County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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Director

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October 9, 2015

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

BOYS TOWN CALIFORNIA GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a contract compliance review of Boys Town California (the Group Home) in November 2014 and a fiscal compliance assessment in April 2015. The Group Home has two sites located in Orange County and provides services to Orange County and County of Los Angeles DCFS placed children as well as Probation foster youth. According to the Group Home's program statement, its stated purpose is to "help each child learn the skills and behaviors that are necessary for successful entry into adulthood."

The Group Home has one site, consisting of three cottages and is licensed to serve a total capacity of 28 boys and girls, ages 8 through 17 years and six very young children ages 0 to less than six for Group Home Emergency Shelter Care. At the time of the review, the Group Home served one DCFS placed child. The placed child's overall length of placement was six months, and the child's age was seventeen.

SUMMARY

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

Boys Town California was in full compliance with 5 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; Cash/Expenditures; and Payroll and Personnel.

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

The Group Home was in full compliance with 6 of 10 areas of our contract compliance review: Educational and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records. Psychotropic Medication was not applicable as the sampled child was not prescribed psychotropic medication at the time of the review.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not reported timely; Facility and Environment, related to common areas, children's bedrooms and perishable foods not being well-maintained; Maintenance of Required Documentation and Service Delivery, related to not obtaining the County social worker's authorization to implement Needs and Service Plans (NSPs) and not developing comprehensive updated NSPs.

Attached are the details of our review.

REVIEW OF REPORT

On November 18, 2014, Viktoria Penchuk, DCFS CAD, held an Exit Conference with Boys Town staff: Lawren Ramos, Executive Director; Annie Bach, Support Service Coordinator; Sarah Lipski, Support Services Specialist; and Sarah Terry, Program Director/Family Homes. DCFS staff included Jui Ling Ho, Out-of-Home Care Management Division (OHCMD). On April 29, 2015, Omnaya Zaklama held a fiscal Exit Conference with Boys Town staff: Lawren Ramos, Executive Director, Richard Leslie, Financial Officer and Denise Pham, Business Manager.

The Group Home's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and agreed to address the noted deficiencies in Corrective Action Plans (CAPs).

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

The Group Home provided the attached approved fiscal and compliance CAPs addressing the recommendations noted in this compliance report. CAD conducted a follow-up visit to the Group Home on March 24, 2015, to verify implementation of the CAP.

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

PLB:EM
LTI:vp

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Sybil Brand Commission
Lawren Ramos, Executive Director, Boys Town California
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

BOYS TOWN CALIFORNIA GROUP HOME
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 - 2015

SCOPE OF REVIEW

The fiscal compliance assessment included review of Boys Town California's (The Group Home's) financial records for the period of January 1, 2012 through July 31, 2014. CAD reviewed the financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

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

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

The Group Home was in full compliance with 5 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; Cash/Expenditures; and Payroll and Personnel.

During the review, the Group Home's Audited Financial Statements for its fiscal year ended June 30, 2013, indicated an operating loss of $48,438. However, the Group Home provided a copy of the consolidated Audited Financial Statements and Single Audit Report for its parent company, Father Flanagan's Boys' Town Child Organization, ending December 31, 2013. This report includes Boys Town California as a listed covered entity and demonstrates that it has a positive net asset position of $115,010,000.

FISCAL COMPLIANCE

No deficiencies noted.

Most Recent Fiscal Review Conducted By the Auditor-Controller

The most recent fiscal review of the Group Home was posted by the Auditor-Controller (A-C) on April 9, 2009, for the period of January 1, 2007 to December 31, 2007 and identified $78,867 in unallowable costs and $9,960 in unsupported/inadequately supported costs. The review also noted that the Group Home did not allocate its overhead costs to each county on an equitable basis and needed to strengthen its internal controls over accounting, disbursements, deposit funds timely, payroll/personnel procedures and bank reconciliations. The A-C determined that the Group Homes unrestricted cash contributions were sufficient to offset the questioned costs.

NEXT FISCAL COMPLIANCE Assessment

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

BOYS TOWN CALIFORNIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

20371 Flanagan Rd,
Trabuco Canyon, CA 92679
714-558-0303
License # 306002598
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: November 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained in Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complains on Safety/Plan Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial	9. Full Compliance

	NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (All)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (N/A)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary	Full Compliance (All)

	Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (All)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

BOYS TOWN CALIFORNIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the November 2014 review. The purpose of this review was to assess Boys Town California's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, one placed child was selected for the sample. The Contracts Administration Division (CAD) interviewed the child and reviewed the child's case file to assess the care and services received. Additionally, two discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, the placed child was not prescribed psychotropic medication.

