



**CALVIN C. REMINGTON**  
Interim Chief Probation Officer

## COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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December 1, 2016

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

FROM: Calvin C. Remington *Felicia Cotton for*  
Interim Chief Probation Officer

SUBJECT: **TRINITY YOUTH SERVICES GROUP HOME CONTRACT COMPLIANCE  
MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Trinity Youth Services (TYS), operated by Trinity Youth Services, Inc., in February 2016. Currently, TYS consists of three (3) Group Home sites: El Monte, Apple Valley, and Yucaipa. The previous fourth site, Trinity-Norco, was permanently closed in August 2015. The Trinity-El Monte site is located in the First Supervisorial District of Los Angeles County; the Trinity-Apple Valley site is located in the First Supervisorial District of San Bernardino County; and the Trinity-Yucaipa site is located in the Third Supervisorial District of San Bernardino County. TYS provides services to Los Angeles County Probation foster children and Probation foster children from outside counties. TYS does not currently provide services to foster children with the Department of Children and Family Services (DCFS). According to TYS's program statement, its purpose is to provide treatment to male youth who exhibit behavior, social and emotional difficulties.

The Trinity-El Monte site has 43 beds, the Trinity-Apple Valley site has 44 beds, and the Trinity-Yucaipa site has 48 beds. At the time of review, TYS was serving 82 Los Angeles County Probation foster children and 31 Probation foster children from outside counties. Based on the sample size, the placed children's overall average length of placement was five (5) months, and their average age was 15 years old.

Seven (7) Probation children from the three (3) TYS sites were selected for the interview sample. There were five (5) Probation children in the sample who were prescribed

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psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) Probation discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

### **SUMMARY**

During the PPQA/GHM review, the interviewed children generally reported feeling safe at all three (3) TYS sites, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. TYS was in compliance with six (6) of the 10 areas of our Contract Compliance Review: 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.

PPQA/GHM noted deficiencies in four (4) out of the 10 areas, and there were numerous findings related to Needs and Services Plans (NSP) and child safety issues related to a Community Care Licensing (CCL) citation for an improper restraint. It should be noted that the same deficiencies from the last review period were found in three (3) of the same areas; however, in the areas of "Licensure/Contract Requirements", "Facility and Environmental", and "Maintenance of Required Documentation and Service Delivery", the deficiencies were of a different nature from the last review period. In the area of "Licensure/Contract Requirements", Trinity-Apple Valley needed to ensure that the two (2) rear tires with low thread wear, on one (1) transportation vehicle are replaced and that the agency is in compliance with CCL, Title 22 Regulations, and remain free of future citations. It was noted in the area of "Facility and Environment" that Trinity-Apple Valley needed to repair a large crack on the wall, replace a cracked faucet handle and damaged faucet, repair a broken mirror frame, and replace a missing shop light lens cover, and Trinity-El Monte needed to replace a cracked right faucet handle. It was noted in the area of "Maintenance of Required Documentation and Service Delivery" that Trinity-El Monte and Trinity-Apple Valley needed to ensure that the children are progressing towards meeting their NSP case goals and develop comprehensive Initial and Updated NSPs.

Deficiencies were also noted in the area of "Educational and Workforce Readiness", in that, all three (3) TYS Group Home sites needed to ensure that the children's academics or attendance increases.

### **REVIEW OF REPORT**

On April 21, 2016, Probation PPQA Monitor Leng Lim held an Exit Conference with Trinity-Apple Valley Administrator Anthony Bush, Trinity-El Monte Administrator Jim Adams, and Trinity-Yucaipa Administrator Gilbert Quinbar. Administrators Bush, Adams, and Quinbar all 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).

TYS provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on April 26, 2016, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, due to the same repeated deficiencies, a quarterly follow up will be conducted to ensure the agency's adherence to their CAP in these areas, specifically NSPs. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

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

CCR:FC  
LCM

#### Attachments

- c: Sachi A. Hamai, Chief Executive Officer
- Lori Glasgow, Executive Officer, Board of Supervisors
- John Naimo, Auditor-Controller
- Phillip L. Browning, Director, Department of Children and Family Services
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Latasha Howard, Probation Contracts
- Jim Adams, Program Director, Trinity Youth Services-EI Monte
- Gil Quinbar, Program Director, Trinity Youth Services-Yucaipa
- Anthony Bush, Program Director, Trinity Youth Services-Apple Valley
- Community Care Licensing

**TRINITY YOUTH SERVICES  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Trinity Apple Valley**  
**License Number: 366401747**  
**Rate Classification Level: 12**

**Trinity Yucaipa**  
**License Number: 360900416**  
**Rate Classification Level: 12**

**Trinity El Monte**  
**License Number: 191591941**  
**Rate Classification Level: 12**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: February 2016</b>
I	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation Needs Met</li> <li>3. Vehicle Maintained In Good Repair</li> <li>4. Timely, Cross-Reported SIRs</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>8. Detailed Sign In/Out Logs for Placed Children</li> <li>9. CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> </ol>
II	<b><u>Facility and Environment</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Maintained</li> <li>3. Children's Bedrooms</li> <li>4. Sufficient Recreational Equipment/Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Foods</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
III	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Capacity and Program Statement</li> <li>2. County Worker's Authorization to Implement NSPs</li> <li>3. NSPs Implemented and Discussed with Staff</li> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Improvement Needed</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> </ol>



	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	7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	<b><u>Educational and Workforce Readiness</u></b> (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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
V	<b><u>Health and Medical Needs</u></b> (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	<b><u>Psychotropic Medication</u></b> (2 Elements)  1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (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	Full Compliance (ALL)

	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 <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	<b><u>Personal Needs/Survival and Economic Well-Being</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children's Involved in Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with Life Book</li> </ol>	Full Compliance (ALL)
IX	<b><u>Discharged Children</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (ALL)
X	<b><u>Personnel Records</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. DOJ, FBI, and CACIs Submitted Timely</li> <li>2. Signed Criminal Background Statement Timely</li> <li>3. Education/Experience Requirement</li> <li>4. Employee Health Screening/TB Clearances Timely</li> <li>5. Valid Driver's License</li> <li>6. Signed Copies of Group Home Policies and Procedures</li> <li>7. <u>All</u> Required Training</li> </ol>	Full Compliance (ALL)



**TRINITY YOUTH SERVICES GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2015-2016**

**SCOPE OF REVIEW**

The purpose of this review was to assess Trinity Youth Services (TYS) Group Home compliance with the County contract and State regulations and include a review of the TYS 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. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of this review, five (5) Probation children were prescribed psychotropic medication. The case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess TYS compliance with permanency efforts.

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

**CONTRACTUAL COMPLIANCE**

The following four (4) areas were out of compliance.

