PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

August 10, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

HILLSIDES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department Children and Family Services (DCFS) Out-of-Home Management Division (OHCMD) conducted a review of Hillsides Group Home in February 2012, at which time they had four sites: Hillsides On-Campus Satellite (OCS), Hillsides Main Campus, Girls Satellite Home (GSH), and Boys Satellite Home (BSH). Hillsides had 14 DCFS placed children, seven of whom were males and seven females.

Hillsides has three sites located in the Fifth Supervisorial District and one site located in the First Supervisorial District. Hillsides Group Home provides services to DCFS foster youth. According to Hillsides' program statement, its goal is "to stabilize children, re-educate the families and reunify children with their families as soon as possible." Hillsides is licensed to serve a capacity of 66 male and female children, ages six through 17.

For the purpose of this review, six currently placed children were interviewed, and their case files were reviewed. The placed children's overall average length of placement was 18 months, and the average age was 14. Four 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. Six staff files were reviewed for compliance with Title 22 Regulations and the County contract requirements.

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

SCOPE OF REVIEW

The purpose of this review was to assess Hillsides' compliance with the County contract and State regulations. The visit included a review of Hillsides' program statement, administrative internal policies and procedures, six current children's case files, four discharged children case files, and a random sampling of personnel files. A visit was made to all four sites 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

During our review, we noted that the facilities were well maintained and nicely landscaped. The children had a well-organized daily recreational program in which the children and staff participate, as well as a variety of on and off-campus cultural and recreational activities.

At the time of the review, Hillsides had a few deficiencies related to children's personal rights. One child disclosed not feeling safe due to a few incidents that had occurred in her cottage, and two children did not believe behavioral consequences were fair. Additionally, a child disclosed that she did not have adequate personal care items in that sometimes her cottage runs out of body wash and bar soap and must use shampoo.

The Administrator agreed with most of the findings and was receptive to implementing systemic changes to improve their compliance with State regulations and the County contract. The Administrator agreed to address the deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- A special incident was not submitted into the I-TRACK System in accordance with Exhibit A-VIII, Special Incident Reporting Guide For Group Homes. The Director of Program Services stated that a Special Incident Report (SIR) was immediately completed; however, it was not submitted timely into I-TRACK due to the anomaly

of a child directly disclosing the incident to the OHCMD Monitor during the monitoring review. The Director of Program Services further stated that to avoid late submission of SIRs, Hillsides has added an additional administrative staff member to review and track SIRs on a daily basis.

- On September 22, 2011, CCL cited Hillsides' Boys Satellite Home for a substantiated allegation of Neglect/Lack of Supervision. The CCL investigation concluded that the youth was able to obtain his pocket tool knife out of the staff office. Hillsides provided a Plan of Correction (POC) to increase supervision of the youth by moving him to the bedroom next to the staff office. Additionally, in an effort to prevent the youth from going through staff drawers, all items that could be used as tools were locked up. A psychological safety plan was also addressed with the youth.

  On December 5, 2011, CCL cited Hillsides' Main Campus for a substantiated allegation of neglect. The child complained of knee pain and requested to see a doctor on May 13, 2011, and was seen by a doctor on May 26, 2011. The CCL investigation concluded that the child did not see a doctor timely. Hillsides stated that the Hillsides Nurse will continue to evaluate the child's needs and provide treatment accordingly. The Nurse will make medical appointments in a timely manner.

  On December 7, 2011, CCL cited Hillsides' Main Campus on the Emergency Intervention Plan. The CCL investigation concluded that a child was injured during a restraint that occurred on the pavement, causing the child to sustain injuries. The Hillsides Program Supervisor debriefed with the staff involved, including proper Professional Assault Crisis Training (Pro-ACT) hierarchy of interventions, alternatives, environmental conditions and safety to minimize staff and client injuries during interventions. Staff also participated in a Pro-ACT Refresher course on December 28, 2011.

- One child disclosed not feeling safe due to two incidents that had occurred in her Cottage. The child reported feeling unsafe when a peer was acting out in the Cottage and attempted to break a window. The child reported that staff removed them from the area in order to keep them safe. The peer did not break the window, nor required being restrained from harming the other children or staff members. The Administrator stated that the staff members followed procedures by keeping the children safe while trying to calm down the other child.

