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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

DIAKONIA GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Diakonia Group Home (Diakonia) in August 2011, at which time Diakonia had three six-bed sites. There were six placed Los Angeles County DCFS children, of whom three were recent placements, less than 30 days, and eight placed Probation children. Of the 14 children, four were males and 10 were females.

Diakonia Group Home is located in San Bernardino County and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Los Angeles Probation Department youth. According to Diakonia's program statement, its stated goal is "to provide therapeutic treatment services to clients that may be severely emotionally disturbed, focusing on behavior problems, interpersonal difficulties, low self-esteem, anger management, victims of abuse, poor school performance, substance abuse and family conflicts." Diakonia is licensed to serve a capacity of 18 adolescent boys and girls ages 13 to 18, which includes children from other counties.

For purposes of this review, six currently placed children were interviewed and their case files were reviewed, three DCFS and three Probation children. The placed children's overall average length of placement was nine months, and the average age was 17. Three discharged children's case files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Two children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Diakonia's compliance with the contract and State regulations. The visit included a review of Diakonia's program statement, administrative internal policies and procedures, six current children's case files, three discharged children case files, and a random sampling of personnel files. Visits were made to the sites to assess the quality of care and supervision provided to the children. We conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Overall, the children interviewed indicated that they were provided with good care and appropriate services. They were comfortable in their environments and were treated with respect and dignity. The children's case files and personnel files were well organized and professionally maintained, the sites were clean and adequately landscaped. There was an appropriate quantity and quality of reading materials and educational resources. All six children interviewed said they felt safe.

The deficiencies noted during the monitoring review included the following factors. Special Incident Reports (SIRs) were not being sent to OHCMD in 2010. One smoke detector was not working in one bedroom at the Home of Excellence-site; exercise equipment, a step climber, was not working at that same site and needed to be repaired or replaced. The group home needed to develop timely and comprehensive NSPs. Some NSPs did not document the children's progress toward meeting their NSP goals. The group home needed to ensure that initial dentals are timely for all the children, and obtain timely Psychotropic Medication Authorization (PMA) for all the children prescribed psychotropic medication.

Based on our review, the aforementioned deficiencies revealed that Diakonia needed to start forwarding SIRs to OHCMD via I-track, the need for more thorough documentation in the NSPs; ensure timely repairs of recreational equipment; obtain timely initial dentals for all the children and timely court authorizations for psychotropic medication for children on psychotropic medication.

The Administrator and her management staff were cooperative and agreed to make the necessary corrections regarding the findings highlighted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Special Incident Reports (SIRs) were identified, which were not sent to OHCMD during 2010. The Administrator stated that Diakonia was sending SIRs to OHCMD but for some unknown reason, stopped sending them OHCMD even though they continued to send SIRs to CSWs via I-track. Diakonia had resumed sending all pertinent SIRs to the OHCMD via I-track prior to the monitoring review and the Administrator confirmed Diakonia will continue to train their staff on SIR reporting protocol.

- One smoke detector was not working in bedroom #2 at the Home of Excellence-site at the time of the facility inspection. The facility manager immediately had the smoke detector checked and found that the battery was dead and immediately replaced the battery.

- A step-climber, recreation equipment, at the Home of Excellence-site was not working and needed to be replaced or repaired. During the Exit Conference, the Administrator stated that the equipment was removed immediately after the facility inspection at the time of the review. This was later confirmed by our Monitor.

- The progress toward meeting their NSP' goals were not documented in their updated NSPs for five of six sampled currently placed children. The Administrator stated that Diakonia will continue to train the staff to clearly document in the NSPs the progress the children are making on all their NSP goals.

