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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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January 29, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

MARYVALE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Maryvale Group Home (the Group Home) in September 2013. The Group Home has one site located in the First Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and Probation Department (Probation) youth. According to the Group Home's program statement, its purpose is "to create a healthy, therapeutic milieu in which each individual child is able to grow physically, emotionally, educationally and spiritually."

The Group Home has one 60-bed site and is licensed to serve a capacity of 60 girls, ages 6 through 19. At the time of review, the Group Home served 37 placed DCFS children and 13 Probation youth. The placed children's overall average length of placement was 6 months, and their average age was 14.

SUMMARY

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

The Group Home was in full compliance with 8 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to facility vehicles in which children are transported were not maintained in good condition, Special Incident Reports were not submitted via ITrack timely or cross-reported to all required parties, comprehensive monetary and clothing allowance logs were not maintained, and Sign In/Out Logs were not maintained in the children's files; and Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining the DCFS Children's Social Worker's (CSW) or the Deputy Probation

Officer's (DPO) authorization to implement NSPs, monthly contacts with DCFS CSWs or the DPOs were not properly documented and initial and updated NSPs were not comprehensive, as they did not include all of the elements in accordance with the NSP template. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On October 2, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representatives: Ike Kerhulas, Vice President of Clinical Services; Albert Chin, Director of Residential Treatment Services; Charlene Vasquez, Residential Group Manager; Monique Churchill, Residential Clinical Manager; Karen Ward, Ancillary Services Manager; and Mary Cifuentes, Director of Quality Assurance. The Group Home representatives: agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and 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.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

OHCMD will confirm that these recommendations have been implemented during our next visit to the Group Home in April 2014 to provide the Group Home with technical assistance and follow-up to ensure implementation of the recommendations.

Additionally, with the upcoming implementation of the Contract Monitoring Section, we will be able to focus more on quality assurance for an increased uniform standard and comprehensive measure of overall programmatic efficacy by providing additional training, support, and oversight to the GHs.

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

PLB:EM:KR
RDS:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Steven Gunther, Executive Director, Maryvale Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

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

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the September 2013 review. The purpose of this review was to assess Maryvale Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the 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, and
- Personnel Records.

For the purpose of this review, five Department of Children and Family Services (DCFS) children and two Probation Department placed youth were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, the seven sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following two areas out of compliance.

Licensure/Contract Requirements

- Although maintenance records showed that the Group Home's 12 vehicles in which children are transported had been serviced regularly, two of the vehicles were not maintained in good condition. The 2001 Chevrolet Cavalier's front and back dashboards were broken and needed to be replaced, and the 2010 Dodge Caravan's center bench seat was missing the rubber shields on the seat hinges. The Group Home immediately addressed the noted deficiencies. On October 8, 2013, during a follow-up visit, OHCMD verified that the repairs had been completed.

- It was noted that, although Special Incident Reports (SIRs) were properly documented, three SIRs were not submitted via ITrack timely or cross-reported to all required parties. The Group Home's Director of Residential Treatment stated that the Residential Administrative Assistant who is responsible for submitting SIRs is also responsible for many other assignments at the Group Home and has been unable to fully focus on submitting SIRs timely. He stated, however, that jobs have been reassigned to allow the Residential Administrative Assistant to focus on submitting SIRs timely and cross-reporting to all required parties. In addition, the Group Home's Residential Group Manager will review all SIRs daily for discrepancies, as well as to ensure timeliness and proper cross-reporting. The Group Home's Director of Residential Treatment also stated that SIR training materials will be reviewed during the Group Home's staff supervision meetings, to further ensure that all SIRs are timely cross-reported.

- Clothing allowance logs and weekly personal monetary allowance logs were not properly maintained. Although the Group Home kept all receipts of clothing purchases or monies spent by the children, as well as maintained the children's running account balances, some clothing and personal monetary allowance logs were missing the children's signatures. The Group Home's Director of Residential Treatment stated that the Group Home will ensure the Monthly Clothing Allowance and Weekly Personal Monetary Allowance Tracking Log always includes the required signatures. The Group Home's Director of Residential Treatment also stated that the Group Home will ensure the tracking logs document the children's receipt of the clothing and weekly allowances, amount spent, the remaining balance, as well as the children's and staff signatures. Further, the logs will be maintained in each child's file for review. The Director of Quality Assurance will ensure accurate completion of these logs during periodic internal audits of the children's files.