CAD reviewed five Group Home staff files for compliance with Title 22 regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance:

Licensure/Contract Requirements

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

Three SIRs were reviewed and were appropriately documented and cross-reported to all appropriate parties; however, they were submitted late. An incident that occurred on June 9, 2014, was reported on June 11, 2014; an incident that occurred on June 20, 2014, was reported on June 24, 2014; and an incident that occurred on August 20, 2014, was reported on August 22, 2014.

The Group Home representative stated they will ensure that all SIRs are filed on time as required by the contract. During a follow-up visit on March 24, 2015, CAD reviewed three new SIRs and all were submitted timely.

Recommendation:

The Group Home's management shall ensure that:

1. SIRs are submitted timely and cross-reported.

Facility and Environment

- Common areas were not well maintained.

One bathroom in Cottage #5 had ants. The issue was immediately addressed with the family teaching couple (house parents) residing in the home. The next day, on November 7, 2015, CAD was notified that the issue has been resolved.

One bathroom in Cottage #4 had trash in a bathroom cabinet. Another bathroom in the same cottage had discoloration at the grout line between a bathtub and tile. The trash was immediately removed during CAD's site inspection. The Group Home representative notified CAD that the construction staff currently working on the remodeling of the cottage will be asked to pick up the trash timely. CAD was also notified that the second bathroom was scheduled for a full remodel beginning on November 10, 2014. At the Exit Conference, CAD received a picture confirming the remodeling of the bathroom had been completed.

- Children's bedrooms were not well maintained.

One bedroom in Cottage #4 had a clothing cabinet drawer that could not be opened. On November 18, 2014, CAD was provided with pictures of the fixed cabinet drawer.

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

Four cans of expired Campbell's Soup were found in a kitchen pantry in Cottage #4.

The Group Home representative notified CAD that a refresher training for the Group Home staff was conducted on November 17, 2014 and the Group Home's overnight staff was assigned to inspect the expiration dates of all food. On November 18, 2014, CAD received a copy of the sign-in sheet for the training. During a follow-up visit on March 24, 2015, CAD reviewed documentation for all the cottages that received a pest control inspection. The pest control inspections were completed on November 19, 2014, January 30, 2015, and February 23, 2015. In addition, the Group Home completes unannounced weekly audit checklists and an overnight staff duty checklist log, completed by the Group Home administration, family teachers and overnight staff. The Group Home management was advised to develop procedures to ensure there is a follow-up on the items noted during the weekly audits.

Recommendations:

The Group Home's management shall ensure that:

2. The common areas are well maintained.

3. The children's bedrooms are well maintained.

4. The Group Home maintains adequate perishable and non-perishable foods.

Maintenance of Required Documentation and Service Delivery

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

One initial NSP was reviewed and one updated NSP was reviewed; they both had missing CSW's signatures. For the initial NSP, only two attempts to obtain the CSW's authorization to implement the NSP were documented. For the updated NSP, there was only one attempt to obtain the CSW's authorization.

At the Exit Conference, CAD notified the Group Home representatives that the Group Home had the same deficiency during 2013-2014 fiscal year monitoring review and this portion of the CAP was not fully implemented. The Group Home representatives were advised to fully address this issue in the current CAP. The Group Home representatives responded that they are in the process of hiring an assistant who will be responsible for monitoring and obtaining the CSW's authorization to implement NSPs. Otherwise, three attempts to obtain the authorization will be documented. During a follow-up visit conducted on March 24, 2015, CAD reviewed one updated NSP that was due since the monitoring review, and confirmed the Group Home obtained all required signatures on the NSP.

- The Group Home did not develop comprehensive updated NSPs.

One reviewed updated NSP was not comprehensive. Although the quarterly section of the NSP was complete, the goals section did not match the information provided in the updated section of the document. Details of the progress and efforts made by the Group Home were not clearly documented.

The Group Home representatives stated that a refresher training will be provided to the Group Home staff responsible for developing the NSPs. This training took place on December 9, 2014 and verification was provided to CAD. During a follow up visit conducted by CAD on March 24, 2015, CAD reviewed two updated NSPs and verified that they were in compliance with the guidelines.

Recommendations:

The Group Home management shall ensure that:

5. The CSW's authorization to implement NSPs are obtained.

6. Development of comprehensive updated NSPs are obtained.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION's (OHCMD's) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated May 6, 2014, identified one recommendation.

Results:

Based on CAD's follow-up, the FFA did not fully implement one previous recommendation for which they were to ensure that:

- The Group Home staff obtains or documents efforts to obtain the DCFS CSW's authorization to implement the NSP in a timely manner.

