County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

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February 10, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

JUNIOR BLIND OF AMERICA GROUP HOME CONTRACT COMPLIANCE REVIEW AND FISCAL ASSESSMENT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review and a Fiscal Compliance Assessment of Junior Blind of America (the Group Home) in May 2015. The Group Home has one site located in the Second Supervisorial District and provides services to County of Los Angeles DCFS placed children and to children placed by the regional center. According to the Group Home's program statement, its stated purpose is "to enhance the lives of students with visual impairment/multiple disabilities and/or medically fragile by providing them with the means to achieve maximum independence."

The Group Home maintains a 40-bed residential site and is licensed to serve a capacity of 40 girls and boys, ages 6 through 17. At the time of the review, the Group Home served 27 placed DCFS children. The children's overall average length of placement was 13 months and their average age was 15.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an agency-wide review of the Group Home's financial records, such as financial statements, bank statements, check register, and personnel files to determine their compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 3 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; and Payroll and Personnel.

CAD noted deficiencies in the areas of: Board of Directors and Business Influence, related to the Board meeting minutes not being certified; and Cash/Expenditures, related to a check made payable to the check signer without a second signature, bank reconciliations being prepared by an employee with cash handling responsibilities, bank reconciliations with outstanding items older than six months, and an incomplete fixed asset inventory list.

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe; 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 compliance with 7 of 10 areas of CAD's Contract Compliance Review: Facility and Environment; Education and Workforce Readiness; Heath and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to Special Incident Reports not being submitted timely, and Community Care Licensing Division (CCL) citations; Maintenance of Required Documentation and Service Delivery, related to not maintaining documentation of contacts with County Children's Social Workers, and initial and updated Needs and Services Plans not being comprehensive; and Personnel Records, related to staff files lacking documentation for required staff training.

Attached are the details of our review.

REVIEW OF REPORT

On May 17, 2015, Tony Curry, DCFS CAD, and DCFS Out-of-Home Care Management Division (OHCMD) staff Aiyanna Rios, held an Exit Conference with Group Home representatives: Barry Feinberg, Vice President of Children's Services; Corina Casco, Associate Vice President of Children's Services; Lisa Dozier, Director of Children's Services; Jay Allen, Chief Operating Officer; Jackie Prophett, Director of Nursing; and Joanne Olalia, Residential Therapeutic and Administrative Supervisor. On June 2, 2015, Luis Moreno, DCFS CAD Fiscal held the Fiscal Exit Conference with Kami Mann, Chief Financial Officer, and Noemi Vasquez, Director of Contracts and Compliance.

The Group Home representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve compliance with regulatory standards, and to addressing the noted deficiencies in a Fiscal Corrective Action Plan (FCAP) and a Compliance Corrective Action Plan (CAP).

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

The Group Home provided the attached approved FCAP and CAP addressing the recommendations noted in this report. CAD conducted follow-up visits on September 21, 2015 and October 20, 2015, to assess the Group Home's implementation of their CAP.

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

PLB:EM:LTI:tc

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Barry Feinberg, Vice President of Children's Services, Junior Blind of America
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

JUNIOR BLIND OF AMERICA
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014–2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included review of Junior Blind of America's (the Group Home's) financial records for the period of July 1, 2013 through February 28, 2015. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 3 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Board of Directors and Business Influence

- The Group Home's Board of Directors did not meet at least every three months; they met on June 18, 2014, October 15, 2014, and January 21, 2015. In addition, the Board meeting minutes were not certified by the Board Secretary.

The Board had five meetings during the fiscal year and did not meet during the summer.

Recommendations:

The Board of Directors shall ensure that:

1. The Board of Directors conducts quarterly meetings and the Board meeting minutes are certified by the Board Secretary.

Cash/Expenditures

- A check was payable to the authorized check signer.

A check in the amount of $301.28 was made payable to the authorized check signer.

- Bank Reconciliations are prepared by someone without cash handling responsibilities.

Bank Reconciliations are prepared by the same Staff Accountant that makes deposits and posts to the cash disbursements journal. This was due to a vacant Staff Accountant position, which the Group Home plans to fill by July 31, 2015. In the meantime, the Director of Accounting has identified other staff to handle this task.

- Bank Reconciliations showed outstanding items for longer than six months.

The Bank Reconciliations for the months of December 2014, January and February 2015, showed outstanding items for longer than six months.

- The Group Home did not maintain a fixed asset inventory with the acquisition date and cost, serial number, and funding source.

