COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

July 11, 2014

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

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

SUBJECT: **LEROY HAYNES BOYS HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of the Leroy Haynes Boys Home in September 2013. Leroy Haynes has one (1) site located in the Fifth Supervisorial District and provides services to Los Angeles County Probation and Department of Children and Family Services (DCFS) foster children and youth. According to Leroy Haynes' program statement, its purpose is to offer intensive mental health services, milieu treatment and daily care to abused and troubled boys who have emotional and/or behavioral problems and who are between 7 - 17 years of age.

Leroy Haynes has one 72-bed site and is licensed to serve a capacity of 72 boys. At the time of review, Leroy Haynes was serving 42 Probation children, 19 DCFS placed children, and three (3) Los Angeles County Post-Adoption residents, for a total population of 54 placed children. The placed children's overall average length of placement was five and a half (5½) months, and their average age was 16 years.

Seven (7) Probation youth were randomly selected for the interview sample, four (4) Probation children and three (3) DCFS children. Three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess compliance with permanency efforts. At the time of this review two (2) children in the sample were prescribed psychotropic medication. We reviewed their case files to assess for

timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. 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.

SUMMARY

During the PPQA/GHM review, the interviewed children reported feeling safe at Leroy Haynes and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Leroy Haynes appears to be a well-established agency in the community that provides top care and services to the children under its supervision. The agency was in compliance with five (5) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements; Educational and Workforce Readiness; Psychotropic Medication; Discharged Children; and Personnel Records.

However, deficiencies were noted in the areas of Facility and Environment; Maintenance of Required Documentation and Service Delivery; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being. Leroy Haynes needs to repair some physical deficiencies noted at the Group Home and improve on their development of comprehensive Needs and Services Plans. Additionally, there were issues related to late medical exams, quality of food, not being able to attend religious services and allowance log documentation. However, there were no glaring deficiencies that required any immediate action. Leroy Haynes supervisory staff were instructed to enhance monitoring in order to eliminate the few aforementioned issues.

REVIEW OF REPORT

On January 8, 2014, the Probation PPQA Monitor Armando Juarez held an Exit Conference with the Leroy Haynes President/CEO Dan Maydeck, Sr. Vice President Frank Linebaugh, Director of Operations Jim Taylor, Residential Program Director Derrick Perry, Quality Assurance Coordinator Joy Gahring, Unit Managers Bill Harris, Arthur Duncan, Brannon Gomes, Mechelle Siles, and Shannine Crockett, Child Advocates Anissa Jones and Tammie Lewis, and Transportation Manager Tina Greene. The Leroy Haynes representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

Leroy Haynes provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, and all deficiencies cited in CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

If you need additional information or have questions or concerns, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting 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
Derrick Perry, Residential Program Director, Leroy Haynes Boys Home
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

LEROY HAYNES CENTER
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

233 West Baseline Road
La Verne CA 91750
License # 191501972
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: September 2013
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance
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 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. Reasonable Chores 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)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Improvement Needed 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	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed
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)

LEROY HAYNES CENTER
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2017

SCOPE OF REVIEW

The purpose of this review was to assess Leroy Haynes' compliance with the County contract and State regulations and include a review of Leroy Haynes' 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, 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 Leroy Haynes' compliance with permanency efforts. At the time of the review, two (2) placed children were prescribed psychotropic medication. These cases files were reviewed 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 five (5) areas were out of compliance.

Facility and Environment

- An inspection of the common areas to the interior of all seven (7) living cottages revealed that there were some physical deficiencies that required correction. Following are the itemized deficiencies found at each Group Home cottage:

  Swain Cottage

  - The back stove burner in the kitchen did not light properly.

Gatchell Cottage

- The Ombudsman contact information was not posted (placed at time of review).
- Restroom #2 had chipped paint on toilet partition door (same from last year's review).

Burton Cottage

- The grievance box was missing.
- The downstairs restroom had a dirty vent, the sink drain was slow, and the shower had loose tile at the bottom corner.

Wittry Cottage

- The upstairs restroom had the middle bracket mount on the toilet partition loose (same from last year's review), and the top bracket mount on the partition wall was broken (same from last year's review).

Dow Cottage

- The upstairs restroom sink had a slow drain.
- The downstairs restroom stall door had graffiti.

Thurbur Cottage

- The entrance area had two (2) dirty chairs that needed to be replaced or removed.
- The upstairs restroom had a dirty vent.
- The staff restroom had exposed air conditioning wiring.

Recommendation

Leroy Haynes' management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the Common Areas, that have not already been fixed, are corrected and repaired in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 standards, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times", and also that all required postings are placed in visible areas accessible to children and their visitors, including but not limited to the Ombudsman telephone number, activities schedules and evacuation plans.

Maintenance of Required Documentation and Service Delivery

- A review of the children's files showed that two (2) of the seven (7) children had Needs and Service Plans (NSPs) that did not have the proper signatures of approval from their Probation Officers or their supervisors. Child #6 was missing the Probation Officer's signature on his initial NSP. Child #5 was missing the Probation

Officer's signature on one (1) of his quarterly NSP's. In addition, although there were documented efforts by the Group Home to obtain the Probation Officer's signatures via e-mail correspondence, the Group Home did not attempt to contact their respective supervisors as part of their efforts to obtain NSP approvals. Therefore, Leroy Haynes was not compliant with the section under "County Worker's Authorization to Implement NSPs".

- A review of the children's files revealed that all seven (7) children had the initial NSPs completed in a timely manner. However, three (3) of the seven (7) children's initial NSPs were not comprehensive. Two of the children's initial NSP's were missing information or had incorrect information in the medical section. Child #2 incorrectly had psychotropic information listed in the medical section that should only have been in the mental health section of the NSP. Child #5 had unchecked check boxes and did not provide an explanation in the section provided to explain why medical records were not obtained. The same child's initial NSP also had contradictory information in the mental health section, which indicated that the child was taking psychotropic medication. However, the roster provided by Leroy Haynes indicated that the child was not taking psychotropic medication. If the child was taking psychotropic medication during the time-frame of this NSP, then a copy of the PMA should have been provided by the Group Home. As a result, the child's medication status could not be clearly determined.

- One of these children also required more detailed explanation under the "Concurrent Case-Plan Goal" section. Child #3 should have indicated if any family finding or adoption efforts were made prior to making transitional living the concurrent plan. Child #4 also required more detailed information under the "NSP Treatment" section. This section indicated that the child had limited contact with his father without explaining the dynamics of this relationship or why the contact was on a limited basis. Two of the children also had improperly completed "Outcome Goals" in their NSPs. Child #2 had several goals that did not clearly define the persons responsible for monitoring the child's progress for each of the goals. One of his goals was also written in a manner that was not measureable. Child #4 had goals with irrelevant information such as a goal referring to psychotropic evaluations when the child was not taking any psychotropic medication. As a result, Leroy Haynes was out of compliance with the section of "Development of Timely, Comprehensive Initial NSPs with Child's Participation".

- A review of the children's files revealed that all seven (7) children had quarterly NSP's completed in a timely manner. However, only one (1) of the seven (7) was comprehensive. Four out of the seven (7) children had quarterly NSP's with inaccurate or incomplete "Case-Plan Goal" and/or "Concurrent Case-Plan Goal" sections. One of the children's quarterly NSP's did not clearly explain if any family finding or adoption efforts were explored prior to establishing transitional living or PPLA as part of his plan. Some of the NSP's also did not provide updated information for those cases in which the plans were changed, and one (1) of the children's updated NSP's left the "Concurrent Case-Plan" section blank. Two (2) of these files also failed to properly document accurate information under the progress of family visitations. They did not include the status of adoption progress or the

success of family visits. Two of the children had quarterly NSP's that were missing medical information such as why medical records were not obtained. Two of the children were also missing an explanation as to why medical/mental health appointments were missed, while another child's NSP's did not clarify the status of his psychotropic medication, as aforementioned under the initial NSP deficiencies section of this report. In addition, two (2) out of the seven (7) children were missing the Probation Officer's signature on at least one (1) of their quarterly NSP's. The other five (5) children had quarterly NSP's with approval signatures from the Probation Officer/CSW. However, they were missing the dates the signatures were provided.

- Finally, six (6) out of the seven (7) of the children also had improperly completed "Outcome Goals" in their NSP's. They were either missing or had incorrect or unclear goals. Some of the goals were unclear as to whether they were either achieved or modified, because they were either incorrectly moved to the "Achieved Outcome Goals" section even though the goals were not fully achieved, or left as goals even though they were accomplished. Some of the goals also had wrong completion dates or were not measurable or did not indicate the staff member that would be responsible for following the child's progress for each goal. Some of the goals had inadequate information or were unclear on the specifics of the goal. As a result, Leroy Haynes was deficient in the section under "Development of Timely, Comprehensive, Updated NSP's with Child's Participation".