Recommendation:

7. The outstanding recommendation from the 2013-2014 monitoring report dated May 6, 2014, which is noted in this report as finding 5, is fully implemented.

At the Exit Conference, the Group Home representatives expressed a desire to remain in compliance with all Title 22 regulations and contract requirements. A follow-up visit was conducted by CAD on March 24, 2015, and the Group Home had fully implemented 4 of 6 recommendations. The Group Home had not fully implemented procedures on following up with weekly reviews conducted by the family teachers to ensure the common areas are well maintained, as well as the NSP development. The Group Home was advised to fully implement their follow-up procedures. CAD will continue to assess implementation of the recommendations during our next review. OHCMD will provide on-going technical assistance prior to the next review.

BOYS TOWN California

County of Los Angeles
Department of Children and Family Services
Contracts Administration Division
3530 Wilshire Blvd, 4th Floor
Los Angeles, CA 90212
Dear Mrs. Viktoria Penchuk,

The following is an updated and revised plan of correction (12/31/2014) in response to your November 2014 Contract Compliance Review to Boys Town California, Inc. programs in Trabuco Canyon. Below you will see your findings and our corrective action plan.

Corrective Action Plan (CAP):

I. Licensure/Contract Requirement:

Element #4 – Are all Special Incident Reports (SIRs) appropriately documented and cross reported timely? (SAFETY)

Finding

SIRs – The following SIRs (sampled children) were not filed timely: 373131 (ID: 06/20/2014; RD: 6/24/2014), 371924 (ID: 06/09/14, RD: 06/11/14), 379664 (ID: 08/20/14, RD: 08/22/14)

Corrective Action Plan

1. SIR due dates vary based on incident type.
2. The SIR process was updated to reflect the due date expectations and resent to all employees. It should be noted that every time there is a change in the process it is resent to all employees. Please see attached process and documentation.
3. The SIR process is available on a shared drive that all employees have access to.
4. An email was sent out on 12/31/14 to ensure that all staff were reminded and aware that the updates were made to the process. Please see attached email.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes and Site Support Specialist will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

BOYS TOWN.

II. Facility and Environment:
Element #11 – Are common quarters well maintained? (clean, sanitary; neat; comfortable; adequate furniture and lighting,; home like environment, no safety hazards) (SAFETY)

Finding
House #5 : ants in bathroom #2
House #4: Trash in bathroom #1 cabinet; (dirt/mold?) at the grout between the bathtub and tile in bathroom #2

Corrective Action Plan

In regards to House #5 – The Site Maintenance Foreman was notified immediately of the ants in the bathroom. The next day the Site Maintenance Foreman came and sprayed for the ants. On 11/4/14 Site Support Specialist checked the facility to ensure the ants were no longer there and they were not ants present. On 11/17/14 a training was conducted by the Site Support Specialist with the overnight staff on cleanliness/duties/responsibilities/work orders.

In regards to the House #4 – the trash was removed that day from the cabinet. Feedback was given to the workers who were working on the bathroom remodel and picture of the clean cabinet was submitted the day after the audit. In regards to bathroom #2 – it has been fully remodeled and pictures were sent. There is no longer presence of mildew in the grout.

As an ongoing current monitoring process;

1. The Site Support Specialist is going to conduct monthly Program Monitoring Visits to each home. They use an extensive tool to check for all items listed above as well. (attached PMV tool) This tool catches maintenance issues as well as other issues. When a maintenance issues is identified the Site Support emails the overnight staff in that home to ensure a work order was submitted and also follows up to see if the work order has been completed.
2. Each overnight is also responsible for conducting a monthly Program Monitoring Visit tool to ensure they are reporting and fixing issues like the items listed above. If there are maintenance issues the overnight should place a work order. The work order goes to the Site Maintenance Foreman and the Family Home Consultant and Program Director are CCed on the email.
3. Family Home Consultants have also begun implementing a weekly audit checklist that has them review each of their homes on a weekly basis for cleanliness and feedback is given immediately to the Staff working in the home. Work orders can be addressed here as well and are submitted by the home to the Site Maintenance Foreman.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes, Site Support Specialist, Site Maintenance Foreman, Family Teachers and Overnight Staff will ensure implementation of the CAP.

BOYS TOWN.

Time Frame of Implementation
The CAP has been implemented.