**Licensure/Contract Requirements**

During an inspection of the transportation vehicles at Trinity-Apple Valley, it was noted that one (1) van had two (2) rear tires with very low thread wear that appeared to be no more than 1/16 of an inch, which is considered unsafe.

Therefore, Trinity-Apple Valley was not in compliance with the element, "Vehicle Maintained in Good Repair?"

During the review, it was noted that the Department of Social Services, Community Care Licensing (CCL), reported a Substantiated Complaint against Trinity-Apple Valley regarding a Safety Deficiency in October 2015, which resulted in a citation issued and a Corrective Action Plan (CAP) submitted to address an improper restraint performed by an employee on a child. Therefore, Trinity-Apple Valley was not in compliance with the element, "Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?"

### **Recommendation**

Trinity-Apple Valley's management shall ensure that:

1. All vehicles maintain proper tire thread wear no less than 1/16 of an inch as recommended by the National Highway Traffic Safety Administration (NHTSA) and in accordance with the Master County Contract, Statement of Work (SOW), which states that the Contractor shall "abide by all applicable federal and state laws and regulations in transporting Placed Children."
2. All proactive measures are taken to be in compliance with CCL, Title 22 Regulations, and that the employees undergo routine "Pro-Act" or "Emergency Intervention" training to avoid reoccurrences.

### **Facility and Environment**

An inspection of the interiors of TYS sites revealed some cosmetic deficiencies that require correction. Therefore, Trinity-Apple Valley and El Monte were not in compliance with the element, "Common Areas Maintained?" and "Children's Bedroom".

At Trinity-Apple Valley, there was a large crack on the wall above the patio door in the Training Room. There was a cracked faucet handle and damaged faucet in Unit #1, Bathroom #B. There was a broken mirror frame in Unit #1, Bedroom #1, and a missing shop light lens cover in Unit #2, Bedroom #8.

At Trinity-El Monte, there was a cracked right faucet handle in Aztec Unit, Bedroom #8.



## **Recommendation**

Trinity-Apple Valley and El Monte's management shall ensure that:

1. All of the aforementioned physical plant deficiencies cited in the common areas are corrected and repaired in accordance with the CCL, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times."
2. All of the aforementioned physical plant deficiencies cited in the children's bedrooms are corrected and repaired in accordance with the CCL, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times."

## **Maintenance of Required Documentation and Service Delivery**

Of the seven (7) children's NSPs reviewed, three (3) children had updated NSPs that revealed that they were not progressing towards meeting their case plan goals. Two children's NSPs reviewed at Trinity-El Monte documented that both children continued to have substance abuse and boundary issues with their peers. The third child's NSP reviewed at Trinity-Apple Valley documented that the child continued to display negative behaviors towards the staff, teachers, and peers. None of the NSPs documented different strategies implemented to assist the child to progress. Therefore, TYS was not in compliance with the element, "Children Progressing Towards Meeting NSP Case Goals?"

All seven (7) Initial NSPs reviewed lacked the required "SMART" goals, in that the children's goals were not specific, measurable, and attainable. The Initial NSPs were also incomplete, lacking detail and the necessary information required in accordance with the NSP template.

For the first Initial NSP reviewed from Trinity-El Monte, the "Concurrent Case-Plan Goal (Permanency)" section was checked "PPLA/Transition" instead of Adoption or Legal Guardianship since the child's maternal grandfather was involved in his life. The Psychotropic Medication box was checked off "yes", but the date of PMA was not provided. Lastly, the Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the second Initial NSP reviewed from Trinity-El Monte, information from the "Quarterly Only" section should not be completed since it is an Initial NSP. The Concurrent Case-Plan Goal (Permanency) section was checked "PPLA/Transition" instead of Adoption or Legal Guardianship since the child's grandparents are involved in his life. The "If no parental involvement, please explain" section reported that the child's father has not been involved in the



child's treatment but failed to provide reasons as to why. There was also no mention of the mother's involvement with the child's treatment. The Initial NSP reported that the child has difficulty understanding classwork; however, the issue was not addressed in his Educational Outcome Goals #2. The dates when the parent and DPO/CSW signed the NSP were left blank. Lastly, the Outcome Goals #1 through #6 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the third Initial NSP reviewed from Trinity-Yucaipa, the "title" for Outcome Goal #3 should be "Educational Goals" and not "Academic Progress." The title for Outcome Goal #4 was left blank and not completed. Lastly, the Outcome Goals #1 through #4 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the fourth Initial NSP reviewed from Trinity-Yucaipa, the "Date of Admission" was left blank. For both the fourth and fifth Initial NSPs, the "Please indicate the visitation plan for parent(s), siblings, extended family members, and other significant adults, including frequency, transportation arrangements, any restrictions, etc.:" section was missing the frequency and transportation arrangement plans for the child's parents. Lastly, the Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the sixth Initial NSP reviewed from Trinity-Apple Valley, the "Case Plan Goal (Permanency)" section was checked "PPLA/Transition" instead of Family Reunification (F/R). If F/R was not feasible, TYS needed to provide a detail explanation in the "Comment" section. The "Concurrent Case Plan Goal (Permanency)" section was simultaneously checked off for "PPLA/Transition" and "Family Finding Effort-Probation/DCFS", instead of Adoption and Legal Guardianship. In the "Comment" section, it was reported that the child's maternal uncle was no longer a viable option for reunification; however, TYS failed to document why the uncle was no longer a viable option. The "If no parental involvement, please explain" section reported that the child's family has not been involved in his treatment program and his mother recently stopped answering his phone calls; TYS failed to document why the mother was no longer involved in his treatment. Lastly, the Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the seventh Initial NSP reviewed from Trinity-Apple Valley, the "Concurrent Case Plan Goal (Permanency)" section was checked "PPLA/Transition" instead of Adoption and Legal Guardianship. Also, the Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines. Therefore, TYS was not in compliance with the element, "Development of Timely, Comprehensive Initial NSPs with Child's Participation."



All seven (7) Updated NSPs reviewed were not comprehensive, as they did not include all of the required elements in accordance with the NSP template, and the goals were not specific and measurable and did not meet the SMART Goals guidelines.