- Four of six initial NSPs and 11 of 12 updated NSPs were timely. Six initial and 12 updated NSPs reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. Specifically, initial NSPs did not have case plan goals, no school enrollment date, no signatures for the children, Children's Social Workers (CSWs), or Diakonia Group Home representatives. The updated NSPs did not have dates for the period the NSPs were updated to address, no dates for dental visits, no progress on children's physical, dental and psychological health for the prior three months, no progress documented on child's educational goals, more details needed on visits with relative and on group home contact with CSWs. In addition, some NSP goals did not give a plan on how the children were to achieve the goals, or the staff responsible to ensure that the goals were achieved. The DCFS Monitor scheduled NSP training for the staff which was held on the date of the Exit. Representatives from Diakonia also attended the NSP training conducted by OHCMD in January 2012.

- Two of six children were not enrolled in school within three school days after placement and no acceptable documentation was presented by Diakonia Group Home why the children were enrolled in school late. According to the Administrator, the school delays a child's enrollment if the child does not have paperwork that they consider necessary, such as IEPs and transcripts. OHCMD provided Diakonia with a link to the Education Coordination Council website that would be very helpful to providers and provide them with

information that will assist them in enrolling children timely. In future, Diakonia will document all efforts to have children enroll early in school.

- The initial dental for one child was 63 days late. The Group Home Administrator stated that in the future, she will ensure that the children receive timely dental exams and assign a staff responsible to ensure that children receive their dental within two weeks after placement.

- Court-approved authorization for the administration of psychotropic medication (PMA) was not current for one of two sampled children who were on psychotropic medication. According to the Group Home Administrator, a verbal request was made to the child's Deputy Probation Officer and a follow-up telephone call was made to the Probation Officer by the Monitor. A written request for the child's PMA will be made and a copy placed in the child's file. The Monitor later confirmed with the Group Home that the child has received his court-approved psychotropic medication approval.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held September 23, 2011:

In attendance:

Dannette Seay, Administrator, Diakonia Group Home and Kirk Barrow, Monitor, DCFS OHCMD.

Highlights:

The Administrator stated that the review was helpful especially the findings regarding NSPs and plans to encourage her staff to ensure that the NSPs were comprehensive and timely.

Diakonia Group Home provided an approved written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

We will assess for full implementation of recommendations during our next review.

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

PLB:RS:KR:
EAH:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Frank Winkfield, President Board of Directors, Diakonia Group Home
Leo Wright, Executive Director Diakonia Group Home
Jean Chen, Regional Manager, Community Care Learning
Leonora Scott, Regional Manager, Community Care Licensing

DIAKONIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

5589 N. Riverside Ave.	2133 Cedar Ave.	1264 S. Lilac
Rialto, CA 92376	Rialto, CA 92376	Rialto, CA 92376
License Number: 366401135	License Number: 360911242	License Number: 360911229
Rate Classification Level: 10	Rate Classification Level: 10	Rate Classification Level: 10

	Contract Compliance Monitoring Review	Findings: August 2011
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. SIRs	3. Improvement Needed
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on	8. Full Compliance
	9. Safety/Plant Deficiencies Detailed Sign in/out Logs for placed children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Improvement Needed
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Improvement Needed
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Children Progressing Toward Meeting NSP Case Goals	5. Improvement Needed
	6. Development of Timely Initial NSPs	6. Improvement Needed
	7. Development of Comprehensive Initial NSPs	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessment/Evaluations Implemented	9. Improvement Needed
	10. DCFS CSWs Monthly Contacts Documented	10. Improvement Needed
	11. Children Assisted in Maintaining Important Relationship	11. Full Compliance
	12. Development of Timely Updated NSPs	12. Improvement Needed

