COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **OPTIMIST YOUTH & FAMILY SERVICES CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Optimist Youth & Family Services, operated by Optimist Boy's Home & Ranch, Inc., in May 2013. Optimist Youth & Family Services (Optimist) consists of five (5) sites located in Los Angeles County: the Main Campus (97-bed boy's facility), the Eagle Rock Group Home (6-bed girl's facility), the Van Nuys Group Home (6-bed girl's facility), the Valley Group Home (6-bed boy's facility), and the South Bay Group Home (6-bed boy's facility). On April 27, 2012, the Main Campus reduced its bed capacity by two (2) beds, from 99 to 97 beds with Community Care Licensing (CCL) approval. The Main Campus and the Eagle Rock Group Home are located in the First Supervisorial District. The Van Nuys and the Valley Group Homes are located in the Third Supervisorial District. The South Bay Group Home is located in the Second Supervisorial District. Optimist provides services to Los Angeles County Probation foster youth and to Probation foster youth in various counties throughout the state.

According to Optimist's program statement, its purpose is to provide supervised care and services to boys and girls, ages 12 - 17, who exhibit behavioral, social, emotional and psychological difficulties, and their families in a residential setting. The Optimist Main Campus also provides sexual offender program services for boys with a history of sex offenses and, as of October 19, 2012, also provides non-minor dependent housing services under Assembly Bill (AB) 12. Currently, they offer non-dependent housing services to boys and girls between ages 18 - 20, and will increase it to ages 18 - 21 in January 2014. The overall goal is to assist residents so that they may "achieve a higher level of social functioning and to stabilize non-delinquent adjustment so that they may return to the community at reduced risk for dysfunctional destructive behaviors".

At the time of review, Optimist's population was as follows: The Main Campus had 69 Los Angeles County Probation children, five (5) Riverside County Probation children, three (3) Sacramento County Probation children, three (3) Alameda County Probation children, two (2) Orange County Probation children, two (2) San Bernardino County Probation children, one (1) San Joaquin County Probation child, one (1) San Luis Obispo County Probation child, and one (1) Contra Costa County Probation child for a total population of 87 placed children. The Eagle Rock Girl's Group Home had four (4) Los Angeles County Probation children and two (2) Riverside County Probation children, for a total population of six (6) placed children. The Van Nuys Girls Group Home had three (3) Los Angeles County Probation children and one (1) San Joaquin County Probation child, for a total of four (4) placed children. The Valley Group Home had a total population of five (5) Los Angeles County Probation placed children. The South Bay Group Home had a total population of five (5) Los Angeles County Probation Placed children. In total, Optimist was providing residential services to 86 Los Angeles County Probation children, twenty-one (21) children from the various counties for a total of 107 placed children. The placed children's overall average length of placement was four (4) months, and their average age was 17 years. Seven (7) Probation youth were randomly selected for the interview sample, and there were three (3) children in the sample who were prescribed psychotropic medication. These cases were assessed for timeliness of Psychotropic Medication Authorizations and sufficient documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Optimist and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Optimist was in compliance with five (5) of the 10 areas of the Contract Compliance Review: Facility and Environment, Educational and Workforce Readiness, Health and Medical Needs, Psychotropic Medication, and Discharged Children.

However, deficiencies were noted in the following five (5) areas: Licensure/Contract Requirements, Maintenance of Required Documentation and Service Delivery, Personal Rights and Social/Emotional Well-Being, Personal Needs/Survival and Economic Well-Being, and Personnel Records.

One (1) major deficiency was noted in the area of "Maintenance of Required Documentation and Service Delivery". Optimist failed to develop comprehensive updated Needs and Services Plans (NSPs) for four (4) out of the seven (7) children in the sample size. Some of the NSPs were missing family finding efforts as possible alternatives to transitional housing as part of their "Concurrent Case-Plan Goal" section. Some of the NSPs also had entire sections that were left blank or had inadequate or insufficient information provided, and the "Outcome Goals" in some of the quarterly NSPs were either inaccurate or incomplete. There was also one (1) major deficiency in the area of "Personnel Records".