The Group Home's fixed asset inventory includes the building location, room number, category, item description, color, model name, tag number identification, date inventory, and assigned person. The Vice President of Operations and Human Resources will have a list with the required information by September 30, 2015.

Recommendations:

The Group Home's management shall ensure that:

2. Checks payable to the authorized check signer are reviewed and approved by a different authorized check signer.

3. Bank Reconciliations are prepared by someone with no cash handling, or check writing responsibility.

4. The reconciliation of items is resolved timely.

5. A fixed asset inventory list is maintained that includes the item description, serial number, date of purchase, acquisition cost and funding source.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent fiscal review report has not been posted by the Auditor-Controller.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2015-2016.

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 191800260
Rate Classification Level: 12

	Contract Compliance Review	Findings: May 2015
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. Full Compliance
	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. Full Compliance
	8. Detailed Sign In/Sign Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	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. Full Compliance
	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/Progress Reports Maintained 4. Children's Academic Performance and/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)	Full Compliance (All)

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
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 the 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. FBI, DOJ, and CACI 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

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the May 2015 review. The purpose of this review was to assess Junior Blind of America's (the Group Home's) 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 compliance 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, seven Department of Children and Family Services (DCFS) placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two of the seven sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not timely submitted.

CAD reviewed a total of 27 SIRs. The Group Home did not submit SIRs for 18 incidents. The Group Home therapists/case managers maintained those 18 internal reports within the case plan for 4 of 7 sampled children. Those internal reports were not reported in accordance with the SIR reporting guidelines.

- Community Care Licensing (CCL) citations.

CCL cited the Group Home as a result of deficiencies and findings in a complaint received on March 13, 2014. According to the report dated July 3, 2014, CCL substantiated the complaint against the Group Home for neglect and lack of supervision of a youth. The school called the Group Home to pick up a child, but Group Home staff did not pick up the child until three hours later. CCL requested a Plan of Correction (POC), which required that the Group Home provide training to their staff on how to respond to calls from the school requesting pick-up services for the children. The Group Home Director conducted the training on July 9, 2014. The POC was cleared by CCL on August 28, 2014.

Recommendations:

The Group Home's management shall ensure that:

1. SIRs are submitted timely and appropriately cross-reported in accordance with the SIR reporting guidelines.

2. The Group Home is in compliance with Title 22 regulations and free from CCL citations.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's (CSW's) monthly contact was not documented.

The treatment team did not maintain dates of CSW contacts within the case plans as required for 3 of 7 sampled cases.

- Timely, comprehensive initial Needs and Services Plans (NSPs) with the child's participation were not developed.

The treatment team did not develop timely and/or comprehensive initial NSPs with the participation of age-appropriate children in 4 of 7 sampled cases. Additionally, the NSPs did not have proper CSW signature/approval for implementation.

- Timely, comprehensive updated NSPs with the child's participation were not developed.

The treatment team did not develop timely and/or comprehensive updated NSPs with the participation of an age-appropriate child in 1 of 7 sampled cases. Additionally, the NSPs were incomplete, and did not have proper CSW signature/approvals for implementation.

Recommendations:

The Group Home's management shall ensure that:

3. County CSW's monthly contacts are documented

4. Timely and comprehensive initial NSPs are developed with the child's participation.

5. Timely and comprehensive updated NSPs are developed with the child's participation.

Personnel Records

- Employees did not meet training requirements.

3 of 5 sampled employees did not complete all required training. Specifically, one sampled staff did not have initial or required annual child abuse training; another did not have current cardiopulmonary resuscitation/First Aid training; and a third employee did not have current emergency intervention training.

Recommendation:

The Group Home's management shall ensure that:

6. Employees meet training requirements.

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

The CAD's last compliance report dated April 16, 2015, identified 34 recommendations.

Results:

Based on CAD's follow-up, the Group Home implemented 28 of the 34 recommendations for which the Group Home was to ensure:

- All vehicles are maintained in good repair.
- Detailed sign-in and sign-out logs for placed children are maintained.
- Adequate perishable and non-perishable foods are maintained.
- The County CSW's authorization is obtained to implement NSPs.
- All NSPs are discussed with Group Home staff and implemented.
- Children are progressing toward meeting their NSP case goals.
- Children receive all recommended therapeutic services.
- Recommended assessment/evaluations are implemented.
- Children are assisted in maintaining important relationships.
- Children attend school and that their educational goals are facilitated.
- Copies of report cards are maintained.
- Children's school attendance and academic performance is increased.
- Eligible children to participate in Youth Development Services and/or vocational programs.
- Current Court authorization for the administration of psychotropic medication is obtained.
- Current psychiatric evaluation reviews are conducted.
- All children are informed of the Group Home's policies and procedures.
- All children feel safe.
- Staff treats children with respect and dignity.
- An appropriate rewards and discipline system is maintained.
- Children are free to attend or not attend religious services and activities.
- Chores are reasonable.

