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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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August 26, 2015

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

HILLSIDES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a contract compliance review of Hillsides (the Group Home) in March 2014. The Group Home has four sites in the Fifth Supervisorial District and provides services to DCFS placed children and Probation youth. According to the Group Home's program statement, its stated purpose is, "to stabilize children, to re-educate the families and reunify children with their families as soon as possible."

The Group Home has one 50 bed site; two 6-bed sites; and one 4 bed site and is licensed to serve a capacity of 66 boys and girls, ages 6 through 18. At the time of the review, the Group Home served 37 placed DCFS children, as well as children placed from other counties. The placed children's overall average length of placement was 17 months, and their average age was 15.

SUMMARY

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

The Group Home was in full compliance with 4 of 10 areas of our contract compliance review: Health and Medical Needs, Psychotropic Medication, Discharged Children, and Personnel Records.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations; Facility and Environment, related to expired canned food; Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining the Children's Social Worker's authorization to implement the Needs and Services Plans; Educational and Workforce Readiness, related to a child not having been enrolled in school within three school days and not showing academic progress; Personal Rights and Social/Emotional Well-

Being, related to one child reporting problems with the quality of the food, consequences for not following the rules, and not being told of the right to refuse non-emergency medical or dental treatment; Personal Needs/Survival and Economic Well-being, related to the same child reporting not receiving help in maintaining a Life Book/Photo Album.

REVIEW OF REPORT

On April 29, 2014, DCFS CAD Christopher Jarosz and Sherman Mikle held an Exit Conference with the Group Home's representatives: Jay Bechtol, Division Director, Campus-based Services; Thomas Johnson, Director, Program Services; Paul Hodgdon, Director, Clinical Services; Antonia Aikins, Director, Quality Assurance; Aaron Zaima, Director, Residentially-based Services; Toni Johnson, Director, Residential; and Esperanza Galvez, Human Resources.

The Group Home provided the attached approved Corrective Action Plan (CAP) addressing the recommendations noted in this compliance report. CAD conducted a follow-up visit to the Group Home on April 28, 2015 and verified implementation of the CAP.

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

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

PLB:EM
LTI:mr

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Joseph M. Costa, Chief Executive Officer, Hillsides
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

HILLSIDES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

940 Avenue 64
Pasadena, CA 91105
Rate Classification Level: 12
License Number: 191200313

940 Avenue 65
Los Angeles, CA 90042
Rate Classification Level: 12
License Number: 191801995

873 North Hill
Pasadena, CA 91104
Rate Classification Level: 12
License Number: 191960639

2220 Maiden Lane
Altadena, CA 91001
Rate Classification Level: 12
License Number: 191200838

	Contract Compliance Monitoring Review	**Findings: March 2014**
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. Full Compliance
	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. Full Compliance
	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	1. Full Compliance
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed

III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment or Evaluations Implemented 7. County Workers' Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance
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 Maintained 4. Children's Academic or Attendance Increased 5. Group Home Encouraged Children's Participation in YDS/Vocational Programs	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Improvement Needed 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 Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH'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. Reasonable Chores 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 Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance 13. Full Compliance

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 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 Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 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)

HILLSIDES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2014 review. The purpose of this review was to assess Hillsides Group Home's (the Group Home's) compliance with its County contract and with State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the 10 areas below:

- 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 the review, five Department of Children and Family Services (DCFS) 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, seven of the sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) cited the Group Home.

On January 8, 2013, CCL cited the Group Home as a result of deficiencies and findings noted during CCL's follow-up to a Special Incident Report (SIR) dated December 22, 2012. According to the SIR report dated December 22, 2012, the Group Home reported its staff administered medication to Child #2, but it was intended for Child #1 on December 21, 2012. CCL discussed this issue with the Group Home's Director of Treatment Services and the Registered Nurse and reviewed an email dated, December 28, 2012, that the Group Home sent to their Nursing staff, which clarified the procedures that should be followed before dispensing any medication. CCL requested a Plan of Correction (POC) that required the Group Home's Director of Treatment Services to provide a written statement

confirming this type of incident would not occur again. The POC was cleared by CCL on January 28, 2013.