A review of the staff files revealed that two (2) out of the five (5) files were missing documented proof that they were in compliance with training standards. The deficient file was missing proof of their initial training upon hire. Other deficiencies noted were related to allowance logs in the area of "Licensure/Contract Requirements", privacy issues related to phone calls and mail in the area of "Personal Rights and Social/Emotional Well-Being and weekly allowance in the area of Personal Needs/Survival and Economic Well-Being.

REVIEW OF REPORT

On June 3, 2013, Probation PPQA Monitor Armando Juarez held an Exit Conference with the Optimist Executive Director Sil Orlando, Associate Director Mary-Frances Hudson, Residential Director Robert Guzman, Director of Community Based Group Homes Euna Ra, Director of Quality Improvement Maria Bhattachan, Clinical Supervisor Toniak Tsen and the Assistant Director to Group Homes Theresa Nuñez. The Optimist representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their 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 Community Care Licensing.

Optimist provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director, Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Sil Orlando, Executive Director, Optimist Youth & Family Services
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

OPTIMIST YOUTH & FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Main Campus (Boys)
6957 N. Figueroa Street
Los Angeles, CA 90042
License # 191801986
Rate Classification Level: 12

Eagle Rock Group Home (Girls)
1635 Silver Oak Terrace
Los Angeles, CA 90041
License # 191890971
Rate Classification Level: 12

South Bay Group Home (Boys)
20209 Tillman Avenue
Carson, CA 90745
License # 191604301
Rate Classification Level: 12

Van Nuys Group Home (Girls)
7130 Burnet Avenue
Van Nuys, CA 91405
License # 197600766
Rate Classification: 12

Valley Group Home (Boys)
14820 Wolfskill Street
Mission Hills, CA 91345
License # 191201124
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: May 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	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
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance

	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/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	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. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
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 Meals and Snacks 5. Staff Treat Children with Respect and Dignity	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance

	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)	6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 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's 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	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. 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

OPTIMIST YOUTH & FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Optimist's compliance with the County contract and State regulations and include a review of the Optimist program statement, as well as internal administrative policies and procedures. The monitoring 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
- Personnel Records

For the purpose of this review, seven (7) Los Angeles County Probation placed children were selected for the sample. Three (3) of the children were from the Main Campus, and one (1) from each of the other four (4) 6-bed group homes. Placement Permanency & Quality Assurance, Group Home Monitoring (PPQA/GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged Probation children's files were reviewed, each from a different site, to assess Optimist's compliance with permanency efforts. At the time of the review, three (3) placed children in the sample size were prescribed psychotropic medication, two (2) from the Main Campus and one (1) from a 6-bed group home (Valley Group Home). PPQA/GHM reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM also reviewed five (5) staff files, spread equally amongst the sites, for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following five (5) areas were out of compliance.

Licensure/Contract Requirements

- During the review of the children's clothing and weekly allowance logs, it was revealed that Optimist had incomplete allowance logs for one (1) of the seven (7) children in the sample size. One of the children from the Main Campus was missing proper documentation of the weekly allowance received for one (1) of the weeks

while placed at Optimist. As a result, Optimist was in violation under the section of "Comprehensive Monetary and Clothing Allowance Logs Maintained".

Recommendation

Optimist's management shall ensure that:

1. All children's files maintain accurate weekly allowance records signed by all children in the Group Home in accordance with the Community Care Licensing (CCL), Title 22 standards, as well as the Master County Contract, Statement of Work (SOW).

Maintenance of Required Documentation and Service Delivery

- Four out of the seven (7) children had NSPs that were missing documentation of dates and types of contact made with their Probation Officers. Two of the children were from the Main Campus, one (1) of the children was from the Valley Group Home and one (1) was from the South Bay Group Home. All four (4) of the children had NSPs that only stated that "monthly" visits were being made and that telephone calls were made "regularly" or "as needed". As a result, Optimist was deficient in the section of "County Workers Monthly Contacts Documented".

- Of the seven (7) children, two (2) were relatively new residents and did not have any quarterly NSPs to assess. As a result only five (5) children's quarterly NSPs were reviewed. All five had timely NSPs; however, four (4) of the five (5) were not comprehensive. Three (3) of the children were from the Main Campus and the other child was from the Valley Group Home. All three (3) of the Main Campus children's quarterly NSPs did not have an updated "Concurrent Case-Plan Goal" section. The quarterly NSPs failed to document the family finding efforts that were made, if any. The other child from the Valley Group Home was also missing this quarterly update as well. In addition, the initial NSP indicated that the Probation Officer would be working with the Group Home in finding viable relatives to live with, but no update was provided for this child.