	13. Development of Comprehensive Updated NSPs	13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements)	
	1. Children Enrolled in School Timely	1. Improvement Needed
	2. Children Attending School	2. Full Compliance
	3. GH Facilitates in Meeting Child's Educational Goals	3. Full Compliance
	4. Children's Academic or Attendance Increase	4. Full Compliance
	5. Current IEPs Maintained	5. Full Compliance
	6. Current Report Cards Maintained	6. Full Compliance
	7. YDS/Vocational Programs Opportunities Provided	7. Full Compliance
	8. GH Encourages Children's Participation in YDS	8. Full Compliance
V	**Health And Medical Needs** (6 Elements)	
	1. Initial Medical Exams Conducted	1. Full Compliance
	2. Initial Medical Exams Timely	2. Full Compliance
	3. Follow-up Medical Exams Timely	3. Full Compliance
	4. Initial Dental Exams Conducted	4. Full Compliance
	5. Initial Dental Exams Timely	5. Improvement Needed
	6. Follow-Up Dental Exams Timely	6. Full Compliance
VI	**Psychotropic Medication** (2 Elements)	
	1. Current Court Authorization for Administration of Psychotropic Medication	1. Improvement Needed
	2. Current Psychiatric Evaluation Review	2. Full Compliance
VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements)	
	1. Children Informed of Home's Policies and Procedures	Full Compliance (ALL)
	2. Children Feel Safe	
	3. Satisfaction with Meals and Snacks	
	4. Staff Treatment of Children with Respect and Dignity	
	5. Appropriate Rewards and Discipline System	
	6. Fair Consequences	
	7. Children Allowed Private Visits, Calls and Correspondence	
	8. Children Free to Attend Religious Services/Activities	
	9. Reasonable Chores	
	10. Children Informed About their Medication	
	11. Children Aware of Right to Refuse Medication	
	12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	
	13. Children Given Opportunities to Plan Activities	
	14. Children Participate in Activities (GH, School, Community)	

	15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ submitted timely 2. FBI submitted timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour child abuse and reporting training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

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CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

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License Number: 366401135	**License Number: 360911242**	**License Number: 360911229**
Rate Classification Level: 10	**Rate Classification Level: 10**	**Rate Classification Level: 10**

The following report is based on a "point in time" monitoring visit and addresses findings during the August 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of six current children's files, three discharged children's files, and three staff files, and/or documentation from the provider, Diakonia complied with four of 10 sections of our contract compliance review: Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of six children's files and three staff files, and/or documentation from the provider, Diakonia fully complied with eight of the nine elements reviewed in the area of Licensure/Contract Requirements.

During our review, we noted that Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. The Administrator stated that they recently started submitting SIRs via I-Track appropriately and will continue to train their staff on SIR reporting protocols.

Recommendation:

Diakonia Group Home management shall ensure that:

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track in a timely manner.

FACILITY AND ENVIRONMENT

Based on our review of Diakonia, review of six children's case files and/or documentation from the provider, Diakonia fully complied with four out of the six elements reviewed in the area of Facility and Environment.

We noted that one smoke detector was not working in one bedroom at the Home of Excellence-site, and at the same site, a step-climber used for recreation was not working and needed to be repaired or replaced. These were observed during the site inspection and were brought to the attention of the Residential Director, who stated that the battery was replaced

for the smoke detector and the broken step-climber was removed immediately after the facility inspection.

Recommendations:

Diakonia Group Home management shall ensure that:

2. Children's bedrooms/interior are well maintained

3. The recreation equipment is well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of six children's files and/or documentation from the provider, Diakonia Group Home fully complied with five out of the 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We found that five of the six sampled currently placed children were not progressing toward meeting their NSP goals. The Group Home did not document that they obtained the DCFS CSWs' authorizations to implement the Needs and Services Plans. Of the six initial NSPs required, four were developed timely. Also, 11 of the 12 updated NSPs were timely. None of the NSPs reviewed were comprehensive as they did not include all the required elements in accordance with the NSP template. Specifically, initial NSPs did not have case plan goals, school enrollment dates, and signatures for the children, CSWs and Group Home representatives. The updated NSPs did not have dates for the period the NSP is updated, dates for dental visits, progress on children's physical and dental examinations and psychological health over the prior three months, progress documented on child's educational goals, and more details were needed on visits with relatives and on the group home's contact with CSWs. The information on the children's physical, dental exams, psychological health, and visits with relatives was documented in the children's case files, which the Monitor was able to review, however, the information was not in some NSPs therefore, those NSPs were not comprehensive. Also, some NSPs' goals did not present a plan on how to achieve the goals, and the staff responsible to ensure that the goals were achieved. The Group Home Administrator agreed to a NSP training for her staff by the DCFS OHCMD Monitor, which took place on the day of the Exit Conference. Diakonia representatives also attended the NSP training conducted by OHCMD in January 2012.