For the first Updated NSP reviewed from Trinity-El Monte, the "Concurrent Case-Plan Goal (Permanency)" section remained checked off as "PPLA/Transition" instead of Adoption or Legal Guardianship since the child's maternal grandfather was still involved in his life. The child's Outcome Goals #1 were modified; however, TYS failed to make the goal more realistic and attainable by decreasing his inappropriate judgement from 0x/day to 1-2x/day, instead of 3-4x/day. The child was not progressing on his Outcome Goal #2, and the goal was modified; however, TYS failed to increase the child's meeting with the staff from 1x/week to 2-3/week to improve his school progress. Lastly, the Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the second Updated NSP reviewed from Trinity-El Monte, the "Concurrent Case-Plan Goal (Permanency)" section was again checked off "PPLA/Transition" instead of Adoption or Legal Guardianship since the child's grandparents are still involved in his life. The "If no parental involvement, please explain" and the "For Updated NSP Only GH/FFA recommendation regarding the feasibility of the child's return to his/her home, placement in another facility or move into Independent Living" sections reported that the child's father has not been involved in the child's treatment and failed to provide reasons why. There was also no mention of the mother's involvement with the child's treatment. The "Identified educational needs, explain" section was not updated and contained the same information from the Initial NSP. The dates when the child had phone contact with his family was not provided. There was no documentation on how the child has progressed with his Life Skills Training. Lastly, the Outcome Goals #1 through #6 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the third Updated NSP reviewed from Trinity-Yucaipa, the NSP contained information about the child from the month of February, when the Quarterly report period is from October to January. The "Describe child's visitation with his/her parent(s)/family of origin/guardian over the past three months" section contained information that the mother visited and telephonically contacted the child but did not "describe child's visitation." The "Address participation of family and others in child's treatment program over the past three months" section was not completed. The title for Outcome Goal #3 should be "Educational Goals" and not "Academic Progress." The "Outcome Goal #4 – Physical Health" should not be listed as a goal unless the child has an identified medical condition. Lastly,



the Outcome Goals #1 through #4 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

The fourth Child's file reviewed from Trinity-Yucaipa had two updated NSPs. For the first Updated NSP, the "Please indicate the visitation plan for parent(s), siblings, extended family members, and other significant adults, including frequency, transportation arrangements, any restrictions, etc.:" section was missing the frequency and transportation arrangement plans for the child's parents. The "Describe child's visitation with his/her parent(s)/family of origin/guardian over the past three months" section did not contain information describing the child's visitation with his parents. The "Face to Face other" did not contain the dates when the child was on community passes with his family. The Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines. The "Outcome Goal #4 Educational" was not updated from the Initial NSP to reflect that the child had transferred to Oak View Continuation School in January 2016. The goals still had the child attending Live Oak School. The "Signature Page" did not have the date when the Clinical Supervisor signed the Updated NSP.

In the second Updated NSP reviewed, the "Report progress of child's educational goals over the past three months" section was not completed. The "Please indicate the visitation plan for parent(s), siblings, extended family members, and other significant adults, including frequency, transportation arrangements, any restrictions, etc.:" section was missing the frequency and transportation arrangement plans for the child's parents. The "Describe child's visitation with his/her parent(s)/family of origin/guardian over the past three months" section did not contain information describing the child's visitation with his parents. Lastly, the Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

The fifth Child's file reviewed from Trinity-Yucaipa had two Updated NSPs. The "Mental Health Clinical Visits" section did not contain dates when the child attended his Individual Therapy sessions. The "Please indicate the visitation plan for parent(s), siblings, extended family members, and other significant adults, including frequency, transportation arrangements, any restrictions, etc.:" section was missing the frequency and transportation arrangement plans for the child's parents. The "Describe child's visitation with his/her parent(s)/family of origin/guardian over the past three months" section was not completed. The box was checked "no" for the "Have efforts been made to unite siblings who are placed under your care?" section, but TYS failed to elaborate as required by the NSP template. The "Address participation of family and others in child's treatment program over the past three months" section was not completed. The "Report progress of child's Life Skills Training/Youth Development Preparation goals over the past three months" section listed information other than how the



child progressed. The Outcome Goals #1 through #6 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

In the second Updated NSP reviewed, the dates when the child was seen for his PAASE Therapy, Individual Therapy, and Group Therapy sessions were not specific and needed to be listed individually. The "Group Therapy's Outcomes and Follow-up" section was not updated and contained the same information from the first Updated NSP. The "School behavior problems, school discipline and school suspensions" section did not contain information about the child being suspended from school for fighting. The "Address participation of family and others in child's treatment program over the past three months" section did not show the dates when the father participated, as required by the NSP template. The "Report progress of child's Life Skills Training/Youth Development Preparation goals over the past three months" section listed information other than how the child progressed. Lastly, the Outcome Goals #1 through #6 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the sixth Updated NSP reviewed from Trinity-Apple Valley, the "Case Plan Goal (Permanency)" section was checked "PPLA/Transition" instead of Family Reunification (F/R). If F/R is not feasible, TYS needs to provide a detail explanation in the "Comment" section. The Concurrent Case Plan Goal (Permanency) section was simultaneously checked off for "PPLA/Transition" and "Family Finding Effort-Probation/DCFS", instead of Adoption and Legal Guardianship. In the "Comment" section, it was reported that the child's maternal uncle was no longer a viable option for reunification; however, TYS failed to document why the uncle was no longer a viable option. The "For Updated NSP Only GH/FFA recommendation regarding the feasibility of the child's return to his/her home, placement in another facility or move into Independent Living" section did not address why F/R was not feasible, and the information provided was not updated when the NSP was completed.

The "If no parental involvement, please explain" section reported that the child's family has not been involved in his treatment program and his mother had recently stopped answering his phone calls. TYS failed to document why the mother was no longer involved in his treatment. The "dates" were not listed when the child had telephone contact with his mother as required by the NSP template. In the "Address participation of family and others in child's treatment program over the past three months" section, TYS failed to document why the mother was no longer involved in his treatment and has limited contact with her. The "Report progress of child's education goals over the past three months" section listed the child's grades but did not provide any educational progress. The "Address the GH/FFA Contact with the CSW/DPO over the past three months" section provided information when the child had contact with the DPO

instead of when the Group Home had contact with the DPO. Lastly, the Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

For the seventh Updated NSP reviewed from Trinity-Apple Valley, the "Concurrent Case Plan Goal (Permanency)" section continued to be checked "PPLA/Transition" instead of Adoption and Legal Guardianship. The "dates" were not provided when the child had telephone contact with his parents, as required by the NSP template. The Outcome Goals #1 through #5 were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines. Therefore, TYS was not in compliance with the element, "Development of Timely, Comprehensive Updated NSPs with Child's Participation."

TYS Administrators to explain why the previous year monitoring CAP provided to Probation was ineffective and continued to have the same or similar deficiencies noted.

