COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

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Fifth District

June 9, 2014

TO: Each Supervisor

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

SUBJECT: **PHOENIX HOUSE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Phoenix House Group Home in June 2013. Phoenix House has one site located in the Fifth Supervisorial District and provides services to Los Angeles County Probation and the Department of Children and Family Services (DCFS) foster children and youth. According to the Phoenix House program statement, its purpose is to provide a residential program with a daily structured regimen to meet the rehabilitation, development, treatment, educational, recreational and social needs of high risk adolescents assessed with a primary substance use disorder and co-occurring emotional and mental health problems.

Phoenix House has one site, which is a 140-bed residential facility, and is licensed to serve a capacity of 90 boys and 50 girls, ages 13 - 17.5. Phoenix House also serves privately placed youth from the community and foster children from other counties. At the time of review, Phoenix House served 42 Probation children and 11 DCFS placed children. The placed children's overall average length of placement was 2.21 months, and their average age was 16.63 years. The randomly selected interview sample includes seven (7) placed children, four (4) Probation children and three (3) DCFS children. At the time of the review, five (5) of the seven (7) placed children were prescribed psychotropic medication. These cases were reviewed to assess for timeliness of Psychotropic Medication Authorizations or sufficient documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to assess compliance with permanency efforts. Five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Phoenix House and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Phoenix House was in compliance with four (4) of the 10 areas of the Contract Compliance Review: Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

However, deficiencies were noted in the areas of Licensure/Contract Requirements; Facility and Environment; Maintenance of Required Documentation and Service Delivery; Educational and Workforce Readiness; Personal Rights and Social/Emotional Well-Being; and Personnel Records.

In one (1) of the Phoenix House vehicles, a seatbelt buckle was loose. There was one (1) Substantiated Community Care Licensing (CCL) complaint on Plan of Operation and Child Safety made in March 2013. Phoenix House also had deficiencies within the Group Home such as, torn sofa cushions, tagging on shower doorframes and walls needing paint. Deficiencies were also noted with the Needs and Services Plans (NSPs) in that the Group Home did not document their monthly contact with Caseworker. The NSPs lacked information such as, dates enrolled in school, academic achievements and extra-curricular activities, as well as, Life Skills information. Additionally, certain NSPs included excessive detail in the Outcome Goals sections making the Goals difficult to understand and making the Goals appear unachievable. Regarding Education and Workforce Readiness, there was only one (1) child's file missing a report card. Regarding Personal Rights and Social Emotional Well Being, three (3) children complained that they did not receive either private phone calls or private visits. Lastly, deficiencies were noted with Personnel Records such as, one (1) expired driver's license and a few expired emergency intervention trainings.

REVIEW OF REPORT

On July 2, 2013, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Phoenix House Managing Director LaRae Neal. When discussing the NSPs, Director of Mental Health Frank Sanchez joined in the Exit Conference. Phoenix House provided a copy of the new driver's license for one (1) employee and provided the missing grade report for one (1) child. The issue of private visits and private phone calls were discussed in detail. Additionally, the NSPs were discussed in detail, and Phoenix House representatives were already aware of the issues. Phoenix House representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their compliance with regulatory standards and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

JEP:REB:LCM:ed

Attachments (3)

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

PHOENIX HOUSE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

11600 Eldridge Avenue
Lake View Terrace, CA 91342
License # 19122273
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: June 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. N/A
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	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/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 Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	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 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	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full Compliance
	3. Current Report Cards Maintained	3. Improvement Needed
	4. Children's Academic or Attendance Increased	4. Full Compliance
	5. GH Encouraged Children's Participation in YDS/ Vocational Programs	5. Full Compliance
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	1. Full Compliance
	2. Children Feel Safe	2. Full Compliance
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's efforts to provide Meals and Snacks	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Improvement Needed
	8. Children Free to Attend or not Attend Religious Services/Activities	8. Full Compliance
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance
	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

PHOENIX HOUSE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Phoenix House's compliance with the County Contract and State regulations and include a review of their program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, seven (7) placed children were selected for the sample, four (4) Probation children and three (3) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess Phoenix House's compliance with permanency efforts. At the time of the review, five (5) placed children were prescribed psychotropic medication. PPQA/GHM reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM reviewed five (5) 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

The following six (6) areas were out of compliance.

Licensure/Contract Requirements

- Phoenix House had a total of six (6) vehicles; four (4) vans and two (2) cars that transport children to various appointments and activities. The vehicles were inspected and were found to be clean and, for the most part, in good repair. The vehicles had working headlights and brake lights and were stocked with First Aid kits; as well as, fire extinguishers. However, during the inspection, one (1) van was found to have a backseat, middle seatbelt buckle that was not secured properly to the belt.

- Community Care Licensing reported that Phoenix House had one (1) substantiated allegation from March 2013, alleging a deficiency in Plan of Operation, as well as, Child Injury. Phoenix House paid a fine for the deficiencies, and the case was closed on April 8, 2013.

Recommendation

Phoenix House management shall ensure that:

1. Their vehicles are maintained in good repair.

2. They exhibit proactive measures to be free of substantiated CCL complaints and that those CCL complaints on safety and plant deficiencies are corrected.

Facility and Environment

- It should be noted that there was an overall improvement in the appearance of the Phoenix House Living Units, in that, there were not as many deficiencies found in comparison to the prior year. There was an overall improvement in regards to tagging. However, there were still some deficiencies in the common areas of all three (3) Units. The common area deficiencies in Amethyst Unit included torn sofa cushions in the lounge, a stained/dirty table in the lounge, an expired fire extinguisher in the hallway, a shower handle leak, stains on a bathroom wall, and one missing toilet paper holder. Phoenix House maintenance was aware of the fire extinguisher needing to be replaced. The common area deficiencies in Odyssey Unit included, tagging on shower doorframes and bathroom toilet seats. The common area deficiencies in Genesis Unit included, a missing cover plate for cables in the lounge, tagging between the sofas in the lounge, a missing Personal Rights poster and tagging on shower doorframes and shower doors.

- Phoenix House had deficiencies in the children's bedrooms of Amethyst Unit, which included, missing paint on walls, a torn window curtain, scraped tint on windows, bedrooms needing sweeping and mopping, as well as, a bedroom evacuation plan frame needing removal due to sharp edges and exposed staples.

Recommendation

Phoenix House management shall ensure that:

3. The common areas of all Units are well maintained.

4. The children's bedrooms in Amethyst Unit are well maintained.

Maintenance of Required Documentation and Service Delivery

- Seven (7) placed children at Phoenix were interviewed; therefore, seven (7) initial Needs and Services Plans (NSPs) and four (4) updated NSPs were reviewed.

The NSPs reviewed included most of the necessary material such as, Caseworker signatures to implement the authorization of the NSPs, Group Home staff signatures, and therapeutic services received. However, one (1) of five (5) NSPs was missing information on the Group Home's contact with the Caseworker.