- Children are informed about their medication and their right to refuse medication.
- Children are free to receive or reject voluntary medical, dental, and psychiatric care.
- Children are given the opportunities to plan activities in extra-curricular, enrichment, and social activities (Group Home, School, and Community).
- Children are given the opportunities to participate in extra-curricular, enrichment, and social activities. (Group Home, School, and Community).
- All staff meets the education/experience requirement.
- All employee health screenings/Tuberculosis (TB) clearances are conducted timely
- It documents that all Group Home staff receive all agency policies and procedures upon hire.

The Group Home did not implement 6 of the 34 recommendations for which the Group Home was to ensure:

- All SIRs are submitted timely and appropriately cross-reported.
- The Group Home is in compliance with Title 22 regulations and free from CCL citations.
- Monthly contacts with the County CSW's are documented.
- Timely and comprehensive initial NSPs are developed with the child's participation.
- Timely and comprehensive updated NSPs are developed with the child's participation.
- All required training is provided to staff.

7. The outstanding recommendations from the 2013-2014 compliance report dated April 16, 2015, which are noted in this report as recommendations 1,2,3,4,5, and 6 are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 regulations and contract requirements. CAD will continue to assess implementation of the recommendations during the next monitoring review. The Out-of-Home Care Management Division will provide ongoing technical assistance prior to the next review.

On September 21, 2015 and October 20, 2015, CAD conducted follow-up visits to assess the Group Home's compliance with its new protocol. The Group Home representative stated that all required training was being provided to staff to ensure that initial and updated NSPs are developed timely and comprehensively, that all contacts with County CSWs are documented and staff are provided required training.

JUNIOR BLIND OF AMERICA

June 15, 2015

Luis Moreno
Fiscal Compliance Administrator
County of Los Angeles
Department of Children and Family Services
Bureau of Contracts Services
3530 Wilshire Blvd, 5th Floor
Los Angeles, CA 90010

Reference: Fiscal Review of Junior Blind of America
Response to Audit Findings from the County of Los Angeles Department of Children and Family Services Fiscal Compliance Assessment
Group Home Foster Care (Children's Residential Program) 2014-2015

Dear Mr. Moreno:

In response to your findings during the fiscal review of Junior Blind of America, following please find our corrective action plans.

PLAN OF ACTION FROM JUNIOR BLIND OF AMERICA

1. **Finding**: The Agency's Board of Directors did not meet at least every three months; they met on 06/18/2014, 10/15/2014 and 1/21/2015. Also, the board minutes were not signed by the Board Secretary.

   Corrective Action Plan: Junior Blind would like to note that the agency will have held five Board of Directors meetings in fiscal year 2014-2015 as of the June 17, 2015 Annual Board of Directors Meeting. As per our discussion, in addition to our four quarterly Board Meetings, Junior Blind will have one committee meeting every three months. In addition, effective immediately, the Executive Assistant for the CEO will ensure that going forward the Board minutes are signed by the Board Secretary, when approved.

2. **Finding**: On 02/10/2015 an expenditure reimbursement check in the amount of $301.28 for Carmen Garcia was payable to the authorized check signer without a second signature.

   Corrective Action Plan: Junior Blind will ensure going forward that in the instance the payee is also the check signer; the disbursement will be reviewed and approved by a different authorized check signer.

3. **Finding**: Bank Reconciliations are prepared by the same person that makes deposits and posts cash disbursements.

   Corrective Action Plan: Junior Blind will ensure that Bank Statements are received and reconciled by someone with no cash handling responsibilities. As mentioned in the site visit, Junior Blind was short-staffed and currently the Director of Accounting has made staff accommodations; however, the Director of Accounting and CFO are in the process of filling the vacant staff accountant position which we anticipate to fill by July 31, 2015. This staff person will have these responsibilities.

4. **Finding**: The bank reconciliations for December, January and February showed outstanding items for longer than six months.

   Corrective Action Plan: As mentioned in the site visit Junior Blind was short-staffed. Moving forward Junior Blind will continue to ensure that all outstanding/unclaimed checks are cancelled periodically.

5. **Finding**: The fixed assets list does not include dates of purchase, acquisition cost, serial number and funding source. The list included item description.