Recommendation

Leroy Haynes' management shall ensure that:

1. They make concerted efforts to obtain the signatures of all of the parties involved in the development and implementation of a child's NSPs, including but not limited to, their Probation Officer/County Case Worker, the child, and the Group Home representative, in accordance with Title 22 and the Master County Contract, SOW. When having barriers to obtain these signatures of approval, they must contact the Supervisor and Director, if necessary, to obtain signatures.

2. The aforementioned initial and quarterly NSP deficiencies are corrected so that each child has comprehensive NSPs, in accordance with Title 22 standards, as well as the Master County Contract SOW.

Health and Medical Needs

- A review of the files showed that one (1) of the seven (7) children was not provided with timely follow-up medical appointments. A review of the child's NSP's showed that child #7 had a scheduled dental appointment for 06/23/13; however, he missed the appointment and an explanation was not provided. As a result, Leroy Haynes was out of compliance with the section under "Follow-Up Medical Exams Conducted Timely".

Recommendation

Leroy Haynes' management shall ensure that:

1. They make concerted efforts to keep all medical appointments for children under their care and that proper documentation is maintained in the child's NSPs in accordance with Title 22 standards, especially if appointments are missed and/or rescheduled.

Personal Rights and Social/Emotional Well-Being

- During the interviews with the children, three (3) of the seven (7) children reported that they were unsatisfied with the quality of food. One of the children felt that the Group Home did not provide enough variety in their protein diet because many of the meals consisted of poultry as the main course. The other two (2) stated that the meals were not flavorful enough to meet their preferred tastes. As a result, based on the children's statements, Leroy Haynes was deficient in the section of "GH's efforts to provide Meals and Snacks"

- The child interviews also revealed that one (1) of the seven (7) children reported that he was not being treated with respect and dignity. The other six (6) children reported that the Group Home staff treat them appropriately. Child #4 indicated that staff are rude at times and talk down to him. He was unable to provide specific examples of the disrespectful treatment. However, based on this child's interview, it was determined that Leroy Haynes was out of compliance with the section under "Staff Treat Children with Respect and Dignity".

- The interviews with the children revealed that one (1) of the seven (7) children was not being provided with church services. The other children reported that they were free to participate in religious services. Child #3 reported that he has requested to be taken to Sunday Mass services but has been told that there was insufficient staff coverage to take him. Based on the interview conducted with child #3, it was determined that Leroy Haynes was not in compliance with the section of "Children Free to Attend or not Attend Religious Services/Activities".

- During the interviews with the children, one (1) of the seven (7) children reported that he did not feel as if he had the right to reject medical care. The other six (6) indicated that they were aware of their right to refuse medical services. Child #3 reported that he was coerced to attend a doctor's appointment on one (1) occasion, when he initially declined to go. He stated that when he refused to attend this doctor's appointment, staff told him he would get in trouble for refusing. Based on the child's statement, it was determined that Leroy Haynes was deficient in the area of "Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care".

Recommendation

Leroy Haynes' management shall ensure that:

1. They provide meals in compliance with Title 22 standards, which states that "food shall be safe and of quality and in the quantity necessary to meet the needs of the clients".

2. They treat all children under their care with respect and dignity, in accordance with Title 22, which states that children have the right "to be accorded dignity in his or her personal relationships with staff and other persons".

3. They provide and offer children with the opportunity to go to church in compliance with Title 22, which states that children have the right "to attend religious services".

4. They provide all residents under their care with adequate medical care and that staff are fully aware of the children's right to refuse medical care, in accordance with Title 22 standards.

Personal Needs/Survival and Economic Well-Being

- During the interview process, all seven (7) of the children indicated that they have received at least the minimum monthly clothing allowance of $50 a month on a bi-monthly basis of $100 a month. In addition, they all had the clothing waiver forms placed in their files, indicating that they were in agreement with the Group Home's bi-monthly clothing program. However, a review of each child's clothing allowance logs revealed that one (1) of the children was missing proper documentation for one (1) of the months. Child #3 was missing the clothing log for the month of February 2013 from his file. As a result, Leroy Haynes was out of compliance with the section under "$50 Clothing Allowance".

- During the interview process, all seven (7) of the children indicated that they have received at least the minimum weekly allowance on a consistent basis. However, a review of each child's allowance logs revealed that one (1) of the seven (7) children was missing proper documentation. Child #2 was missing his allowance log for the week of June 6, 2013 from his file. The log was placed in the file by the Group Home at the time of the review. As a result, Leroy Haynes was out of compliance with the section under "Minimum Monetary Allowances".

- During the interview process and the reviews of the children's life books, it was revealed that one (1) of the seven (7) children indicated that the Group Home did not encourage the use of life books. Child #1 reported that staff place pictures and awards his life book for him and that they kept it put away in the staff office. He added that he has not been involved in the maintenance of his life book. As a result, Leroy Haynes was out of compliance with the section under "Encouragement and Assistance with Life Book".

Recommendation

Leroy Haynes' management shall ensure that:

1. They maintain accurate monthly clothing allowance logs for each child. This shall be done in compliance with the Master County Contract, SOW, which states that each Group Home must provide each child with at least $50 a month, and that they shall "maintain a log indicating the date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

2. They maintain accurate allowance logs for each child. This shall be done in compliance with the Master County Contract, SOW, which states that each Group Home "shall maintain a log indicating the date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

3. They provide all children with life books and encourage the use of the life books, in accordance with the Master County Contract SOW which states that they "shall encourage and assist each Placed Child in creating and updating a life book/photo album of items that relate to childhood memories".

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA/ GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM last compliance report dated June 9, 2014, identified 12 recommendations.

Results
Based on the follow-up, Leroy Haynes fully implemented eight (8) of the 12 previous recommendations for which they were to ensure that:

- The Thurbur Cottage replaced a damaged air conditioning vent register in bedroom #6.

- The Thurbur Cottage fastened a light switch cover in bedroom #6.

- The Dow Cottage re-caulked the downstairs restroom shower with mold resistant caulking.

- The Burton Cottage replaced the lower bracket mount on the toilet partition door in the downstairs restroom.

- The Gatchell Cottage replaced a cracked middle wooden shelf to the dayroom bookcase.

- The Gatchell Cottage removed peeling paint and repaint the toilet partition door in restroom #1.
- The Swain Cottage replaced the damaged door knob to bedroom #4.

- The Swain Cottage replaced the electrical outlet with a GFCI outlet in bathroom #1.

However, the follow-up discovered that Leroy Haynes failed to fully implement four (4) of the 12 previous recommendations for which they were to ensure that:

- The Wittry Cottage fastened a middle bracket mount on the toilet partition door in the upstairs restroom. This year's facility inspection revealed that the same bracket mount was still loose.

- The Wittry Cottage replaced a broken top bracket mount on the partition wall in the upstairs restroom. This year's facility inspection revealed that the broken mount was still not repaired.

- The Gatchell Cottage removed peeling paint and repainted the toilet partition door in bathroom #2. This year's facility inspection revealed that the same toilet partition door still required repainting in bathroom #2.

- All children's initial and quarterly NSP's were comprehensive and maintained goals in accordance with the SMART goals guidelines and training. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", three (3) of the seven (7) children in this year's sample size had initial NSPs that were not fully compliant with this recommendation. The initial NSPs in this year's review were still not properly completed (e.g. missing the reporting period dates, missing or incorrect information in the medical and psychological sections, incomplete documentation of family finding and/or adoption efforts, and improperly completed "Outcome Goals" sections).

  In addition, none of the seven (7) children in this year's sample size had comprehensive updated NSP's. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery" of this report, the updated NSP's had inaccurate or incomplete "Case-Plan Goal" and/or "Concurrent Case-Plan Goal" sections, had inaccurate or incomplete information under the progress of family visitations, and were also missing medical information. One child had an updated NSP that was unclear about his psychotropic medication status, two (2) other children were missing the Probation Officer's/CSW's signature of approval, and all of the signed reports were missing the dates they were signed. Finally, six (6) out of the seven (7) of the children also had improperly completed "Outcome Goals" in their updated NSPs.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Leroy Haynes from the Department of Auditor Controller is dated September 1, 2011, for the fiscal period of January 1, 2009, to December 31, 2009. The report dated September 1, 2011, indicated that Leroy Haynes had questioned/disallowed costs. Leroy Haynes submitted a timely approved Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section. The agency has repaid the amount due in unsupported or inadequately supported costs.

LEROY HAYNES
STRENGTHENING MIND & SPIRIT
PROGRAMS FOR THE DEVELOPMENT OF CHILDREN

233 West Baseline Road, Box 400, La Verne, California 91750-0400 · www.leroyhaynes.org
(909) 593-2581 · Fax (909) 596-3567 · Tax I.D.# 95-1506150

Armando Juarez
Deputy Probation Officer II
County of Los Angeles Probation Department
Placement Administrative Services
3965 S. Vermont Ave.
3rd Floor
Los Angeles, CA 90037

February 6, 2014

Dear DPO Juarez:

The Agency appreciates the collaborative relationship that has developed with the Probation Department. We appreciated the feedback you provided to us throughout the Group Home Monitoring Process and during your Field Exit Summary. We have used your feedback to develop and implement improvements to our program.