- Improvement was needed in the areas of timely and comprehensive initial NSPs. Of the seven (7) initial NSPs reviewed, five (5) were timely and two (2) were untimely, in that, one (1) was completed about 19 days after the due date, and the other initial NSP was completed about 30 days after the due date. Of the seven (7) initial NSPs reviewed, two (2) were comprehensive. The reason the other five (5) were not comprehensive was that they were missing information such as, dates children were enrolled in school, academic achievements and extra-curricular activities, as well as, Life Skills information. Additionally, a section of one (1) child's Outcome Goals was copied onto another child's Outcome Goals, and another initial NSP was missing the entire section of the Outcome Goals, even though, treatment plan goals were submitted onto the Phoenix House Electronic Records system. It should be noted that all seven (7) children interviewed stated that they participated in the development of their NSPs, in addition to all the initial NSPs including their signatures to show that they participated in the development of their case plan goals.

- Improvement was needed in the areas of timely and comprehensive updated NSPs. Four (4) updated NSPs were reviewed. Of the four (4) updated NSPs reviewed, two (2) were untimely, in that, one (1) indicated that the child was admitted to Phoenix House on March 11, 2013, and the updated NSP indicated that the same child was admitted to Phoenix House on April 19, 2013, and the updated NSP was completed on June 25, 2013. The other updated NSP had the same NSP completion date as the initial NSP. Regarding the comprehensiveness of the updated NSPs, they were similar to the initial NSPs, in that, they were missing information such as, dates children were enrolled in school, academic achievements and extra-curricular activities. Three (3) of four (4) updated NSPs indicated that they were initial NSPs. Additionally, one (1) of the four (4) updated NSPs was missing the section of Outcome Goals. Lastly, it appeared that several NSPs included excessive information in the section of Outcome Goals making the goals complicated, difficult to follow and not achievable. It should also be noted in this section that all children signed their NSPs.

Recommendation

Phoenix House management shall ensure that:

5. They document their monthly contact with County Workers and include dates of their visits.

6. Initial NSPs are timely and comprehensive.

7. Updated NSPs are timely and comprehensive.

Educational and Workforce Readiness

- Phoenix House was in compliance with most elements in the area of Educational and Workforce Readiness. Of the seven (7) children's files reviewed, all seven (7) children were enrolled in school within three (3) days of placement, were attending school and were making some type of academic progress. The only issue in this area was that, while reviewing seven (7) children's files, one (1) file did not include a report card, progress report or transcript.

Recommendation

Phoenix House management shall ensure that:

8. Children's current report cards or progress reports are maintained in their files.

Personal Rights and Social/Emotional Well-Being

- Seven (7) children were interviewed regarding Personal Rights. Three (3) of seven (7) children stated that they do not receive private visits, and one (1) of seven (7) children stated that they do not receive private phone calls. This matter was discussed with Phoenix House Administration. It was explained that the children receive visits on Saturdays and Sundays, as well as visits during the week, which include time after family therapy sessions. It was explained that the visits that occur on the weekends are private, in that the Group Home staff are passively monitoring the visits. Regarding private phone calls, Phoenix House Administration explained that the children receive phone calls from their case managers who allow the children to make phone calls from Caseworker approved phone contacts. It was explained that phone calls are private, but due to past issues, phone calls are also passively monitored. It should be noted that this matter was discussed with an on-site Deputy Probation Officer who was aware of the Phoenix House visitation and phone call policies. In discussing this matter, Phoenix House was instructed to include the abovementioned information in the children's NSPs as a preventative measure to avoid future problems regarding private visits and private phone calls.

Recommendation

Phoenix House management shall ensure that:

9. Children receive private visits and private phone calls and that the information is documented in their NSPs.

Personnel Records

- Five (5) employee files were reviewed. The employee files had most of the necessary information placed in their files such as, appropriate background checks, timely health screenings and signed Group Home Policies and Procedures. However, there was one (1) of five (5) files reviewed that included an expired driver's license, and four (4) of five (5) employees had expired

emergency intervention trainings, in which, Phoenix House requires their employees to renew every two (2) years.

Recommendation

Phoenix House management shall ensure that:

10. Employees have current driver's licenses filed.

11. Employees receive renewed emergency intervention training in a timely manner.

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

PPQA GHM's last compliance report dated March 27, 2013, identified 31 recommendations.

Results

Based on our follow-up, Phoenix House fully implemented 25 of the 31 previous recommendations for which they were to ensure that:

- Allowance logs were clear and detailed; easy to read
- Overall improvement in the appearance of Phoenix House; improved common areas
- Overall improvement of children bedrooms with minimal tagging
- Caseworker signatures were obtained on all NSPs
- NSPs were discussed with Group Home staff and included their signatures
- Children were making progress toward their case plan goals
- Children were enrolled in school within three (3) days of placement
- Children were making either academic progress or attending their classes
- Children are attending Life Skills and/or ILP classes
- Children are encouraged to participate in Life Skills and/or ILP
- Children received timely medical appointments
- Children are receiving timely medical follow-up appointments
- Children received timely dental appointments
- Children are receiving timely dental follow-up appointments
- Children were informed of Group Home Policies and Procedures
- Children reported receiving food and snacks
- There were no issues regarding unfair consequences
- Children were aware of their right to refuse medication
- Children were aware that they had the opportunity to plan activities
- Phoenix House maintained appropriate clothing allowance logs
- There were no issues regarding the quantity and quality of clothes
- Children were allowed to select their clothing of choice
- All children received Life Books
- Initial trainings were documented in employee files
- Employees had updated First Aid training

The following six (6) recommendations from the previous year were not corrected:

- Initial NSPs were not comprehensive
- Improvement was needed in documenting contact with the Caseworker
- Updated NSPS were not timely and
- Updated NSPs were not comprehensive
- One (1) employee had an expired driver's license
- Five (5) employees had expired emergency intervention trainings

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

11600 Eldridge Avenue
Lake View Terrace, CA 91342

T 818 686 3013
F 818 897 1293
www.phoenixhouse.org

Phoenix House

July 30, 2013

Lori Tchakerian, DPOII
Group Home Monitoring Unit
Placement Services Bureau
Lynwood Regional Justice Center
11701 S. Alameda St. 2nd Floor
Lynwood, CA 90262

Re: Group Home Monitoring Review Phoenix House Academy of Los Angeles

Dear DPO Tchakerian,

Please find attached the response and corrective action plan to address the deficiencies noted in the 2012-2013 monitoring review field exit summary. I have addressed all concerned findings based on recommendation. As we discussed in our exit review some items as it pertains to the facility will take a bit longer to rectify but I can assure you that my team is working diligently to ensure compliance.

Should you have any questions regarding the responses feel free to give me a call.