- The resident Sign In/Out Logs were not maintained in the children's file, and were therefore not available for review. The Group Home's Director of Residential Treatment stated that Group Home staff were not saving the signed copies of the Sign In/Out Logs after the children had returned from community passes/off ground visits. During the Exit Conference, the Group Home's Director of Residential Treatment stated that effectively immediately, the Sign In/Out Logs, once completed and signed off by all parties, will be kept in the Residential Office where the children's files are maintained.

Recommendations

The Group Home's management shall ensure that:

1. All vehicles in which children are transported are maintained in good condition.

2. Comprehensive clothing allowance logs and weekly personal monetary allowance logs are completed and include all required signatures.

3. SIRs are cross-reported to all required parties via ITrack, in a timely manner.

4. The resident Sign In/Out logs are properly maintained and available for review.

Maintenance of Required Documentation and Service Delivery

- It was noted that the DCFS Children's Social Worker's (CSW) or Deputy Probation Officer's (DPO) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for 11 of 18 NSPs reviewed. The Group Home's Director of Residential Treatment stated that, in efforts to ensure timeliness and efficiency, the Group Home recently re-assigned the residential senior staff; the reassignments included the appointment of a new Residential Clinical Manager, a Residential Group Manager, and an Ancillary Services Manager. Staff in these positions will assist the Director of Residential Treatment Services with enforcing staff compliance with NSP schedules. Further, staff who contribute to the development of NSPs are expected to set reminders on their computer's Outlook calendar. In addition, at least three weeks prior to the NSP due date, the Group Home's Quality Assurance (QA) staff will be responsible for sending out reminders to the Group Home's therapists regarding NSP due dates. All NSPs will be time-stamped and submitted to the QA staff for review. Any corrections will require a timely turn-around. The completed, final document will be submitted to the Residential Group Manager, so that it may be faxed to the DCFS CSW or DPO in a timely manner. The fax transmittal will be kept on file.

- Seven children's files were reviewed; six files did not include documentation of monthly contact with the children's DCFS CSW or DPO. During the Exit Conference, the Group Home's Director of Residential Treatment stated that a new form, the DCFS CSW/DPO Monthly Communication Log, has been developed. The form will be utilized to document all contacts with CSWs or DPOs, and it will be retained in the residents' files.

- Seven initial NSPs were reviewed. The NSPs were timely; however, five were not comprehensive. The NSPs did not include all the required elements in accordance with the NSP template. The treatment goals in two NSPs were not measurable or specific. In addition, three NSPs did not include detailed methods to assist the children in achieving their permanency treatment goals.

- Eleven updated NSPs were reviewed. Although the NSPs were timely, they were not comprehensive and did not include all of the elements, in accordance with the NSP template. All updated NSP quarterly sections lacked detailed information regarding the child's progress toward achieving the identified treatment goals, or the child's progress was not updated. One updated NSP did not include detailed SIR information. Nine updated NSPs did not include dates of monthly contacts with the DCFS CSWs or DPOs, or of therapy/clinical groups attended by the children. Further, two NSPs did not include appropriate methods to be utilized to reach the identified treatment goals, and one NSP did not include detailed updated Independent Living Program information.

The Group Home representatives attended the OHCMD's NSP Refresher Training on August 1, 2013; the NSPs reviewed had been developed prior to the August 2013 training. In efforts to ensure the development of comprehensive NSPs, OHCMD provided NSP training to the Group Home's Treatment Team on October 2, 2013. During the Exit Conference, the Group Home Director of Residential Treatment stated that effective immediately, all NSPs will be reviewed by the QA staff prior to submission to the DCFS CSW or DPO. The Residential Clinical Manager and the Director of Residential Treatment will ensure NSPs are properly developed and include

detailed information. In addition, the Director of Residential Treatment conducted a NSP refresher training for all the Group Home's therapists, on October 9, 2013. Verification of training was submitted to OHCMD.