### **Recommendation**

TYS management shall ensure that:

1. All children placed have the opportunity to progress towards meeting their Case Plan Goals. TYS shall modify or make necessary changes to the child's Case Plan Goals to make them more achievable or attainable when the child is not progressing towards meeting the goals. TYS shall make all necessary efforts to increase one-to-one counseling and therapeutic services, and immediately hold group discussions to resolve conflict resolution involving conflict with peers or staff.
2. All Initial NSPs are developed in a comprehensive, accurate and child-specific manner with Child's Participation. TYS Administrators shall provide Probation with a detailed and comprehensive Quality Assurance Plan to ensure that all sections, areas, and boxes in the Initial NSP reports are comprehensive and complete moving forward. TYS Administrators and Clinicians shall also ensure that all Initial NSP reports written fall under the requirements of the SMART Goals guidelines and that the goals are specific, measurable, and attainable.
3. All Updated NSPs are developed in a comprehensive, accurate and child-specific manner with Child's Participation. TYS Administrators shall provide Probation with a detailed and comprehensive Quality Assurance Plan to ensure that all sections, areas, and boxes in the Updated NSP reports are comprehensive and complete moving forward. TYS



Administrators and Clinicians shall also ensure that all Updated NSP reports written fall under the requirements of the SMART Goals guidelines and that the goals are specific, measurable, and attainable.

### **Education and Workforce Readiness**

Of the seven (7) Updated/Quarterly NSPs reviewed, four (4) NSPs indicated that the children's academics or attendance have not increased. In the first NSP reviewed at Trinity-El Monte, the child continued to have truancy issues and school suspensions. In the second NSP reviewed at Trinity-El Monte, the child had multiple school suspensions and was transferred to another school due to behavior issues. In the third NSP reviewed at Trinity-Yucaipa, the child continued to earn poor grades, and in the fourth NSP reviewed, the child continued to struggle to earn passing grades. Therefore, TYS was not in compliance with the element, "Children Progressing Towards Meeting NSP Case Goals?"

### **Recommendation**

TYS management shall ensure that:

1. All efforts are made by TYS to assist the children in making educational progress. TYS shall identify the child's educational strengths and weaknesses, and set an educational goal that is child specific to ensure that the outcome goals are attainable or achievable in accordance with the SMART Goals guidelines. TYS shall make any necessary adjustments to the child's educational goals in assisting the child to be academically successful.

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

The Los Angeles County Probation Department completed a compliance report for TYS for the fiscal year 2014-2015. The last compliance report dated October 20, 2015, identified eight (8) recommendations.

#### **Results**

Based on the follow-up, TYS fully implemented six (6) of the eight (8) previous recommendations for which they were to ensure that:

- The proof of registration and First-Aid kit are to be placed in the transportation vehicles at all time.

- Trinity-El Monte is free from future Community Care Licensing complaints and citations.
- The lower dry rotted exterior wood door moldings, damaged door molding, and broken shower faucet handle were repaired or replaced at Trinity-El Monte.
- The damaged electrical outlet and outlet cover, GFCI safety electrical outlets, mirror trim molding, and broken light switch cover were repaired or replaced at Trinity-Apple Valley.
- The dry rotted eaves, damaged door kick plate, loose light switch plate cover, and trash were removed, repaired, or replaced at Trinity-Norco.
- The Probation Case Worker's signature is obtained as authorization to implement the NSP at Trinity-El Monte.

However, the follow-up revealed that TYS failed to fully implement two (2) of the previous eight (8) recommendations for which they were to ensure that:

- The Initial NSP reports are comprehensive and include all of the required elements in accordance with the NSP template.
- The Updated Quarterly NSP reports are comprehensive and include all of the required elements in accordance with the NSP template.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER**

A current fiscal review of Trinity Youth Services was not scheduled for this fiscal period by the Department of Auditor Controller.





**Mission Office**  
**Foster Care • Residential Services**

Date: November 17, 2016

To: Probation Department's Group Home Monitor Unit  
Attention: Deputy Probation Officer Leng Lim

From: Trinity Youth Services- Apple Valley, El Monte, Yucaipa

Re: Corrective Action Plan 2015 – 2016, Probation Monitor Review

DPO Lim,

The Los Angeles County Probation Department has completed their audit review for the fiscal year 2015 – 2016 for the Trinity Youth Services campuses. We fully acknowledge and are in agreement with the deficiencies you noted during your audit of the campuses. We appreciate you meeting with the Trinity campus directors and clinical treatment team to address the deficiencies cited.

Attached are Trinity-Apple Valley, El Monte and Yucaipa's Corrective Action Plan for fiscal year 2015 – 2016 to address the areas of deficiency.

Thank you for your collaboration and constructive feedback. Trinity Youth Services strives to provide quality programs for youth on probation. We will continue working to ensure that we are meeting or exceeding the high standards set forth by the Los Angeles County Probation Department.

Please contact Ms. Tamoush (Apple Valley), (760) 247-9840, Mr. Tighe (El Monte), (626) 444-0539, or Gil Quinbar (Yucaipa), (909) 797-0114, if you have any questions.

Respectfully,  
Trinity Youth Services  
Campus Directors

**Trinity Youth Services  
Trinity-Apple Valley Site  
10755 Apple Valley Road  
License Number: 366401747  
Rate Classification Level: 12**

**I. Licensure/Contract Requirements:**

**Findings:**

One vehicle (License plate #: 7FTH712) has two rear tires that are very low on thread wear.

**Cause:**

The vehicle was scheduled for maintenance prior to the audit which was conducted on 2/22/16, but the earliest date available was 3/7/16.

**Corrective Action Plan:**

During the maintenance appointment, the vehicle's two rear tires were replaced.

**Quality Assurance Plan:**

Maintenance staff will complete maintenance checklists on a weekly basis. Maintenance checklists will be submitted to our Mission office and the campus director for review.

**Findings:**

Community Care Licensing (CCL) reported a Substantiated Complaint in October of 2015, regarding a staff utilizing an improper restraint on a child by placing him in a headlock not approved for use as part of the licensee's emergency intervention plan. A Correction Action Plan (CAP) was submitted to CCL to address the deficiency.

**Cause:**

The staff in this incident was Pro-ACT trained. However, he failed to utilize the techniques that he was taught during the training.

**Corrective Action Plan:**

As per our accepted CAP to CCL, the staff was retrained in Pro-ACT. The staff attended a retraining in Pro-ACT on March 1 – 3, 2016. The staff is no longer working at Trinity Apple Valley. However, for the remainder of the staff's employment, no further incidents occurred.

**Quality Assurance Plan:**

Trinity Apple Valley will continue to train all staff in Pro-ACT and ensure ongoing training is provided.

**II. Facility and Environment:**

**Findings:**



There is a large crack on the wall located above the back window in the Training Room. There is a cracked faucet handle and hole in the metal in Bathroom #B.

There is a broken mirror frame in Dorm 1, Room #1. There is a missing shop light lens cover in Dorm 2, Room #7.

