



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

May 26, 2010

Chris Banken, Executive Director
Mingus Mountain Academy
P.O. Box 26485
Prescott Valley, AZ 86312

Subject: Recertification by the CA Department of Social Services
Emily House (CDSS facility #602300062)

Dear Mr. Banken:

Pursuant to California Family Code Section 7911 et al., this is official notification that Mingus Mountain Academy is re-certified as meeting California group home licensing standards. This re-certification is based on certification analyst Carol Lancaster's recent on-site facility visit and evaluation and is good through May 2011.

California licensing standards require that all serious incidents continue to be reported to CDSS' Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Use of restraint (whether or not they result in an injury to a child.)
- f. Any unusual incident or absence that threatens the physical or emotional health or safety of a child.
- g. Injuries and illnesses that require hospitalization or medical treatment (beyond first aid.)

Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without appointment as necessary.

If you have any questions, please contact Carol at (916) 838-5751; or myself at (916) 327-8763.

Sincerely,

MEI YUK KUNG, PROGRAM CHIEF

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 744 P STREET, MS 18-50
SACRAMENTO, CA 95814

FACILITY NAME:	MINGUS MOUNTAIN; EMILY HOUSE	FACILITY NUMBER:	602300062
ADMINISTRATOR:	CHRIS BANKEN	FACILITY TYPE:	731
ADDRESS:	3801 N. ROBERT ROAD	TELEPHONE:	(928) 759-9410
CITY:	PRESCOTT VALLEY	STATE:	AZ
CAPACITY:	7	ZIP CODE:	86314
TYPE OF VISIT:	Case Management <i>(Annual Re-Certification)</i>	CENSUS:	5
MET WITH:	Jessica Hines, QA Manager; Cassie Cruz, Team Leader	DATE:	04/28/2010
		TIME BEGAN:	10:05 AM
		TIME COMPLETED:	12:15 PM

NARRATIVE

1 On today's date, the undersigned analyst conducted an onsite visit and evaluation of the facility referenced for
 2 the purpose of re-certification by the California Department of Social Services (CDSS) as mandated by
 3 California law. In conducting this visit, this analyst's objective was to determine whether the facility:
 4 • has adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision
 5 and treatment services to youth/clients in care.
 6 • is in substantial compliance with California licensing standards and regulations as well as being licensed
 7 and in good standing with the licensing authorities of the state of geographical location - - in this case, the
 8 state of Arizona..
 9

10 The Mingus Mountain Emily House, initially certified April 29, 2009, is one of two satellite group homes
 11 located near the larger 80- bed Mingus Mountain Academy, where clients are typically placed initially for
 12 residential care and treatment within the Mingus Mountain organization. The Emily House basically serves
 13 as an extension of the Academy program and is offered to clients who have successfully adjusted and
 14 completed the Academy program. While placed at Emily House, clients continue to participate in school and
 15 programming Monday through Friday at the Academy, but are offered the opportunity to live off-campus and
 16 step down to a lower level care in a more home-like environment in the nearby community of Prescott Valley
 17 in a traditional neighborhood setting. While here, transitional living skills are heavily focused upon - - the goal
 18 being to prepare the young women who are clients for adulthood and living independently.
 19

20 *(NOTE: For a complete description and overview of MMA, its program, purpose, methods and goals,*
 21 *reference the initial certification report of June 26, 2008.)*
 22

23 The home, a three bedroom, two bath single family dwelling, is licensed/certified for a capacity of seven
 24 adolescent females. At the time of this year's visit, the census was five. Three of the five were placements by
 25 Arizona agencies; one by a Michigan agency; and one was a Sacramento County, CA mental health
 placement.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 05/11/2010

Carol Lancaster

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/11/2010

CAR

This report must be available at Child Care and Group Home facilities for public review for 3 years.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 18-50
SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: MINGUS MOUNTAIN; EMILY HOUSE

FACILITY NUMBER: 602300062

VISIT DATE: 04/28/2010

NARRATIVE

1 The facility is licensed in the state of Arizona by the Arizona Department of Health Services, Division of
 2 Licensing Services, Office of Behavioral Health Licensing, as a Level 2 Behavioral Health Residential Agency
 3 (Lic. #BH-1487.) The most recent license was issued March 3, 2010, and is effective May, 2010 through
 4 April 30, 2010. As part of this annual re-certification, the undersigned contacted Arizona Licensing by
 5 telephone on May 3, 2010. A representative with that agency verified the facility is in good standing.
 6
 7 Mingus Mountain is accredited by the Joint Commission. This accreditation includes the Emily House. The
 8 last date of accreditation was September 15, 2007. This accreditation is good for up to 39 months.
 9
 10 The facility's last fire inspection was conducted by an official with the Central Yavapai Fire District and is
 11 dated May 28, 2009. No deficiencies were cited in relation to that inspection. Fire drills are done monthly;
 12 one on each of the three shifts.
 13
 14 No programmatic or physical plant changes have occurred since being certified last year. There is a new
 15 team leader for the house, Cassie Cruz.
 16
 17 SCOPE OF CERTIFICATION REVIEW:
 18
 19 • Entrance interview with Jessica Hines, QA Manager; Cassie Cruz, Team Leader
 20 • Collection of updated and current organizational and program information material.
 21 • Tour/physical inspection of facility and grounds.
 22
 23 FINDINGS, AREAS OF CONCERN AND/OR THOSE REQUIRING CORRECTION:
 24
 25 The home presents as being safe, sanitary and in good repair. Medications, toxics and dangerous items are
 26 all secured in locked storage. Home is furnished adequately; food supply is ample. All areas reviewed and
 27 inspected appear to be in substantial compliance with CA licensing standards. Re-certification approved.
 28
 29
 30
 31
 32

SUPERVISOR'S NAME: Mel Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 05/11/2010

Carol Lancaster
I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/11/2010

[Signature]