Recommendations:

Diakonia Group Home management shall ensure that:

4. DCFS CSW's authorization is obtained to implement NSPs

5. The children are progressing toward meeting NSP case goals.

6. Initial and updated NSPs are developed timely.

7. Comprehensive initial and updated NSPs are developed.

8. DCFS CSW's monthly contacts are documented.

EDUCATION AND WORKFORCE READINESS

Based on our review of six children's files and/or documentation from the provider, Diakonia fully complied with seven out of the eight elements reviewed in the area of Education and Workforce Readiness.

Based on our review, two children were enrolled in school late, and no documentation found to show why they were enrolled late. According to the Administrator, Diakonia makes every effort to enroll children in school timely; however, at times, a school delays a child's enrollment if the child does not have paperwork that they deem necessary, such as IEPs or transcripts. OHCMD provided Diakonia with a link to the Education Coordination Council website that would be very helpful and provides information to assist them in enrolling children timely.

Recommendation:

Diakonia Group Home management shall ensure that:

9. Children are enrolled in school timely.

HEALTH AND MEDICAL NEEDS

Based on our review of six children's files and/or documentation from the provider, Diakonia Group Home fully complied with five of six elements in the area of Health and Medical Needs.

We found that initial dental examinations were conducted, but for one child it was not conducted timely. The Group Home Administrator stated that in the future, she will ensure that the children receive timely dental exams and assigned a staff responsible to ensure that children receive their dental examinations within two weeks after placement.

Recommendation:

Diakonia Group Home management shall ensure that:

10. Children receive timely dental examinations.

PSYCHOTROPIC MEDICATION

Based on our review of six children's case files, interviews with six children and/or documentation from the provider, Diakonia Group Home fully complied with one of two elements reviewed in the area of children's Psychotropic Medication.

Two children were on Psychotropic Medication at the time of this review. The psychiatric evaluation/review was current. The current court-approved authorization for the administration of psychotropic medication was not found for one child. The Group Home has since received the court-approved authorization for the child and planned to make sure that they continue to make diligent efforts to obtain court authorization for psychotropic medication for those children who are prescribed psychotropic medication.

Recommendation:

Diakonia Group Home management shall ensure that:

11. Children on psychotropic medication have a current court authorization for the administration of the medication.

FOLLOW-UP FROM THE AUDITOR-CONTROLLER (A-C) 2007 MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the 2007 monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C's 2007 review, per report issued August 20, 2007, were implemented.

Results

The A-C's prior monitoring report contained three outstanding recommendations. Diakonia was to address a few facility and environment deficiencies. Specifically, the Home of Excellence-site needed to repair the kitchen cabinets, replace and provide adequate lighting in the children's bedrooms. The Achieve-site needed to repair or replace the entry door, repair or replace the sofa in the family room and clean the bathtub in the children's bathroom. The Maywright-site needed to repair the ceiling light fixture in the dining room, install closet doors or coverings in bedroom one and three and maintain a sufficient quantity of age-appropriate casual reading material for children. While we noted some facility deficiencies during our review, they were different from those noted during the A-C's 2007 review. Based on our follow-up of the A-C's recommendations, Diakonia has fully implemented all of the A-C's recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Diakonia Inc., for the period January 1, 2009 through December 31, 2009. The fiscal report dated March 19, 2011 identified $629 in unallowable expenditures and $18,692 in unsupported/inadequately supported expenditures. Diakonia submitted a revised fiscal CAP on February 7, 2012 in response to the A-C's final fiscal audit. DCFS Fiscal Monitoring Section accepted Diakonia's request for a three-month repayment plan.

