County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 25, 2016

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

From: Philip L. Browning
Director

HILLSIDES GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Hillsides Group Home (the Group Home) in January 2015. The Group Home has three sites located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation placed youth. According to the Group Home's program statement, its stated purpose is "to stabilize children, to re-educate the families and reunify children with their families as soon as possible."

The Group Home has a 50-bed site, two 6-bed sites and is licensed to serve a capacity of 62 male and female children, ages 6 through 18. The facility also serves Non-Minor Dependents. At the time of review, the Group Home served 39 DCFS placed children as well as, children from various counties. The placed children's overall average length of placement was six months and their average age was 15.

SUMMARY

During CAD's Contract Compliance 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 dignity and respect.

The Group Home was in full compliance with 5 of 10 areas of our Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citation; Facility and Environment, related to the children's bedrooms not being well maintained, and adequate perishable and non-perishable foods not maintained; Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining the Children's Social Worker's authorization to implement the Needs and Service Plans (NSPs), children not progressing toward meeting the NSP goals, County workers not contacted

monthly, and the updated NSPs not being developed timely; Personal Rights and Social/Emotional Well-Being, related to half of the children sampled reporting the food was not "good" and had no flavor, one child reporting not being free to attend religious services, a child was not aware of their right to refuse medication, non-emergency medical, dental and psychiatric care and not being allowed an opportunity to plan age-appropriate extracurricular activities; and Personal Needs/Survival and Economic Well-Being, related to children's clothing inventories not being of adequate quantity and quality.

Attached are the details of our review.

REVIEW OF REPORT

On February 19, 2015, Chinelo Maduike, Christopher Jarosz, DCFS CAD, and Kirk Barrow, Out-of-Home Care Management Division held an Exit Conference with Hillsides Group Home's representatives: Stacey Roth, Chief Program Officer; Paul Hodgdon, Director Residential Clinical Services; Marisol Lara, Quality Assurance Specialist; Tom Johnson, Director of Program Services; Toni Aikins, Quality Assurance Director; and Rani Mammen, Clinical Supervisor. The Group Home's representatives were in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve compliance with regulatory standards and prepared 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 CCL.

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

OHCMD provided technical assistance to the Group Home on April 21, 2015, to assist the Group Home with implementing their CAP. CAD conducted a follow-up visit to the Group Home on June 10, 2015, to verify implementation of the Compliance CAP.

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

PLB:EM:LTI:cm

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
Joseph M. Costa, Chief Executive Officer, Hillsides
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

HILLSIDES GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 191200313
Rate Classification Level: 12

License Number: 191290639
Rate Classification Level: 12

License Number: 191200838
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: January 2015**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	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	1. Full Compliance
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed
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. Improvement Needed
	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 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Full Compliance 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Improvement Needed

	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)	11. Improvement Needed 12. Improvement Needed 13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

HILLSIDES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the January 2015 review. The purpose of this review was to assess Hillsides' (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 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, seven placed children were selected for the review. 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, five of 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 Group Home 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

CAD found the following five areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citations.

CCL cited the Group Home as a result of deficiencies and findings noted during an unannounced annual/random visit on the Group Home on August 8, 2014. According to the report dated August 8, 2014, their licensing staff observed uncovered garbage bins in the Redwoods, Arroyo, Tradewinds, and Family cottages. The Group Home did not have tight-fitting covers for the containers used to store soiled items.

CCL requested a Plan of Correction (POC), which required that the Group Home provide covers for the opened garbage bins by August 19, 2014. The Group Home submitted a POC to CCL on August 19, 2014, stating that they have corrected the citations and lids were restored on the garbage bins. CCL cleared the citation on August 20, 2014.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 regulations and free of CCL citations.

Facility and Environment

- The children's bedrooms were not well maintained.

The Group Home's Redwood cottage had a foul smell in one of the children's rooms. Additionally, 2 of 3 rooms inspected the first day did not have complete sets of bedding on the beds.

The Group Home representatives stated that the cottage was in the process of their morning cleaning. The inspection was conducted in the mid-morning hours. Upon re-inspection of the cottage the next day, the cottage was observed to be free of the foul smell and all the children's rooms had adequate bedding.

A site visit to the Girls' satellite home on January 29, 2015, determined that one of the bathrooms attached to a bedroom in the home had "lukewarm" water in both the sink and shower. This was brought to the Group Home staff's attention and she indicated that she would contact their maintenance staff to initiate an immediate repair.

On February 4, 2015, the house manager sent email verification confirming that the bathroom issue had been fixed. CAD re-inspected the home on February 19, 2015, and both the bathroom sink and shower had hot water.