On January 25, 2013, CCL cited the Group Home as a result of deficiencies and findings noted during an unannounced visit to the Group Home in response to a complaint received on January 4, 2013. The complaint involved a Psychiatrist who discontinued and changed a child's medication without the prior consent of the child's parent. The Group Home confirmed in its POC that the therapist discontinued one of the child's medications due to a concern about the side effects and the advance notice was not provided to the parents. The parents held the medical rights and subsequently consented to the medication. The POC also states the Group Home's Clinical Director instructed clinical staff to notify parents of any significant medication changes. The Group Home Management confirmed this type of issue will not occur again. The POC was cleared by CCL on April 2, 2013.

On January 25, 2013, CCL cited the Group Home as a result of deficiencies and findings noted during an unannounced visit to the Group Home in response to a complaint received on January 17, 2013, for a Personal Rights Violation, due to Child #3 being subjected to sexual comments and inappropriate touching by Child #4. The Group Home staff was made aware of this and Child #4 was moved to another cottage. Child #3's personal rights were violated by this incident. CCL reviewed the SIR and the Group Home submitted a POC to CCL that included a safety plan for Child #3 to ensure his safety at all times and a safety plan for Child #4's inappropriate behaviors requiring the Group Home staff not to leave Child #4 alone in any room with another child without direct staff supervision and following the prescribed protocols in the POC. A referral was made to Santa Barbara County Proctective Services. The referral was evaluated out by Los Angeles County.

The POC also required the Group Home to regularly check in with all the children in the cottage about any sexual or inappropriate behavior, to counsel any observed sexualized behavior, and for all children to attend a group session from Planned Parenthood on sex education issues. The POC also required a safety plan for another child's inappropriate behaviors (Child #5). Child #5 is considered high risk for sexualized behaviors. The child may not to be left alone, except for times he is in his room alone or engaged in personal hygiene, along with other protocols that needed to be followed in the POC. The POC was cleared by CCL on April 18, 2013.

On August 28, 2013, CCL cited the Group Home as a result of deficiencies and findings noted during an unannounced visit in response to a compliant received on July 1, 2013, for reporting requirements, when the Group Home staff did not notify a child's parent of a runaway incident.

The POC required the Group Home's Program Director to notify the children's therapist of the incident immediately; the therapist will ensure the parent is called and the Group Home staff must always notify the child's parents of any runaway incidents. The POC was cleared by CCL on September 24, 2013.

On September 26 2013, CCL cited the Group Home as a result of deficiencies and findings noted during an unannounced visit to discuss an SIR dated August 31, 2013. The Group Home administered the wrong medication to a child. CCL assessed a civil penalty since the Group Home received a citation for this same issue in January 2013. CCL discussed this citation with the Group Home's Director of Treatment Services and requested that the POC include a written statement that this type of incident would not reoccur. The POC was cleared by CCL on November 22, 2013.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home is in full compliance with Title 22 Regulations and free of CCL citations.

Facility and Environment

- Adequate perishable and non-perishable foods were not maintained.

Two cans of expired food were found in a food pantry at one of the Group Home sites. The cans were immediately removed from the shelves and the Group Home Program Director indicated that the overnight childcare staff would be assigned the task of checking the food expiration dates.

Recommendation:

The Group Home's management shall ensure that:

2. Adequate Perishable and Non-Perishable foods are maintained.

Maintenance of Required Documentation and Service Delivery

- County Worker's authorization to implement Needs and Services Plans (NSPs) was not obtained.

A review of 20 NSPs determined that 2 NSPs for two children did not include the signature and approval of the DCFS' Children Social Workers' (CSW). The Group Home Program Director indicated that all NSPs would be mailed immediately after their completion and follow-up mailings and e-mails will be documented in the children's case files.

Recommendation:

The Group Home management shall ensure that:

3. The County CSW's authorization will be obtained to implement the NSP.

Educational and Workforce Readiness

- A child was not enrolled in school within three school days.

The review determined one child was not enrolled in school within 3 school days of placement. The Group Home Program Director stated the holder of this child's educational rights refused to sign the school enrollment forms and the school refused to enroll the child without the signed forms. The child was eventually enrolled in the Group Home's Education Center.

- Children's academic or attendance did not increase.

Three children did not show academic progress during their stay in the Group Home. Two children selected for the sample had fluctuations in their letter grades with no apparent improvement. There was no increase in their school attendance and no documentation of the Group Home's efforts to increase the children's attendance or their academic performance.

At the Exit Conference, the Group Home Representative stated the Group Home would explore hiring additional tutors to assist the children with improving their academic performance and work on a plan to increase their school attendance. During a follow-up visit on April 28, 2015, the Director of Program Services confirmed that the Group Home hired 20 additional tutors to assist the children.