Sincerely,

La Rae Neal, MBA Managing Director
Phoenix House Academy Los Angeles
Phone: (821) 686-3000 ext. 4013
Cell: (818) 438-4504

I. LICENSURE/CONTRACT REQUIREMENTS

Recommendations:

1. **Phoenix House management shall ensure that their vehicles are maintained in good repair.**

   The 2003 Windstar Van License #5BV6996 in question was an older van that had a faulty seat belt mechanism. The seatbelt was ordered see invoice 336921. After assessing the van from a claim filed on 6/27/13 the van was removed from PHLA due to age and mileage. PH will be purchasing a new van to replace the older model. *(Exhibit A)*

2. **Phoenix House management shall exhibit proactive measures to be free of substantiated CCL complaints and that those CCL complaints on safety and plant deficiencies are corrected.**

   PH introduced a new policy and procedure for transporting clients. As it relates to the CCL finding PH developed new protocols for Drivers and Counselors responsible for transporting clients. Every employee is now orientated on the transportation protocols and must sign an agreement before transporting clients. *(Exhibit B)*

II. FACILITY AND ENVIRONMENT

Recommendations:

3. **Phoenix House management shall ensure that the deficiencies in the common areas of all Units are well maintained.**

   Each Clinical specialist on the Units are now responsible for daily monitoring creating a list of things that need to be done with completion dates when deficiency is corrected. A form has been created for daily monitoring. They will assign a staff every day for the initial sign off and they will check at the end of each day keeping a binder to reflect each task. *(Exhibit C)* the shower doors consisting of metal frames and replacement doors will be completed by October 31, 2013 we have experimented with different options and decided to sand and spray paint the frames which very time consuming but will work for all 3 units. Toilet seats are being replaced systematically. Personal rights both pages are now posted. The weight room is clean and presentable with an assigned team to keep it this way *(Exhibit D)*

4. **Phoenix House management shall ensure that the children's bedrooms in Amethyst Unit are well maintained.**

   We have placed a request with PHC to order a new sofa the table was cleaned and is back on the unit. Extinguisher was replaced in room #69 and all other repairs were completed per attachment submitted except for #47 bathroom shower handle leak needs repair. It was determined that to repair the leak and outside plumber is necessary because the water need to be shut off in the entire building to replace the valve. The pop is at 25 designed for 40. The room is no longer occupied and will not be occupied until pop is at 38 consistently. We will notify probation prior to determine how long water will be off to make the repairs.

   As with item II-3.Each Clinical specialist on the Units is now responsible for daily monitoring creating a list of things that need to be done with completion dates when deficiencies are

corrected using the same form as all other units. *(Exhibit C)* The leadership staff was advised to change out furniture any time it's torn beyond repair and report it

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Recommendations:

5. **Phoenix House management shall ensure that they document their monthly contact with County Workers and include dates of their visits on NSPs.**
   All Case Managers and Clinical Specialist have been advised regarding documenting all visits and monthly contacts with CSW's and DPO's. A record of these contacts will be kept in both the NSP and in Wellipert Electronic Health Records (EHR). This will be a part of our training to be held 8/9/2013 mandatory for all case managers (9) and clinical specialist (2). See flyer announcement *(Exhibit E)*.

6. **Phoenix House management shall ensure that initial NSPs are timely and comprehensive.**
   A tracking grid was establish to keep case managers on track with updates to ensure that they are completed on time and sent for review to their clinical specialist for assessing the comprehensiveness of the documentation. The dates are to be entered into an outlook calendar and all case managers (9) will ensure that they are tracking and submitting the information on time to include items 5, 6, & 7. Both clinical specialist and case managers will take full responsibility for NSP content and that the developed plan fits the need of the minor with achievable goals. *(Exhibit F)*

7. **Phoenix House management shall ensure that updated NSPs are timely and comprehensive.**
   The Director and Clinical Specialist will be attending the GH NSP Panel Discussion and Refreshing Training on 8/1/13 sponsored by DCF's *(Exhibit G)*. The team has scheduled a NSP training for all Case Managers and Clinical Specialist on 8/8/2013.

IV. EDUCATION AND WORKFORCE READINESS

Recommendations:

8. **Phoenix House management shall ensure that children's current report cards or progress reports are maintained in their files.**
   The education team will ensure that all report cards and school reports are updated and uploaded in a timely manner. If a school report is absent at the time of enrollment the education counselor will enter a case note as to the reason behind the absence of the information with an estimated date of expectation of documents. Follow-up will be documented weekly through Welligent and Outlook to ensure that when the reports are received they are uploaded into the chart with the date of receipt confirmed by management.

V. CHILDREN'S HEALTH AND MEDICAL NEEDS

Recommendations:

NONE

VI. PSYCHOTROPIC MEDICATION

Recommendations:

NONE

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING

Recommendations:

9. **Phoenix House management shall ensure that children receive private visits and private phone calls and that the information is documented in their NSPs.**

   Clients will be allowed privacy when making phone calls. Our policy is to dial the number. After dialing the number the case manager or person allowing the call will exit the room and remain outside the office. The date and time of phone calls have been documented in our (EHR) Case Managers have been instructed to record the phone call, date, time and person called. This will protect Phoenix House from and future allegations of not allowing client's private phone calls as mandated. *(Part of NSP Training on 8/8/13)*

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL BEING

Recommendations:

NONE

IX. DISCHARGED CHILDREN

Recommendations:

NONE

X. PERSONNEL RECORDS

Recommendations:

10. **Phoenix House management shall ensure that employees have current driver's licenses filed.**

    Administrator has reviewed the files and sent out a list of employees whose licenses have expired. Anthony Fratantonio does not have a CA License he was since promoted with a contingency that he obtains a CA license. His official start date is August 1, 2013 we expect a CA license by September 1, 2013 *(Exhibit H)*

11. **Phoenix House management shall ensure that employees receive emergency intervention training in a timely manner.**

    Intervention training is scheduled for two 2 day courses that will include 15 staff in each class that will address the needs for new employee training as well as those who have expired. EVI is contracting with the Phoenix House Regional Trainer Harold Robertson to facilitate one training every quarter to avoid lapse in certifications. Classes are scheduled for Aug 6th and 7th from 9am to 5pm & August 13th and 14th and September 10th & 11th. Sign in sheets will be forwarded via email upon completion of the courses. *(Exhibit I)*

FROM :MARA MESCHKAT FAX NO. :8183658127 Jul. 16 2013 [illegible]

Exhibit A

Galpin Ford

Wholesale Parts Invoice

7900 Orion Ave. Van Nuys, CA 91406

No return on electrical items No return on special order parts

Open Mon. - Fri.
7:30 am to 6:00 pm
8:00 am to 6:00 pm
www.GALPIN.com
WHOLESALE PARTS DIRECT
(818) 776-2000 FAX (818) 776-2090

LINCOLN

Date Printed: JUN 24 13 Time Printed: 12 17 PM Page: 1

Sold To	Ship To
Goodyear San Fernando 1431 San Fernando Rd. San Fernando, CA 91340 Home: Work: (818) 365 4527	Phone Phone

P.O. #	A/R Cust #	Sales Person	Customer Type	Date	Invoice #
02 WINDSTAR	11524	Carlos Moreno	W	JUN 21 13	336921

Part Number	Mfg	Description	Bin	Avl/OH	List	Price	QtyOrd	QtyShp	Amount
1F2Z16611B66AAA	FOR	BELT AND BUCKLE...		0 / 0	120.00	96.70	1	1	96.70

Payment Distributions

Account	Description	Amount	Control	Payment Description

Att: Joyce

For Phoenix House Windstar Van

Order ONLINE at GALPINPARTS.COM

Follow us on Facebook

Sub-Total	96.70
Sales Tax	0.00
Special Tax	0.00
HazMat Charge	0.00
Freight	0.00
Misc Charge/Discount	0.00
	0.00
TOTAL	96.70

Customer Signature

Distribution:

Customer Type: Wholesale

Notes: sop, deliver

Payment Method
Charge

DISCLAIMER OF WARRANTIES

No return on electrical items. No return on special order parts. Due to Ford Motor Company's return policy, we are not allowed to accept items for return if package is torn, unwrapped, damaged by writing or marking or not in the original container. All parts must be in new, unused and resalable condition. If paid by check, a 15 day waiting period will be observed before refunds are given.