CORRECTIVE ACTION PLAN (CAP) UPDATE

3. Are all special incident reports (SIRs) appropriately documented and cross-reported timely?
The agency shall submit SIRs to OHCM within 48 hours from knowledge of incident, except in cases where SIRs need to be sent immediately (e.g. serious injury). Additional knowledge relevant to the incident shall be followed up in another SIR within 24 hours. Staff (Mary Wright) received training on the recent key revisions to reporting guidelines given by the Association of Community Human Service Agencies on December 2, 2011. The person responsible shall b[redacted]

12. Are children's bedrooms well-maintained?
The agency shall ensure that each facility is inspected daily for cleanliness by the Facility Manager. The person responsible shall be[redacted]

13. Does the group home maintain sufficient recreational equipment in good condition and age appropriate?
The step-climber at Home of Excellence has been disposed. Recreational equipment will be purchased needed. All recreational equipment shall be inspected every 30 days to ensure proper working conditions for client safety. The person responsible shall be[redacted]

17. Did the group home obtain or document efforts to obtain the DCFS CSW's authorization to implement the NSP?
Following completion of the initial NSP, a copy signed by the Program Therapist shall be sent to the Agency via email for the Administrator's signature acknowledging receipt of report who then sends NSP to the group home via personal delivery for Facility Manager and client signatures then to DCFS CSW (or DPO) via fax. A copy of the fax cover sheet/log shall be placed in Section 21 of client file to verify efforts to obtain authorization. The DCFS CSW's (DPO) shall sign and return the signature page to the Program Therapist at the group home via email or fax. The signed copy shall be attached to the NSP/QR and placed in client file in the above noted section. (The NSP can be signed in person if the DCFS CSW (or DPO) schedules a visit to the group home during this timeframe)[redacted]shall be responsible staff.

20. Are the sampled children progressing toward meeting the Needs and Services Plans case goals?
Staff shall document daily progress of target behaviors identified in the NSP case goals of the client behavior log form. The Program Therapist shall evaluate progress toward NSP case goals based on staff report and client input. A treatment team meeting shall follow to discuss independent and collaborative

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interventions to facilitate outcome goals by client and consider modification of the NSP to promote client success toward attaining NSP case goals. Client progress toward attaining NSP case goals shall be noted in the NSP/QRs during the course of treatment by the Program Therapist. The Program Therapist is the person responsible

21. ***Did the treatment team develop timely initial NSP with child?***

To ensure that initial NSPs are timely, prior to the child's placement the Program Therapist shall review information (e.g. legal, medical, family and educational history) regarding the client obtained from the placement agency or from the client's authorized representative(s). If the specified information is not obtained upon admission, the Facility Manager shall make a telephone and/or written requests for the information to the client's placement agency and/or authorized representative and shall record and retain the details of those requests in client file. If the specified information is not received within 15 days of the requests, the Program Therapist shall obtain the information necessary to develop an initial NSP to meet the child's needs from other sources. The initial NSP shall be completed within 30 days of placement. A copy of the client's initial NSP with Program Therapist and agency signatures and verification, signed by the client and authorized representative that they were offered the opportunity to participate in plan development, shall be sent to DCFS CSW (or DPO) via fax. The DCFS CSW (DPO) shall return the signature page to Agency to be attached to the completed placed in client file attached to the initial NSP [redacted] is the person responsible.