- Adequate perishable and non-perishable foods were not maintained.

Although the Group Home had sufficient and adequate food supply and storage, one of the cottages had a few expired cans of food. The Group Home's Redwood cottage had two baking soda cans beyond the "best if used by date" of 2012 and 2013, respectively. The cottage also had cornstarch and four cans of food with an expiration date of 2013.

This was immediately brought to the Group Home's attention and staff discarded the expired cans during the compliance review. The Group Home program director indicated that the cottage supervisor would conduct monthly checks to ensure that overnight staff is following the Group Home's food protocol. On May 6, 2015, CAD verified that the Group Home is utilizing their new monthly food check protocol.

Recommendations:

The Group Home's Management shall ensure that:

2. The children's bedrooms are well maintained.

3. The Group Home has adequate perishable and non-perishable food.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker (CSW) authorization to implement Needs and Services Plans (NSPs) was not obtained.

In 6 of 15 NSPs reviewed, the Group Home did not timely obtain the CSW's authorization to implement the NSP. Three NSPs were sent late to the CSW for authorization. Three other NSPs, had email requests that were sent after the due date; the NSPs were subsequently signed late by the CSW.

- Children not progressing toward meeting NSP case goals.

One sampled child was not progressing towards meeting the NSP case goals. In one scenario, the child was expelled from school and had not been in school for a month. This was brought to the Group Home's attention and the Group Home representatives indicated that the child's mother holds the educational rights and has refused to sign for the child to be enrolled in the recommended school. The Group Home did not make alternative arrangements to meet the child's educational needs.

During the Exit Conference, the Group Home representatives informed CAD that the mother eventually signed the paperwork and the child was now enrolled in school and was attending school.

- County Children's Social Workers Monthly Contacts were not documented.

In 3 of 7 files reviewed, the County CSWs monthly contacts were not documented in the case file and not included in the NSPs.

- Development of updated NSPs with child's participation was not timely.

Although the updated NSPs were developed, they were not signed by the children. In 3 of 14 updated NSPs reviewed, it was determined that they were not developed timely with the participation of the developmentally age-appropriate children. Additionally, the children signed late and/or the dates were missing.

During the Exit Conference, the Group Home representatives stated that they would ensure that all CSW contacts are documented in the NSPs. In addition, they will ensure that all NSP signature requests are documented and sent timely and the efforts made to contact the CSWs would be documented in detail. The Group Home staff will provide additional training to the staff responsible for preparing the NSPs.

After the review period, a new protocol was implemented to ensure that all parties are involved in the creation of goals and treatment plans. The Group Home will have age appropriate children and designated staff sign on or before the due date to give time for the CSW to review and send a signed copy for implementation. On May 6, 2015, CAD conducted a follow-up visit and verified that the Group Home had implemented their new protocol. On June 10, 2015, CAD again conducted a follow-up visit and reviewed six updated NSPs, which were completed accurately.

Recommendations:

The Group Home's Management shall ensure that:

4. County CSW's authorization to implement NSP is obtained.

5. The children are progressing toward meeting their NSP case goals.

6. DCFS CSW's monthly contacts are documented.

7. All updated NSPs are developed timely and include the child's participation.

Personal Rights and Social/Emotional Well-Being

- Group Home does not provide nutritious meals and snacks.

Three children who were interviewed stated that the food served at the Group Home was not good and had no flavor. One child stated that the staff does not eat the food. One child requested that the Group Home offer an alternative food selection to the main dish. This was brought to the attention of the Group Home staff, who agreed to increase the dinner menu options. The Group Home reported there are several menu options for breakfast and lunch.

- Children not allowed to attend religious services/activities.

One child sampled disclosed during an interview that he is not free to attend the religious services of his choice.

During the Exit Conference, the Group Home representatives indicated that the children's safety is a priority for the Group Home. The children placed at this Group Home have behavioral challenges and are not able to be in the community alone. This child requested to pray alone in a specific church, where the children in the Group Home have not received a warm welcome. The Group Home stated that their Chaplin would assist the children in arranging to attend prayer and church services.

- Children not informed about their right to refuse medication.

A child indicated that he was not informed about his right to refuse medication.

- Children not free to receive or reject voluntary medical, dental and psychiatric care.

A child stated that he is not aware of his right to receive or reject voluntary medical, dental, and psychiatric care.

- Children are not given opportunities to plan activities in extra-curricular, enrichment and social activities.

A child disclosed during an interview that he is not given opportunity to participate in planning activities.