Recommendations

The Group Home's management shall ensure that:

5. The Group Home staff obtains, or documents efforts to timely obtain, the DCFS CSW's or DPO's authorization to implement the NSP.

6. Monthly contacts with DCFS CSWs or DPOs are appropriately documented.

7. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

8. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

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

The OHCMD's last compliance report, dated February 26, 2012, identified 15 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 8 of 15 recommendations for which they were to ensure that:

- Children are progressing towards meeting their NSP goals,
- Children improve academic performance and/or school attendance,
- The staff facilitates age-appropriate children's participation in Youth Development Services or equivalent services and vocational training programs,
- Initial dental examinations for all children are completed within 30 days of placement,
- All children receive timely follow-up dental examinations,
- All children are free to receive or reject voluntary medical, dental and psychiatric care,
- Efforts are made to ensure all children are discharged according to their permanency plan, and
- All children make progress toward meeting their NSP goals.

The Group Home did not implement seven recommendations for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely,
- The resident Sign In/Out Log is always properly completed,
- The Group Home staff obtains or documents efforts to obtain the DCFS CSWs' authorization to implement the NSP,
- Monthly contacts with CSWs are appropriately documented,

- Initial NSP are comprehensive and include required information,
- Updated NSP are comprehensive and include required information, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 monitoring report regarding monthly contacts with CSWs are appropriately documented, development of comprehensive NSPs, children improve academic performance and/or school attendance, and timely completion of initial dental examination.

Recommendation

The Group Home's management shall ensure that:

9. The outstanding recommendations from the 2012-2013 monitoring report dated February 26, 2012, which are noted in this report as Recommendations 3, 4, 5, 6, 7, 8, and 9 are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home has re-trained all staff members in the proper completion of the SIRs, Monthly Clothing Allowance and Weekly Personal Monetary Allowance Tracking Log, and Sign In/Out log. In efforts to ensure the development of comprehensive NSPs, the QA staff will review the NSPs prior to submittal, and they will ensure all efforts made to obtain the DCFS CSW's authorization to implement NSPs are documented. Additionally, the Group Home Executive Director and the Director of Residential Treatment will conduct period checks to monitor compliance with the CAP. OHCMD will visit the Group Home in April 2014 to provide the Group Home with technical assistance and follow-up on the implementation of the recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Maryvale has not been posted by the Auditor-Controller.

MARYVALE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

7600 E. Graves Avenue
Rosemead, CA 91770
License # 191500468
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: September 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	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 or Equivalent Services and 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 Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 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)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

November 1, 2013

Ms. Jui-Ling Ho
Department of Children and Family Services
Out of Home Care Management Division
9329 Telstar, Suite 216
El Monte, California 91731

Dear Ms. Ho:

Enclosed please find Maryvale's Corrective Action Plan in response to the Group Home Performance Review recently conducted by your Department.

We look forward to continue working with the Department of Children and Family Services in providing quality residential treatment for the young ladies placed in our care. Please feel free to contact us if there are any questions in relation to this information.

Sincerely,

Steve Gunther, MSW
President & Executive Director

7600 East Graves Avenue ◆ Rosemead, California 91770 ◆ 626.280.6510 ◆ www.maryvale-ca.org

Founded in 1856 by the Daughters of Charity

MARYVALE CORRECTIVE ACTION PLAN (CAP) to
MONITOR Dated 9/30/13 to 10/2/13

I. LICENSURE/CONTRACT REQUIREMENTS

Element #3

Does the group home maintain vehicle in which the children are transported in good repair?

Findings

Vehicle is not in good repair--- Although maintenance records showed that the Group Home's 12 vehicles in which children are transported had been serviced regularly, two vehicles were not maintained in good condition. One vehicle's front and back dashboard need to be replaced and the other vehicle's center row of seats needs to replacement plastic shields on seat hinges.

Corrective Action Plan

Parts for both vehicles were ordered during the audit, on September 24th, 2013, and were installed for follow-up inspection, by the DCFS Monitor, on October 8th, 2013. The DCFS Monitor found everything in order.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Treatment Services, and the Housekeeping Supervisor.

Time Frame of Implementation

October 8th, 2013.

Element #4

Are all Special Incident Reports (SIRs) appropriately documented and reported timely?

