County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

BRANDON NICHOLS
Chief Deputy Director

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July 21, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

JUNIOR BLIND OF AMERICA GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Junior Blind of America (the Group Home) in December 2015. The Group Home has one site located in the Second Supervisorial District and provides services to the County of Los Angeles DCFS placed children and to children placed by the Regional Center. According to the Group Home's Program Statement, its stated purpose is "to enhance the lives of students with visual impairment/multiple disabilities and/or medically fragile by providing them with the means to achieve maximum independence."

At the time of the review, the Group Home served 22 placed DCFS children. The Group Home maintains a 40-bed residential site and is licensed to serve a capacity of 40 girls and boys, ages 6 through 17. The children's overall average length of placement was eight months and their average age was 16.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe; having been provided with good care and appropriate services; being comfortable in their environment; and treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to vehicles not kept well maintained, appropriate and comprehensive monetary allowance logs not maintained, and Community Care Licensing (CCL) Division citations; Maintenance of Required Documentation and Service Delivery, related to Initial and Updated Needs and Services Plans not being developed timely; Educaton and Workforce Readiness, related to children not being enrolled in school within three school days; and Personal Needs/Survival and Economic Well-Being, related to a child not being encouraged and assisted with creating and updating a Life Book or Photo Album.

Attached are the details of CAD's review.

REVIEW OF REPORT

On January 11, 2016, Rosalind Arrington, DCFS CAD, and Aiyana Rios, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home's representative Lisa Dozier, Director of Children's Services. The Group Home representative agreed with the review findings and recommendations, was receptive to implementing systemic changes to improve compliance with regulatory standards, and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor Controller and CCL.

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

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

PLB:KR
LTI:ra

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Corina Casco, LCSW, Vice President of Child Welfare and Residential Services, Junior Blind of America
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY
License Number: 191800260
Rate Classification Level: 12

	Contract Compliance Review	Findings: December 2015
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (All)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Food	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. DCFS Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. DCFS Children's Social Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with the Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with the Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Group Home Encouraged the Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of the Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. Group Home's Efforts to provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extracurricular, Enrichment and Social Activities (Group Home, School, and Community) 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, School, and Community)	Full Compliance (All)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in the Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with a Life Book or Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), and Child Abuse Central Index (CACI) Submitted Timely 2. Timely Completed Criminal Background Statement 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the December 2015 review. The purpose of this review was to assess Junior Blind of America's (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's program statement as well as internal administrative policies and procedures. The compliance review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, seven placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two of the seven sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the quality of care and supervision provided.

CONTRACTUAL COMPLIANCE

CAD found the following four areas out of compliance:

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

Two of the Group Home's 19 vehicles were in need of repair. Tires on Vehicles #1 and #25 were worn. CAD notified the Group Home representative of this issue with the vehicles. The Group Home immediately repaired the vehicles and provided documentation that two tires on

both vehicles were replaced on December 16, 2015. CAD visually confirmed the vehicles were in good repair on December 29, 2015.

- Comprehensive monetary allowance logs were not maintained for two children.

Monetary allowance logs were missing for two of the children's first full week in placement.

The Group Home paid each child for the one week that was missing from the logs and on January 5, 2016, provided signed documentation to CAD confirming that the children received their missing allowance.

- Community Care Licensing (CCL) citations.

CCL cited the Group Home on August 7, 2015, as a result of a complaint received on July 28, 2015, for an incident that occurred on July 27, 2015. The Group Home's staff did not pack a child's medication for a day visit and did not report the incident within 24 hours. CCL requested a Plan of Correction (POC), which included the Group Home providing training to their staff on medication procedures. On July 30, 2015, the Group Home Director conducted the training. The POC was cleared by CCL on August 18, 2015. No further action was required by the Out-of Home Care Investigations Section (OHCIS).

CCL cited the Group Home on August 7, 2015, during a Case Management visit to review the findings from a complaint received on July 28, 2015. CCL cited the Group Home for not timely reporting an Absence Without Leave (AWOL) on June 27, 2015. CCL requested a POC, which included the Group Home providing a written plan on how they will ensure staff are complying with licensing reporting requirements. The Group Home provided training to its staff on July 30, 2015. The POC was cleared by CCL on August 18, 2015. No further action was required by OHCIS.

CCL cited the Group Home on August 26, 2015, as a result of a complaint received on May 6, 2015, for an incident that occurred on June 23, 2014. The Group Home did not adhere to its Plan of Operation by failing to respond to a medical and dental records request within 10 days. In addition, the Group Home did not timely follow up on obtaining recommended dental services and annual dental exam. CCL requested a POC, which included the Group Home re-training their staff on medical and dental procedures and to submit verification of completion of this training to CCL. The POC was cleared by CCL on October 27, 2015. No further action was required by OHCIS.