Recommendations:

The Group Home's Management shall ensure that:

8. Children are provided nutritious meals and snacks.

9. Children are free to attend religious services/activities of their choice.

10. Children are informed about their medication and rights to refuse medication.

11. The children are free to receive or reject voluntary medical, dental, and psychiatric care.

12. Children are given an opportunity to plan activities.

Personal Needs/Survival and Economic Well-being

- Ongoing clothing inventories were not of adequate quantity and quality.

One sampled child's clothing inventory was not adequate in quantity and quality. The child only had T-shirts and four sweat pants. He was missing jeans, dress pants and dress shirts. CAD sampled another child's clothing inventory and he was also missing some clothing articles. This child only had one pair of jeans and one pair of oversized dress pants. He was also missing under garments, socks and shirts. This was immediately brought to the attention of the Group Home representatives and they indicated the children were scheduled for clothing shopping.

On February 4, 2015, the Group Home representatives sent email verification with an attachment of the children's updated clothing inventories and clothing purchase receipts showing that both children have adequate clothing. On February 19, 2015, CAD conducted a follow-up visit with the Group Home and re-inspected the children's clothing inventory, which determined that the children had an adequate quantity and quality of clothing.

Recommendation:

The Group Home's Management shall ensure that:

13. The children's ongoing clothing inventories are of adequate quantity and quality.

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

CAD's last compliance report, dated August 26, 2015, identified eight recommendations.

Results

Based on CAD's follow-up, the Group Home fully implemented 4 of 8 recommendations for which they were to ensure that:

- Children are enrolled in school within three school days.
- Children's academic performance is increased.
- An appropriate rewards and discipline system is in place.
- The children receive encouragement and assistance with maintaining a Life Book/Photo Album.

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

- The Group Home is in full compliance with Title 22 regulations and free of CCL citations.
- The County Children's Social Worker's authorization is obtained to implement the NSP.
- The Group Home makes effort to provide nutritious meals and snacks.
- Children are informed about their medication and their right to refuse the medication.

Recommendation:

The Group Home's management shall ensure that:

13. The outstanding recommendations from the 2014-2015 monitoring report dated August 26, 2015, which are noted in this report as recommendations 1, 4, 8, and 10 are fully implemented.

During the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 regulations and contract requirements. The Group Home director of clinical residential services will ensure that staff is trained in the importance of ensuring initial and updated NSPs are developed timely. The Group Home director of program services will ensure that the Group Home meets all residential requirements for the safety and well-being of the children placed in their homes.

On June 10, 2015, CAD conducted a follow-up visit and reviewed six updated NSPs. It was determined that the Group Home was in full compliance with timely NSP development and participation of the age-appropriate children and the staff in the sample. For 3 of 6 updated NSPs reviewed, CSW signatures were late and there was no documentation of the Group Home's attempts to obtain the CSW's signature. The Group Home was advised to fully implement their updated protocol. CAD will visit the Group Home to verify that the recommendations noted in this compliance report have been implemented during upcoming reviews. The Out-of-Home Care Management Division will provide the Group Home with support and technical assistance prior to the next review.

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July 28, 2015

Chinelo Maduike, MSW
Children Service Administrator I
Contracts Administration Division-Compliance Section
3530 Wilshire Blvd, 4th Floor
Los Angeles, Calif. 90010

Hillsides' 2015 Group Home Monitoring Review

I would like to submit the following Corrective Action Plan in response to the findings noted in the review.

I. Licensure/ Contract Requirements, #9

In response to the finding that three cottages had uncovered garbage cans, new cans were purchased with better secured lids. Housekeeping, maintenance and cottage staffs have been instructed to check to ensure the lids are securely fastened on top of the garbage cans after each use. Also staff has been asked to report any missing lids immediately to the Maintenance Supervisor who is responsible for maintain this procedure moving forward.

11. Facility and Environment, #s 10, #12 and #14

In order to prevent broken or unused items such as bikes, toys, etc., from accumulating around the cottages and other program areas, Cottage Supervisors have been asked to check the grounds weekly, and remove objects no longer in use and/or place in secure , designated areas around the property. Redwood Cottage was inspected at around 10:30 during the daily AM cleaning. Cottage was in disarray, with linen being changed and washed, as three staff worked to clean the bedrooms and the common areas. Most of the residents of the cottage are enuresis , and encopresis.. This results is unpleasant smells for a period of time in the morning as the soiled bedding is removed, sanitized and washed. While this daily routine is required, we will continue to try to complete it as fast as possible and minimize the impact on the environment.

As noted in the summary, the hot water at Girl's Satellite Home has been adjusted and remains at a comfortable temperature, this will continue to be maintained by our maintenance dept by checking water temperatures weekly.