  The incident involved the child alleging that the same peer "slapped my butt" and made sexually inappropriate comments to her. The Monitor immediately informed the Administrator and the child's therapist of these alleged incidents and brought in the therapist to further discuss the incidents with the child. The therapist stated that she would follow-up to ensure safety. Subsequently, the therapist advised the

Monitor that she met with the child's Cottage Supervisor to inform her of the child's allegations of inappropriate contact by her peer. The child and her peer were debriefed by Cottage Supervisor and Cottage Therapist and the peer was placed on close staff supervision. The Cottage Therapist and Cottage Supervisor developed a Safety Plan to address the incident. Additionally, the Administrator stated that after the child's disclosure, they viewed the Cottage's surveillance cameras and did not find that this incident was recorded on the surveillance video. The Administrator stated that it does not mean the incident did not occur, but it may have occurred out of view of the camera. He also stated that the peer had been placed on enhanced supervision. The Monitor requested the Administrator submit an SIR of the alleged incident.

- Two children did not believe the behavioral consequences were fair. One child stated that she did not feel that "getting grounded for little things" was fair. The only specifics the child could articulate was that four "No's", led to being grounded. The Administrator stated that he would need to know the specifics of the child being grounded, but stated that children may be restricted for infractions and believes their program provides fair consequences.

  The other child discussed a recent incident in which he reported being mad because he felt his peers were provoking him and that staff members were busy in the kitchen and the office and told him to "hold on." The Monitor and child immediately met with the child's therapist to discuss the child's concerns and the therapist continued a discussion with the child, advising the Monitor that she would follow up.

- One child disclosed that she was not provided adequate personal care items in that the cottage had run out of body wash and bar soap and that she had used shampoo in place of body soap for approximately two to three weeks. According to the Cottage Supervisor, the cottage uses liquid body soap and if the cottage were to run out, they would borrow liquid body soap from another cottage. The Administrator stated that he believes that it was highly unlikely that the cottage had run out of body wash and bar soap and was using shampoo in its place. He further stated that this particular child is vocal in making complaints and believes they would have been made aware of this situation.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held June 7, 2012.

In attendance:

Tom Johnson, Administrator, Hillsides Group Home, and Kristine Kropke Gay, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with most of our findings and recommendations. He stated that the review was helpful in noting things that they may have overlooked or could improve upon. The Administrator agreed to provide a CAP to address each deficiency.

Hillsides provided an approved 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:kkg

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
Deborah L.S. Booth, President, Board of Directors, Hillsides Group Home
Joseph M. Costa, Executive Director, Hillsides Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

HILLSIDES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Main Campus
940 Avenue 64
Pasadena, California 91105
License Number: 19200313
Rate Classification Level: 12

On-Campus Satellite (OCS)
940 Avenue 65
Los Angeles, California 90042
License Number: 191801995
Rate Classification Level: 12

Girls Satellite Home (GSH)
873 North Hill Avenue
Pasadena, California 91104
License Number: 191290630
Rate Classification Level: 12

Boys Satellite Home (BSH)
2220 Maiden Lane
Altadena, California 91001
License Number: 191200838
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: February 2012
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. Special Incident Reports	3. Needs Improvement
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintenance	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citation/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Needs Improvement
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	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	

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement 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 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs	Full Compliance (ALL)
IV	**Education and Emancipation Services** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's 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. GH Encourages Children's Participation in YDS	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 3. Initial Dental Exams Timely 4. Follow-Up Dental Exams Timely	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 11. Children Aware of Right to Refuse Psychotropic 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	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Needs Improvement 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Full Compliance

IX	**Discharge 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** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Submitted Timely 4. Criminal Background Statement Signed 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)

HILLSIDES GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

Main Campus
940 Avenue 64
Pasadena, California 91105
License Number: 191200313
Rate Classification Level: 12

On-Campus Satellite (OCS)
940 Avenue 65
Los Angeles, California 90042
License Number: 191801995
Rate Classification Level: 12

Girls Satellite Home (GSH)
873 North Hill Avenue
Pasadena, California 91104
License Number: 191290630
Rate Classification Level: 12

Boys Satellite Home (BSH)
2220 Maiden Lane
Altadena, California 91001
License Number: 191200838
Rate Classification Level: 12

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

CONTRACTUAL COMPLIANCE

Based on our review, Hillsides was in full compliance with seven of 10 sections of our contract compliance review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Discharged Children; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of four children's case files and/or documentation from the provider, Hillsides fully complied with seven of nine elements reviewed in the area of Licensure/Contract Requirements.