RETURN POLICY

Galpin Ford is not responsible for labor charges on parts not installed by our service department. Parts are not returnable after 30 days. Returned parts may be subject to a restocking charge. No refunds on unclaimed special order parts agter 30 days. No refunds or exchanges without this invoice.

Exhibit B
1 of 2

PHOENIX HOUSES OF CALIFORNIA
POLICIES AND PROCEDURES
TRANSPORTATION

Phoenix Academy – Lake View Terrace

Policy: **Client Transportation Protocol**

Effective: **03/15/13**

Policy

All adolescents who are being transported by a driver or counselor employed by Phoenix Academy of Los Angeles will ensure that all clients are safe in accordance with the Phoenix House policy and procedures as outlined. As the driver, once a client enters into one of the PH vehicle(s) they are under the protective care of that said driver.

Procedures:

Prior to transportation each driver is to receive a transportation checklist to ensure the following:

1. No client is to be transported in any Phoenix House Vehicle without the child locks engaged for the duration of the trip *(initial box).*
2. The driver is to ensure that all clients are properly secured by seatbelts *(initial box).*
3. When transporting any client(s) with suicidal ideation there are to be two employees accompanying the client.
4. At no time are client(s) to ride in the front seat when being transported by two PH employees one should be in the front driving and other in the back with client
5. At no time is a client to be transported in a PH vehicle that is not equipped with safety mechanisms.
6. The safety check list on the vehicle trip log should be filled out completely with signatures and initials in the appropriate places and filed appropriately for review by Director.

Mandated Outings:

1. Clients who have been approved for an outing must be approved by the recreation supervisor, clinical specialist and director prior to the outing.
2. If for any reason the client has been involved in any serious incidents they will not be allowed to go on the assigned outing.
3. Driver is to use the transportation checklist to ensure all clients are safe in the van.
4. For safety purposes clients approved for these types of outings are not allowed to ride in the front seat.

Signing below I am agreeing to the policies and procedures and understand what is expected of me while transporting clients.

Print Name:_____ Signature:_____ Date_____

One copy of both pages goes to the Driver and a signed copy goes in their personnel file.

B - 2 of 2

PHOENIX HOUSES OF CALIFORNIA
POLICIES AND PROCEDURES
TRANSPORTATION

Vehicle # _____

Date: _____

Driver's Name: _____

Destination: _____

Pre-Trip Inspection (Things To Check Before You Leave)
Please initial in the boxes below that you have performed the following task for each trip

☐	Fuel Level (F) (3/4) (1/2) (1/4) (E)	☐	**Child Safety Locks Engaged**
☐	Brake Fluid Level	☐	**Seatbelts Secured and Fastened**
☐	Lights	☐	**No Client(s) in Front Seat**
☐	Tire Pressure	☐	Emergency Bag
☐	Wiper Fluid Levels	☐	Spare Tire & Jack
☐	Fire Extinguisher	☐	Interior Inspected
☐	First Aid Kit	☐	Exterior Inspected

Drivers report of findings needing attention during inspection:

_____
_____
_____

Start Time:_____ a.m. _____ p.m. Odometer Reading: _____

List of Client(s) Transporting *(First Name, Last Initial Only)*

_____ _____
_____ _____
_____ _____
_____ _____

Before returning please check and initial when client(s) enter the vehicle:

☐ Child Safety Locks Engaged
☐ Seatbelts Secured and Fastened
☐ No Client(s) in Front Seat

End Time: _____ a.m._____ p.m. Odometer Reading:_____

☐ Fuel Level (F) (3/4) (1/2) (1/4) (E)