Recommendations:

The Group Home's management shall ensure that:

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

5. Children's academic performance is increased.

Personal Rights and Social/Emotional Well-Being

- Efforts to provide nutritious meals and snacks were not made.

One of the interviewed children reported problems with the food. Specifically, this child stated the food was "not cooked" well and tasted "very bad." No specific examples were given by the child.

At the Exit Conference, the Group Home Representatives stated the Group Home regularly reviews the feedback from the children about the food with their staff.

- An appropriate rewards and discipline system was not in place.

A child reported that consequences of not following the rules were unfair. This child did not provide any examples of the unfair consequences; only simply stating the rules were unfair.

At the Exit Conference, the Group Home Representatives stated the Group Home regularly reviews the feedback from the children about the house rules with their staff.

- Children were not advised that they were free to receive or reject voluntary medical, dental and psychiatric care.

A child reported that they were not aware of their right to receive or refuse medical, dental, or psychiatric care.

The Group Home representatives stated they respect the children's refusal rights; however, they do encourage the children to take their medication and to attend medical and dental appointments.

During the follow-up visit, the Group Home Program Director indicated that staff records the children's dissatisfaction with the food and this information is shared and discussed at the monthly administrative meeting. Additionally, all children are aware of the grievance process that may be used to voice any complaints.

Recommendations:

The Group Home's management shall ensure:

6. The Group Home makes efforts to provide nutritious meals and snacks.

7. An appropriate rewards and discipline system is in place.

8. Children are informed that they are free to receive or reject voluntary medical, dental and psychiatric care.

Personal Needs/Survival and Economic Well-Being

- Encouragement and assistance with Life Book/Photo Album was not provided.

The same child noted in Personal Rights and Social/Emotional Well-Being mentioned that the Group Home's staff does not help in keeping a life book or similar type of photo album or scrapbook.

Recommendation:

The Group Home's' management shall ensure:

9. Encouragement and assistance is provided in maintaining a Life Book/Photo Album.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated August 2, 2013, identified nine recommendations

Results

The Group Home implemented eight of nine recommendations for which they were to ensure:

- The vehicles in which the children are transported are maintained and in good repair.
- SIRs are appropriately documented and cross-reported timely.
- Detailed sign-in and sign-out logs are maintained.
- The exterior and grounds of the Group Home are well-maintained.
- The common quarters are well-maintained.
- Children feel safe in the Group Home.
- All children are provided adequate clothing to meet DCFS standards for quantity.
- Staff meets the job description requirements.

The Group Home did not fully implement one recommendation:

- Adhere to food expiration dates and assure that all products are dated when they are received at the Group Home.

Recommendation:

The Group Home's management shall ensure that:

12. The outstanding recommendation for the 2012-2013 monitoring report dated August 2, 2013, which is noted in this report as Recommendation 2 is fully implemented.

During the Exit Conference the Group Home representatives stated their desire to remain in compliance with all Title 22 Regulations and Contract requirements. During a follow-up visit on April 28, 2015, it was confirmed that the Group Home fully implemented all recommendations. CAD will continue to assess implementation of the recommendations during our next monitoring review. The OHCMD will provide on-going technical assistance prior to the next review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent fiscal review of the Group Home was posted by the Auditor-Controller (A-C) on December 17, 2013. This report identified $1,700 in unallowable program expenditures to the Residentially Based Services Program, $1,150 in program costs that required re-allocation and $2,775 in salary costs that required re-allocation. At this time, there is no balance due to DCFS for the A-C audit. However, the Group Home currently has an over payment of $562 and payments are being made in accordance with invoice dates.

June 30, 2014

Sherman Mikle, DCFS

Hillside's 2014 Group Home Monitoring Review

I would like to submit the following Corrective Action Plan in response to the deficiencies noted in the monitoring review.

I Licensure/Contract Requirements #9

Please see enclosed POC clearances from CCL.

II Facility and Environment #14

We have addressed the issue of an expired can of food at the girls' group home by assigning Overnight Child Care staff the task of checking all food for pull dates monthly and removing items for disposal accordingly.

III Maintenance of Required Documentation #22

The problem of late CSW signatures has not been solved completely. Some workers do not reliably return the signed copy of the NSP to us for filing .Our Corrective Action Plan involves mailing the CSW the NSP as soon as it is completed, and then if we receive no response, continuing to mail and/or email it on a quarterly basis thereafter. These exchanges are documented in clients' files.