CCL cited the Group Home on September 3, 2015 as a result of a complaint received on April 21, 2015, for an incident that occurred on March 26, 2015. The Group Home did not complete an internal investigation to determine exactly how the facility was exited for an AWOL. CCL requested a POC, which included the Group Home submitting the facility's written plan on implementing appropriate measures for investigating AWOLs, as well as its pertinent administrative policies and procedures. The POC was cleared by CCL on September 17, 2015.

Recommendations:

The Group Home's management shall ensure that:

1. Vehicles are maintained in good repair.

2. Comprehensive monetary allowance logs are maintained.

3. The Group Home is in compliance with Title 22 Regulations and free from CCL citations.

Maintenance of Required Documentation and Service Delivery

- Timely, Initial Needs and Services Plans (NSPs) with the child's participation were not developed.

Two case files had Initial NSPs that were not developed timely. One Initial NSP was due October 4, 2015, but was dated and signed by the Department of Children Family Services (DCFS) Children's Social Worker (CSW), Group Home social worker, and the child on October 14, 2015. Another Initial NSP was due July 22, 2015 and the DCFS CSW signed on August 25, 2015. CAD did not locate any documented efforts to contact the DCFS CSW within the five days in the case files.

- Timely, Updated NSPs with the child's participation were not developed.

Three children's records had several Updated NSPs that were not developed timely. One Updated NSP that was due on May 5, 2015 was signed by the child and DCFS CSW on May 20, 2015. There was no documentation of any efforts to contact the DCFS CSW within five days of the due date in the files. A second Updated NSP that was due on November 5, 2015, was signed by the DCFS CSW on November 25, 2015. There was only one documented effort to contact the DCFS CSW in the case file. The child signed the Updated NSP on December 9, 2015. A third Updated NSP that was due on July 14, 2015 was signed by the DCFS CSW on August 5, 2015, with no documented efforts to contact the DCFS CSW in the file. A fourth Updated NSP that was due on October 14, 2015, was signed by the DCFS CSW on October 22, 2015, with two documented efforts to contact the DCFS CSW within the five days in the file. The fifth Updated NSP that was due on June 30, 2015, was signed by the DCFS CSW on July 23, 2015, with no efforts to contact the DCFS CSW within the five days documented in the files.

Recommendations:

The Group Home's management shall ensure that:

4. Timely Initial NSPs are developed with the child's participation.

5. Timely Updated NSPs are developed with the child's participation.

Education and Workforce Readiness

- Two children were not enrolled in school within three school days after placement.

One child that was placed at the Group Home on October 27, 2015, was enrolled in school on November 4, 2015. A second child that was placed during Spring Break was enrolled in school four days after Spring Break ended on April 9, 2015. The files did not have any documentation on the reasons the two children were not timely enrolled in school.

Recommendation:

The Group Home's management shall ensure that:

6. Children are enrolled in school within three school days.

Personal Needs/Survival and Economic Well-Being

- A child was not provided encouragement and assistance with a Life Book or Photo Album.

A child did not receive a Life Book from the Group Home since being placed at the Group Home on March 31, 2015. The child did not receive encouragement or assistance to create a Life Book or Photo Album. The Group Home provided CAD with signed documentation that the child received a Life Book on January 4, 2016 and will ensure staff encourage and assist the children in creating/updating their Life Book or Photo Album.

Recommendation:

The Group Home's management shall ensure that:

7. Children are provided encouragement and assistance with a Life Book or Photo Album.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

The CAD's last compliance report dated February 10, 2016 identified six recommendations.

Results:

Based on CAD's follow-up, the Group Home implemented 3 of the 6 recommendations for which the Group Home was to ensure:

- Special Incident Reports (SIRs) are submitted timely and appropriately cross-reported in accordance with the SIR reporting guidelines.

- DCFS CSW's monthly contacts are documented.

- Employees meet training requirements.

The Group Home did not implement 3 of the 6 recommendations for which the Group Home was to ensure:

- The Group Home is in compliance with Title 22 Regulations and free from CCL citations.
- Timely and comprehensive Initial NSPs are developed with the child's participation.
- Timely and comprehensive Updated NSPs are developed with the child's participation.