Signature of Driver Named Above: _____

Signature of Reviewing Driver: _____
Jose G. Reviewer

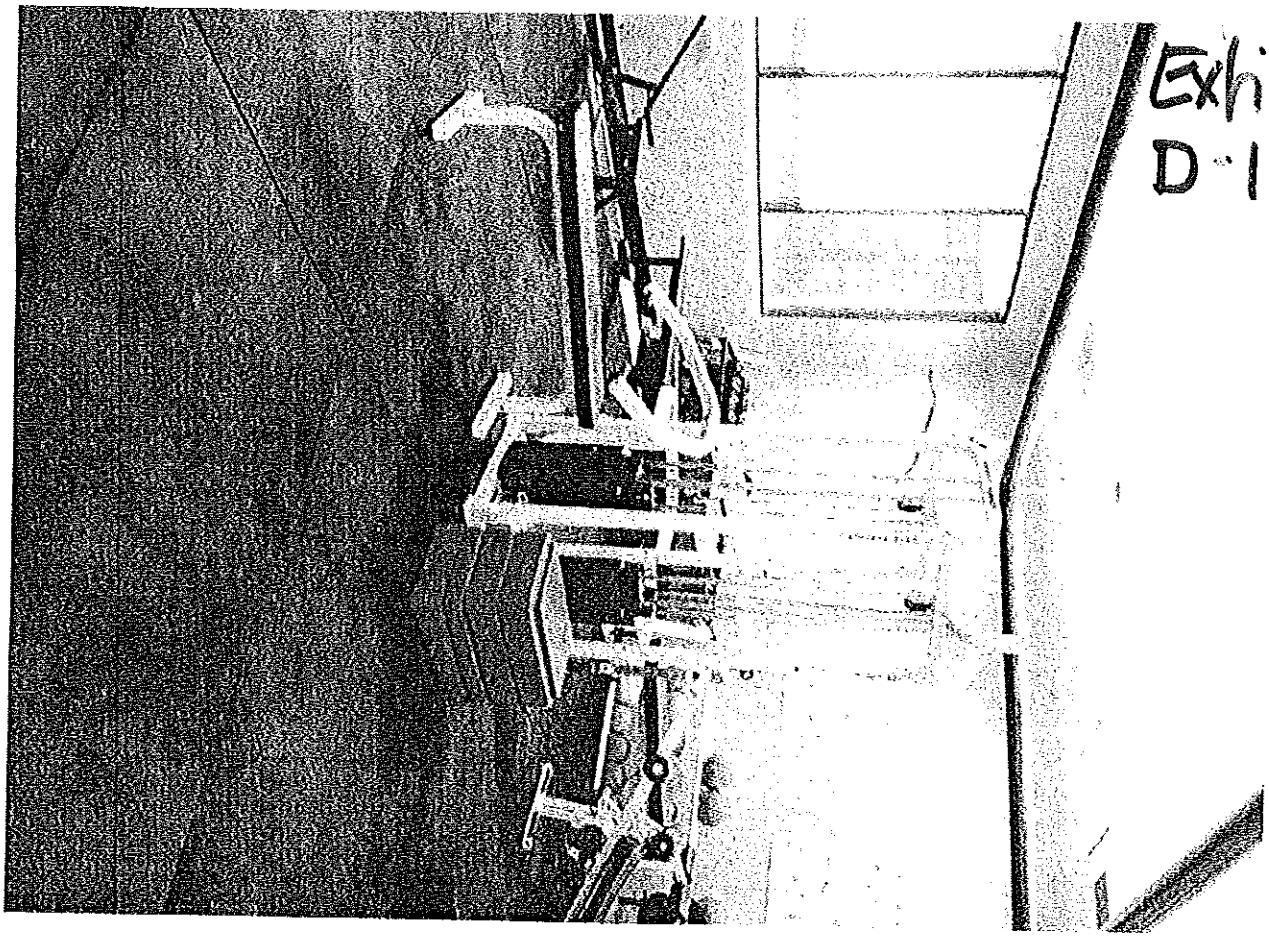
**See Deficiency Log in Vehicle Binder*

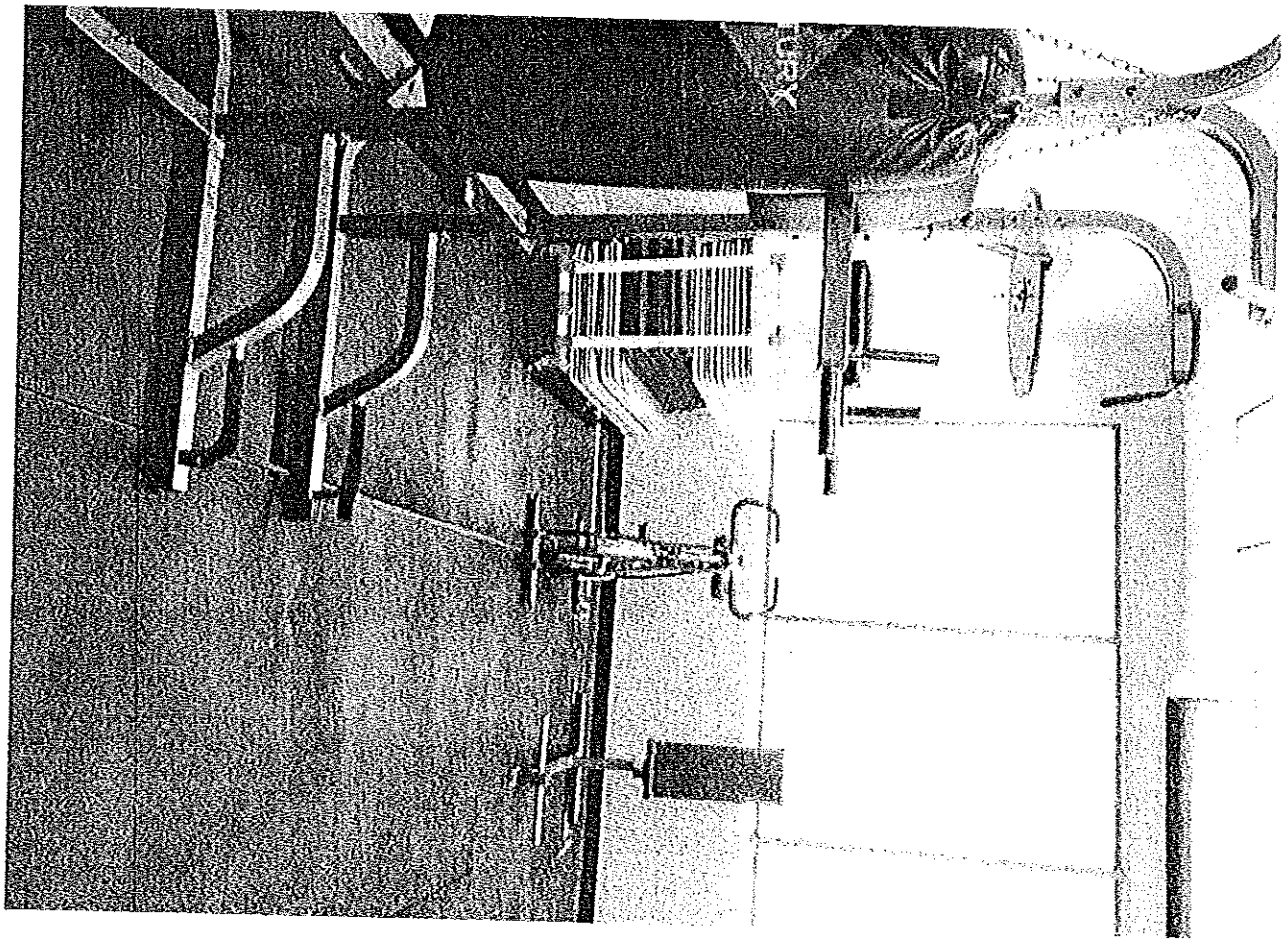
Exhibit C

NAME OF UNIT		
Inspected Date:	Inspected by:	
Area or Room	**Deficiency**	**Completion Date**
Recreation Area	Clean window by enterance pool table	
	Dust under TV's, clean floor by lamp in play area	
	Floors by trash cans	
101	Clean touch up wall, sprinkler head, dust & tape	
	Light switch tagged, tagged toilet paper, door jam tagging	
102	Shower door tagging, mildew shower door	
	Tag inside closet doors, do not close properly	
103	Nightstand not closing properly, tagging on night[illegible]	

