting follows and resolutions may occur before conclusion of this meeting. Any resolutions are noted on the sheet and forwarded to the Executive Director/CEO or designee. A response to the concern is to occur within five (5) days of having received the concern. Individual Service Participant treatment concerns are directed to the staff that reviews the issue with the treatment team as necessary. Responses to such concerns occur within three (3) days of receiving the issue.

Parents/legal guardians having concerns about the program or the treatment of their child may voice these issues to the Social Worker. The concern is investigated and, dependent on the nature of the concern, the issue is reviewed with the treatment team or Executive Director/CEO or designee. In addition, any parents/legal guardians may contact the Office of Children, Youth and Family Services to express concerns.

Staffing:

3800.51 Child Abuse and Criminal History Checks

Child abuse and criminal history checks shall be completed in accordance with 23 Pa. C.S. 6301-6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

3800.52 Staff Hiring, Retention and Utilization

Staff hiring retention and utilization shall be in accordance with 23 Pa. C.S. 6301-6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

3800.53 Director

1. A director may be responsible for more than one facility.
2. The director shall be responsible for administration and management of the facility, including the safety and protection of the children, implementation of policies and procedures and compliance with this chapter

A director of a facility shall have one of the following:

- A master's degree from an accredited college or university and 2 years work experience in administration or human services.
- A bachelor's degree from an accredited college or university and 4 years work experience in administration or human services.

3800.54 Child Care Supervisor

1. The childcare supervisor shall be responsible for developing and implementing the program and schedule for the children and for supervision of child care works.

The childcare supervisor shall have one of the following:

- A bachelor's degree from an accredited college or university and 1 year work experience with children.
- An associate's degree or 60 credit hours from an accredited college or university and 3 years work experience with children.

3800.55 Child Care Worker

The child care worker shall be responsible for implementing daily activities and for supervision of the children.

The child care worker shall have a high school diploma or general education development certificate.

3800.56 Exemption for Staff Qualifications

The staff qualification requirements specified in 3800.53, 3800.54, and 3800.55 do not apply to staff persons hired or promoted to the specified positions to October 26, 1999.

Orientation, Staff Training and Development:

The McKie Foundation will endeavor to provide staff training annually, and more frequent as needed in the following area:

- Mission and Philosophy/Policy and Procedure
- Fire Safety/Sanitation/Infection Control
- First Aid/CPR/Health Crisis Management
- Child/Adolescent Development
- Trauma Informed Care
- Mental Health First Aid
- Human Trafficking: What You Need To Know
- Human Sexuality/AIDS Awareness
- Incident Reporting (Child Abuse Prevention)
- Crisis De-escalation (Restrictive and Non-Restrictive)
- Recreational Activities
- Understanding Common DSM Diagnosis
- Documentation Best Practices
- Aspects of Group Home Living
- Time Management and Stress Management
- Nutrition/Meal Planning
- Medication Administration/Side Effects
- Physical layout of Site
- Job Responsibilities/Organizational Chart
- Social Media Safety
- Behavior Modification System
- Student Discipline Policy
- Self-Care
- Child Protection Law/Mandated Reporting
- Principals and Practice of Child Care

The McKie Foundation will also endeavor to involve staff outside training provided by governmental agencies, child welfare associations, residential associations, etc.

The McKie Foundation will strive to employ, train and retain the highest caliber professionals by frequently evaluating its staff training and development modules and schedules.

3800.58 Staff Training

A record of training including the person trained, data source, content, length of each course, and copies of any certificates received, shall be kept.