Element #12 – Are Children's bedrooms well maintained? (clean, sanitary; neat comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age appropriate decorations; and appropriate sleeping arrangements. (SAFETY)

Finding
House #4: Bedroom #3 Cabinet Drawer (right side, 2nd from up) could not be opened (the agency fixed the drawer, picture was emailed to CAD)

Corrective Action Plan

As an ongoing current monitoring process;

1. The Site Support Specialist is going to conduct monthly Program Monitoring Visits to each home. They use an extensive tool to check for all items listed above as well. (attached PMV tool) This tool catches maintenance issues as well as other issues. When a maintenance issues is identified the Site Support emails the overnight staff in that home to ensure a work order was submitted and also follows up to see if the work order has been completed.
2. Each overnight is also responsible for conducting a monthly Program Monitoring Visit tool to ensure they are reporting and fixing issues like the items listed above. If there are maintenance issues the overnight should place a work order. The work order goes to the Site Maintenance Foreman and the Family Home Consultant and Program Director are CCed on the email.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes, Site Support Specialist, Site Maintenance Foreman will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

Element #14 – Does the group home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze" by, "sell by", "best by", or expiration dates? (a minimum of a two day supply of perishables and a one week supply. (SAFETY)

Finding
House #4: 4 cans of expired Campbell soup was found in pantry (expiration date: one day before the inspection).

BOYS TOWN.

Corrective Action Plan

1. Site Support Specialist completed a training with all overnight staff on 11/17/14. In this training job duties/cleanliness/responsibilities/work orders were reviewed.
2. Part of the overnights job duties is to check for expired foods and dispose of them if they are expired on a weekly basis. (Please see attached weekly duty checklist for Overnights indicating that they must look for expired food and throw it out.)
3. The Family Teachers check the job duties check list in the morning to ensure the overnight signed the bottom as having completed their nightly duties.
4. The Site Support Specialist and Family Teachers of the home also conduct a once a month program monitoring visit which includes checking for expired food. Please see attached copy of the Program Monitoring Visit Tool used by both Staff in the home and the Site Support Specialists.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes, Site Support Specialist, Family Teachers, and Overnight Staff will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

III. Maintenance of Required Documentation and Service Delivery:

Element #16 – Did the Group Home obtain or document efforts to attain the County Workers authorization to implement the needs and services plan? (WELL-BEING)

Finding:

Initial NSP: 2 attempts (efforts to obtain signature documented); Updated NSP: 1 email, providing copy of the NSP to CSW.

Corrective Action Plan

1. Clinical Support Specialists have a weekly audit checklist. Part of this weekly audit checklist is ensuring that NSPs are in the youth's service planning binder and was completed on time.
2. Program Director added to the weekly audit checklist to check for workers' signatures on the NSPs on a weekly basis.
3. If the Clinical Support Specialist reviews the file and there is not a signature from the worker present the Clinical Support Specialist will email the CSW to remind them to please send their signature for the NSP.

4. The Clinical Support Specialist will print the email and place it in the youth's file.
5. The Clinical Support Specialist will complete this process weekly until 3 attempts have been documented or the signature arrives and is filed in the youth's binder.

Person(s) Responsible for Implementation of the CAP
Clinical Support Specialist will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

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

Finding: Updated NSP: very well developed, especially Quarterly Update section. However, the information provided in the "update" section did not match the goals in the same NSP. In the "update" section, a lot of progress was discussed, but in the goals section, all goals were transferred from initial NSP without modification regardless of progress made and already outlined in the "update" section. Further, information in regards to uncle refusing visitation with the youth repeated in the Updated NSP. Attempts as to what has been done to change the current situation should be documented and if still no progress has been made, an new plan/goal should be developed for youth such as documenting efforts to find a mentor for a youth, etc.. Also, contacts between CSW and youth are documented rather than communication between the CSW and the agency. Last the agency should document individual and group counseling (in house and outside) in NSP.

Corrective Action Plan

Out of Care Group Home Monitor Jui-Ling Ho provided training on comprehensiveness and expectations of writing NSPs on 12/09/14. Group Home Social Workers, Program Director, and Site Support Specialist were in attendance.

Corrective Action Plan

1. Out of Home Care Jui-Ling Ho conducted training on NSP expectations and quality on 12/09/14. During this training she let the group home's social workers know that they need to ensure they document the times that the Family Teachers and they have contact with the youth's worker.
2. The Group Home's Social Workers will ensure that they document in the NSP the dates that they and the staff have had contact with the youth's CSW.

BOYS TOWN.

Person(s) Responsible for Implementation of the CAP
Director of Family Homes and Family Home Consultant (Group Home Social Worker) will ensure implementation of the CAP.

Time Frame of Implementation
The CAP has been implemented.

Sincerely,

Sarah Ferry
Director of Family Homes
Boys Town California, Inc.