  Some of these NSPs were also improperly completed. One (1) of the children from the Main Campus had the wrong reporting periods indicated, while the child from the Valley Group Home indicated that the child had contact with his grandmother and sister, but the quarterly NSP did not provide any narrative under the "Visitation/Involvement/Contact with Family of Origin/Guardian" section.

  In addition, all four (4) of the children also had improperly completed "Outcome Goals" in their NSPs. They all had similar problems in that they were either missing or had incorrect information in certain sections of the individual goals, such as "Reason for Modification", "Reason for Goal", and "Person(s) Responsible". Many of the goals were unclear as to whether they were either achieved or modified. Some of the NSPs indicated that the goal was achieved, but were not moved over to the "Achieved Outcome Goals" section of the NSP. Other goals were modified without indicating why the goal was modified. Some of the goals had the exact same goals from the previous NSPs, except that modification dates were added without

indicating what changes were made to the goal or why a modification date was added. Some of the goals were also not measurable as they did not have a way of monitoring the child's progress. Yet, other goals had inaccurate or missing start dates or had projected completion dates that were inexplicably changed or were too far into the future to assess the child's progress.

More specifically, one (1) of the children from the Main Campus had a quarterly NSP that mentioned the child was a young father, but did not include a goal or the services that were being provided to address this need. Another of the Main Campus children also had needs that did not have goals created for issues, such as his history of drug use and gang involvement. Finally, the same client also had completed goals; however, the NSPs failed to indicate the date of completion. One of the achieved goals indicated that the goal was "on-going" and should not have been listed as a completed goal. As a result, Optimist was deficient in the section under "Development of Timely, Comprehensive, Updated NSPs with Child's Participation".

Recommendation

Optimist's management shall ensure that:

1. The monthly contact with each child's Probation Officer/Case Worker is properly documented. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

2. The aforementioned NSP deficiencies are corrected so that each child has comprehensive quarterly NSPs in accordance with Title 22 standards, as well as the Master County Contract, SOW.

Personal Rights and Social/Emotional Well-Being

- Three (3) of the children also indicated that they did not have sufficient privacy during telephone calls and in the delivery of their mail. One of the residents from the Main Campus stated that children's mail is read, whenever a search is conducted, to ensure that inappropriate mail is not being received. However, he stated that upon receiving new mail, the staff members only scan through the letters for contraband or inappropriate contact. The other two (2) children from the Van Nuys and Valley Group Homes indicated that they did not have sufficient privacy during telephone calls because staff members were in the immediate area while they talked to their family members and that they would "eves-drop" on occasion to ensure they were talking to an approved contact. Therefore, Optimist was out of compliance with the section under "Children Allowed Private Visits, Calls and Correspondence".

Recommendation

Optimist's management shall ensure that:

1. All children are informed of their telephone and mail rights and are allowed to practice these rights in accordance with Title 22, which states that children shall be allowed "To make and receive confidential telephone calls" and "To send and receive unopened correspondence, unless prohibited by court order".

Personal Needs/Survival and Economic Well-Being

- During the interview process, all seven (7) of the children indicated that they receive at least the minimum allowance on a weekly basis. However, a review of each child's weekly allowance logs revealed that one (1) out of the seven (7) children was missing proper documentation. The child was from the Main Campus, and was missing his allowance for one (1) week. As a result, Optimist was out of compliance with the section under "Minimum Monetary Allowances".

Recommendation

Optimist's management shall ensure that:

1. They maintain accurate weekly allowance logs for each child. This shall be done in compliance with the Master County Contract, SOW, which states that each Group Home "shall maintain a log indicating the date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

Personnel Records

- A review of the staff files revealed that two (2) out of the five (5) staff files were missing documented proof that they were in compliance with training standards. The deficient files were missing accurate proof of the initial training they received upon hire. As a result, Optimist was out of compliance with the section of "All Required Training".