Findings

Element #4 • SIRs were not appropriately documented and cross-reported timely---Not all SIRs were appropriately documented and cross-reported timely. (Sec 341722, 340723, 341769)

Corrective Action Plan

Jobs have been reassigned to allow the Residential Administrative Assistant to concentrate on submitting SIRs timely and cross-reporting to all required parties. In addition, the Group Home's Residential Group Manager, **and/or her backups,** will review all SIRs daily for any discrepancies for timeliness, proper cross-reporting. Further, during the Group Home's staff supervision meetings, SIR training materials will be reviewed to further ensure that all SIRs are timely cross-reported.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Treatment Services, Residential Group Manager, Group Supervisors, and Residential Support Staff.

Time Frame of Implementation

Immediately

Element #7

Are appropriate and comprehensive monetary and clothing allowance logs maintained?

Findings

Clothing allowance logs and weekly personal monetary allowance logs were not properly maintained.

Corrective Action Plan

1. Effectively immediately, the forms will be changed to only allow for only one resident to sign and acknowledge the receipt of clothing purchases/money spent.

2. In-service to all Group Supervisors and all staff that any form with a signature line (be it resident, staff, or other personnel) must be signed and completed by the person who is requested on the signature line.

3. Periodic audits of these forms will be facilitated by QA personnel.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Treatment Services, Residential Group Manager, Group Supervisors, Residential Support Staff, and Quality Assurance Personnel.

Time Frame of Implementation

Immediate and sustained improvement is expected, beginning 11/1/13.

Element #8

Does the facility maintain a detailed sign-in/sign-out log for placed children?

Findings

Sign in/out logs were not properly maintained---Apparently staff is not saving any signed copies of sign in/out logs after the community passes/off ground visits have taken place. The sign in/out logs (visitation forms) were not available for review.

Corrective Action Plan

As previously noted, Maryvale utilizes a sign in/out logs (visitation forms) for children who are leaving the facility for off-ground visits with families or visitors. All staff members have been reminded again to fully complete the sign in/out logs (visitation forms) as requested. The Residential Supervisors shall be responsible for ensuring that the forms are being filled out correctly.

An in-service training will be scheduled for Residential Supervisors, Mental Health Staff, and others by October 31, 2013 to reinforce the importance of completing this documentation for each off-grounds visit and train the residential staff how to fill out the sign in/out logs (visitation forms) correctly.

The sign in/out logs (visitation forms), once completed and signed off by all parties will be kept in the Residential office where all residential files are maintained. The forms will be maintained for a period of five years.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Treatment Services, Residential Group Manager and Residential Clinical Manger shall be responsible for the necessary in-services. The Residential Support Staff and Quality Assurance Staff will conduct periodic audits to assure records are maintained and are completed as required

Time Frame of Implementation

Immediate and sustained improvement is expected, not to exceed 11/1/2013.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #16

Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan (NSP)?

Findings

Authorizing implementation of NSP—Among 18 reviewed NSPs, 11 NSPs were not obtained CSW's signature timely to implement. One NSP is not applicable due to with the time frame of obtaining CSW's signature.

Corrective Action Plan

The completion of the NSPs will be done by the resident's social worker/therapist who will coordinate completion of all DMH, DCFS, Probation, and any other documents required in the care of the child. Further, staffs who contribute to the development of NSPs are expected to set reminders on their Outlook calendars. All NSPs will be time-stamped and submitted to the QA staff for review. Any corrections will require a timely turn-around prior to NSP due date. The completed, final document will be submitted to the Director of Residential Treatment Services, so that it may be faxed to the CSW in a timely manner. The fax transmittal will be kept on file.

An in service for all the social worker/therapists was conducted on Wednesday, October 9th to address the deficiencies noted in the audit and also to review the process and protocol for obtaining the CSW and/or PO signature(s). Timely submission of the NSP to the CSW and/or PO, to ensure that the CSW and/or PO has enough time to review, sign, and authorizes the implementation of the Needs and Service Plans was also reinforced. The timeframe for submitting the NSPs for review and correction to QA and the Residential Director was also reviewed. The final Needs and Service Plan will be submitted no later than 10 days after the last day of the reporting period.