The Corrective Action Plan you requested is attached.

Please contact me if you have any questions about the Corrective Action Plan.

Sincerely,

Derrick Perry
Residential Program Director
233 W. Baseline Road
La Verne, CA 91750
(909) 593-2581 ext. 290
(909) 596-3567

Leroy Haynes Center
Leroy Boys Home
233 W. Baseline Road
La Verne, CA 91750
License Number: 191501972
Los Angeles County Probation Department
Group Home Monitoring Review
Corrective Action Plan
February 7, 2014

The Agency appreciates the collaborative relationship that has been developed with the Probation Department and continues to welcome the feedback provided as part of the Group Home Monitoring Review Process

The following Corrective Action Plans (CAP's) requested on the Probation Group Home Monitoring Review Field Exit Summary dated January 8, 2014 have been developed and implemented.

I. **Area of Review: Licensure/Contract Requirements**

There were no deficiencies in the nine areas reviewed.

II. **Area of Review: Facility and Environment**

There were no deficiencies in four of the six areas reviewed.

Findings:

1. An inspection of the common areas to the interior of all seven (7) living cottages revealed that there were some physical deficiencies that required correction. Following are the itemized deficiencies found in the Group Home:

Swain Cottage

- The back stove burner in the kitchen did not light properly.

Gatchell Cottage

- The Ombudsman contact information was not posted.
- Restroom #2 had chipped paint on toilet partition door.

Burton Cottage

- The grievance box was missing.
- The downstairs restroom had a dirty vent, the sink drain was slow, and the shower had loose tile at the bottom corner.

Wittry Cottage

- The upstairs restroom had the middle bracket mount on the toilet partition loose, and the top bracket mount on the partition wall was broken.

Dow Cottage

- The upstairs restroom sink had a slow drain.
- The downstairs restroom stall door had graffiti.

Thurber Cottage

- The entrance area had two (2) dirty chairs that needed to be replaced or removed.
- The upstairs restroom had a dirty vent.
- The staff restroom had exposed air conditioning wiring.

Corrective Action Plan Finding 1:

Agency Unit Managers will continue to ensure that a daily walkthrough of their cottage is conducted. They will ensure that cottage cleanliness is maintained and that necessary repairs are included on the Maintenance Log. The assigned Maintenance person for each cottage will ensure that repairs are made in a timely fashion. The Agency Unit Manager will notify the Maintenance Supervisor when repairs are not made in a timely fashion.

Please reference Exhibit A for Proof of Correction for all Facility and Environment Findings

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director
Jim Taylor, Director of Operations

III. Area of Review: Maintenance of Required Documentation and Service Delivery

There were no deficiencies in seven of the ten areas reviewed.

Finding 2:

A review of the children's files showed that two (2) out of the seven (7) children had NSPs that did not have the proper signatures of approval from their

Probation Officers or their supervisors. In addition, although there were documented efforts by the Group Home to obtain the Probation Officer's signatures via e-mail correspondence, the Group Home did not attempt to contact their respective supervisors as part of their efforts to obtain NSP approvals.

Finding 3:

A review of the children's files revealed that three (3) of the seven (7) children's initial NSPs were not comprehensive. NSP's were missing information or had incorrect information in the medical section. One child's initial NSP also had contradictory information in the mental health section. The "Concurrent Case-Plan Goal" sections were missing updates and detailed explanations. Another child had insufficient information in the "NSP Treatment" section. Two of the children also had improperly completed "Outcome Goals". Several goals did not clearly define the persons responsible for monitoring the child's progress for the goals, were not measurable, or had irrelevant information.

A review of the children's files also revealed that only one (1) of the seven (7) had quarterly NSP's that were comprehensive. Four out of the seven (7) children had quarterly NSP's with inaccurate or incomplete "Case-Plan Goal" and/or "Concurrent Case-Plan Goal" sections. Two of these files also failed to properly document accurate information under the progress of family visitations. Three (3) of the children had quarterly NSP's that were missing medical information. Two of the children were also missing an explanation as to why medical/mental health appointments were missed. The NSP's were also missing the dates they were signed. Finally, six (6) out of the seven (7) of the children also had improperly completed "Outcome Goals". The goals were either missing or had incorrect or unclear goals.

Corrective Action Plan Finding 2:

The Agency procedure related to obtaining the signatures of DPO's on Needs and Services Plans (NSP) was changed, effective January 22, 2013. The Agency will continue the practice of e-mailing the NSP to the DPO by the required date; the e-mail includes a request for the DPO to return the NSP signature page in a timely manner. In addition, the QA Coordinator will e-mail the SDPO when the DPO does not return the NSP signature page within 7 business days. Both e-mails will be attached to the NSP before it is placed in the client's file to serve as proof of the Agency's attempts to obtain NSP approvals.

Corrective Action Plan Finding 3:

In order to prevent future deficiencies related to Needs and Services Plan, the Agency will provide additional training on Needs and Services Plans that reflects findings noted in the Exit Summary. Needs and Services Plan Trainings have been scheduled to ensure that all members of the treatment team are aware of the requirements for comprehensive information on every NSP. The QA Coordinator will be conducting a mandatory training on February 27, 2013 for Unit Managers, Therapists and Child Advocates. The QA Coordinator will conduct a separate training on February 11, 2014 for Health Services Manager/RN and Health Services Counselor to focus on deficiencies noted that related to the Medical/Physical/Dental and Mental Health Sections of the NSP's. Issues. The following topics will be included in the trainings:

a. Importance of ensuring timely and accurate completion of the medical section of the NSP, including the importance of ensuring that all required information is included and that psychotropic medications are not included in the Medical/Physical/Dental Health Section of the NSP.
b. Importance of ensuring that an adequate explanation is included to explain why medical and/or mental health appointments are missed
c. The importance of follow-up with County Workers when the Case Plan Goal and/or Concurrent Case Plan Goal are not provided. All attempts to obtain this information will be documented and attached to the NSP.
d. Importance of ensuring that the Case Plan Goal and Concurrent Case Plan Goal sections of the NSP are completed accurately and reflects the current Case Plan Goal and Concurrent Case Plan Goal provided by the County Worker
e. Importance of ensuring detailed information is added to the NSP Treatment section of the NSP when parent(s) are unable to be a part of the reunification plan.
f. Importance of ensuring that NSP's include correct goals that reflect all the client's needs.
g. Importance of ensuring that all NSP goals are completed using the SMART Format

    S= Specific
    M= Measurable
    A=Attainable
    R= Results Oriented
    T= Time Limited

h. Importance of including only relevant information in the goal section of the NSP and to avoid the use of "cookie cutter" information.
i. Importance of ensuring that the goals clearly define the persons responsible for monitoring the child's progress

j. Importance of ensuring that goals documentation regarding progress of family visitation is accurate and complete
k. Importance of ensuring that the NSP signature page is properly dated with the date the NSP was signed.

We have our changed our practices in response to the finding that there was contradictory information in the Mental Health Section. It was noted that the NSP's for one client indicated the client was taking psychotropic medication but the GH roster indicated that the client was not taking psychotropic medication. The GH did have PMA's for the client who was on psychotropic medication at time his Initial NSP and two Updated NSP's were completed but they were notprovided to the Monitor at the time of his visit. These PMA's are attached as Exhibit B so that the Monitor can confirm that the Agency was in compliance

We now attach the PMA to the printed version of all NSP's, in addition to attaching it to the e-mail sent to the County Worker with the NSP. We will also ensure that we provide the GH Monitor with all PMA's at the time of the site visit, even if the client selected for review is not on psychotropic medication at time of the site visit.

In addition, the QA Coordinator will continue to review all Initial and Updated NSP's to ensure that all required elements are present, that the NSP is comprehensive and that all information is accurate.

This plan has been implemented

Person Responsible for Implementation: Derrick Perry, Program Director

IV. **Area of Review: Education and Workforce Readiness**

There were no deficiencies in the 5 areas reviewed.

V. **Area of Review: Health and Medical Needs**

There were no deficiencies in three of the four areas reviewed.

4. A review of the files showed that one (1) of the seven (7) children was not provided with timely follow-up medical appointments. A review of the child's NSP's showed that he had he missed 2 medical appointments and an explanation was not provided.

Corrective Action Plan Finding 4:

Upon investigation of this deficiency by the QA Coordinator, it was determined that the 2 follow-up medical appointments were missed as the result of

miscommunication regarding scheduling between the Health Services Department responsible for scheduling the appointments and the Unit Manager and Program Services staff responsible for coordinating transportation.

To prevent future deficiencies of this type, the Agency will ensure that medical appointments are not missed as a result of miscommunication by holding the Unit Manager responsible for ensuring that they carefully review the Health Services appointment schedule and are aware of all scheduled appointments with outside providers. The Program Services staff will also review the Health Services appointment schedule as a back-up check to ensure that residents are transported to all scheduled appointments. In addition, should medical appointments be missed for any reason, the reason shall be included in the Medical/Physical/Dental Health section of the NSP.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

VI. Psychotropic Medication

There were no deficiencies in the two areas reviewed.