A special incident was not submitted into the I-TRACK System in accordance with the County contract's Statement of Work, Exhibit A-VIII, Special Incident Reporting Guide For Group Homes. The Director of Program Services stated that a SIR was immediately completed; however was not submitted timely into I-TRACK, due to the anomaly of a child directly disclosing the incident to the OHCMD Monitor during the monitoring review. The Director of Program Services further stated that to avoid late submission of SIRs, Hillsides has added an additional administrative staff member to review and track SIRs on a daily basis.

CCL had cited Hillsides as a result of deficiencies and findings during four CCL investigations. On March 3, 2011, CCL cited Hillsides' Main Campus for a substantiated allegation of a child's Personal Rights violation. The child was injured by a staff member. Hillsides agreed that the staff member did not handle the situation properly and caused injury to the child. Hillsides terminated the staff member and provided ongoing training for other staff members. CCL imposed a Civil Penalty of $150.

On September 22, 2011, CCL cited Hillsides' Boys Satellite Home for a substantiated allegation of Neglect/Lack of Supervision. The CCL investigation concluded that the youth was able to obtain his pocket tool knife out of the staff office. Hillsides provided a POC to increase supervision of the youth by moving him to the bedroom next to the staff office. Additionally, in an effort to prevent the youth from pilfering through staff drawers, all items that could be used as tools were locked up. A psychological safety plan was also addressed with the youth.

On December 5, 2011, CCL cited Hillsides' Main Campus for a substantiated allegation of Neglect. The child complained of knee pain and requested to see a doctor on May 13, 2011, and was seen by a doctor on May 26, 2011. The CCL investigation concluded that the child did not see a doctor timely. Hillsides stated that the Hillsides Nurse will continue to evaluate the child's needs and provide treatment accordingly. The Nurse will make medical appointments in a timely manner.

On December 7, 2011, CCL cited Hillsides' Main Campus on the Emergency Intervention Plan. The CCL investigation concluded that a child was injured during a restraint that occurred on the pavement, causing the child to sustain injuries. The Hillsides Program Supervisor debriefed with the staff involved, including proper Pro-ACT hierarchy of interventions, alternatives, environmental conditions and safety to minimize staff and client injuries during interventions. Staff also participated in a Pro-ACT Refresher course on December 28, 2011.

Recommendations:

Hillsides management shall ensure:

1. All SIRs are appropriately documented and cross-reported timely.

2. Hillsides maintains a safe environment for the children.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of six children's case files, and/or documentation from the provider, Hillsides fully complied with 13 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being.

One child disclosed not feeling safe due to two incidents that had occurred in her Cottage. The child reported feeling unsafe when a peer was acting out in the Cottage and attempted to break a window. The child reported that staff removed them from the area in order to keep them safe. The peer did not break the window, nor require being restrained, or harm the children or staff members. The Administrator stated that the staff members followed procedures by keeping the children safe while trying to calm down the other child.

The incident involved the child alleging that the same peer "slapped my butt" and made sexually inappropriate comments to her. The Monitor immediately informed the Administrator and the child's therapist of these alleged incidents and brought in the therapist to further discuss the incidents with the child. The therapist stated that she would follow-up to ensure safety. Subsequently, the therapist advised the Monitor that she met with the child's Cottage Supervisor to inform her of the child's allegations of inappropriate contact by her peer. The child and her peer were debriefed by Cottage Supervisor and Cottage Therapist and the peer was placed on close staff supervision. The Cottage Therapist and Cottage Supervisor developed a Safety Plan to address the incident. Additionally, the Administrator stated that after the child's disclosure, they viewed the Cottage's surveillance cameras and did not find that this incident was recorded on the surveillance video. The Administrator stated that it does not mean the incident did not occur, but it may have occurred out of view of the camera. He also stated that the peer had been placed on enhanced supervision. The Monitor requested the Administrator submit an SIR of the alleged incident.

Two children did not believe behavioral consequences were fair. One child stated that she did not feel that "getting grounded for little things" was fair. The only specifics the child could articulate was that four "No's", led to being grounded. The Administrator stated that he would need to know the specifics of the child being grounded, but stated that children may be restricted for infractions and believes their program provides fair consequences.

The other child discussed a recent incident in which he reported being mad because he felt his peers were provoking him and that staff members were busy in the kitchen and the office and told him to "hold on." The Monitor and child immediately met with the child's therapist to discuss the child's concerns and the therapist continued a discussion with the child, advising the Monitor that she would follow up.