**Cause:**

The previous campus director failed to consistently walk the campus with the maintenance staff on a weekly basis to identify maintenance issues.

**Corrective Action Plan:**

The deficiencies noted in the findings were all repaired or replaced.

**Quality Assurance Plan:**

A quality assurance plan is already in place whereby the dorm supervisors complete maintenance checklists. In addition, the campus director will review checklists, conduct weekly walkthroughs with maintenance staff, and complete maintenance checklists on a weekly basis.

**III. Maintenance of Required Documentation and Services Delivery**

**1. Findings:**

One of Trinity Apple Valley's Updated Quarterly NSP reports reviewed indicated that the child was not progressing toward meeting his case goal, as evident that his negative behavior has continued to progress.

**Cause:**

The client was displaying negative behaviors during his first three months in placement, as indicated in his first updated report, which was the only updated report available at the time of the audit. However, the client needed time to adjust to his new school and the program. His second updated report, which was not due until after the audit, reflected that he had significantly improved his behavior, reducing his number of negative school incidents from eight to one.

**2. Findings:**

Two of Trinity Apple Valley's Initial NSP files reviewed were not comprehensive, did not include all of the elements in accordance with the NSP template, and the children's goals were not specific, measurable, attainable, and did not meet the SMART Goals guidelines.

**Cause:**

Regarding the SMART Goal guidelines, there were some which did not demonstrate that they were Specific, Measurable, Attainable, Realistic, and Time Sensitive. More training was required. Regarding the Permanency section, the Case Plan goal for the first file from Trinity Apple Valley was checked "PPLA/Transition" instead of "Family Reunification". The client previously had F/R services at a prior placement, and it was no longer viewed as viable, due to the mother's lack of participation in treatment. The Concurrent Case Plan Goal (Permanency) section was simultaneously checked off for "PPLA/Transition" and "Family Finding Effort-Probation/DCFS," instead of Adoption and/or Legal Guardianship. These boxes were incorrectly

checked off due to a misunderstanding of how PPLA/Transition and Family Finding Effort-Probation/DCFS are described and utilized. This is a training issue. Clarification was received regarding expectations for the correct documentation in this area.

In the Concurrent Case Plan Goal (Permanency) section, under "Comments" it was reported that the uncle was no longer a viable option, but the reason was not provided. The therapist failed to follow up in documenting a more detailed explanation. In the "If no parental involvement, please explain" section, the therapist stated that the mother was no longer involved in his treatment. The mother stopped participating in treatment during his previous placement. The therapist failed to provide a more detailed explanation of when and why the mother stopped participating. This is a training issue.

For the second of two files reviewed from Trinity Apple Valley, the Concurrent Case Plan Goal (Permanency) section was checked "PPLA/Transition" instead of Adoption and/or Legal Guardianship. This box was incorrectly checked off due to a misunderstanding of how PPLA/Transition is described and utilized. This is a training issue. Clarification was received regarding expectations for the correct documentation in this area.

**Corrective Action Plan:**

The monitor reviewed SMART Goals during his meeting with the campus directors and clinical coordinators on 4/21/16. On 4/27/16, the monitor reviewed sample goals with the Trinity Apple Valley clinical coordinator and the two therapists who wrote the NSPs that he selected for the audit. The specific errors noted in the monitor's findings, pertaining to Permanency and parental involvement, were reviewed by the clinical coordinator with the therapists during their individual supervision meetings. In addition, on 5/20/16, all staff responsible for writing NSPs and SMART goals received further NSP and SMART Goal retraining, presented by the clinical director, using a sample NSP template and goals provided by the monitor. This training also included a discussion of permanency planning and providing more detailed documentation of changes to the permanency plan and reason for no parental involvement. The therapists each received a copy of the LA County NSP/Quarterly report template provided by the monitor to refer to as well. (See Training Roster attachment.) The clinical director will submit sample SMART goals to the monitor to ensure that they are acceptable.

**Quality Assurance Plan:**

Trinity Apple Valley has hired a clinical director, who currently provides clinical supervision to the individual therapists. The clinical director will provide oversight on all of the NSP and Quarterly Reports moving forward. The clinical director will ensure that all case plan goals meet the SMART Goals guidelines and that clients' progress toward their case plan goals is properly documented. The clinical coordinator will then review all of the NSPs prior to submission to the DPO of record to further ensure that all fields in the reports are completely filled out with the correct information. In addition, the campus director will conduct quarterly audits to ensure compliance. As part of the Quality Assurance process, the clinical coordinator, clinical director, and campus director are subject to a Letter of Concern and Trinity's Progressive Discipline process if this requirement is not met.

**3. Findings:**



Two of Trinity Apple Valley's Updated NSP files reviewed were not comprehensive, did not include all of the elements in accordance with the NSP template, and the children's goals were not specific, measurable, attainable, and did not meet the SMART Goals guidelines.

**Cause:**

Regarding the SMART Goal guidelines, there were some which did not demonstrate that they were Specific, Measurable, Attainable, Realistic, and Time Sensitive. More training was required. Regarding the Permanency section, the Case Plan goal for the first file from Trinity Apple Valley was checked "PPLA/Transition" instead of "Family Reunification". The client previously had F/R services at a prior placement, and it was no longer viewed as viable, due to the mother's lack of participation in treatment. The Concurrent Case Plan Goal (Permanency) section was simultaneously checked off for "PPLA/Transition" and "Family Finding Effort-Probation/DCFS," instead of Adoption and/or Legal Guardianship. These boxes were incorrectly checked off due to a misunderstanding of how PPLA/Transition and Family Finding Effort-Probation/DCFS are described and utilized. This is a training issue. Clarification was received regarding expectations for the correct documentation in this area.

In the Concurrent Case Plan Goal (Permanency) section, under "Comments" it was reported that the uncle was no longer a viable option, but the reason was not provided. The therapist should have followed up in documenting a more detailed explanation. In the "If no parental involvement, please explain" section, the therapist stated that the mother was no longer involved in his treatment. The mother stopped participating in treatment during his previous placement. The therapist failed to provide a more detailed explanation of when and why the mother stopped participating. This is a training issue.

The "Report progress of child's education goals over the past three months" section listed the child's grades, but did not provide any educational progress. This was an oversight, due to human error.

The dates were not listed when the child had telephone contact with his mother as required by the NSP template. Due to Ombudsman and CCL regulations concerning personal rights, the Trinity Youth Services campuses are prohibited from tracking dates when the clients are making and receiving phone calls. However, in the future, the days/dates of all telephone contact with family will be tracked and listed in the NSP.