VII. Area of Review: Personal Rights and Social/Emotional Well Being

There were no deficiencies eleven of the thirteen areas reviewed.

5. Three (3) out of the seven (7) children reported that they were unsatisfied with the quality of food. One of the children felt that the Group Home did not provide enough variety in their protein diet because many of the meals consisted of poultry as the main course. The other two (2) stated that the meals were not flavorful enough to meet their preferred tastes.

6. One (1) out of the seven (7) children reported that he was not being treated with respect and dignity. The child indicated that staff are rude at times and talk down to him.

7. One (1) out of the seven (7) children was not being provided with church services. The child reported that he has requested to be taken to Sunday Mass services but has been told that there was insufficient staff coverage to take him.

8. One (1) out of the seven (7) children reported that he did not feel as if he had the right to reject medical care. The child reported that he was coerced to attend a

doctor's appointment on one (1) occasion when he initially declined to go because staff told him he would get in trouble for refusing.

Corrective Action Plan Finding 5:

The Agency will continue to solicit feedback from residents regarding their food likes and dislikes. In order to prevent future incidents of this type, the Agency will continue to forward resident feedback to the Agency Food Services Provider with a request that the appropriate changes be made in the menu/meal preparation to reflect resident likes and dislikes. In addition, members of the Resident Council will continue to report residents' concerns about food to the Residential Management Team during bi-weekly Resident Council Meetings.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

Corrective Action Plan Finding 6:

The Agency embraces our values, one of which is Mutual Respect. In addition, we pride ourselves in providing quality customer service at all times; the residents should always be the recipient of quality customer service in all interactions with our staff. In order to prevent future incidents of this type, we will continue to stress the value of Mutual Respect and importance of quality customer service in weekly meetings led by managers and supervisors. In addition, the Program Director provides training for all staff several times per year regarding quality customer service. Quality customer service to our residents includes treating them with respect, dignity and an understanding of their unique individual needs. The Agency will also conduct a Resident Satisfaction Survey (X) times per year. The Residential Management Team uses the results of these survey in order to make programmatic changes to improve the delivery of services to residents.

A copy of the Resident Survey is attached as Exhibit C

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

Corrective Action Plan Finding 7

The Agency understands the importance of ensuring that the individual spiritual/religious needs of each resident are met. In order to prevent future incidents of this type, the Intake Coordinator will continue to obtain information related to resident spiritual/religious needs during the intake process. In addition, the Unit Manager will ensure that he/she is aware of the spiritual/religious needs of each of their residents and for employing creative strategies to ensure these needs are met. The Agency understands that "insufficient staff coverage" is not a valid reason for failing to meet these needs.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

Corrective Action Plan Finding 8

All residents are advised of their right to refuse psychotropic medication and medical/dental care at time of intake and to sign the Right to Refuse Care Notification reflecting this. The resident who reported that he was coerced to attend a doctor's appointment and did not feel he could refuse medical care signed this form at intake. The Agency will continue to ensure that residents are aware of their right to refuse medical care at intake and throughout their stay. The Unit Manager, Residential staff and Health Services staff will all be involved in ensuring that residents are regularly advised of this right.

Please reference Exhibit D , the right to Refuse Care Notification for client 3, signed at time of intake to the Agency

This plan has been implemented.
Person Responsible for implementation: Derrick Perry, Program Director

VIII. **Area of Review: Personal Needs/Survival and Economic Well Being**

There were no deficiencies four of the seven areas reviewed.

9. A review of each child's clothing allowance logs revealed that one (1) of the children was missing proper documentation for one (1) of the months.

10. A review of each child's allowance logs revealed that one (1) out of the seven (7) children was missing proper documentation.

11. One (1) out of the seven (7) children indicated that the Group Home did not encourage the use of life books. The child reported that staff place pictures and awards his life book for him and that they kept it put away in the staff office. He added that he has not been involved in the maintenance of his life book.

Corrective Action Plan Finding 9:

Upon investigation of this deficiency by the QA Coordinator, it was noted that the Unit Manager did not include an entry on the Clothing Allowance Log for the month of February; he made an error on the Clothing Allowance Log by documenting that client was admitted in March. Future incidents of this type will be prevented by a more careful review of all resident Clothing Allowance Logs by Unit Manager, in addition to review by the QA Coordinator during monthly audits of the residential files. If an error is discovered, it will immediately be corrected and the appropriate revisions made to the Clothing Allowance Log to reflect the receipt of the $50.00 per month Clothing Allowance.

This plan has been implemented.
Person Responsible for implementation: Derrick Perry, Program Director

Corrective Action Plan Finding 10:

The Unit Manager responsible for failure to ensure timely distribution of the allowance was counseled. The resident in question was given the allowance owed to him. Future incidents of this type will be prevented by a weekly review of all Allowance Logs by the Unit Manager. Should the Unit Manager note missing entries/discrepancies, this will be corrected immediately and the resident will be given allowance owed, if applicable. In addition, the QA Coordinator will also review the Allowance logs during monthly audits of the residential files and should any missing entries be noted, the QA Coordinator will immediately notify the Unit Manager so the issue can be resolved immediately.

This plan has been implemented.
Person Responsible for implementation: Derrick Perry, Program Director

Corrective Action Plan Finding 11:

This deficiency occurred as a result of the Unit Manager keeping Lifebooks in her office so that residents would not put graffiti on the Lifebook or damage the Lifebook. The Agency has stopped this practice. However, should staff become aware of residents putting graffiti on their Lifebooks, the Lifebook will be kept in the staff office. The resident will be allowed to see his Lifebook any time he

wishes, under the supervision of staff. This practice will be continued until the treatment team is able to work with the youth in developing strategies as alternatives to graffiti.

This plan has been implemented.
Person Responsible for implementation: Derrick Perry, Program Director

IX. **Area of Review: Discharged Children**

There were no deficiencies in the three areas reviewed.

X. **Area of Review: Personnel Records**

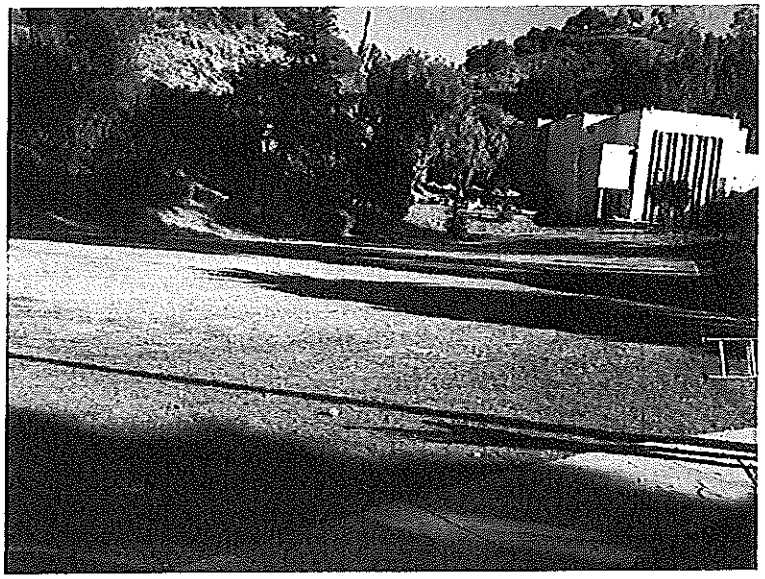
There were no deficiencies in the 7 areas reviewed.

Respectfully Submitted,

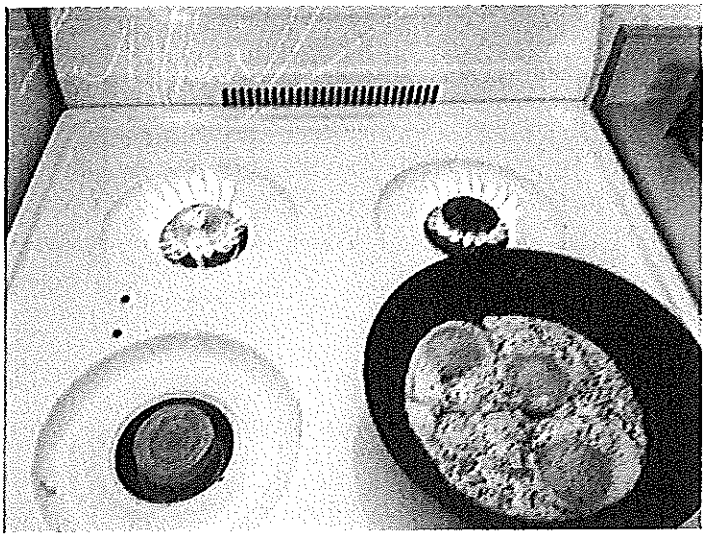
Derrick Perry
Residential Program Director