IV Education and Workforce Readiness #25 & 28

Children are taken to be enrolled the first school day that they are here, per the program specified in their IEPs. The district often insists on making changes to the IEPs, which requires a meeting including the Ed Rights holder, and forestalls school placement. We cannot insist that Ed Rights holders sign off on changes in the IEP, as they have the right to refuse to sign off on the district's attempt to ignore the IEP and place the child in an inappropriate school program. We are partnering with the district to prevent this from happening in the future, and facilitating contact between ed rights holders and attorneys/advocates.

A number of factors impact academic achievement among group home residents, including historical patterns of low achievement, inappropriate school placement, frequent moves, and inadequate instruction in previous grades, along with emotional, behavioral and family problems.

Hillsides employs two full time School Liaisons, and a full time Tutor Supervisor. This group collaborates with schools in determining placements, programs and the special needs of Hillsides' students, and provides intensive, individualized tutoring for all public and NPS pupils. They also oversee completion of homework, preparations for testing and conferring with teachers and school administrators regarding barriers to learning. Monitoring progress through report cards, testing and teacher feedback is another

important duty of theirs. While almost all of our residents show some measure of improvement yearly, a few do not and fewer appear to be falling further behind.

We expect to address this problem by increasing the number of tutors engaged in educational support services. Students who are not advancing throughout the school year will receive increased tutoring, and a specific plan will be developed by the agency, in collaboration with the schools, to address the lack of progress.

VII Personal Rights and Social/Emotional Well-Being #39, 41, 42, 45 &46

Children at Hillsides have a number of ways to report dissatisfaction with a particular meal or food item. Child Care Staff record the children's reaction to each meal, and this information is taken to an administrative meeting including a supervisor from the kitchen, and a client representative. Staff who eat meals with the children also provide feedback on quality, quality and presentation. Residents and outside children attending our non-public school are frequently polled on the lunches, and can request that certain meals be added or deleted from the menu. On a weekly basis, these surveys consistently show that most children like most of the food most of the time. It is inevitable that someone will not like a certain meal or even most of the meals.

All disciplinary interventions with clients are largely standardized, conform with CCL and DCFS rules and subject to review by supervisory staff. Children can ask a supervisor to change unfair disciplinary intervention, should one occur, write or ask a staff member to write an Incident Report with the complaint, or ask to complete a Client Grievance Form (explained to them at intake) for review by senior administrative staff. Children often perceive reasonable, developmentally appropriate rules as unfair.

The children in our care are made aware in writing of their rights, including privacy and outside contacts. Hillsides actively encourages and assists children with family and community contacts. They are given privacy unless we are ordered to monitor calls or visits .Children may be asked to make phone calls under supervision if they have a history of using the phone for illegal purposes, or becoming suicidal following difficult calls. We have extensive documentation of clients' phone calls and visits

The children are informed of their right to refuse meds at intake, and sign off that they received that information. During their first contact with the nursing staff, they are also told that they have a right to refuse meds. When children refuse meds, the nurse may make one later attempt to find out why, but the child is not coerced in any way to take the med. Children also refuse doctor or dental appointments from time to time. We actively encourage them to go, but they are never forced to go for non-emergency treatment.

VIII Personal Needs/Survival #55

Hillsides has in place a number of procedures to ensure that children have a life book, and that they are actively involved in creating it and adding to it over time. On our internal intake assessment, therapists are instructed to begin a life book for clients shortly after their arrival. The Treatment Services Secretary has a quantity of the new books in stock along with supplies used in the creation of a life book –

cameras, scrap booking items, art materials, stationary, etc. Children keep photos, certificates, correspondence, mementos and other important possessions in their books for safekeeping. The books also become a significant part of treatment in that they record and preserve a significant period in their lives and help them process the experience. We were accredited by the national Council on Accreditation in 2012, and to receive and re-new this we are required to demonstrate that each child has a life book. Our Transition Form, used as a checklist to ensure that on discharge children have all of there important documents, includes life books in the series of items that the client receives and signs for. In addition, I checked with therapists and the Clinical Director, all of whom assured me that all children who come here receive a life book. I can't explain why one child said they did not have a life book, but all of this is to say he/his response to the question was inaccurate.

Tom Johnson is responsible for the maintenance of this CAP.

Please contact me if I can provide further information.

Sincerely,

Tom Johnson, LCSW

Director of Program Services, Hillsides