The "Address participation of family and others in child's treatment program over the past three months (include dates)" section failed to document why the mother was no longer involved in his treatment and has limited contact with her. The mother stopped participating in treatment during his previous placement. The therapist failed to provide a more detailed explanation of when and why the mother stopped participating. This is a training issue.

The "Address the GH/FFA Contact with the CSW/DPO over the past three months (include dates)" section provided information when the child had contact with the DPO instead of when the GH had contact with the DPO. This omission was an oversight, due to human error. On the dates when the DPO visited the client, the DPO also met with GH staff.

For the second of two files reviewed from Trinity Apple Valley, the Concurrent Case Plan Goal (Permanency) section was checked "PPLA/Transition" instead of Adoption and/or Legal Guardianship. This box was incorrectly checked off due to a misunderstanding of how PPLA/Transition is described and utilized. This is a training issue. Clarification was received regarding expectations for the correct documentation in this area.

The dates were not listed when the child had telephone contact with his mother as required by the NSP template. Due to Ombudsman and CCL regulations concerning personal rights, the Trinity Youth Services campuses are prohibited from tracking dates when the clients are making and receiving phone calls. In the future, the days/dates of all telephone contact with family will be tracked and listed in the NSP.

**Corrective Action Plan:**

The monitor reviewed SMART Goals during his meeting with the campus directors and clinical coordinators on 4/21/16. On 4/27/16, the monitor reviewed sample goals with the Trinity Apple Valley clinical coordinator and the two therapists who wrote the NSPs that he selected for the audit. The specific errors noted in the monitor's findings pertaining to Permanency, parental involvement, education, and probation officer visits were reviewed by the clinical coordinator with the therapists during their individual supervision meetings. In addition, on 5/20/16, all staff responsible for writing NSPs and SMART goals received further NSP and SMART Goal retraining, presented by the clinical director, using a sample NSP template and goals provided by the monitor. This training also included a discussion of permanency planning and providing more detailed documentation of changes to the permanency plan and reason for no parental involvement. The therapists each received a copy of the LA County NSP/Quarterly report template provided by the monitor to refer to as well. (See Training Roster attachment.) The clinical director will submit sample SMART goals to the monitor to ensure that they are acceptable.

In the future, when Family Reunification is no longer an option, the therapist will reflect the reason in detail in the Comments section.

Going forward, the therapist will select Adoption and/or Legal Guardianship in the Concurrent Case Plan Goal section. If the person who was originally identified as a concurrent case plan option is no longer viable, the therapist will provide a detailed explanation in the "Comments" section.

In the "If no parental involvement, please explain" section, the therapist will provide a detailed explanation as to why the parent isn't involved. The therapist will also include the actions Trinity Apple Valley has taken to engage the parent in treatment.

Therapists were directed by the clinical coordinator to always provide detailed progress in the Educational section of the updated NSPs.

The dates were not listed when the child had telephone contact with his mother as required by the NSP template due to Ombudsman and CCL regulations concerning personal rights. In the future, the days/dates of all telephone contact with family will be tracked and listed in the NSP.



Therapists were directed by the clinical coordinator to specify in the "Address the GH/FFA Contact with the CSW/DPO" section that the GH had contact with the DPO.

**Quality Assurance Plan:**

Dorm supervisors will maintain and review phone logs weekly to ensure recordkeeping, and provide client-specific phone logs to the therapists quarterly. The clinical director, who currently provides clinical supervision to the intern therapists, will provide oversight on all the NSP and Quarterly Reports moving forward. The clinical director will ensure that all case plan goals meet the SMART Goals guidelines and that clients' progress toward their case plan goals is properly documented. The clinical coordinator will then review all the NSPs prior to submission to the DPO of record to further ensure that all fields in the reports are completely filled out with the correct information. In addition, the campus director will conduct quarterly audits to ensure compliance. As part of the Quality Assurance process, the clinical coordinator, clinical director, and campus director are subject to a Letter of Concern and Trinity's Progressive Discipline process if this requirement is not met.


**IV. Educational and Workforce Readiness:**

**Findings:**

One of Trinity Apple Valley's Updated Quarterly NSP reports reviewed indicated that the child, the youth was struggling to earn passing grades during his first three months in placement, as indicated in his first updated report, which was the only updated report available at the time of the audit.

**Cause:**

The client was struggling to earn passing grades during his first three months in placement. However, the client needed time to adjust to his new school. His second updated report, which was not due until after the audit, reflected that he had significantly improved, earning all B and C grades.

  
Elizabeth Tamoush, Campus Director

11/17/16  
Date

MFI TAN



**TRINITY YOUTH SERVICES**  
**El Monte Site**  
**11057 Basye Street, El Monte, CA 91731**  
**License Number: 191591941**  
**Rate Classification Level: 12**

**Facility and Environment:**

**1. Findings:**

The probation monitor reported there was a cracked right faucet handle in the Aztec Unit, Room #8.

**Cause:**

This restroom was already in the process of being actively renovated when the Monitor walked through the Campus. Drywall was being replaced (it had been replaced and patched, putty was drying, and the toilet was disassembled for repairs). The sink fixtures were to be part of the renovation process.

**Corrective Action Plan:**

The entire faucet was replaced as part of the renovation process, along with the completion of the other renovation items in that individual restroom. This was the case with other bathrooms in the area which had drywall replacement, sink, and faucet upgrade.

**Implementation:**

Renovations have been completed and the bathroom has newly upgraded and finished walls, sink, and faucet.

**Quality Assurance Plan:**

To ensure compliance, a Quality Assurance Plan was already in place whereby the dorm supervisors complete maintenance checklists. Trinity El Monte will continue to utilize this maintenance system. In addition, the Campus Director completes a minimum weekly walkthrough and completes a maintenance checklist addressing damage, tagging, anything needing repair or replacing. This information is passed to the maintenance department and dorm supervisor who reviews it on a weekly basis to ensure that the dorm supervisors are in compliance.

**Maintenance of Required Documentation and Service Delivery:**

**1. Findings:**

The probation monitor reported two of Trinity El Monte's Updated Quarterly NSR reports reviewed indicated that the children were not progressing toward meeting their case goals as evident that their negative behaviors have continued to progress.

**Cause:**

Despite interventions involving all members of the treatment team including DPO, family, and Campus staff, both children responded intermittently without consistent forward progress. Both children continued to demonstrate deliberate and severe violations. The treatment team established goals for the clients that appeared to be unrealistic over time. Upon quarterly review, treatment team should updated SMART goals for these clients.

**Corrective Action Plan:**

Trinity El Monte program and clinical staff will ensure that goals are reviewed and modified at each MDT or sooner, where the clients are not responding positively to existing goals (ensure they are SMART). Program and clinical staff will continue to keep in close communication with the DPO of record between MDT meetings for ongoing assistance with keeping each client on track for success.