EXHIBIT A

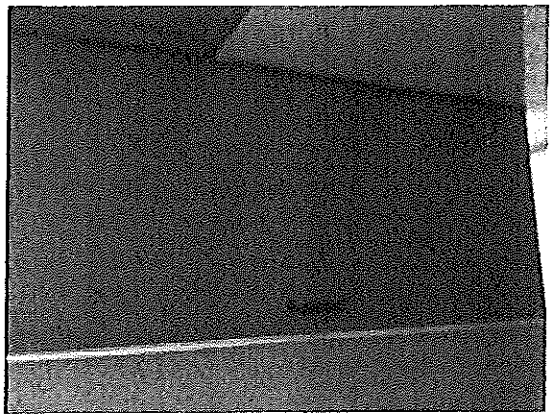
Re-Sodding of Main Playfield (Complete 12/31/13)



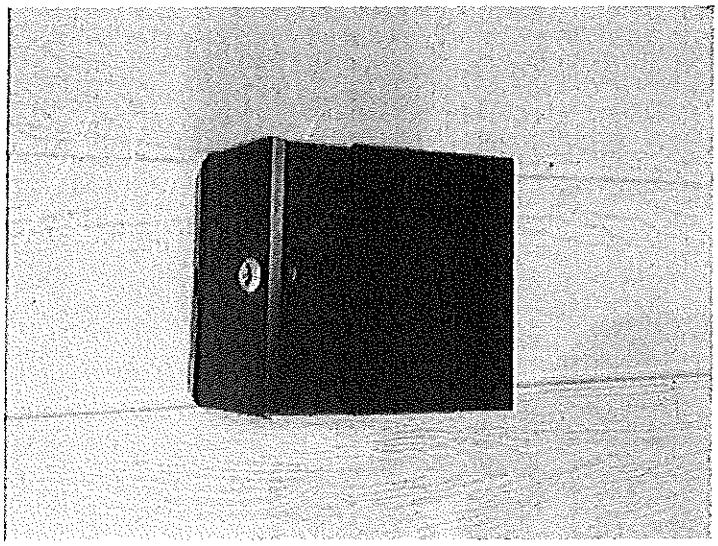
Swain Cottage – Kitchen Stove Back Burners (Repaired 10/11/13)



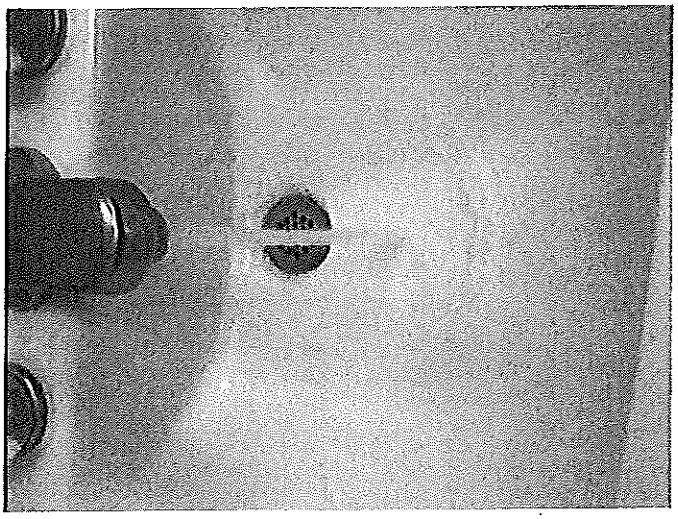
Gatchell Cottage – Repair of Chipped Paint, RR#2 Toilet Partition Door, Repaired 9/27/13



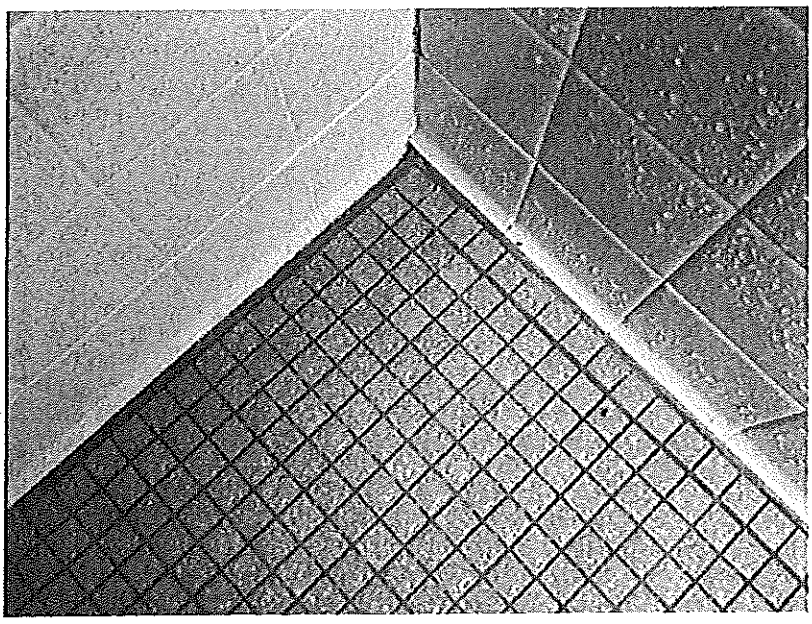
Burton Cottage – Grievance Box Installed In Living Room/Common Area, Installed 10/3/13



Burton Cottage – Downstairs Restroom – Repaired Slow Sink Drain, Fixed 10/9/13

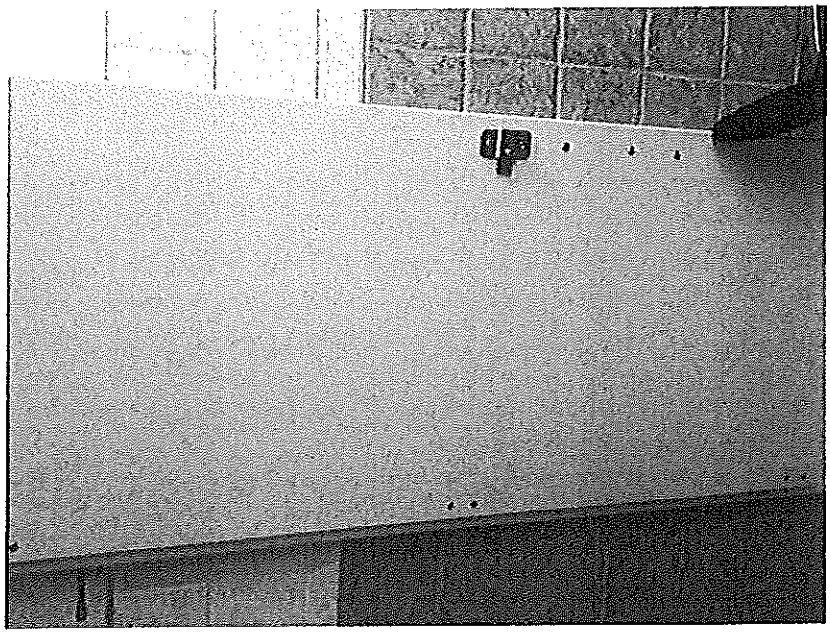


Burton Cottage – Repair of loose tile(s), Repaired 10/10/13

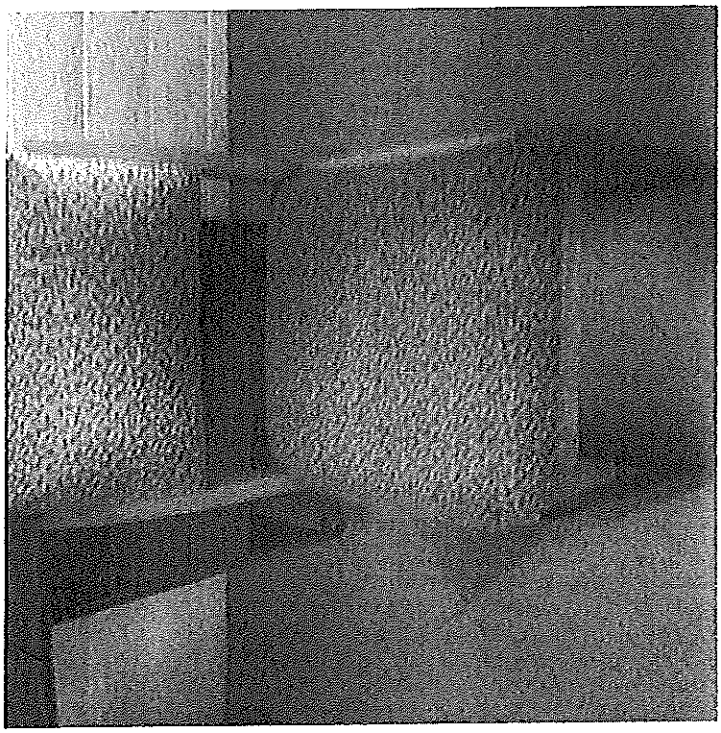


Dow Cottage – Upstairs RR – Repair of slow sink drain, Repaired 10/9/13

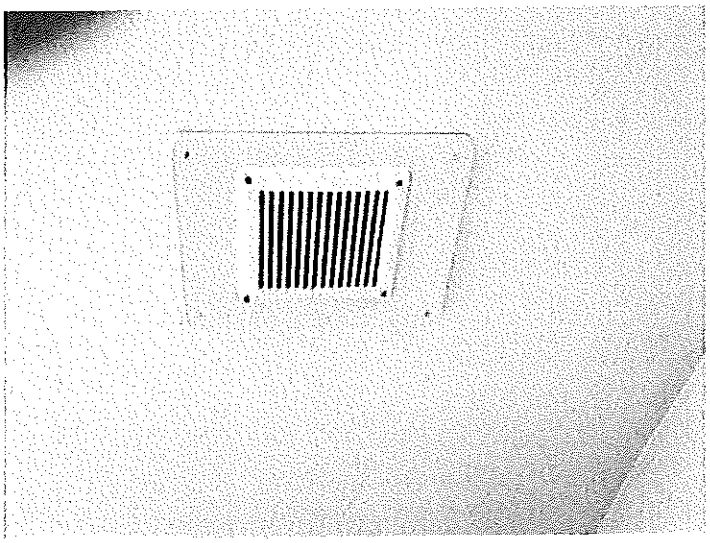
Dow Cottage – Downstairs stall removal of graffiti, repaired 9/26/13