8. The outstanding recommendations from the 2014-2015 Compliance Report dated February 10, 2016, which are noted in this report as Recommendation Numbers Three, Four, and Five are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home will consult with the Out-of-Home Care Management Division for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations during the next Compliance Review.

JUNIOR BLIND OF AMERICA

April 11, 2016

Rosalind Arrington,
Children Services Administrator 1
Contracts Administration Division
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

Junior Blind Corrective Action Plan (CAP) Addendum

This letter is in response to the Junior Blind's Group Home Contract Compliance Review in January 2016. The following is the Corrective Action Plan to address noted deficiencies:

Final Monitoring Review Field Exit Summary 1/11/16

I. Licensure/Contract Requirements

#3 Does the group home maintain vehicle in which the children are transported?

Finding #1: A tire on vehicles #1 and #35 were worn.

CAP

Of the four vans inspected, there were two that each had a worn tire. The tires were immediately replaced.

The vans are inspected on an ongoing basis by the maintenance staff and a monthly report is generated by the Director of Maintenance who presents at our monthly Audit Committee meeting. To address the issue of continuing maintenance issues, once the Director of Maintenance has provided the monthly report to Director of Children's Residential Program (CRP). The Director of CRP will review the report and inspect the vehicles with the Director of Maintenance. Additionally, each vehicle has a log that is to be completed by the staff after each use. The log documents destination, mileage, mechanical problems, etc. To further address the issue of continuing maintenance issues an additional training was conducted with CRP staff to ensure that they are completely and accurately filling out the vehicle log after each use of the vehicles.

#7 Are appropriate and comprehensive monetary and clothing allowance logs maintained?

Finding #2: Two children were placed on 9/4/15 and did not receive the first full week of allowance 9/7-9/13.

CAP
Both residents were given their allowance for the missing week.

To address this issue, the allowance distribution protocol as outlined in the program statement was reviewed with the administrative quality assurance assistant to ensure understanding of the protocol and that all residents moving forward are receiving their allowance after one week in placement.

#9 Is the group home free of any unsubstantiated Community Care Licensing complaints and/or physical plant deficiencies since the last review?

Finding #3: GH had substantiated CCL citations

Citation #1 CCL cited the Group Home, as a result of a complaint received on July 28, 2015 for an incident that occurred on July 27, 2015. According to the report dated August 7, 2015, CCL substantiated the complaint against the Group Home for care and supervision when they did not pack the child's medication for a day visit. staff neglecting to pack the appropriate medication and not reporting the incident within 24 hours. CCL requested a Plan of Correction (POC), which included the Group Home providing training to their staff on medication procedures. The Group Home Director conducted the training on July 30, 2015. The POC was cleared by CCL on August 18, 2015. No further action was required by the Out-of Home Care Investigation Section. (OHCIS)

CAP

To address the issue of the nursing staff packing an empty insulin pen for a child leaving on a day visit. The Director of Nursing presented staff involved with a written disciplinary action to be placed in his HR file and completed training on the **Five Rights of Medication Administration** and **Protocol for Preparing Medication for Home Visits.**

The Director of Children's Residential conducted training for staff completing the I-Track to provide refresher on licensing reporting requirements related to submission of SIR's via the I-Track system. Junior Blind nursing staff will continue to follow policies and procedures as outlined in the SIR Reporting Guidelines related to timely submission of SIRs via the I-Track system to Community Care Licensing, DCFS and all pertinent regulatory agencies.

Citation#2 CCL cited the Group Home during a Case Management visit on August 7, 2015, to review the findings from a compliant received on July 28, 2015. CCL cited the Group Home for not timely reporting an AWOL on June 27, 2015. CCL requested a POC, which included the Group Home providing a written plan on how they will ensure staff are complying with licensing reporting requirements. The Group Home provided training to its staff on July 30, 2015. The POC was cleared by CCL on August 18, 2015. No further action was required by the Out-of-Home Care Investigation Section. (OHCIS)

CAP

Special Incident Reports (SIR's) are to be completed by therapists and/or coordinators and submitted to Program Manager or Director of Children's Residential for approval prior to submission. All applicable staff has been trained on what information is to be included when submitting SIR's. Prior to submission of SIR's staff must ensure that that following information is included:

1) What types of incidents require SIR
2) Who was involved in the incident
3) Where the incident occurred
4) Time of incident
5) Clear description of the incident, including, antecedent, behavior, intervention, response and plan.
6) All parties that must be included in cross reports, such as, CCL, OHCMD and CSW
7) Appropriate timeframes for reporting incidents

To further address the issue related to SIR's not being cross reported to all applicable agencies, when Director of Residential and/or Program Manager are reviewing SIR's to the SIR Reporting Guidelines to ensure they are timely, complete and noted for appropriate cross-reporting, and providing final approval prior to submission in I-Ttrack. The Director of Residential or Program Manager will review via the ISR in the I-Track system under the saved SIR's. This will aid in ensuring that all regulatory agencies have been included upon submission of the report. The Director Residential and Program Manager will identify and delegate this duty to a specific identified staff during all absences, vacations and holidays or other days off.

