County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 4, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

JUNIOR BLIND OF AMERICA GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Junior Blind of America Group Home in March 2012, at which time they had one 40-bed site. At the time of the review, there were five male and seven female DCFS placed children.

Junior Blind of America Group Home is located in the Second Supervisorial District and provides services to DCFS foster youth and Regional Center clients. According to Junior Blind of America's program statement, its stated purpose is "to provide services to court dependent seriously emotionally disturbed, visually impaired, culturally diverse, and multi-disabled children." Junior Blind of America is licensed to serve a capacity of 40 children, ages six through 17.

For the purpose of this review, five DCFS currently placed children were interviewed, and their case files were reviewed. The placed children's overall average length of placement was 24 months and the average age was 14. Three discharged children's 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 the time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Three sampled children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Junior Blind of America's compliance with the County contract and State regulations. The review included a review of Junior Blind of America's program statement, administrative internal policies and procedures, five children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and 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

Generally, the children interviewed reported feeling safe at Junior Blind of America. They also reported that they were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity.

The review revealed the need for Junior Blind of America to address the development of comprehensive initial and updated NSPs that meet all the required elements in accordance with the NSP template.

The Director of Residential Services stated that the NSP deficiencies were due to error of omission and that she would ensure they would not occur again. Junior Blind of America was receptive to implementing systemic changes to improve compliance with State regulations and the County contract. The Director of Residential Services stated that she understood the findings of the review and would develop a Corrective Action Plan (CAP) to address the deficiencies.

NOTABLE FINDINGS

The following were the notable findings of our review:

- One of five initial NSPs and five of 12 updated NSPs reviewed were not comprehensive or did not meet all the required elements in accordance with the NSP template. The Concurrent Case Plans were not documented and updated NSPs were not dated correctly. Further, updated NSPs did not include an explanation as to why the updated goals, plans and methods for achieving the goals did not change every 90 days.

The Director of Residential Services explained to the Monitor that for most of the children, the plan and method of achieving NSP goals would not change every 90 days due to the children's severe emotional issues, numerous life-long medical problems, and severe developmental delays; it would be difficult for most of the children to achieve minor goals within 90 days. The Director will ensure that an explanation is provided in every NSP.

It should be noted that the NSPs reviewed were developed prior to the NSP training conducted by the OHCMD. Junior Blind of America representatives attended the January 2012 NSP training. The Director planned to work with the treatment team to ensure that the initial and updated NSPs are comprehensive, and include all the required elements in accordance with the NSP template.

- The updated NSPs were not timely. It was determined that Junior Blind of America's new Social Worker (SW) had calculated the due dates for the children's updated NSPs 90 days from the date of the children's initial NSP instead of 90 days from the children's admission date.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held April 26, 2012:

In attendance:

Corina Casco, Associate Vice President of Children's Services; Monica Martocci, Director of Residential Services; Lisa Dozier, Social Worker; Christina Millia, Social Worker, Junior Blind of America; and Edward Preer, Monitor, DCFS OHCMD.

Highlights:

The OHCMD Monitor reviewed the NSP deficiencies with the Group Home representative. The Director of Residential Services stated that the NSP deficiencies were due to errors of omission, and she would ensure they would not occur again. She was in agreement with all findings and recommendations, agreed to make the necessary corrections and to ensure full compliance in the future. She confirmed that the Group Home staff attended the January 20, 2012 NSP training provided by OHCMD.

Junior Blind of America provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

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

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

PLB:RRS:KR:
EAH:PBG:ep

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
Corina Casco, Associate Vice President of Children's Services, Junior Blind of America Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5300 Angeles Vista Boulevard
Los Angeles, CA 90043
License Number: 191800260
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: March 2012**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. Special Incident Reports 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement Needs and Services Plans (NSPs) 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance

	11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	11. Full Compliance 12. Improvement Needed 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. Group Home Encourage Children's Participation in Youth Development Services	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams 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** (15 Elements) 1. Children Informed of Group Home's Policies and Procedures 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	Full Compliance (ALL)

	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 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. Child Abuse Central Index's 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. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

5300 Angeles Vista Boulevard
Los Angeles, CA 90043
License Number: 191800260
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Junior Blind of America was in full compliance with nine of 10 sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education 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. The following report details the results of our review.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's files and/or documentation from the provider, Junior Blind of America fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

One of five initial NSPs and five of 12 updated NSPs reviewed were not comprehensive or did not meet all the required elements in accordance with the NSP template. The Concurrent Case Plans were not documented, and the updated NSPs were not correctly dated. Further, the updated NSPs did not include explanations as to why the updated goals, plans and methods for achieving the goals did not change every 90 days.

The Director of Residential Services explained that the Social Worker (SW) did not provide one of the children with a Concurrent Case Plan because the child was a voluntary placement at the time of admission. The Director further explained that for most of the children, the plan and method of achieving NSP goals would not change every 90 days due to the children's severe emotional issues, numerous life-long medical problems, and severe developmental delays; it would be difficult for most of the children to achieve minor goals within 90 days. The Director will ensure that an explanation is provided in every NSP.

The review further revealed that the updated NSPs were not timely. It was determined that the SW had calculated the due date for the children's updated NSP as 90 days from the date of the initial NSP instead of 90 days from the admission date. The Monitor reviewed the NSP timeframes with the Director of Residential Services and explained that the NSP due date is calculated from the child's date of admission to the group home.

The Director of Residential Services planned to work with the treatment team to ensure all initial and updated NSPs are comprehensive and include all the required elements in accordance with the NSP template. It should be noted that the NSPs reviewed were developed prior to the NSP training conducted by the OHCMD; Junior Blind of America representatives attended the January 2012 NSP training.