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Purchase and expiration dates are noted on the perishable food containers, and rotated and discarded by overnight staff. Cottage Supervisors will check monthly to ensure that this procedure is being followed.

III. Maintenance of Required Documentation and Service Delivery, #s #16, #21 & #24

In the Hillsides' Residential Treatment Department we have implemented some procedures to make sure that Needs and Services Plans are completed and signed by all necessary parties in a timely manner. We now require that all NSPs be completed and turned into the Social Worker's Supervisor one week prior to the plan being due. This allows the plan to be approved, and for any revisions to be done before the due date. We have implemented a Master Tracking Excel spreadsheet that lists all of our active clients, the quarterly due dates for their NSPs, the date the plan is completed and approved, and the date all relevant signatures are obtained. Finally, we have returned to using a simple form called an employee Work tracker that is updated monthly by each Social Worker. The Work tracker lists each of their clients, the intake date and quarterly dates that NSPs are due, and a column for them to check when the plans are completed. This document is shared and discussed with their supervisor each month. The NSPs are being e-mail in an encrypted format to the respective DCFS County social worker assigned to the case for the clients of Hillsides. Addendum 6/10/15 – Our Treatment Services department Administrative Assistant has taken over managing our Master Tracking Excel Spreadsheet. In addition to keeping the spreadsheet updated, she/he will also:

1. Send a list of any overdue NSPs by the first day of each month to all Residential Social Workers and their supervisors
2. Send a list of all NSPs that are due for the coming month, and the date they are due
3. Include a list of all NSPs that have been completed, but for which we still have not obtained a CSW signature

These lists will help us to stay on top of all NSPs that are due, and to continue to make efforts to get CSW signatures when necessary.

Finally, for NSPs where we are unable to obtain a CSW signature by the date they are due, we will start e-mailing the NSPs to the DCFS CSW by the day they are due, and we will send 2 more follow up e-mails during the following 5 day period, to show that we are making every effort to get the signature. We will then print these e-mail reminders and attach them to the back of the NSP signature page in the chart. After the 5-day period we will continue to use

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she/he list mentioned above to have our Residential Social Workers reach out to the DCFS CSW to get their signature and approval.

IV. Personal Rights and Social/Emotional Well-Being, #s 43, 45 and 46

In response to clients' complaints about food, we will develop an alternative dinner menu (alternatives are already available at breakfast and lunch) on a weekly basis to offer more choice. Due to the acuity of their disturbance children here under 17 are not typically in the community unescorted. Going to a place of worship to pray or attend services would always involve an adult – staff, parent, approved congregant, etc. This client's request was to pray alone at a nearby church where our children are not welcome. Hillsides' Chaplain can help arrange opportunities for children to pray and attend the services of their choice, as some residents do currently. The issue of children reporting that they are not informed of their right to refuse meds and medical/dental treatment came up in the previous year's exit summary. In that CAP, we described a series of steps already in place to guarantee that children were informed, including at intake, in writing on a form signed by their representative, at nursing intake, by the prescribing psychiatrist, and by nursing staff when they actually refuse a med or a medical appointment. Instances of children refusing meds or appointments are a regular occurrence, and there are no negative repercussions for these refusals. It is hard to think of what else would ensure that children would answer this question correctly when asked. We are reluctant to take more drastic steps, such as advising them every time they are scheduled to take meds or go on an appointment that they have the right to refuse, as this could be seen as undermining efforts to gain compliance with health care interventions.

As to planning activities, clients sign off on the Childrens' Rights form, assuring them in two places that they have the right to activities they want to choose. Children have a voice in meetings such as Child and Family Team meetings, and the Quality Assurance meetings, where individual and group activity planning occurs. They sign up for clubs that offer a variety of leisure time choices. In cottage meetings, children vote on outings, as during Spring Break, when each group chose the theme park they want to visit. Children are asked about their interest in individual activities by treatment, re-hab and TBS staff. They all have the opportunity to choose from a wide array of community-based programs. To help ensure that children understand that they have the right to participate in activity planning and choosing individual activities for themselves,

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we will emphasize these items in the Children's Rights form at intake. Hillsides' Intake Coordinator is responsible for these tasks mentioned above.

V. **Personal Needs/Survival and Economic Well-Being, #s 50 and 55**

Cottage Supervisors will go over the amount of money allocated for clothing purchases, on going balances and actual expenditures.