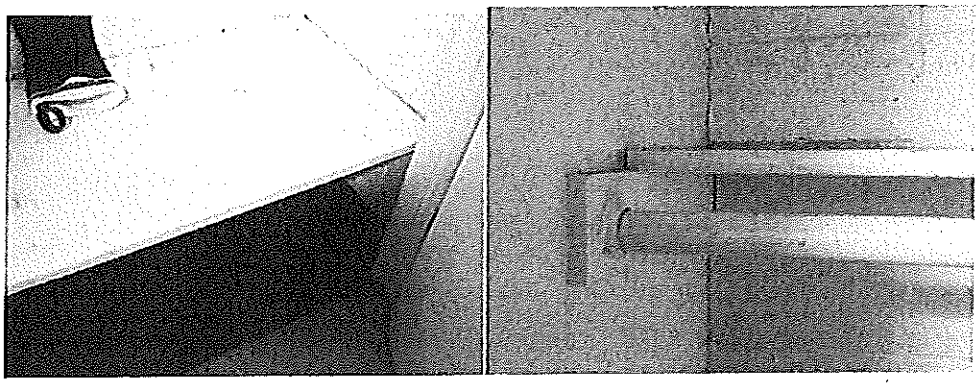
Thurber Cottage – Clean Chairs placed at entrance, 9/30/13



Thurber Cottage – Upstairs RR – Clean Vent, cleaned 10/3/13

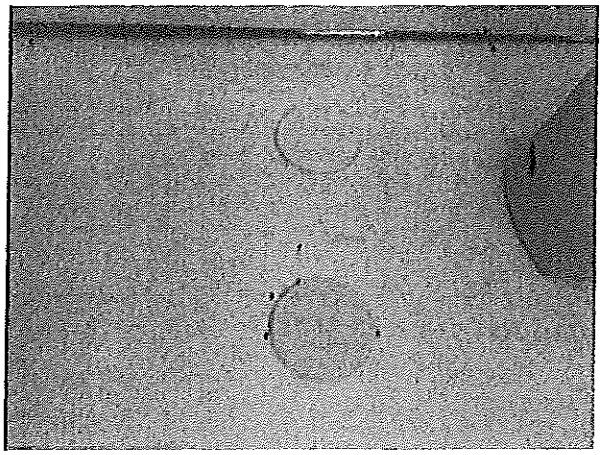


Thurber Cottage – BR#4 – Repair of loose closet shelf, fixed 10/10/13

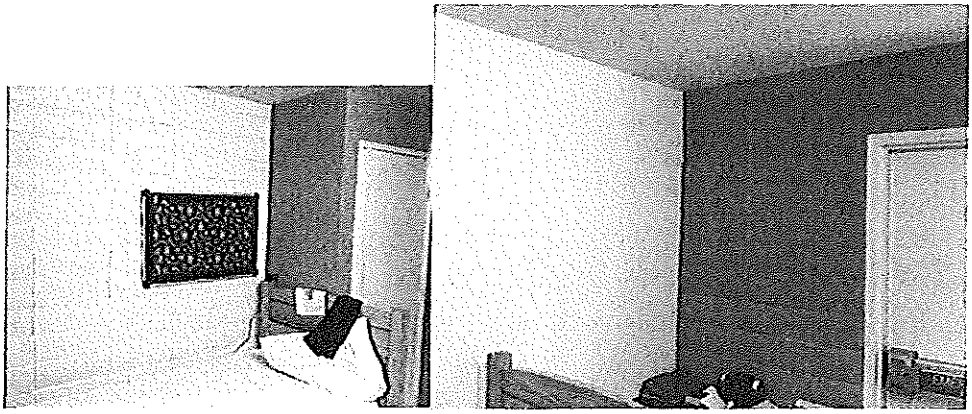


Gatchell Cottage – Room #5 Loose window screen (repaired 9/30/13)

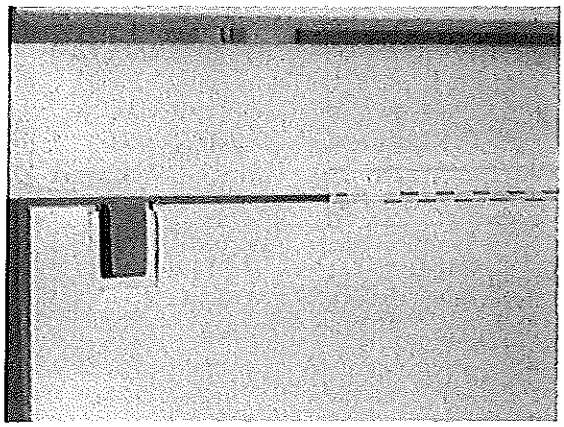
Thurber Cottage – Staff RR, repair of exposed A/C wiring, fixed 10/2/13



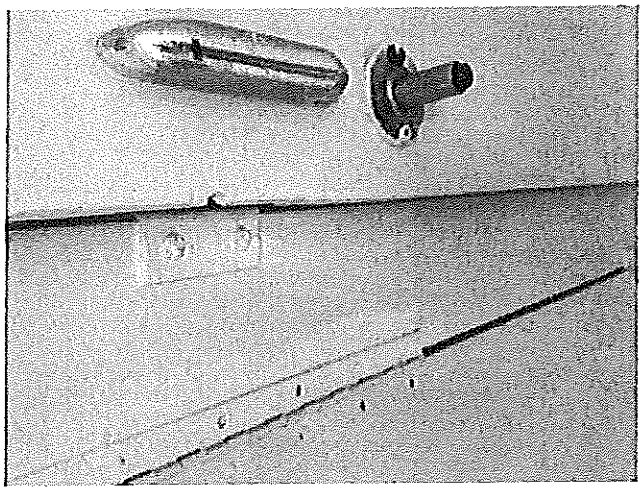
Thurber Cottage – general cleaning and graffiti removal (ongoing)



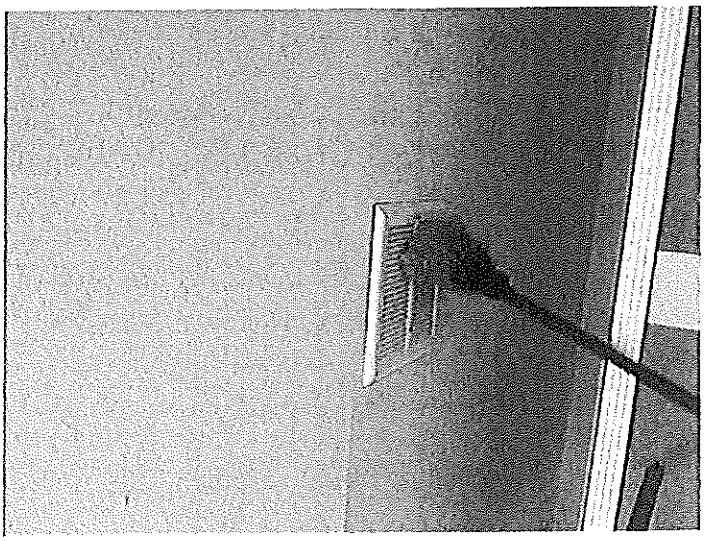
Wittry Cottage – Upstairs RR broken top bracket mount removed and replaced by stronger piano hinge and painted 1/28/14



Wittry Cottage – Upstairs RR middle bracket mount on toilet partition, new mounting screws installed and bracket painted, 1/28/14



Burton Cottage, Downstairs RR, Cleaning of RR Vent, 1/28/14



Dow Cottage, clean window sills, Bedrooms 4, 5, & 6 (9/30/13)

EXHIBIT B

JV-220 Application Regarding Psychotropic Medication

Clerk stamps date here when form is filed.