Recommendation

Optimist management shall ensure that:

1. They maintain accurate training records for all employed staff in accordance with Title 22, which states that new child care staff shall complete a minimum of 24 hours of initial training and that proof of such training is placed in each staff's file.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHM's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA GHM's last compliance report dated August 2012 identified 11 recommendations.

Results

Based on the follow-up, Optimist fully implemented 10 of the 11 previous recommendations for which they were to ensure that:

- The physical deficiencies of the common areas, children's bedrooms and bathrooms were repaired at all sites as detailed in last year's report.
- The clinicians input the "Frequency" and "Duration" for the psychotropic medication that the children were actively taking in their NSP reports.
- The clinicians input the "Dates/Frequency" and described details of each child's visit with parents at the Group Homes.
- The clinicians report and list each date that the child received therapy and drug and alcohol counseling services.
- The clinicians contacted the Probation Officer/Caseworkers and children for input and address any behavior issues or concerns in the NSP reports.
- The clinicians report all updated progress and adjustments made by the child for each quarterly period.
- The clinicians documented and provided a detailed progress on each child's educational goals to include the current grades, educational challenges and academic successes.
- Supervising Clinicians reviewed and approved all completed Initial 30-Day and NSP reports for completeness and accuracy prior to submission of reports to the Probation Caseworkers.
- All children sign the "Religious Services Refusal" form, if they declined to attend religious services of their choice.
- The Main Campus Administrator creates an agency policy to address the Clothing Purchase Option available to the children upon being placed and during their monthly clothing allocations. Main Campus Group Home facility managers were also to coordinate community shopping outings for any children who elected to make clothing purchases in the community and not at the on-site "Laundry" clothing store.

However, the follow-up discovered that Optimist failed to fully implement one (1) of the previous 11 recommendations for which they were to ensure that:

- They maintained individual logs for weekly and clothing allowances. They were to ensure that they maintained appropriate comprehensive monthly clothing and weekly allowance logs to reflect the children's allowances received, amount spent, amount carried over, and amount totaled. As aforementioned in the element of "Comprehensive Monetary and Clothing Allowance Logs Maintained", a review of the children's logs in this year's review revealed that one (1) out of the seven (7) children had one (1) weekly allowance that was not properly logged; documenting the allowances that were being received.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller's Office.

OPTIMIST

Youth Homes & Family Services

Serving Youth Since 1906

Silvio John Orlando, ACSW
Executive Director

Douglas E. Buttrick
Chief Financial Officer

Affiliations

ACCREDITED Council on Accreditation

Accredited by California Alliance of Child and Family Services

A·C·H·S·A Association of Community Human Service Agencies

Optimist International

DATE: June 17, 2013

TO: Probation Department Managers & DPO Armando Juarez

FROM: Optimist Youth & Family Services Management

RE: Corrective Action Plan – Annual Site Visit 5/9 – 5/23/2013

Dear DPO Juarez:

Attached is Optimist's Corrective Action Plan. If there are any questions, please feel free to contact Maria Bhattachan, Director of Quality Improvement, at, (323) 443-3180.

Silvio J. Orlando, Executive Director

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OPTIMIST YOUTH & FAMILY SERVICES
6957 N. Figueroa Street
Los Angeles, CA 90042
June 10, 2013

I. Licensure/Contract Requirements

Findings:

During the review of the children's clothing and weekly allowance logs it was revealed that Optimist had incomplete allowance logs for one (1) of the seven (7) children in the sample size. This was out of compliance with Community Care Licensing (CCL), Title 22 standards, as well as the Master County Contract, Statement of Work (SOW).

Corrective Action Plan:

Despite the fact that the allowance log of the one child was incomplete, the Agency provided proof that the child in fact received his allowance. The proof was provided by giving the auditing DPO a print out from the Accounting Department showing the weekly allowance payments. Having said that, the Agency agrees that improvement is needed in regards to the allowance tracking. These are the steps we will take:

1. We will retrain our dorm staff to ensure the weekly allowance logs are tracked correctly and completely.
2. We have already sat down with our Accounting Department to ensure staff is provided with supporting documentation. Please see outcome in email format attached (Attachment #1).
3. Our Assistant Residential Director will do monthly audits of the allowance logs to ensure consistency.