**Implementation:**

In this case, the clients committed blatant violations repeatedly and were subsequently terminated from the placement. NSP training was conducted on May 12, 2016, which included Campus Director, Program Coordinator, Clinical Coordinator, and all dorm supervisors. At the training, topics included a review of the NSP sections and specific information to address proper documentation and goal modification in this area.

**Quality Assurance Plan:**

To ensure compliance, Trinity El Monte Multi-Disciplinary Team will monitor difficult cases more closely and will make program decisions in collaboration with the DPO and other members of the family and treatment team, based on clients' performances.

**2. Findings:**

The sampled children are not progressing toward meeting the Needs and Service Plans case goals; The treatment team did not develop timely, comprehensive, initial Needs and Service Plans with the participation of the developmentally appropriate child; and The treatment team did not develop timely, comprehensive, updated Needs and Service Plans with the participation of the developmentally appropriate child?

**Cause:**

Regarding SMART Goal guidelines; some SMART Goals did not demonstrate that they were Specific, Measurable, Attainable, Realistic, and Time Sensitive. Goal authors varied in their skill level. We completed this incorrectly; more training is required. Regarding the Permanency section where case plan is selected; the monitor reviewed expectations for the correct documentation in this area. We completed this incorrectly; more training is required. Regarding the PMA date box; this was strictly an oversight. The date should have been included where it was indicated. Regarding the "Quarterly only" section; Trinity staff felt that this section was not "required" except for on quarterlies. We completed this incorrectly. Regarding the "*If no parental involvement, please explain*" section; the author needed to flush out more of the details to ensure nothing was left hanging, i.e., current whereabouts of the mother. The staff knows the family details, but the reports must be written as if the reader knows nothing. Regarding the



blank date line where the parent and the DPO signed the NSP; Trinity staff have been reluctant to fill in dates for others when parents leave them blank.

**Corrective Action Plan:**

Trinity Campus Director met with Clinical Coordinator, who oversees all final NSPs. All findings were reviewed to discuss the breakdown in each case. A meeting with the Trinity Social Worker as well was conducted to ensure that areas for “quarterly only” should be left blank. Social Worker was also instructed to enter the date of signature when it is forgotten.

**Implementation:**

Following this meeting, a training took place May 12, 2016, which included the Campus Director, Clinical Coordinator, Program Coordinator, Social Worker, and all dorm supervisors. Appropriate SMART Goals were reviewed at this training. The incorrect NSPs were reviewed by the group where discussion was specific to improvement of the goals listed in the questionable NSPs. Further discussion included the Case Plan and Concurrent Case Plan requirements. Training also addressed the level of detail of the documentation. All family members should be addressed at each level of the Case Plan. The training reminded the team that the reports should be written for an audience who is not familiar with the clients and their families. Even where it may not seem important or obvious, provide all known information or indicate it is not known where appropriate.

**Quality Assurance Plan:**

To ensure compliance, the Clinical Coordinator will provide oversight on all the NSP and Quarterly Reports following the Social Worker’s completion and review of these reports. The Clinical Coordinator will ensure that all case plan goals meet the SMART Goals guidelines and that clients’ progress toward their case plan goals are properly documented. The Clinical Coordinator will review all the NSPs prior to submission to the DPO on record to further ensure that all fields in the reports are completely filled in with the correct and thorough information. The Clinical Coordinator and Social Worker will monitor trends on submitted reports which indicate the need for more training in any given area. As part of the Quality Assurance process, the Clinical Coordinator and Social Worker are subject to a Letter of Concern and Trinity’s Progressive Discipline process if this requirement is not met.

**3. Findings:**

The sampled children are not progressing toward meeting the Needs and Service Plans case goals; The treatment team did not develop timely, comprehensive, initial Needs and Service Plans with the participation of the developmentally appropriate child; and The treatment team did not develop timely, comprehensive, updated Needs and Service Plans with the participation of the developmentally appropriate child?

**Cause:**

Regarding SMART Goal guidelines; Some SMART Goals did not meet the guidelines by demonstrating they were Specific, Measurable, Attainable, Realistic, and Time Sensitive. Regarding updating/modifying SMART Goals; frequencies for change were chosen which were

not attainable and required. Goal authors varied in their skill level. We completed this incorrectly; more training is required. Regarding the Permanency section where case plan is selected; the monitor reviewed expectations for the correct documentation in this area. We completed this incorrectly; more training is required. Regarding the sections addressing parental involvement and GH recommendation for feasibility of child's return to home, other placement, or independent living; once again, Trinity included information, but needed to flush out more details to document. In this case, the "*what*" was provided, but not the "*why*". Regarding "*updated educational needs, explain*" section; the author did not update this section properly. It was an oversight. Regarding no documentation on how the child has progressed with his Life Skills Training; progress was noted, but staff did a poor job in documentation.

#### **Corrective Action Plan:**

Trinity Campus Director met with Clinical Coordinator, who oversees all final NSPs. All findings were reviewed to discuss the breakdown in each case. The incorrect NSPs were reviewed by the group when discussion was specific to improvement of the goals listed in the questionable NSPs to ensure they were written as Specific, Measureable, Attainable, Realistic, and Time Sensitive, with proper goal modification during reviews. All family members should be addressed at each level of the Case Plan. The Life Skills section was reviewed with the author of that section to ensure client progress is included in an obvious and organized way, and all NSP authors were reminded that all sections were to be completed and updated, leaving no blanks. Regarding the documentation of client phone calls, Trinity will log phone calls from and to clients for the purpose to track dates when the clients are making and receiving phone calls with family.

#### **Implementation:**

A training took place May 12, 2016, which included the Campus Director, Clinical Coordinator, Program Coordinator, Social Worker, and all dorm supervisors. At this training, appropriate SMART Goals were reviewed. Further discussion included the Case Plan and Concurrent Case Plan requirements. Trinity staff were trained that Family Reunification must be the selected box for the first year the client is in the system, unless there is documentation that parental rights have been removed, they are deceased, or other. The second level is always adoption or legal guardianship with PPLA/Transition being the last resort. Training also addressed the level of detail of the documentation. The training reminded the team that the reports should be written for an audience who is not familiar with the clients and their families. All client-accessible phones in each dorm will be required to use an access code to reach any outside phone numbers to ensure all outgoing calls are recorded in a log book each time clients make outgoing calls. Incoming calls to clients will be logged at the Trinity central phone location (TA office).