Attach a completed and signed JV-220(A), *Prescribing Physician's Statement—Attachment,* with all its attachments, must be attached to this form before it is filed with the court. Read JV-219-INFO, *Information About Psychotropic Medication Forms,* for more information about the required forms and the application process.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name: [redacted]

Date of Birth: [redacted]

Clerk fills in case number when form is filed.

Case Number: [redacted]

(1) Information about where the child lives:

a. The child lives ☐ with a relative ☐ in a foster home
☐ with a nonrelative extended family member
☐ in a regular group home ☑ in a level 12–14 group home
☐ at a juvenile camp ☐ at a juvenile ranch
☐ other *(specify):*

b. If applicable, name of facility where child lives:
LeRoy Haynes Center, 233 W. Baseline Rd, La Verne CA 91750

c. Contact information for responsible adult where child lives:
(1) Name: Jennifer Mosson, LPT
(2) Phone: (909) 593 2581 ext 160 Fax 909-596-8826

(2) Information about the child's current location:

a. ☑ The child remains at the location identified in (1).

b. ☐ The child is currently staying in:
(1) ☐ a psychiatric hospital *(name):*
(2) ☐ a juvenile hall *(name):*
(3) ☐ other *(specify):*

(3) Child's ☐ social worker ☑ probation officer

a. Name: TBD
b. Address:
c. Phone: Fax:

(4) Number of pages attached: 4

Date: 1/23/13

Jennifer Mosson, LPT
Type or print name of person completing this form

Signature

☐ Child welfare services staff *(sign above)*
☐ Probation department staff *(sign above)*
☑ Medical office staff *(sign above)*
☐ Caregiver *(sign above)*
☐ Prescribing physician *(sign on page 3 of JV-220(A))*

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Jan
Leroy Haynes

CP0014-13

JV-223 Order Regarding Application for Psychotropic Medication

Clerk stamps date here when form is filed.

FILED
LOS ANGELES SUPERIOR COURT
JAN 28 2013
JOHN A. CLARKE, EXECUTIVE OFFICER
BY DBS

The Court read and considered:

a. *JV-220, Application Regarding Psychotropic Medication,* and JV-220(A), *Prescribing Physician's Statement—Attachment,* filed on *(date):* _____

b. ☐ *JV-222, Opposition to Application Regarding Psychotropic Medication,* filed on *(date):* _____

c. ☐ Other *(specify):* _____

Fill in court name and street address:
Superior Court of California, County of

The Court finds and orders:

(1) a. ☒ Notice requirements were met.

b. ☐ Notice requirements were *not* met. Proper notice was not given to:

Fill in child's name and date of birth:
Child's Name: [redacted]
Date of Birth:

(2) ☐ The matter is set for hearing on *(date):* _____
at *(time):* _____ in *(dept.):* _____

Fill in case number when form is filed.
Case Number:
[redacted]

(3) ☐ Application was made for authorization to begin or to continue giving the child the psychotropic medication listed in (15) on page 3 of JV-220(A).
A copy of page 3 is attached to this order.
The application is *(check one):*

D.260

a. ☒ granted as requested.

b. ☐ granted with the following modification or conditions to the request as made in (15) on the attached page 3 of JV-220(A) *(specify all modifications and conditions):* _____

c. ☐ denied *(specify reason for denial):* _____

(4) ☐ Other *(specify):* _____

This order is effective until terminated or modified by court order or until 180 days from the date of this order, whichever is earlier. If the prescribing physician is no longer treating the child, this order extends to subsequent treating physicians. A change in the child's placement does not require a new order regarding psychotropic medication. Except in an emergency situation, a new application must be submitted and consent granted by the court before giving the child medication not authorized in this order or increasing medication dosage beyond the maximum daily dosage authorized in this order.

Date: 1-28-13

[signature]
Signature of judge or judicial officer

DPO: Mata, Reuben
SDPO: Ortiz, Belarmina
LOC: CEN

JV-220(A) Prescribing Physician's Statement—Attachment

Case Number: [redacted]

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

(1) Information about the child *(name)*: [redacted]
Date of birth: 1-29-96 Current height: 5' 9 1/2" Current weight: 194 lb's
Gender: Male Ethnicity: Latino

(2) Type of request:
a. ☐ An initial request to administer psychotropic medication to this child
b. ☑ A request to continue psychotropic medication the child is currently taking

(3) ☑ This application is made during an emergency situation. The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:
The client came to us on these medications. so far he has done well.

(4) Prescribing physician:
a. Name: Dr. Moises Vargas License number: A88581
b. Address: 233 W. Baseline Rd. La Verne, Ca 91750
c. Phone numbers: 909-593-2581 Ext. 598, Fax (909)596-8826
d. Medical specialty of prescribing physician:
☑ Child/adolescent psychiatry ☐ General psychiatry ☐ Family practice/GP ☐ Pediatrics
☐ Other *(specify)*:

(5) This request is based on a face-to-face clinical evaluation of the child by:
a. ☑ the prescribing physician on *(date)*: 1/22/13
b. ☐ other *(provide name, professional status, and date of evaluation)*:

(6) Information about child provided to the prescribing physician by *(check all that apply)*:
☑ child ☑ caregiver ☐ teacher ☐ social worker ☐ probation officer ☐ parent
☑ records *(specify)*: Medical Records
☑ other *(specify)*: Therapist, Child Advocate, Group Home Unit Manager

(7) Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.
The client came to us on these medications. So far he has done well. In the past he has displayed poor impulse control. He has mood fluctuations. He has been aggressive towards others. He also reported auditory hallucinations in the past. He malingers for psychostimulants. He came to us on tenex and trazadone. He has a large scar on his head that transverses the forehead area. He was in a motorcycle accident when he was 12. I am reluctant to prescribe stimulants because of his head injury and aggression.

American LegalNet, Inc.
www.FormsWorkflow.com

Child's name: [redacted]

(15) List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C). Administration schedule is optional information; provide if required by local court rule.

Medication name (generic or brand) and symptoms targeted by each medication's anticipated benefit to child	*C or N*	*Maximum total mg/day*	*Treatment duration,**	*Administration schedule (optional)* • Initial and target schedule for new medication • Current schedule for continuing medication • Provide mg/dose and # of doses/day • If PRN, provide conditions and parameters for use
Med: tenex Targets: impulsive / can't focus	C	4 mg	6 mo	2 mg po QAM and Q 8 PM
Med: Trazadone Targets: Insomnia	C	300 mg	6 mo	200 mg po QHS
Med: Targets:				
Med: Targets:				
Med: Targets:				

*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.

(16) List all psychotropic medications currently administered that will be stopped if this application is granted.

Medication name (generic or brand)	*Reason for stopping*
none	

(17) List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

Medication name (generic or brand)	*Reason for stopping*
adderall	unknown reason. This writer would not prescribe this medication on a case like this. He has frontal lobe disinhibition (potential).

Date: 1/22/13

Dr. Moises Vargas
Type or print name of prescribing physician

MD
Signature of prescribing physician

Placement Admin. Svcs. Fax:323-730-5491 Feb 8 2013 12:22pm P005/005

Child's name: [redacted] Case Number: [redacted]

(8) Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (provide full Axis I and Axis II diagnoses; inclusion of numeric codes is optional):*

Mood Disorder NOS
r/o substance induced (he has used meth in the past)
ADHD NOS
traumatic brain injury (likely to add depakote to help with TBI related issues)

(9) Therapeutic services, other than medication, in which the child will participate during the next six months *(check all that apply; include frequency for group therapy and individual therapy):*

a. ☑ Group therapy: 1-5x's Weekly b. ☑ Individual therapy: 1-2x's Weekly
c. ☑ Milieu therapy *(explain):* Daily
d. ☐ Other modality *(explain):*

(10) a. Relevant medical history *(describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results):*

Requested that his neurosurgery medical records be retrieved from Long Beach Memorial Hospital.
Labs: Pending. Labs will be drawn on 1/28/13.
Physical: Pending.

b. Relevant laboratory tests performed or ordered *(optional information; provide if required by local court rule):*
☑ kidney function ☑ liver function ☑ thyroid function ☑ UA ☑ glucose ☑ lipid panel
☑ CBC ☐ EKG ☐ pregnancy ☐ medication blood levels *(specify):*
☐ other *(specify):*

(11) **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

(12) a. ☑ The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was
☑ agreeable ☐ other *(explain):*

b. ☐ The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:
(1) ☐ the child is too young.
(2) ☐ the child lacks the capacity to provide a response *(explain):*
(3) ☐ other *(explain):*

(13) The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was ☑ agreeable ☐ other *(explain):*

(14) Additional information regarding medication treatment plan: none

Placement Admin. Svcs. Fax:323-730-6491 Feb 6 2013 12:35pm P005/007

JV-220 **Application Regarding Psychotropic Medication**

Clerk stamps date here when form is filed.