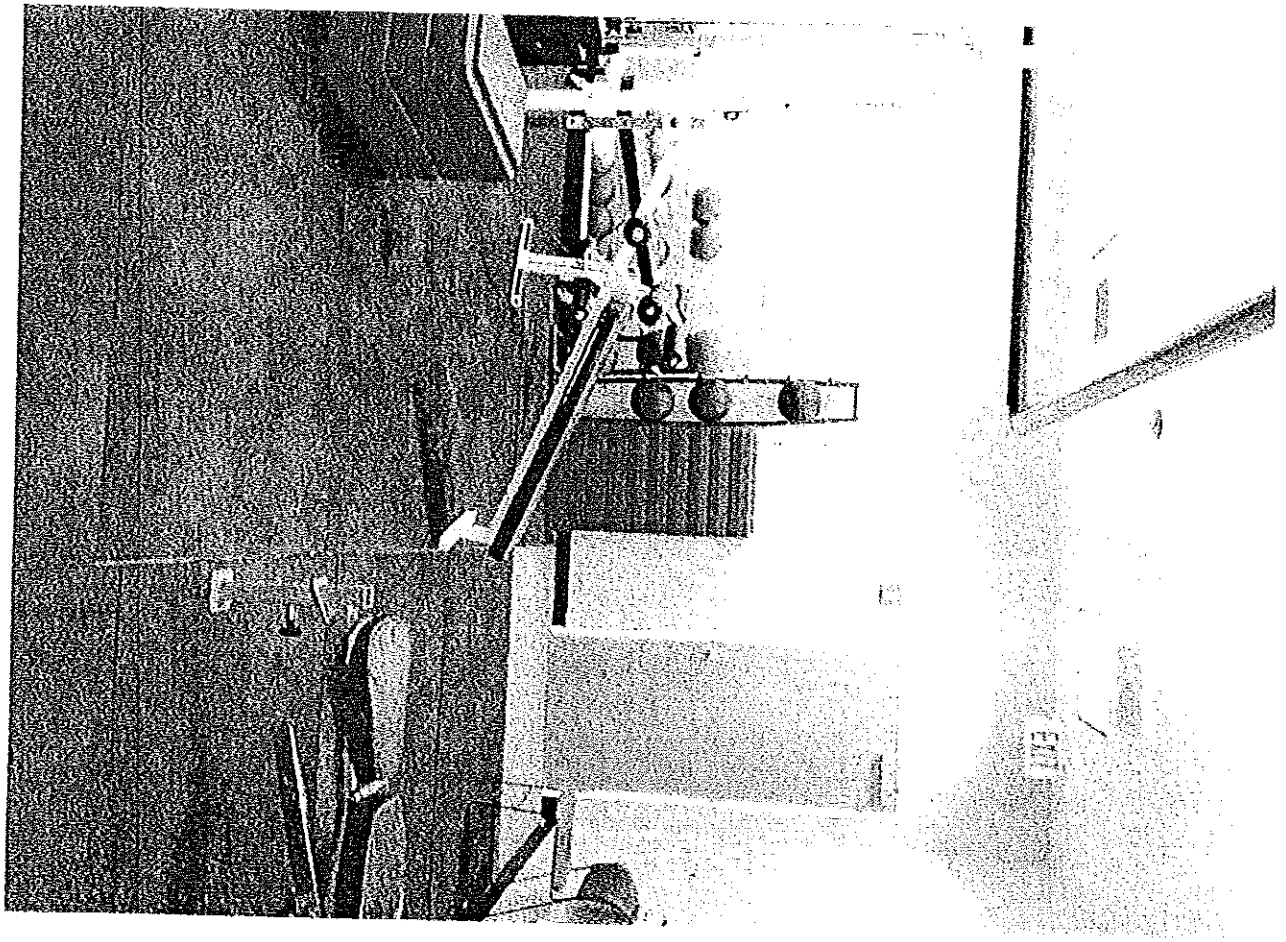
EXAMPLE ONLY

Exhibit
D 1 of 2





D- 2of2



Exibit E

< July	August 2013	September >				
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5 PRO ACT --	6 --------TRAINING	7	8 NSP Training Mandatory Case Managers 11a - 1:30p Amerman A lunch will be served.	9	10
11	12	13 Cultural Diversity Kelly M. AM: 10-11 a.m. PM: 2-3 p.m.	14 DSM 5 Frank S. 2-3 p.m.	15 Welligent Reports for Mgrs. 4 - 5 p.m. Seon P.	16	17
18	19	20 Role of the FM Steve L. & Dexter J AM: 10-11 a.m. PM: 2-3 p.m.	21 Weight Room Cert. Christina K. 1-3 p.m.	22	23	24
25	26	27 Drug Testing & Search In Tyja W & Wanda N AM: 10-11 a.m. PM: 2-3 p.m.	28 Outing Requests Christina K. Am & OD RS 2-2:30 p.m.	29	30	31

MANDATORY

NSP- DOCUMENTATION TRAINING

FACILITATED BY THE MANAGEMENT CLINICAL TEAM

"SAVE THE DATE"

WHO: ALL CASE MANAGERS & CLINICAL SPECIALIST

DATE: AUGUST 8, 2013

TIME: 11AM – 0:30PM

WHERE: AMERMAN A

LUNCH WILL BE PROVIDED

Exhibit F 1 of 2

NSP & Treatment Plan Reviews

Probation
DCFS
UMDAP
Private/Ins

Client Name	Client ID	Intake Date	Lead Clinician	Due Date of Treatment Plan review							
				7 days	14 days	30 Days	60 Days	90 Days	120 Days	150 Days	180 Days
Arceo, Alejandro (U)	447263	04/11/13	Buenviaje, Camille (G)			05/10/13	06/09/13	07/09/13	08/08/13	09/07/13	10/07/13
Anguiano, Fernando (U)	449971	05/02/13	Buenviaje, Camille (G)			05/31/13	06/30/13	07/30/13	08/29/13	09/28/13	10/28/13
Castillo, Angel (U)	450343	05/06/13	Buenviaje, Camille (G)			06/04/13	07/04/13	08/03/13	09/02/13	10/02/13	11/01/13
Rojas, Julian (U)	456568	05/20/13	Buenviaje, Camille (G)			06/18/13	07/18/13	08/17/13	09/16/13	10/16/13	11/15/13
Ramirez, Steven (U)	456607	05/31/13	Buenviaje, Camille (G)			06/29/13	07/29/13	08/28/13	09/27/13	10/27/13	11/26/13
Lopez Fabela, Pablo (U)	461370	06/27/13	Buenviaje, Camille (G)			07/26/13	08/25/13	09/24/13	10/24/13	11/23/13	12/23/13
Fernandez, Josue (U)	461730	07/01/13	Buenviaje, Camille (G)			07/30/13	08/29/13	09/28/13	10/28/13	11/27/13	12/27/13
Hegeler, Logan (U)	461265	07/01/13	Buenviaje, Camille (G)			07/30/13	08/29/13	09/28/13	10/28/13	11/27/13	12/27/13
Salazar, Jose (D)	441765	03/01/13	Clark, Janelle (G)		03/14/13	03/30/13	04/13/13	05/13/13	06/12/13	07/12/13	08/11/13
Barraza, Anthony (D)	442565	03/07/13	Clark, Janelle (G)		03/20/13	04/19/13	05/19/13	06/18/13	07/18/13	08/17/13	09/16/13
Delgadillo, Uriel (U)	444357	03/21/13	Clark, Janelle (G)			04/19/13	05/19/13	06/18/13	07/18/13	08/17/13	09/16/13
Catalan, Bernardo (U)	444034	03/28/13	Clark, Janelle (G)			04/26/13	05/26/13	06/25/13	07/25/13	08/24/13	09/23/13
Clay, Norvell (P)	448866	04/24/13	Clark, Janelle (G)		05/07/13	06/06/13	07/06/13	08/05/13	09/04/13	10/04/13	11/03/13
Medel, Jesse (U)	450468	05/13/13	Clark, Janelle (G)			06/11/13	07/11/13	08/10/13	09/09/13	10/09/13	11/08/13
Torres, Ricardo (U)	450828	05/20/13	Clark, Janelle (G)			06/18/13	07/18/13	08/17/13	09/16/13	10/16/13	11/15/13
Mendoza, Eros (U)	456767	05/21/13	Clark, Janelle (G)			06/19/13	07/19/13	08/18/13	09/17/13	10/17/13	11/16/13
Zink, Wyatt (U)	456742	05/30/13	Clark, Janelle (G)			06/28/13	07/28/13	08/27/13	09/26/13	10/26/13	11/25/13
Padilla, Zena (P)	435541	01/17/13	Kittinger, Sarah (A)		01/30/13	03/01/13	03/31/13	04/30/13	05/30/13	06/29/13	07/29/13
Bernal, Mariela (P)	438833	02/08/13	Kittinger, Sarah (A)		02/21/13	03/23/13	04/22/13	05/22/13	06/21/13	07/21/13	08/20/13
Ramirez, Erica (D)	444194	03/21/13	Kittinger, Sarah (A)		04/03/13	05/03/13	06/02/13	07/02/13	08/01/13	08/31/13	09/30/13
Sandoval, Raquel (P)	444468	04/04/13	Kittinger, Sarah (A)			05/03/13	06/02/13	07/02/13	08/01/13	08/31/13	09/30/13
Zettell, Genevieve (P)	448871	04/24/13	Kittinger, Sarah (A)		05/07/13	06/06/13	07/06/13	08/05/13	09/04/13	10/04/13	11/03/13
Fightmaster, Nicole (P)	449379	04/29/13	Kittinger, Sarah (A)		05/12/13	06/04/13	07/04/13	08/03/13	09/02/13	10/02/13	11/01/13
Sanchez, Cristina (P)	375610	06/11/13	Kittinger, Sarah (A)		06/24/13	07/24/13	08/23/13	09/22/13	10/22/13	11/21/13	12/21/13
Herrera, Martha (U)	460876	06/25/13	Kittinger, Sarah (A)			07/24/13	08/23/13	09/22/13	10/22/13	11/21/13	12/21/13
Jones, Destiny (D)	461729	06/27/13	Kittinger, Sarah (A)		07/10/13	08/09/13	09/08/13	10/08/13	11/07/13	12/07/13	01/06/14
De Santiago, Alejandra (U)	439525	02/15/13	Lawlor, Andrew (A)			03/16/13	04/15/13	05/15/13	06/14/13	07/14/13	08/13/13
Lopez, Samantha (P)	390721	04/17/13	Lawlor, Andrew (A)		04/30/13	05/30/13	06/29/13	07/29/13	08/28/13	09/27/13	10/27/13
Martinez, Erika (P)	456173	05/16/13	Lawlor, Andrew (A)		05/29/13	06/28/13	07/28/13	08/27/13	09/26/13	10/26/13	11/25/13
Orozco, Sandy (U)	456865	05/23/13	Lawlor, Andrew (A)			06/21/13	07/21/13	08/20/13	09/19/13	10/19/13	11/18/13