   Corrective Action Plan: Junior Blind and the VP of Operations and Human Resources have developed and are implementing a policy and procedure that requires all fixed assets to be inventoried on an annual basis. The annual inventory schedule will be detailed, including a description of the items as stated in the A-C Handbook. The schedule of the inventory list will be completed by the VP of Operations and Human Resources by Sept 30, 2015.

The changes mentioned above are being implemented with immediate effect. The CFO, The Director of Accounting and the VP of Operations and Human Resources will supervise and monitor these changes.

Thank you and, if you have any further questions, please do not hesitate to contact me at (323) 295-4555 ext. 216.

Sincerely,

Kami Mann
Senior VP of Finance/CFO

cc: Miki Jordan-President/CEO JBOA

JUNIOR BLIND OF AMERICA

September 14, 2015

Tony Curry

Children Services Administrator 1

Contracts Administration Division

Department of Children and Family Services

3530 Wilshire Blvd., 4th Floor

Los Angeles, CA 90010

Junior Blind Corrective Action Plan (CAP)

This letter is in response to the Junior Blind's Group Home Monitoring Performance Review Results from June 2015 and revisions requested on 8/5/15. The following is the Corrective Action Plan to address noted deficiencies:

Final Monitoring Review Field Exit Summary 6/25/15

I. Licensure/Contract Requirements

#4 A re all Special Incident Reports (SIRs) appropriately documented and cross reported timely?

Finding #1: 4 of the residents had SIR's in the file that were not documented on ITrack.

CAP

Of the 4 ITracks identified the system did not automatically populate the CSW's information and/or automatically send upon submission. The CSW's were all notified via phone of the incident.

To address this issue when submitting SIR's via ITrack and the system will not allow staff to input or automatically populate the assigned CSW's information, staff will

contact the CSW via telephone and fax the itrack to them for their records. This information will be provided in an addendum. Additionally, the staff will contact the Help Desk to address the technical issue and once resolved will provide an additional addendum addressing how the issue was resolved.

#9 Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since last review?

Finding #2: One substantiated CCL citation filed on July 3, 2014

CAP

Director conducted training for supervisors to provide refresher on Mental Health Protocol in both the group home and school settings. The following is the protocol related to school settings if a resident is experiencing a mental health issue in the school setting, such as immediate threat of suicide and/or suicidal ideation:

- The school will have their staff conduct a safety assessment, if there is imminent danger they should contact PMRT or 911
- After assessment the school should contact the assigned therapist/case manager to make them aware of the situation
- If they are unable to reach the therapist/case manager they are to contact the Director of Residential Services or the Associate Vice President of Children's Services.
- Once Junior Blind has been made aware the therapist will follow up with the hospital and send staff if necessary to the emergency room to remain with the resident until a bed has been found.

The supervisors will ensure that they are following the protocol and effectively communicating with school staff when an issue arises with one of our residents in the school setting to aid in working cooperatively and meeting the needs of the resident.

III. Maintenance of Required Documentation and Service Delivery

#21Are County workers contacted monthly by the GH and are contacts appropriately documented in the case file?

Finding #3: Of the 7 residents reviewed, 1 NSP did not include contact dates between JBA Staff and CSW and 2 initial NSP's did not include contact dates between JBA Staff and CSW.

JUNIOR BLIND OF AMERICA

CAP
Therapist/Case Managers need to have at minimum one monthly contact with CSW. There needs to be at least 3 dates of contact for the quarterly NSP, one for each month of the quarter. Director of Children's Residential will ensure that all three dates are on the NSP's before being presented to the CSW for approval and signature.

Therapist/Case Managers will document dates and nature of the contact in the file to ensure accuracy and supporting documentation for NSP.

#23 Did treatment team develop timely, comprehensive, Initial Needs and Services Plans {NSP) with the participation of the developmentally age appropriate child?

Finding #4: Of the 7 residents reviewed, 4 had initial NSP's that were completed late.

CAP
An additional case manager has been hired to aid in the timely and comprehensive completion of NSP's. The residents within the group home have now been evenly distributed among the two case managers to allow for better oversight to meet the needs of the residents and timely completion of NSP's.

#24 Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age appropriate child?

Finding #5: Of the 7 residents reviewed, 1 resident had a quarterly NSP completed late.

CAP
An additional case manager has been hired to aid in the timely and comprehensive completion of NSP's. The residents within the group home have now been evenly distributed among the two case managers to allow for better oversight to meet the needs of the residents and timely completion of NSP's.

If you have any further questions please feel free to contact me at 323/295-6391or email at ldozier@juniorblind.org.

Sincerely,

Lisa Dozier, LMFT

Lisa Dozier, LMFT
Director of Children's Residential Program