22. ***Did the treatment team develop comprehensive initial Needs and Services Plans (NSP) with the child?***

The comprehensive initial NSP shall be developed as a collaborative effort between client and Program Therapist with specific input from members/affiliated parties of the treatment team (e.g. staff, medical, dental healthcare providers, educational, community-based affiliated parties, DCFS CSW (DPO) and may include the parent(s)/legal guardian) using the current LA DCFS/Probation NSP/QR form (Rev 4/09). The Program Therapist will facilitate treatment team meetings to develop comprehensive initial NSP with the child. [redacted] shall be responsible to ensure team members provide the following:

- The completed initial NSP signed by the Program Therapist shall be sent to the Agency via email for the Administrator's signature acknowledging receipt of the report then NSP sent to the group home via personal delivery for Facility Manager and client signatures then sent to DCFS CSW (or DPO) via fax. A copy of the fax cover sheet/log shall be placed in Section 21 of client file to verify efforts to obtain authorization. The DCFS CSW (DPO) shall sign and return the signature page to Danette Seay via fax or postal mail.

- Every NSP/QR shall note the DCFS CSW (or DPO) name and phone/fax number (and email address) on page 2. The Facility Manager for each Diakonia facility shall ensure that the name and contact with the agency/placement worker is accurate for every client in that facility and documented in client file.

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- Every NSP/QR shall have a permanency case plan provided by the DCFS CSW (or DPO) including a concurrent case plan for clients during the course of treatment. The Agency shall ensure that the DCFS CSW (or DPO) of record provide a copy of the permanency case plan and placed in Section 6 of client file.

- Every NSP/QR in the Medical/Physical/ Dental Health section shall note the specific date, name, address and phone number of the service provider(s) that performed the initial medical and dental exams within the required timeline as well as the reason and treatment for follow-up clinical visits. The Facility Managers shall ensure that arrangements of medical/dental exams are within the required timeline. If not, a detailed explanation shall be documented in Section 3 of client file for inclusion in the comment section of NSP/QR and if the client is determined after placement to be considered as high-risk status.

- The date of court authorization (JV220) shall be noted on all clients on psychotropic medication, including a list of all current psychotropic medications prescribed by dosage, frequency, and duration. A copy of JV220 shall be in Section 5 of client file. If no court authorization has been provided, the Facility Managers shall document a detailed explanation of efforts to obtain authorization for client with verification of efforts (e.g. copies of email or fax log) placed in Section 5 of client file for inclusion in the comment section of NSP/QR.

- The date of school enrollment for every client shall be within three school days of placement and noted in the Education Section of the NSP/QR. If not enrolled, a detailed explanation is noted in comment section (e.g. "enrollment deferred due to IEP placement"). A copy of the school registration form verifying enrollment or an explanation for deferred enrollment shall be noted in Section 16 of client file. The responsible persons shall be the Facility Manager of each group home.

- The Program Therapist shall list treatment services provided to the client and those who will participate during the course of treatment in the NSP Treatment & Visitation Section of the NSP/QR (Initial and updated) including the visitation plan for family and significant adults. If no parental involvement, an explanation shall be noted in the comment section.

- Life Skills Training/Emancipation Preparation section shall be completed on every NSP/QR with the input from the treatment team. The DCFS CSWs (DPOs) shall provide a copy of the TILP (Transitional Independent Living) for all clients age 14 or over. The Facility Managers shall ensure life skills are assessed by staff for initial NSP and progress and necessary modification documented for updated NSP/QR.

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- The Program Therapist shall develop the NSP/outcome goals in collaboration with clients and input from treatment team using the "SMART" (Specific, Measurable, Attainable, Results oriented, Time-limited) format, including services to be provided and persons responsible and noted in the NSP/outcome goals section of the report.