Clothing inventories are completed at intake, quarterly, as needed, following transfer to another unit at Hillsides and at discharge. As this system may fail to address more immediate deficiencies, staff will be asked to help the children inventory their clothing monthly, and shop immediately to meet the children's needs and comply with the DCFS standard. Cottage Supervisors are responsible.

As noted during the review, the youngster who said that he didn't have a life book actually had a quite extensive life book due to his length of stay. Over the years, he and his therapists accumulated numerous items to include. Life books are kept in the therapists' offices to prevent loss or damage. This may have decreased his awareness of his life book. We will ask therapists to periodically include the life book in individual sessions. Clinical staffs are responsible. Hillsides' Treatment Services Supervisor is responsible for these tasks assigned.

Please contact me if I can provide further information.

Sincerely,

LCSW

James Gibson III, LCSW
Divisional Director, Campus Based Services

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Corrective Action Plan Addendum
In response to Group Home Monitoring Review of 2/19/15
9-28-15

III. Maintenance of Required Documentation and Service Delivery

#18. This is in response to the finding that child #6 had not been in school for a month at the time of the monitoring review visit. This situation occurred due to the following events.

1. The child was suspended from Muir High School, a public school in Pasadena
2. Following the suspension, a meeting was held in which the child was told he could not return to Muir High School. The Pasadena School District offered for him to attend their continuation school, Focus Point Academy.
3. The child did not want to attend Focus Point, the child's mother (Ed Rights holder) supported his decision, and the Hillside's Educational Liaison and the child's therapist, also felt that this would not be a good placement for client, due to concerns about his safety. Client's mother requested an IEP, which took some time to be scheduled.
4. The resulting IEP was contentious, but in the end Pasadena Unified determined that child #6 would have to attend Focus Point before being considered for any other placement, including any non-public school.
5. Hillside's staff then recommended to child #6's mother that he attend Focus Point while other options could be explored, but she refused to sign the Educational Plan.
6. Child #6's mother then took some time to finally agree to let her son attend Focus Point Academy, and sign the forms. The total amount of time for all of this to happen was about a month.

Hillsides Residential clients are almost never out of school for this long a period of time, and we agree that this shouldn't happen. We have taken the following steps to prevent this from happening again in the future.

1. We have met regularly with staff from Focus Point Academy between March 2015 ad the present, to express our concerns about the safety and supervision of our clients that attend Focus Point. We have greatly improved communication with Focus Point staff, and have established a good working relationship with the new Focus Point Principal who started this Summer. Now, when a client or caregiver has concerns about attending Focus Point, we can do much more to assure them that it is a relatively safe school placement. We also anticipate that this improved collaboration and trust will help PUSD to be more open to allowing more of our children to attend Non-Public Schools, when this is recommended in their IEP.
2. We will continue to support parents being actively involved in educational decisions concerning their children that live with us, but we will also quickly seek guidance from the child's lawyer, as

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Family Resource Centers

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hillsides.org

well as support from their DCFS CSW any time that it looks like a school placement decision-making process might keep a child out of school for more than a week.

3. Finally, Hillsides is open to partnering with DCFS to advocate for the court to authorize a temporary Educational Rights holder to approve a school placement, if in the future a child is being kept out of school, and we determine that the child's educational interested are not being served.

Maintenance of Required Documentation and Service Delivery #21.

1. Following the Initial Group Home Review on 2/19/15, and helpful feedback from the D.C.F.S. reviewer. Hillsides' Residential Director of Clinical Services met with all of the Residential therapists on March 20th, 2015. He clarified the meaning and purpose of the section of the NSP that addresses "GH/FFA Contact with the CSW/DPO over the past 3 months". Prior to the review, our therapists were only using this section to document face to face contacts with the CSW. On March 20th, the Director of Clinical Services clarified with the therapists that they should document all contact with the CSW, including phone, e-mail, and text contacts. This ensures that we document a minimum of monthly contact with CSWs, and our efforts to maintain regular contact, even if the planned monthly face to face contact doesn't occur. Regular collaboration with CSWs is important to the success of the children in our Hillsides Residential Programs.
2. The Hillsides Residential Clinical Director and Clinical Supervisor review each NSP quarterly to approve them, and we are now regularly checking the CSW contact section to make sure that a minimum of monthly contact is documented. All therapists are trained and coached on the importance of regular CSW contact and Collaboration to the success of our children.
3. For the current fiscal year, we added a section to our quarterly chart review tool, so that peer reviewers are prompted to note whether monthly contact with CSWs is occurring. The results of our first quarterly peer chart review in August showed that this contact is now being regularly documented.

Please let us know if you there is anything else that you need,

Sincerely,

Paul Hodgdon, LCSW

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Director of Clinical Services
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