Recommendation:

Junior Blind of America's management shall ensure:

1. The treatment team develops comprehensive initial NSPs, which include all required elements, in accordance with the NSP template.

2. The treatment team develops timely updated NSPs.

3. The treatment team develops comprehensive updated NSPs, which include all required elements, in accordance with the NSP template.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior monitoring review were implemented. The last report was issued May 2, 2012.

Results

The OHCMD's prior monitoring report contained five outstanding recommendations. Specifically, Junior Blind of America was to ensure that all Special Incident Reports (SIRs) were appropriately documented and cross-reported timely; the initial and updated NSPs were comprehensive; the DCFS CSWs were contacted monthly by the Group Home and the contacts were appropriately documented. In addition, Junior Blind of America was to ensure that staff received CPR training. Based on our follow-up of these recommendations, Junior Blind of America fully implemented three of five recommendations.

Recommendation

Junior Blind of America's management shall ensure:

4. Full implementation of the two outstanding recommendations from the 2011 monitoring report, which are noted in this report as Recommendations 1 and 3.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Junior Blind of America Group Home has not been posted by the A-C.

JUNIOR BLIND
OF AMERICA

July 12, 2012

Patricia Bolano-Gonzalez
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telsar Avenue, Suite 216
El Monte, CA 91731-2895

Re: **Correct of Action Plan / CONTRACT COMPLIANCE**
License #191800260
Vendor # 0346

Dear Ms. Bolano-Gonzalez

Enclosed you will find Junior blind of America's Correct of Action Plan (CAP) for the Contract Compliance Review results dated on June 26, 2012

Area of Review: III MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

22. The treatment team did not develop comprehensive initial Needs and Services Plans (NSP) for [redacted] The Group Home did not develop a Concurrent Case Plan

Junior Blind Social Worker will ensure that the NSP are comprehensive by:

a. Reflecting the case goal plan and method to achieve the case goals for each resident. To ensure the NSP reflects the case goals and plan, the initial NSP will be created with input from the Treatment Team consisting of the resident, parent/guardian (when possible), placement CSW, JBA Social Worker, CRP Residential Program Manager and CRP Residential Counselor plus appropriate consultant (i.e. psychologist/behavior specialist for a behavior related goal).

b. Indicate in the NSP Report the staff position responsible for assisting the resident with the implementation and achievement of their case goal plans. This will include the direct care staff, Program Supervisor, Social Worker and Administrator of the program. The Director of Social Services and/or Residential Services will review the NSP quarterly to ensure compliance.

c. Concurrent plan will be discussed and reviewed by the JBA social worker and the CSW at time of placement and within the first 30 days of placement. This will be documented in the 30 day NSP. In addition, quarterly reviews with the CSW and the JBA

social worker will take place and discussion of the concurrent plan will be implemented in each of the quarterly NSP.

27. The treatment team did not develop timely updates Needs and Service Plans for [redacted] The July 22, 2011, October 22, 2011, and Febuary 22, 2011, NSPs were not date correctly

Timely updates of Needs & Service Plans will be ensured by:

a. JBA social worker will turn in all Needs and Service Plans in a timely manner. All NSP will be written, reviewed and approved by the Director of Residential Services.
b. NSP reports will be reviewed to assure that accurate date is in all Needs & Service Plans.

28. The treatment team did not develop comprehensive updated Needs and Services Plans (NSP) for [redacted] and [redacted]

Junior Blind Social Worker will ensure that the NSP are comprehensive by:

a. As mentioned above, reflecting the case goal plan and method to achieve the case goals for each resident will be implemented. To ensure the NSP reflects the case goals and plan, the initial NSP will be created with input from the Treatment Team consisting of the resident, parent/guardian (when possible), placement CSW, JBA Social Worker, CRP Residential Program Manager and CRP Residential Counselor plus appropriate consultant (i.e. psychologist/behavior specialist for a behavior related goal). Continued follow up will be maintained through the daily tracking of goals by the residential counselor; the monthly NSP outcome report by the Program Supervisor and Social Worker and then the quarter update to the NSP Report by the Social Worker. Each NSP Quarterly Progress Report is reviewed by the Director of Residential Services quarterly to ensure goals are being addressed and compliance to the individual program plan.

b. Indicate in the NSP Report the staff position responsible for assisting the resident with the implementation and achievement of their case goal plans. This will include the direct care staff, Program Supervisor, Social Worker and Administrator of the program. The Director of Social Services and/or Residential Services will review the NSP quarterly to ensure compliance.

c. Ensure that all NSP case goals are specific, realistic and attainable through the use of the initial skills assessment, review of current IEP goals (if any are carrying over to the residential setting), and through direct interview with the resident, parent/guardian and placement coordinator. The goals will be agreed upon by the resident, Social Worker and Treatment Team. The goals will be tracked daily by the residential counselor, and reviewed monthly by the Program Manager and Social Worker. The Director of Social Services and/or Residential Services will review each NSP quarterly to ensure all requirements are met. Should the outcome indicate the need to adjust the goal this will be done with input from the resident and Treatment Team and noted in the NSP Report.

c. Document the list of specific treatment services provided by Junior Blind for each resident into the NSP. The Social Worker will update the NSP with treatment service

changes as appropriate. The Director of Social Services and/or Residential Services will review the NSP quarterly to ensure compliance

If you have any questions regarding the CAP, Please contact me at (323) 295-4555 ext. 269 or by email at ccasco@juniorblind.org

Respectfully,

Corina Casco, LCSW
Associate Vice President of Children's Services