Attach a completed and signed JV-220(A), *Prescribing Physician's Statement—Attachment*, with all its attachments, must be attached to this form before it is filed with the court. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

Fill in court name and street address:
Superior Court of California, County of

Fill in child's name and date of birth:
Child's Name: [redacted]
Date of Birth: [redacted]

Clerk fills in case number when form is filed.
Case Number: [redacted]

Dept. 21eO

(1) Information about where the child lives:

a. The child lives ☐ with a relative ☐ in a foster home
☐ with a nonrelative extended family member
☐ in a regular group home ☑ in a level 12–14 group home
☐ at a juvenile camp ☐ at a juvenile ranch
☐ other *(specify)*: _____

b. If applicable, name of facility where child lives:
LeRoy Haynes Center, 233 W. Baseline Rd, La Verne CA 91750

c. Contact information for responsible adult where child lives:
(1) Name: Jennifer Mosson, LPT / Gabriela Anzo, LPT
(2) Phone: (909) 593 2581 ext 160 Fax 909-596-8826

(2) Information about the child's current location:

a. ☑ The child remains at the location identified in (1).
b. ☐ The child is currently staying in:
(1) ☐ a psychiatric hospital *(name)*: _____
(2) ☐ a juvenile hall *(name)*: _____
(3) ☐ other *(specify)*: _____

(3) Child's ☐ social worker ☑ probation officer
a. Name: Peregrinach., Carlos SGV RPGE
b. Address: _____
c. Phone: _____ Fax: _____

(4) Number of pages attached: 4

Date: 6/28/13

Jennifer Mosson, LPT
Type or print name of person completing this form

▶ _____
Signature

☐ Child welfare services staff *(sign above)*
☐ Probation department staff *(sign above)*
☑ Medical office staff *(sign above)*
☐ Caregiver *(sign above)*
☐ Prescribing physician *(sign on page 3 of JV-220(A))*

JV-220(A) **Prescribing Physician's Statement—Attachment**

Case Number: [redacted]

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

(1) Information about the child *(name)*: [redacted]
Date of birth: 1/29/96 Current height: 5' 9 1/2" Current weight: 244 lb's
Gender: Male Ethnicity: Latino

(2) Type of request:
a. ☐ An initial request to administer psychotropic medication to this child
b. ☑ A request to continue psychotropic medication the child is currently taking

(3) ☑ This application is made during an emergency situation. The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:
Youth states he continues to feel impulsive and that Tenex is not fully working. Youth has agreed to try a trial of Intuniv.

(4) Prescribing physician:
a. Name: Dr. Naiyar Zaman, MD License number: A89682
b. Address: 233 W. Baseline Rd. La Verne, Ca 91750
c. Phone numbers: 909-593-2581 Ext. 598, Fax (909)596-8826
d. Medical specialty of prescribing physician:
☑ Child/adolescent psychiatry ☐ General psychiatry ☐ Family practice/GP ☐ Pediatrics
☐ Other *(specify)*:

(5) This request is based on a face-to-face clinical evaluation of the child by:
a. ☑ the prescribing physician on *(date)*: 6/28/13
b. ☐ other *(provide name, professional status, and date of evaluation)*:

(6) Information about child provided to the prescribing physician by *(check all that apply)*:
☑ child ☑ caregiver ☐ teacher ☐ social worker ☐ probation officer ☐ parent
☑ records *(specify)*: Medical Records
☑ other *(specify)*: Therapist, Child Advocate, Group Home Unit Manager

(7) Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.
Youth's mood and impulsivity have improved with Tenex, but youth expressed he contioues to feel impulsive and continues to have fluctuations in his mood. Youth is maxed out on Tenex. Youth agrees to a trial of Intuniv which is long acting to help with his symptoms.

Child's name: [redacted]

Case Number: [redacted]

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Mood Disorder NOS
r/o substance induced (he has used meth in the past)
ADHD NOS
traumatic brain injury

(9) Therapeutic services, other than medication, in which the child will participate during the next six months *(check all that apply; include frequency for group therapy and individual therapy):*

a. ☑ Group therapy: 1-5x's Weekly b. ☑ Individual therapy: 1-2x's Weekly
c. ☑ Milieu therapy *(explain):* Daily
d. ☐ Other modality *(explain):*

(10) a. Relevant medical history *(describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results):*

on 2/04/13: CBC, UA, Comprehensive Metabolic panel, and TSH: WNL.
on 1/25/13: Physical: Normal.

b. Relevant laboratory tests performed or ordered *(optional information; provide if required by local court rule):*
☑ kidney function ☑ liver function ☑ thyroid function ☑ UA ☑ glucose ☑ lipid panel
☑ CBC ☐ EKG ☐ pregnancy ☐ medication blood levels *(specify):*
☐ other *(specify):*

(11) **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

(12) a. ☑ The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was
☑ agreeable ☐ other *(explain):*

b. ☐ The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:
(1) ☐ the child is too young.
(2) ☐ the child lacks the capacity to provide a response *(explain):*
(3) ☐ other *(explain):*

(13) The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was ☐ agreeable ☑ other *(explain):* Youth is supervised by Probation. Documents were completed and faxed to court for approval.

(14) Additional information regarding medication treatment plan: none

Child's name: [redacted]

Case Number: [redacted]

(15) List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C). Administration schedule is optional information; provide if required by local court rule.

Medication name (generic or brand) and symptoms targeted by each medication's anticipated benefit to child	*C or N*	*Maximum total mg/day*	*Treatment duration**	*Administration schedule (optional)* • Initial and target schedule for new medication • Current schedule for continuing medication • Provide mg/dose and # of doses/day • If PRN, provide conditions and parameters for use
Med: Intuniv Target: impulsive / can't focus/ mood	C	4 mg	6 mo	1mg PO daily
Med: Trazadone Target: Insomnia	C	300 mg	6 mo	200 mg po QHS
Med: Target:				
Med: Target:				
Med: Target:				

**Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.*

(16) List all psychotropic medications currently administered that will be stopped if this application is granted.

Medication name (generic or brand)	*Reason for stopping*
Tenex	Youth maxed out. May benefit from longer acting medication Intuniv.

(17) List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

Medication name (generic or brand)	*Reason for stopping*
adderall	unknown reason. This writer would not prescribe this medication on a case like this. He has frontal lobe disinhibition (potential).

Date: 6/28/13

Dr. Naiyer Zaman, MD
Type or print name of prescribing physician

Signature of prescribing physician

EXHIBIT C

Dear Resident,

Leroy Haynes is examining its own effectiveness in serving the residents and wants your input. This survey is anonymous. The information collected will be compiled together to create for the staff members as a way of helping them understand how they can improve services. The Residential Quality Assurance Coordinator, Joy Gahring and an outside evaluator will look at the results and make suggestions to the management staff, child advocates and counselors without using any names or giving any specific details. Your name will not be connected with this survey. We hope you will take the time to complete it.

Your participation is voluntary. It should take you no more than 20 minutes to complete. The responses from each cottage will be compiled and summarized into a report.

If there is a question you don't want to answer, you may skip it and go to the next one.

"Staff Members" refers to the Unit Manager, Child Advocate, and Counselors in your cottage. Mark and X in the box that best answers the question. Feel free to explain an answer using the "comment" line below each question.

Thank you for your participation.

SURVEY

	Yes, Always	**Most of the Time**	**Hardly ever**	**No, Never**	**Don't know. This doesn't apply to me.**
1. Do you feel the staff members help you develop coping strategies? (They help you figure out how to deal with problems.)					
Comment:					
2. Do you feel the staff members help you feel safe?					
Comment:					
3. Do you trust the staff members?					
Comment:					
4. Are the staff members consistent in how they act?					

Comment:					
5. Do you feel the staff members help you become more responsible?					
Comment:					
6. Do the staff members help you develop a relationship with a lifelong connection?					
Comment:					
7. Do you view the staff members as role models?					
Comment:					
8. Do you feel respected by the staff members?					
Comment:					
9. Do you feel that you are provided with adequate resources?					

Comment:					
10. Do you feel that you are provided with adequate activities?					
Comment:					
11. Do you feel the status system is helping you reach your individual goals?					
Comment:					
12. For residents 14 and older: Do you feel that the staff are helping you develop independent living skills?					
Comment:					
13. Do you feel that your medical needs are met?					
Comment:					
14. What do you feel the staff members do particularly well?					

Explain:	
15. What do you feel the staff members could improve on?	
Explain:	
16. Do you have any other feedback?	
Comment:	

EXHIBIT D

Right to Refuse Care Notification

1. I have been advised of my right to refuse medical care, dental care and psychiatric care.

2. I have also been advised that it is in my best interest to discuss any refusal of care with the appropriate physician, dentist, psychiatrist or a member of the Leroy Haynes Center Health Services staff so that I can be advised of the potential health risks of my refusing care.

3. I have been advised of my right to refuse psychiatric medication, should a psychiatrist recommend that I take such medication.

4. I understand that I cannot be forced to take medication, but it is recommended that I first discuss my decisions to stop medication with my psychiatrist.

Resident Name: [redacted]

Resident Signature: [redacted]

Staff Signature: _____

Date: 2-12-13