PHOENIX HOUSE OF LOS ANGELES
LVT - RESIDENTIAL

Valdez, Francia (U)	459067	06/10/13	Lawlor, Andrew (A)			07/09/13	08/08/13	09/07/13	10/07/13	11/06/13	12/06/13	
Angha, Elham (U)	461363	06/28/13	Lawlor, Andrew (A)			07/27/13	08/26/13	09/25/13	10/25/13	11/24/13	12/24/13	
Aguilar, Jesus (P)	462985	07/09/13	Lawlor, Andrew (A)		07/22/13	08/21/13	09/20/13	10/20/13	11/19/13	12/19/13	01/18/14	
Diaz, Fabio (P)	437822	02/01/13	Polk, Shanell (O)		02/14/13	03/16/13	04/15/13	05/15/13	06/14/13	07/14/13	08/13/13	
Ruiz, Fabian (P)	438957	03/11/13	Polk, Shanell (O)		03/24/13	04/23/13	05/23/13	06/22/13	07/22/13	08/21/13	09/20/13	
De La Cruz, Jose (P)	447888	04/17/13	Polk, Shanell (O)		04/30/13	05/30/13	06/29/13	07/29/13	08/28/13	09/27/13	10/27/13	
Mendoza, Erick (P)	448277	04/19/13	Polk, Shanell (O)		05/02/13	06/01/13	07/01/13	07/31/13	08/30/13	09/29/13	10/29/13	
Morales, Luis (P)	448283	04/19/13	Polk, Shanell (O)		05/02/13	06/01/13	07/01/13	07/31/13	08/30/13	09/29/13	10/29/13	
Johnson, Master (P)	450836	05/09/13	Polk, Shanell (O)		05/22/13	06/21/13	07/21/13	08/20/13	09/19/13	10/19/13	11/18/13	
Jackson, Lafayette (P)	450987	05/10/13	Polk, Shanell (O)		05/23/13	06/22/13	07/22/13	08/21/13	09/20/13	10/20/13	11/19/13	
Vargas, Gabriel (P)	372507	05/14/13	Polk, Shanell (O)		05/27/13	06/26/13	07/26/13	08/25/13	09/24/13	10/24/13	11/23/13	
Bueno, Frank (U)	456860	05/24/13	Polk, Shanell (O)			06/22/13	07/22/13	08/21/13	09/20/13	10/20/13	11/19/13	
Vargas, Adrian (P)? AFDC?	459064	06/10/13	Polk, Shanell (O)		06/23/13	07/23/13	08/22/13	09/21/13	10/21/13	11/20/13	12/20/13	
Sanchez, Irving (P) AFDC?	461147	06/25/13	Polk, Shanell (O)		07/08/13	08/07/13	09/06/13	10/06/13	11/05/13	12/05/13	01/04/14	
Torres, Juan (U)	461571	06/26/13	Power, Katherine (G)			07/25/13	08/24/13	09/23/13	10/23/13	11/22/13	12/22/13	
Cardenas, Joshua (P)	405857	11/05/12	Power, Katherine (G)		11/18/13	12/18/12	01/17/13	02/16/13	03/18/13	04/17/13	05/17/13	
Saba, Malachi (U)	407806	01/29/13	Power, Katherine (G)			02/27/13	03/29/13	04/28/13	05/28/13	06/27/13	07/27/13	
Echeverria, Jose (D)	439606	02/13/13	Power, Katherine (G)		02/26/13	03/28/13	04/27/13	05/27/13	06/26/13	07/26/13	08/25/13	
Silva, Hector (U)	444113	03/22/13	Power, Katherine (G)			04/20/13	05/20/13	06/19/13	07/19/13	08/18/13	09/17/13	
Martinez, Josue (U)	445460	03/29/13	Power, Katherine (G)			04/27/13	05/27/13	06/26/13	07/26/13	08/25/13	09/24/13	
Jones, Joshua (D)	447898	04/17/13	Power, Katherine (G)		04/30/13	05/30/13	06/29/13	07/29/13	08/28/13	09/27/13	10/27/13	
Skusa, Caleb (P)	448259	04/19/13	Power, Katherine (G)		05/02/13	06/01/13	07/01/13	07/31/13	08/30/13	09/29/13	10/29/13	
Mora, Juan (U)	448993	04/24/13	Power, Katherine (G)			05/23/13	06/22/13	07/22/13	08/21/13	09/20/13	10/20/13	
Medel, Esaul (P)	450982	05/10/13	Power, Katherine (G)		05/23/13	06/22/13	07/22/13	08/21/13	09/20/13	10/20/13	11/19/13	
Barrera, Cristian (U)	438289	05/11/13	Power, Katherine (G)			06/09/13	07/09/13	08/08/13	09/07/13	10/07/13	11/06/13	
Cabrera, Tomas (U)	436510	05/16/13	Power, Katherine (G)			06/14/13	07/14/13	08/13/13	09/12/13	10/12/13	11/11/13	
Medina, Angel (S)	455762	05/20/13	Power, Katherine (G)		06/02/13	07/02/13	08/01/13	08/31/13	09/30/13	10/30/13	11/29/13	
Sieg, Matthew (P)	438930	05/21/13	Power, Katherine (G)		06/03/13	07/03/13	08/02/13	09/01/13	10/01/13	10/31/13	11/30/13	
Saravia, Angel (D)	458636	06/05/13	Power, Katherine (G)		06/18/13	07/18/13	08/17/13	09/16/13	10/16/13	11/15/13	12/15/13	
Hill, Julian (U)	457825	06/13/13	Power, Katherine (G)			07/12/13	08/11/13	09/10/13	10/10/13	11/09/13	12/09/13	
Perez, Christopher (U)	458534	06/15/13	Power, Katherine (G)			07/14/13	08/13/13	09/12/13	10/12/13	11/11/13	12/11/13	
Espinal, Angel (U)	458391	06/17/13	Power, Katherine (G)			07/16/13	08/15/13	09/14/13	10/14/13	11/13/13	12/13/13	
Gonzalez, Angel (U)	461044	06/24/13	Power, Katherine (G)			07/23/13	08/22/13	09/21/13	10/21/13	11/20/13	12/20/13	
Torres, Juan (U)	461571	06/26/13	Power, Katherine (G)			07/25/13	08/24/13	09/23/13	10/23/13	11/22/13	12/22/13	
A, Luis (P)	405434	07/12/13	Power, Katherine (G)		07/25/13	08/24/13	09/23/13	10/23/13	11/22/13	12/22/13	01/21/14	
Exposito, Andrew (P)	385982	01/15/13	Salmanpour, Sakineh (O)		01/28/13	02/27/13	03/29/13	04/28/13	05/28/13	06/27/13	07/27/13	
Aguilar, Jimmy (P)	437799	02/01/13	Salmanpour, Sakineh (O)		02/14/13	03/16/13	04/15/13	05/15/13	06/14/13	07/14/13	08/13/13	
Jaramillo, Victor (P)	449894	05/02/13	Salmanpour, Sakineh (O)		05/15/13	06/14/13	07/14/13	08/13/13	09/12/13	10/12/13	11/11/13	
Salgado, Michael (P)	449891	05/02/13	Salmanpour, Sakineh (O)		05/15/13	06/14/13	07/14/13	08/13/13	09/12/13	10/12/13	11/11/13	