Recommendations:

Hillsides management shall ensure:

3. Children feel safe.

4. Consequences are fair.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of six children's files and/or documentation from the provider, Hillsides fully complied with seven of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

During our review, one child disclosed that she was not provided adequate personal care items in that the cottage had run out of body wash and bar soap and that she had used shampoo in place of body soap for approximately two to three weeks. According to the Cottage Supervisor, the cottage uses liquid body soap and if the cottage were to run out, they would borrow liquid body soap from another cottage. The Administrator stated that he believed that it was highly unlikely that the cottage had run out of body wash and bar soap and was using shampoo in its place. He stated that this particular child is vocal in making complaints and believe they would have been made aware of this situation.

Recommendation:

Hillsides management shall ensure:

5. The children are provided with adequate person care items.

FOLLOW-UP FROM 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 review were implemented. The last report was issued March 7, 2012.

Results

The OHCMD's prior monitoring report contained 20 outstanding recommendations. Specifically, Hillsides was to ensure the following: group home exterior and grounds are well maintained; group home common quarters are well maintained; bedrooms are well maintained; group home contained fresh perishable and non-perishable foods; NSPs are comprehensive; children have a current psychotropic medication authorization on file; children receive timely initial medical and dental examinations; children feel safe in the group home; children are satisfied with meals and snacks; children are treated with respect and dignity; children are made aware of their right to refuse voluntary medical, dental and psychiatric care; children are informed about their psychotropic medication; children are aware of their right to refuse psychotropic

medication; children have the opportunity to create a life book/photo album; staff files contain documentation of meeting the education/experience requirements documented in Hillsides' program statement's job description; staff receive a timely criminal fingerprint card and criminal background statement; staff receive a timely Tuberculosis Clearance; personnel files contain documentation of required initial and ongoing training hours; and staff members maintain timely and current certification in CPR and First-Aid.

Based on our follow-up of these recommendations, Hillsides fully implemented 19 of 20 recommendations from the prior review. Hillsides did not implement the recommendation of children feel safe. Corrective action was requested of Hillsides to further address the recommendation that was not implemented.

Recommendation:

Hillsides management shall ensure:

6. Full implementation of the outstanding recommendation from the prior monitoring review, which is noted in this report as Recommendation 2.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Hillsides has not been posted by the A-C.

Hillsides
Creating safe places for children
940 Avenue 64 Pasadena, CA 91105-2711
Phone: 323.254.2274 Fax: 323.254.0598
www.Hillsides.org
www.HillsidesEducationCenter.org

Joseph M. Costa
Chief Executive Officer
Suzanne E. Crummey, LCSW
Associate Executive Director
John F. Sterner
Chief Financial Officer
Nancy E. Gann
Director of Development
Laura Kelso
Director of Community Resources

Board of Directors
Donald P. Clark
Chair
Stephen M. Gleason
First Vice Chair
Mark S. Mertens
Second Vice Chair
Brent M. Mason
Treasurer
Karen Hiang
Secretary
Deborah L. S. Booth
The Rt. Rev. J. Jon Bruno
Gary W. Drake
Holly David
Edward W. Engel III
Donna B. Fores, ESQ.
Louise Fox
Samuel Garrison
Dan Goldstewart
John Gong
Carl W. Hulick
Mary Grace Kaufman
Page Curtis Malloy
Joan H. McCarthy
Stephen A. McDonald
Robert H. Meiro
Ann W. Miller
Catherine Moffitt
The Rev. Ryan D. Newman
David Nichols
Steve Nisenbaum MD M.D.
Susan Noce
Megan C. Philips
Susan Pinsky
William Poulsen Jr.
Barbara M. Sofield
Frederick C. Snaller
Sarah R. Stilson
David S. Sniezko
Uri Spector
Scott D. Stubbs
Tue W. Tarstup
Paul A. Vert
Jeffrey C. Welch

Honorary Advisors
Bill Bogaard
Mary Bruno
Jacob Maarse
David Hyde Pierce
Drew Pinsky, M.D.
Sherm and Marge Tellem
Frank Uz
Colleen Williams

Member of the
Child Welfare
League of America

June 19, 2012

July 3, 2012 (revised)

July 26, 2012 (revised)