Citation#3 CCL cited the Group Home on August 26, 2015, as a result of a complaint received on May 6, 2015 for an incident that occurred on June 23, 2014. CCL substantiated a violation for the Group Home not operating according to its Plan of Operation, by not responding to a medical and dental records request within 10 days. In addition the Group Home did not timely follow up on obtaining recommended dental services or an annual dental exam. CCL requested a Plan of Correction (POC), which included the Group Home providing re-training to their staff on medical and dental procedures and to and submit verification of completion of this training to CCL. The

POC was cleared by CCL on October 27, 2015. No further action was required by the Out-of Home Care Investigation Section. (OHCIS)

CAP

To address the issue of agency failing to timely respond to a request for medical and dental records.

The Director of Nursing revised the protocol and added a section related to a confirmation email if items are scanned or a confirmation signature and date upon pick up of records. The Director of Nursing provided refresher training for the entire nursing staff on the protocol and applicable updates related to the processing of medical records requests in a timely manner. The Director of Nursing also conducted training on the protocol related to medical/dental referrals and necessary follow up. Additionally, the referrals and annual exams are being tracked through the Quality Assurance supervisor who audits charts and ensure the necessary follow up and exams are being completed in a timely manner according to DCFS and CCL guidelines.

Citation #4 CCL cited the Group Home on September 3, 2015, as a result of n a complaint received on April 21, 2015 for an incident that occurred on March 26, 2015. CCL substantiated the complaint against the Group Home for failing to complete an internal investigation to determining exactly how the facility was exited for an AWOL. CCL requested a Plan of Correction (POC), which included the Group Home submitting a written plan indicating administrative policies and procedures to be used to implement the facility's plan on appropriate measures for investigating AWOLs. The POC was cleared by CCL on September 17, 2015.

CAP

Junior Blind's AWOL policy is as follows:

- Immediately notify the next person up the chain of command, staff will notify coordinators, program manager, and the program director

- Attempt to locate resident if AWOL occurs from JBA campus, immediately notify coordinator who will contact LA Sheriff Department (Marina Del Rey station) to file a missing person's report 310-482-6000 while staff is searching the campus and surrounding areas for the resident. After searching for 30 minutes and not locating the resident, staff will return to campus. Please ensure that when making the call you share with the Sheriff if the resident is medically fragile, diabetic, and youth with suicidal ideations.

- If AWOL occurs from school, it is school staff and school police responsibility to file missing persons report, notify up the chain of command immediately. Follow

up to be done by Program Coordinator/Manager/or Director to ensure school has filed report.

- Once Sheriff's arrive, please refer them to Sheriff's emergency binder behind Program Coordinator's desk. This binder will contain a recent picture, and all pertinent information regarding the missing resident. Accuracy and saving time is key, the binder will have accurate information to help the Sheriff's locate the missing resident as quickly as possible.

To further address the issue of the citation Junior Blind added an AWOL debriefing to the policy which states upon a residents return from AWOL supervisor and/or therapist will debrief with the resident to determine if there is anything that could have been done to prevent the AWOL, possible antecedents and mode of leaving. This addition to the policy will aid in identifying if there is a particular trend related to time, exit, etc. Training with the therapist and supervisors was conducted on 9/23/15. Junior Blind will ensure this policy change is implemented.

III. Maintenance of Required Documentation and Service Delivery

#23 Did treatment team develop timely, comprehensive, Initial Needs and Services Plans {NSP) with the participation of the developmentally age appropriate child?

Finding #4: Of the 7 residents reviewed, 2 had initial NSP's that were completed late.

CAP

One of the NSP's was late due to the incorrect placement date being input into JBA's internal system and the other due to onboarding and training process of the additional case manager.

The protocol to ensure that NSP's are completed in a timely manner is as follows:

At the time the Initial or quarterly NSP is due a meeting is scheduled to include, resident, DCFS CSW, Therapist/Case Manager and Rehabilitation Specialist. If applicable, parent, parent partner and nurse. During this meeting the following is discussed:

1. Case Plan/Permanency
2. Education- academic progress
3. Medical/Dental
4. Mental Health- treatment goals, interventions and response to treatment
5. ILP services (if applicable)
6. NSP goals

All parties are involved in the development and discussion of goals. If all are in agreement signatures are obtained and copies given to all parties. If there are changes or amendments needed the therapist/case manager makes the necessary changes and sends via email the amended copy for signatures.