Exhibit G

County of Los Angeles Department of Children & Family Services
Out-of-Home Care Management Division

GH NSP Panel Discussion/Refreshing Training

"SAVE THE DATE"

LaRae Neal
&
Clinical Spec
Attending

Date: August 1, 2013
Time: 2:00 p.m. – 4:00 p.m.

Community Care Licensing Office
1000 Corporate Place, 2nd Floor
Monterey Park, CA 91754

Seating is limited, please limit to one attendee per Contractor.

If you have any questions, you may contact Tiffany Luu @ 626-569-6887.

Exhibit H
1 of 2

Neal, LaRae

From: Neal, LaRae
Sent: Tuesday, July 30, 2013 8:19 PM
To: Anderson, Ted; Angiano, Yolanda; Callahan, Lynne; Carrell, La Shonda; Chavez, Jorge; Freeman, Joyce; Kyle, Clay; Lang, Monica; Logan, Regina; Loya, Bertha; Nelson, Wanda; Orozco, Carmen; Paez, Eduardo; Pulido, Juan; Rios, Liliana; Ruotolo, Kelly; Stephenson, Frances; Strickland, Jonas; Sykes, Olga; Tomas, Jacqueline
Cc: Revilla, Annabell; Jones, Dexter; Nicholas, Kimberly; Levitt, Steven; Lewis, Paris
Subject: Udated Driver's License or CA ID

Importance: High

Hello Team,

Our records are indicating that your driver's license has expired. Please help us in updating our records even if you have provided the information in the past we need a copy of your current license ASAP on your next work day or even today if you are still at work. Please leave them in Annabell Revilla's box. If you do not see a LVT box for her, leave it in my box I will make sure she gets it. FM if you happen to see anyone on this list see if they have received this email and let them know we need a copy of their license so we can get everyone between tonight and tomorrow.

Last	First	Driver License Exp.
Anderson	Ted	07/14/13
Angiano	Yolanda	07/11/13
Callahan	Lynne	01/30/13
Carrell	LaShonda	07/12/13
Chavez	Jorge	07/29/13
Freeman	Joyce	03/28/13 OK
Kyle	Clay	06/29/13
Lang	Monica	06/25/13
Logan	Regina	05/07/13
Loya	Bertha	09/29/12
Nelson	Wanda	02/23/13 OK
Orozco	Carmen	09/22/12
Paez	Eduardo	12/02/12
Pulido	Juan	03/02/13
Rios	Lilliana	05/23/13
Ruotolo	Kelly	09/06/12
Stephenson	Frances	03/21/13
Strickland	Jonas	07/19/13 OK
Sykes	Olga	06/23/13
Tomas	Jacqueline	11/05/12

Ok - means received as of 7/30/13.

Thank you,

La Rae Neal, MBA Managing Director
Phoenix House Academy Los Angeles
Phone: (821) 686-3000
Cell: (818) 438-4504

H-2of2

MEMORANDUM

Phoenix House
Rising Above Addiction

Date: July 16, 2013

To: Elizabeth Stanley Salazar, VP/Regional Clinical Director

From: LaRae Neal, Managing Director

cc: Kevin Ralph, VP/Regional Human Resources Director
Aracely Mayoral, Controller
Charles Singleton, HR Generalist

Re: Status & Position Change – Anthony Fratantonio Clinical Specialist/Unit Director

---

I would like to request a transfer/promotion for Anthony Fratantonio from his position as the Educational Services Supervisor to the Clinical Specialist position on the Odyssey unit here at Phoenix House Lake View Terrace. Tony has a Master's degree in Ed School Counseling/Psychology and is RAS Certified. He has been working for Phoenix House since 2009 and has proven his ability to motivate and lead others to a common goal.

Tony will generate 1.75 RCL points. Once approved he will be paid an annual salary of $50,000. His salary will be charged to Deputy Clinical Specialist 4 2023 & 4 2056. If approved the start date of this position will be August 1, 2013. Tony understands that upon acceptance of this position he has 30-day to obtain a California Driver's license as outlined by probation and the State of California.

1. Anthony Fratantonio
2. Current Salary (annual) = [redacted]
3. Complete position change Increase Amount/Percentage = [redacted]
4. Date of proposed increase = 8/01/2013
5. Type of increase (Merit, Promotion, Adjustment) N/A = Position Change
6. Date of last increase = N/A
7. Amount of last increase = N/A
8. Percent of last increase = N/A
9. Name of supervisor/manager = La Rae Neal

Please advise if there are any further questions.

Thank you,

PROACT TRAINING ROSTER 2013

Mandatory Pro-Act Training August 6th & 7th 9am – 5pm LVT North	Mandatory Pro-Act Training August 13th & 14th 9am-5pm LVT North	Mandatory Pro-Act Training September 10th & 11th LVT North
1. Norrel Aguilar	16. Loida Aguirre	31. Maricella Barrera
2. Nathaniel Brown	17. Ted Anderson	32. Frank Sanchez
3. Camille Buenviaje	18. David Barclay	33. Jonathan Whitfield
4. Nicole DeGaetano	19. Corina Castrellon	34. John Morabito
5. Julio Vieyramazon	20. Brooke Clarke	35. Katie O'Brien
6. Jonas Strickland	21. Marco Viteri	36. Regina Logan
7. Shannel Polk	22. Catherine Tornai	37. Amy Akopyan
8. Wanda Nelson	23. Patricia Smith	38. Monica Lozano
9. Elizabeth Duran	24. Kelly Ruotolo	39. Calixtra Munoz
10. Celena Gates	25. Araceli Ramirez	40. Sarah Kittinger
11. Chavon Scott	26. Marne Martinez	41. James Sode
12. Dexter Jones	27. Marie Hernandez	42. Olga Sykes
13. Vonda Keces	28. Anna Hollaender	43. Diane Tamazyan
14. Steve Levitt	29. Bertha Loya	44. Christina Navaro
15. Kelly Martinez	30. Luis Rivas	45. Patricia Herrera-Esquivel