Kristine Kropke-Gay

DCFS OHC

HILLSIDE'S COMPLIANCE REVIEW CORRECTIVE ACTION PLAN

Item #3 – Failure to Itrack SIR# 298967 in a timely fashion. On February 29, client made a complaint directly to the OHC Evaluator during the compliance review. The therapist and supervisor took immediate steps to follow up. Client's therapist wrote an SIR on the 29th, but it was not Itracked due to the anomaly of a child complaining directly to a DCFS official during an evaluation. The Director of Program Services should have seen to it that the SIR was Itracked on the 29th, and it will be that person's responsibility to ensure timely Itrack reporting in the future. I would like to re-submit the CAP we did on April 23, 2012, as it addresses this issue. Please see attached revision.

Item #8 – Please see attached CCL Complaint Investigation Reports, including the Plan of Correction for 34-CR-20111201091525 (second page), and the CAP for 34-CR-20110920103054 2. Program Supervisor [redacted] is responsible for the first, and Director of Group Homes [redacted] for the second.

Item #46 – The child who reported feeling unsafe in the group home had in fact recently witnessed a violent episode involving another client, although she herself was not involved. The other client, who had continuous one on one at the time of the incident, returned home in April. Staffing and close supervision of aggressive children is the

CWLA Together, Making Children and Families a National Priority
CAPSES
Accredited Member California Alliance of Child and Family Services

Hillsides
Creating safe places for children
940 Avenue 64 Pasadena, CA 91105-2711
Phone: 323.254.2274 Fax: 323.254.0598
www.Hillsides.org
www.HillsidesEducationCenter.org

Joseph M. Costa
Chief Executive Officer
Suzanne E. Crummey, LCSW
Associate Executive Director
John F. Sterner
Chief Financial Officer
Nancy E. Garrig
Director of Development
Laura Kfiso
Director of Community Resources

Board of Directors
Donald P. Clark
Chair
Stephen M. Gleason
First Vice Chair
Mark S. Mertens
Second Vice Chair
Brent M. Mason
Treasurer
Karen Huang
Secretary
Deborah L.S. Booth
The Rt. Rev. J. Jon Bruno
Gary W. Drake
Holly Davis
Edward W. Engs, III
Donna B. Ford, ESQ
Louise Fox
Samuel Garrison
Dan Goldthwait
John Gong
Carl W. Hulick
Mary Grace Kaufman
Page Curtis Malloy
Joan H. McCarthy
Stephen A. McDonald
Robert H. Meeks
Ann W. Miller
Catherine Morphy
The Rev. Ryan D. Newman
David Nicholl
Steve Nishiyashi M.D.
Susan Noce
Megan C. Phelps
Susan Pinsky
William Poulsen Jr.
Barbara M. Schefer
Frederick C. Shaller
Sarah R. Shelton
David S. Sniezko
Lyn Spector
Scott D. Steuber
Toe W. Treister
Paul A. Vert
Jeffrey C. Welch

Honorary Advisors
Bill Bogaard
Mary Bruno
Jacob Maarse
David Hyde Pierce
Drew Pinsky, M.D.
Sherm and Marge Tellern
Frank Ulf
Colleen Williams

Member of the
Child Welfare
League of America

primary way in which we deal with the issue of clients' safety with regard to one another. In response to this issue, we also initiated an anti-bullying program, including the use of incentives with children. The Anti-Bullying Program focus is on antecedents to bullying, such as threats and intimidation. This issue is addressed in the cottage therapeutic groups as well as in other parts of the program. The Evidence Based Practice, Seeking Safety, is also being used with almost all children placed at Hillsides. Staff working with the children outside of the cottage have been involved in both these programs as well. The Director of Program Services is responsible for maintaining this portion of the CAP.

Item # 52 – Grounding as a disciplinary intervention was cited by one client. In her cottage, children are grounded (not allowed to go on optional off campus activities) for 3 types of unsafe behavior: AWOL into the community, aggression and threatening behaviors. Children may be grounded for 1 to 3 days, depending upon the seriousness of the episode. During the period of time they are grounded, clients may change their grounded status at any time by demonstrating safe behavior and an ability to make safe choices. While grounded, children continue to go to school, medical appointments, family visits, etc. They are only restricted from non-mandatory outings. We believe that use of this intervention is in line with current community standards and practices for children and adolescents and also serves to keep children from community situations that might jeopardize their own as well as the safety of others.