III. Maintenance of Required Documentation and Service Delivery

Findings:

Four out of the seven (7) children had NSPs that were missing documentation of dates and types of contact made with their Probation Officers. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "Include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

Corrective Action Plan:

Our therapists and all staff involved are trying very hard to communicate with the probation officers on a regular basis and log dates, times and reasons of contacts as much as possible. Often the probation officers see the residents during school hours or "touch base" with them while on Campus. The therapists are not always aware that the residents have met with the probation officers.

- We will continue to contact the probation officers monthly and document our contact attempts.
- In addition, we will write a formal letter to the Probation Administration requesting that they instruct their probation officers to document all their contacts with the minors in an Optimist campus log (Attachment #2& #3)

Findings:

Four out of the five (5) children's quarterly NSPs that were reviewed were not comprehensive. Some of these NSPs did not update the "Concurrent Case-Plan Goal" section and failed to document the family finding efforts that were made, if any. Some of these NSPs were also improperly completed and had incorrect reporting periods indicated. In addition, all four (4) of the children also had improperly completed "Outcome Goals" in their NSPs. They were either missing or had incorrect information in certain sections of the individual goals such as "Reason for Modification", "Reason for Goal", and "Person(s) Responsible". Many of the goals were unclear as to whether they were either achieved or modified or were not measurable. This was out of compliance with Title 22 standards as well as the Master County Contract SOW.

Corrective Action Plan:

On June 6, our Clinical Director met with the campus and group home therapists and reviewed all the comments made in regards to our NSP's/QR's. The following was reiterated as most important:

- Ensure correct date ranges are on the NSP's/QR's
- Concurrent case planning is a must for all cases
- All sections have to be completed, if not applicable please state "N/A" or "None at this time"
- Goals have to be specific, measurable, achievable, and timely. Goal outcomes have to be specific – modifying a goal versus completing a goal and starting a new goal was discussed.

Please see detailed notes of meeting and sign-in sheet attached (Attachment #4).

VII. Personal Rights and Social/Emotional Well-Being

Findings:

Three of the children indicated that they did not have sufficient privacy during telephone calls and in the delivery of their mail which is out of compliance with Title 22, which states that children shall be allowed "To make and receive confidential telephone calls" and "To send and receive unopened correspondence unless prohibited by court order".

Corrective Action Plan:

Please note that these findings are based on residents expressing their feelings!

- Our Agency is very well aware of the personal rights of our clients and take them very serious, We have had an Agency policy for years based on contractual and Title 22 regulations and have been training our staff since then (Attachment #5).
- We have a very comprehensive training calendar covering Title 22 regulations several times a year (Attachment #6).
- In addition, we have monthly meetings with the residents and the staff discussing the personal rights including privacy in regards to mail and phone calls. Please see sign-in sheets attached. Note, the sign-in sheets are signed by clients who were interviewed (Attachment #7).
- We will use the next monthly personal rights meetings to remind staff to adhere to policies and encourage residents to let us know when they feel their rights were violated.

VIII. Personal Needs/Survival and Economic Well-Being

Findings:

A review of each child's weekly allowance logs revealed that one (1) out of the seven (7) children was missing proper documentation. The child was missing his allowance for one (1) week which is out of compliance with the Master County Contract, SOW, which states that each Group Home "shall maintain a log indicating the date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

Corrective Action Plan:

Please review our corrective action plan under #I (Licensure).

X. Personnel Records

Findings:

A review of the staff files revealed that two (2) out of the five (5) staff files were missing documented proof that they were in compliance with training standards. The deficient files were missing accurate proof of the initial training they received upon hire. This was not in accordance with Title 22, which states that, new child care staff shall complete a minimum of 24 hours of initial training and that proof of such training is placed in each staff's file.

Corrective Action Plan:

The Agency is aware of this issue and is in the process of purchasing a new training tracking system. The ADP system, which we are using now, is over-writing data and therefore, tracking is almost impossible. We hope to have the new system implemented by October 2013. In the meantime, we are saving all sign-in sheets and have asked our HR Department to print out a training summary annually at time of the staff's annual evaluation.

Silvio J. Orlando, Executive Director