24. ***Are recommendations on required and/or recommended assessments/ evaluations implemented (psychological, psychiatric, medical evaluations/ assessments)?***
Agency will ensure all evaluations/assessments requested by CSW are logged and will be completed within 30 days of requested date. The person responsible shall b[redacted]

25. ***Are DCFS CSWs (DPOs) contacted monthly by the group home and are the contacts appropriately documented?***
Any contact between the Agency and DCFS CSWs (DPOs) shall be documented in detail date/time, type and nature of the contact, including the client(s) involved in the CSW/DPO contact log, and any requested follow up. The Facility Managers shall initiate contact between DCFS CSW (DPO) and the group home and document accordingly that monthly contact occurs for each client. All failed attempts to contact the DCFS CSW (DPO) shall be specifically noted in the CSW/DPO contact log. Efforts will be made to contact to supervisors and up the chain of command until contact is made. Copies of contact via email or fax shall be placed in the CSW/DPO contact log. The person responsible shall be [redacted]

27. Did the treatment team develop timely updated Needs and Services Plans (NSP) with the child?
Updated NSPs shall develop as a collaborative effort between the client and Program Therapist and input from the treatment team every quarter (90 days) after placement. The Program Therapist shall facilitate treatment team meetings to develop or modify a timely updated NSP with the child. The completed updated NSP signed by the Program Therapist shall be sent to the Agency via email for the Administrator's signature acknowledging receipt of the report who then sends to updated NSP to the group home via personal delivery for Facility Manager and client signatures then to DCFS CSW (or DPO) via fax. A copy of the fax cover sheet/log shall be placed in Section 21 of client file to verify efforts to obtain authorization. The DCFS CSW (DPO) shall sign and return the signature page t[redacted] via fax. [redacted]s the staff responsible.

28. Did the treatment team develop comprehensive updated Needs and Services Plans (NSP) with the child?
The comprehensive updated NSP shall be developed as a collaborative effort between client and Program Therapist and supported by members of the treatment team consistent with the current NSP/QR form (Rev 4/09). The Program Therapist shall facilitate treatment team meetings to develop or modify comprehensive updated NSP with the child. A copy shall be placed in Section 21 of client file after signatures of client, Program Therapist, Facility Manager, Program Administrator and DCFS CSW (DPO). The Program Therapist shall be responsible that sections for the updated NSP/QR document are

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properly and entirely completed according to the required timelines (every 90 days beginning from placement) during the course of treatment (e.g. adjustment to placement, updates on clinical visits, psychological health, educational goals, visitation/involvement, DCFS CSW/DPO contact, life skills training/emancipation preparation and SIRs (serious incident reports).

- The Program Therapist shall be responsible to initiate contact with parent(s)/family or adults important to the client to promote supportive involvement and participation in the client's treatment. A detailed description of client's visitation with parent(s) during the reporting period shall be noted on the NSP/QR beginning 90 days from placement and every quarter (90 days) thereafter (including dates, on/off grounds, overnight visits) by the Program Therapist. The Facility Managers shall ensure that the dates, time in/out/return, every visitor/relationship to client, and purpose of a visit is legibly written on each client's visitation log by a visitor. Staff shall document observations or any information about visits in the client behavioral log.

- Contact between DCFS CSW (DPO), client, and group home for the reporting period shall be documented in the CSW/DPO contact log and addressed in the updated NSP/QR. The Facility Managers shall ensure and document in the CSW/DPO contact log that at least one monthly contact occurs between the DCFS CSW (DPO) and the group home for each client.

41. Are initial dental examinations timely?
Agency will ensure all dental exams are completed within 30 days of entry upon Medi-Cal activation. Medi-Cal activation refers to Medi-Cal approval for the client. The Facility Managers shall document in Section 10 of client file efforts to obtain Medi-Cal approval and ensure scheduling dental exam based on the last dental exam before placement within 6-months. Staff responsible shall be [redacted]

43. Are there current court-approved authorizations for the administration of psychotropic medication or did the group home document effort to obtain?
Agency will ensure that court authorizations for psychotropic medication are received on the placement date for every minor from the CSW. Staff responsible shall be [redacted]

DT: 3/9/12; 3/19/12

[1] Refer to letter dated February 28, 2012 from Patricia Bolanos-Gonzalez, CSA II, Out-of-Home Care Management Division, requesting an additional CAP Addendum [bolanp@dcfs.lacounty.gov]

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