One client said that staff told him to "hold on" when they were in the office and he was being provoked by other children. Children in group care inevitably may have to wait from time to time in non-emergency situations, as staff may be attending to other clients, or otherwise occupied. Staff are expected to prioritize the needs of children both in the order of their requests but also according to issues of emergency, health or safety. This is very frustrating to children who have been neglected and staff must make responsiveness to clients a priority. On the other hand, developing an ability to 'wait their turn', to problem-solve age appropriate situations, and to share or take turns is an important part of each child's social and emotional skill development that they will

Hillsides
Creating safe places for children
1940 Avenue 64 Pasadena, CA 91105-2711
Phone: 323.254.2274 Fax: 323.254.0598
www.Hillsides.org
www.HillsidesEducationCenter.org

Joseph M. Costa
Chief Executive Officer
Suzanne E. Croughey, LCSW
Associate Executive Director
John F. Steiner
Chief Financial Officer
Nancy E. Gabig
Director of Development
Laura Kelso
Director of Community Resources

Board of Directors
Donald P. Clark
Chair
Stephen M. Gleason
First Vice Chair
Mark S. Mertens
Second Vice Chair
Brent M. Mason
Treasurer
Karen Huang
Secretary
Deborah L.S. Booth
The Rt. Rev. J. Jon Bruno
Gary W. Drake
Holly Davis
Edward W. Eros, III
Donna B. Ford, Esq.
Louise Fox
Samuel Gaskin
Dan Goldenwait
John Gong
Carl W. Hulick
Mary Grace Kaufman
Page Curtis Malloy
Joan H. McCarthy
Stephen A. McDonald
Robert H. Meeks
Ann W. Meyer
Catherine Murphy
The Rev. Ryan O. Newman
David Nichols
Steve Nourmayadi M.D.
Susan Nosi
Megan C. Phelps
Susan Pinsky
William Poulsen Jr.
Barbara M. Schefer
Frederick C. Shaller
Sarah R. Shelton
David S. Shrezal
Lyn Sheffer
Scott D. Sieuner
Tom W. Tressler
Paul A. Vert
Jeffrey C. Welch

Honorary Advisors
Bill Bogaard
Mary Bruno
Jacob Maarsen
David Hyde Pierce
Drew Pinsky, M.D.
Sherm and Marge Tellem
Frank Utz
Cortney Williams

Member of the
Child Welfare
League of America

need at school as well as other life-situations. Helping children feel attended to, using language that is supportive and being responsive to children's needs has been reviewed in team meetings and in individual supervision. Staff were advised of this on 12-13-11, during training on "Client Complaints", and on 1-31-12 during training on "Client Supervision". The Director of Program Services is responsible for reviewing this on an on going basis.

Item #66 – A client reported that her cottage had run out of soap and body wash, and that she had to use shampoo to wash herself for 3 weeks. Hygiene products are purchased monthly in large amounts, stored centrally on campus and distributed to the cottages in quantities ordered by the staff on a scheduled basis and as needed. If a cottage temporarily ran out of a hygiene product before they ordered more, they would get it from another cottage or from the Program Director. Neither staff nor any other client reported this shortage, although it obviously would have affected them as well. While we cannot determine how this could have happened as reported, staff have been re-advised of procedures for ordering and borrowing appropriate hygiene supplies. The Cottage Supervisors are responsible for seeing to it that clients have adequate hygiene products.

Tom Johnson, LCSW

Tom Johnson

Hillsides

July 3, 2012

CWLA Together, Making Children and Families a National Priority
CAPSES
California Alliance of Child and Family Services

July 26, 2017

HILLSIDES' CORECTIVE ACTION PLAN REGARDING SIR 8298967 (TO ENSURE TIMELY AND THOROUGH ITRACK REPORTING)

As per your request, we have taken the following measures:

- Added an additional administrative staff has been added to the group of Program Supervisors who review and track SIRs daily. Her job is to read all SIRs, notify and confer with the appropriate Program Supervisor and follow up on making sure that a complete itrack report is made within 24 hours of the incident, based on the information we have at that time.
- Reviewed with all program staff the requirement that SIRs be submitted daily on the day of the incident to prevent delays in itrack reporting.
- Instructed Program Supervisors not to wait for more information, and submit an incomplete report if more investigation might result in a reporting delay. Additional information will be forwarded in an addendum.

Director of Program Services is responsible for maintaining this CAP.