All untimely submissions of Needs and Service Plans will be addressed by the Residential Clinical Manager, the Director of Residential Treatment Services, and reported to the Vice President of Clinical Services. Progressive discipline will be utilized when needed.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Treatment Services is responsible to ensure the timely submission and accurate content of the Needs and Service Plans. The Residential Clinical Manager is responsible for the content of the Needs and Service Plans for clinical and treatment goals, and the QA staff will be responsible for on-going audit of content and timeliness of submittal. The Residential Support Staff generates an on-line calendar of all Needs and Service Plans that are due each month. If an NSP has not been submitted for review, within the established timeframe, a reminder email will be sent informing the therapist, who is the primary coordinator for

completion of the NSP, that the Needs and Service Plan is due. The Residential Support Staff is responsible for faxing and tracking CSW returned signatures for the Needs and Service Plans. If a returned signature has not been sent by the CSW, 2 additional attempts will be made, totaling 3 attempts to obtain the CSW signature. All fax transmittals will be kept on file.

Time frame to improve

Immediate and sustained improvement is expected, not to exceed 11/1/2013.

Element #21

Are County workers contacted monthly by the Group Home (GH) and are the contacts appropriately documented in the case file?

Findings

Seven children's files were reviewed: six files did not include documentation of monthly contact with the children's DCFS CSW. .

Corrective Action Plan

1. A form entitled the *CSW Monthly Communication Log* was developed and approved by our DCFS monitor.

2. This form was to be utilized for each contact made by the Agency with the County Social Worker and/or Probation Officer.

3. The Residential Clinical Manager reinforced the policy and protocol for this form and its' documentation, at the Mental Health Meeting held on October 17, 2013.

4. Residential Support Staff and Assistant Director of Mental Health will ensure that this procedure is followed.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Treatment Services, the Residential Clinical Manager, the Residential Support Staff, and staff from the Quality Assurance Department.

Time Frame of Implementation

Immediate and sustained improvement is expected, beginning 11/1/13.

Element #23 and #24

Did the treatment team develop timely, comprehensive *initial* Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child?

Did the treatment team develop timely, comprehensive *updated* Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child?

Findings

1) Eleven updated NSPs were reviewed. Although the NSPs were timely, they were not comprehensive.

2) Seven initial NSPs were reviewed. The NSPs were timely; however, five were not comprehensive.

Corrective Action Plan

1) The Group Home representatives attended the OHCMD's NSP Refresher Training on August 1, 2013.

2) In efforts to ensure the development of comprehensive Needs and Service Plans, a refresher NSP in-service training was provided for all social wokers/therapists, the residential support staff, and Residential Clinical Manager on October 9th, 2013 (In-service log attached).

During this meeting, it was stressed that Needs and Service Plans must be detailed and comprehensive, goals must be *SMART* (specific, measurable, attainable, result-oriented, and time limited), and that the methods used to attain stated goals, must be consistent with the stated identified treatment goal. Also discussed, was the inclusion of concurrent permanency treatment goals, detail SIRs information and ILP information to be included in to NSPs. A key points outline and breakout of where information on key sections of the NSP is obtained was also given out. The clinicians were instructed to consult with the CSW and/or PO, regarding the case plan goal, concurrent case plan goal, and plans toward permanency. Clinicians were informed that if there is a concurrent case plan goal, it must also be established in the Identified Treatment Needs Goals, in addition to the permanency goal. Lastly, the coordinating clinicians were reminded that the goals identified must be shared at the monthly case conferences.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Treatment Services is responsible for the accurate content of the Needs and Service Plans. The Residential Clinical Manager is responsible for the content of the Needs and Service Plans for clinical and treatment goals. The Ancillary Services Manager is responsible for assuring goals are clearly discussed during case conferences.

The QA staff will be involved in conducting regular audits to assure timely and comprehensive completion of the NSPs. All untimely and/or non-comprehensive submissions of Needs and Service Plans will be addressed by the Director of Residential Treatment Services and Residential Clinical Manager, and reported to the VP of Clinical Services. Progressive disciplinary action will be utilized when needed.

Time frame to improve:

Immediate and sustained improvement is expected, not to exceed, 11/1/2013.