To address the issue of initial NSP's not being completed in a timely manner we have added a second case manager. Both case managers were provided training on the successful completion of NSP's and the importance of ensuring that they are submitted in a timely manner and attend weekly supervision with the Director of CRP to discuss status of items due. Additionally, Director of Children's Residential will also check the placement dates upon admission on all relevant paperwork to ensure that dates are correct and paperwork is submitted in a timely fashion. The Director of Children's Residential will identify a specific alternate to complete this function during their absence.

#24 Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age appropriate child?

Finding #5: Of the 7 residents reviewed, 3 residents had a quarterly NSP completed late and/or CSW signed approval was obtained late.

CAP

At the time the Initial or quarterly NSP is due a meeting is scheduled to include, resident, DCFS CSW, Therapist/Case Manager and Rehabilitation Specialist. If applicable, parent, parent partner and nurse. During this meeting the following is discussed:

1. Case Plan/Permanency
2. Education- academic progress
3. Medical/Dental
4. Mental Health- treatment goals, interventions and response to treatment
5. ILP services (if applicable)
6. NSP goals

All parties are involved in the development and discussion of goals. If all are in agreement signatures are obtained and copies given to all parties. If there are changes or amendments needed the therapist/case manager makes the necessary changes and sends via email the amended copy for signatures

While the above protocol and the addition of the new case manager has been very helpful in improving the timeliness of quarterly NSP's. To further address the issue and ensure that all signatures are obtained in a timely manner we are ensuring that all efforts to get CSW signature are documented and making sure that these efforts fall within the first five

days after the submission of NSP. The Administrative QA assistant is responsible for sending the NSP via email to the CSW and documents attempts throughout the five days. The first attempt is the CSW, the second is the SCSW and the third attempt is the ARA.

IV. Education and Workforce Readiness

#35 Was the child enrolled in school within three school days after placement or did GH document efforts?

Finding#6: Of the 7 residents reviewed, 2 residents were not enrolled in school within three days.

CAP

One of the residents was not enrolled in school within 3 days due to being in a wheelchair and requiring further documents and accommodations and there was no supporting documentation in the file. The second resident was not enrolled within the three days due to CSW indicting that the resident would most likely be released back to parent at 72 hour court hearing and JBA did not want to disrupt school placement if resident would be returning home.

To address this issue the case managers are getting enrollment paperwork the first day of placement and documenting any delays in the residents file. Many of our resident's enrollment process is delayed due to medical paperwork needed by the school to address medical/medication needs, need for an alternative school setting (NPS) due to behavior issues or have been out of school for prolonged periods of time. In the instance that a resident will likely return home after the 72 hour detention hearing and attends another school the agency will transport the resident to their home school if possible until placement has been determined. The CSW is included in the process of school enrollment upon placement and DCFS Education Consultant is included if there are issues obtaining documents related to school enrollment, such as, IEP, 504 Plan, etc. To further aid in increasing assistance to our residents and ensuring that their needs are being met the Junior Blind has also enlisted the assistance of an onsite education liaison to assist with basic issues and an education attorney to assist in the more complex cases. The Junior Blind has also partnered with an online school, Connections Academy and hired a teacher to assist with assignments for those residents that are having difficulty in the traditional school setting.

VII. Personal Needs/Survival and Economic Well Being

#55 Are children encouraged and assisted in creating and updating a life book/photo album?

JUNIOR BLIND OF AMERICA

Finding #7: Of the 7 residents reviewed, 1 resident did not receive a life book from GH and 4 refused effort to provide them with a life book.

To address this each resident is presented with a life book at the time of placement and signs an acknowledgement of receipt or refusal. This is placed in their binders for documentation purposes. For those residents that refuse staff will keep pictures and complete a Lifebook of the child's activities for the time they were at JBA and will present this to the child at the time of discharge. Additionally, we are looking into more technologically savvy ways to provide the residents with pictures to capture memories now that most residents rely so heavily on social media, but need to ensure that we remain within HIPPA guidelines.

If you have any further questions please feel free to contact me at 323/295-6391or email at ldozier@juniorblind.org.

Sincerely,

Lisa Dozier, LMFT

Lisa Dozier, LMFT
Director of Children's Residential Program