#### **Quality Assurance Plan:**

To ensure compliance, the Clinical Coordinator will provide oversight on all the NSP and Quarterly Reports following the Social Worker's completion and review of the reports. The Clinical Coordinator will ensure that all case plan goals meet the SMART Goals guidelines and that clients' progress toward their case plan goals are properly documented. The Clinical Coordinator will review all the NSPs prior to submission to the DPO on record to further ensure



that all fields in the reports are completely filled in with the correct information. Dorm Supervisors will review phone logs weekly to ensure record-keeping, and provide client-specific phone logs to Social Worker quarterly. Social worker will review phone logs per client for period completeness. As part of the Quality Assurance process, the Clinical Coordinator and Social Worker are subject to a Letter of Concern and Trinity's Progressive Discipline process if this requirement is not met.

### **Educational and Workforce Readiness:**

#### **1. Findings:**

Based on the services provided by the facility, the child's academic performance and/or attendance has not increased.

#### **Cause:**

Trinity made attempts to continue to work with children who were not choosing to improve in their programs. Despite interventions involving all members of the treatment team, including DPO, family, School, and Trinity staff, children responded intermittently without consistent forward progress. Both children continued to demonstrate deliberate and severe violations. This resulted in their termination from Trinity El Monte.

#### **Corrective Action Plan:**

Trinity El Monte program and clinical staff will continue to ensure that goals are reviewed and modified at each MDT or sooner, where the clients are not responding positively to existing goals (ensure they are SMART). Between MDT meetings, program and clinical staff will continue to keep in close communication with the DPO of record for ongoing assistance with keeping each client on track for successful educational progress. If, during the client's placement, the youth continues to demonstrate difficulty with the specified goal, the goal will be reviewed with the treatment team and client in order to better design a goal that is more realistic and attainable according to the client's capability and need. If, during the client's placement, additional concerns develop (e.g. school suspensions, difficulty remaining for entire day, low credit achievement, disrespectful behavior towards staff), the goal will be reviewed to identify the most significant issue on which to be concentrated in order to better attend to the client's current needs.

#### **Implementation:**

In this case, the children continued to have school disciplinary actions, and were subsequently terminated from the placement. NSP training was conducted on May 12, 2016, which included Campus Director, Program Coordinator, Clinical Coordinator, and all dorm supervisors. At the training, topics included a review of the NSP sections and specific information to address proper documentation and goal modification in this area. NSP training will be conducted on an ongoing basis.

#### **Quality Assurance Plan:**

To ensure compliance, Trinity El Monte Multi-Disciplinary Team will continue to monitor difficult cases more closely and will make program decisions in collaboration with the DPO and

other members of the family/treatment team, based on clients' performance. Additionally, the Campus Director or designee will monitor and periodically meet with the Team Supervisors about their difficult clients who may require additional review or assistance in the area of education.

A handwritten signature in black ink, appearing to read 'Joe Tighe', with a stylized flourish at the end.

**Joe Tighe, Campus Director**



**Trinity Youth Services  
Trinity-Yucaipa  
10776 Fremont St.  
Yucaipa, CA 92399  
License Number: 360900416  
Rate Classification Level: 12**

**III. Maintenance of Required Documentation and Services Delivery  
Development of Timely, Comprehensive Initial NSPs with Child's  
Participation:**

**Findings:**

Outcome Goals were not Specific, Measurable, and Attainable as required by the SMART Goals guidelines.

**Cause:**

The therapist submitting the NSP did not respond accordingly to the information being requested on the NSP. This is a training issue.

The contract clinical supervisor failed to reinforce/audit SMART goals guidelines from the therapist.

**Corrective Action:**

Trinity Yucaipa no longer contracts with the clinical supervisor. Trinity Yucaipa has hired a full-time Clinical Director. Previously, the Administrator of Clinical Services was reviewing all NSPs. However, this position has been eliminated. The Clinical Director held a training on NSP/Quarterly report writing and SMART goals guidelines on April 26, 2016 (training log attached). The training also specifically covered our deficiencies noted during our audit. The individual therapist were provided with a copy of the NSPs containing deficiencies to assist them in understanding the requirements for report writing. Clear and firm expectations were set to ensure that all the fields in the Initial NSPs and Updated NSPs are comprehensive and complete.

**Quality Assurance Plan:**

The Clinical Director will provide oversight on all the NSP's and Quarterly Reports moving forward. The Clinical Director will ensure that all case plan goals meet the SMART goals guidelines and that client's progress towards their case plan goals is properly documented. The Clinical Director has been reviewing/training SMART Goals guidelines with the individual therapist in their weekly supervision. The Clinical Director will conduct quarterly audits to ensure compliance. The findings of her audits will be given to the Assistant Campus Director for review. As part of the Quality Assurance process, if the individual therapist is not complying with the SMART goal guidelines/training they received, they will be given a letter of concern by the Clinical Director. If the

Clinical Director is not auditing the files to ensure compliance, she will be given a letter of concern from the Assistant Campus Director.

#### **IV. Educational and Workforce Readiness**

##### **1. Children's Academic Performance and/or Attendance Increased?**

###### **Findings:**

An Updated Quarterly NSPs reviewed indicated that the child's academics or attendance have not increased.

###### **Cause:**

The individual therapist failed to update client's NSP to reflect the adjustments made to his educational case plan goal. Also, the contract therapist failed to make the adjustment during her supervision.

###### **Corrective Action:**

The Clinical Director held a training on NSP/Quarterly report writing and SMART goals guidelines on April 26, 2016 (training log attached). The training also specifically covered our deficiencies noted during the audit. The individual therapists were provided with a copy of the NSPs containing deficiencies to assist them in understanding the requirements for report writing. Clear and firm expectations were set to ensure that all the fields in the Initial NSPs and Updated NSPs are comprehensive and complete.

###### **Quality Assurance Plan:**

The therapist will ensure that clients progress toward their case plan and educational case plan goals are accurately reflected. The Clinical Director, individual therapist, and dorm supervisor will attend case reviews to identify clients' needs and strengths and to develop an individualized plan to help clients increase academic performance and attendance. Any adjustments made to clients' educational case plan goals will be documented in clients' NSPs. If necessary, an amended NSP will be submitted to reflect these adjustments. As part of the Quality Assurance process, if the individual therapist is not complying with the SMART goal guidelines/training they received, they will be given a letter of concern by the Clinical Director. If the Clinical Director is not auditing the NSP's quarterly to ensure compliance, she will be given a letter of concern from the Assistant Campus Director.



Gil Quinbar, Campus Director





Date: April 26, 2016

**Topic:** NSP/Quarterly Report Writing and SMART: Goals/Guidelines

### Brief Summary of Training

**Facilitator:** Hannah Chuapoco/Teresa Valles

**Length of Training: 2 hours**

**Materials distributed and Used:** Copy of the LA County NSP/Quarterly report template provided by the Probation Monitor, and copies of the NSPs containing deficiencies

[illegible]