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August 7, 2017

TO: Supervisor Mark Ridley-Thomas, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Terri L. McDonald
Chief Probation Officer

**SUBJECT: OPTIMIST YOUTH HOMES & FAMILY SERVICES CONTRACT
COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Optimist Youth Homes and Family Services, operated by Optimist Boy's Home & Ranch, Inc., in February 2017. Optimist Youth Homes and Family Services has six (6) sites, all of which are located in Los Angeles County. The Optimist Main Campus and the Eagle Rock Group Home are located in the First Supervisorial District. The South Bay Group Home is located in the Second Supervisorial District. The Van Nuys Group Home, the Valley Group Home, and Pacific Lodge are located in the Third Supervisorial District. They provide services to Los Angeles County Probation foster children and Probation foster children from other counties statewide. Additionally, Optimist Youth Homes and Family Services provides services to children who are dually supervised by both Probation and the Department of Children & Family Services (DCFS), when Probation is the lead agency. According to the Optimist program statement, its purpose is to provide supervised care and services for boys and girls ages 12-17, exhibiting behavioral, social, emotional, and psychological difficulties, and to their families, in a residential setting.

The Optimist Main Campus also provides non-minor dependent housing services, under Assembly Bill (AB) 12, to boys and girls ages 18-21. The overall goal is to assist residents so that they may achieve a higher level of social functioning and increase non-delinquent adjustment so that they may return to the community at reduced risk for dysfunctional and destructive behaviors.

Rebuild Lives and Provide for Healthier and Safer Communities

Optimist Youth Homes and Family Services consists of six (6) sites located in residential neighborhoods, all licensed to serve children and youth ages 12-21. The Optimist Main Campus has a capacity of 97 beds for boys. The Eagle Rock Group Home and the Van Nuys Group Home are both 6-bed homes licensed for girls. The Valley Group Home and the South Bay Group Home are both 6-bed homes licensed for boys, and Pacific Lodge has a capacity of 51 beds for boys. At the time of review, Optimist Youth Homes and Family Services was serving 86 Los Angeles County Probation children. The overall average length of placement for all placed children was 6.4 months, and their average age was 16.9 months. For the sample size, the placed children's overall average length of placement was two (2) months, and their average age was 16 years old.

Seven (7) children were randomly selected for the interview. There were four (4) children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorization (PMA) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files were reviewed to access compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulation and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Optimist and that they were provided with good care and appropriate and effective services of quality, were comfortable in their environment and treated with respect and dignity. Optimist Youth Homes and Family Services was in compliance with six (6) of the 10 areas of our Contract Compliance Review. "Education and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", "Personal Needs/Survival and Economic Well-Being", "Discharged Children", and "Personnel Records".

PPQA/GHM noted deficiencies in four (4) of the 10 areas; with seven (7) deficient elements out of 76 specific elements within the 10 areas. Although, there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were in three (3) of the 10 areas. In the area of "Licensure/Contract Requirements", Optimist Youth Homes and Family Services needed to ensure that vehicles used to transport children were in good repair. In the area of "Facility and Environment", Optimist Youth and Family Services needed to make minor repairs to ensure that the exterior, common areas, and children's bedrooms were well maintained. In the area of "Maintenance of Required Documentation and Service Delivery", Optimist Youth Homes and Family Services needed to ensure accurate and comprehensive Initial and Updated Needs and Services Plans (NSPs). A deficiency was also noted in the area of "Personal Rights and Social/Emotional Well-Being", in that Optimist Youth Homes and Family Services needed to ensure that children were allowed to attend or not attend religious services of their choice.

REVIEW OF REPORT

On April 4, 2017, Probation PPQA Monitors Lori Tchakerian and Joseph Ninofranco held an Exit Conference with Optimist Youth Homes and Family Services' Chief Executive Officer Sil Orlando, Quality Assurance Director Maria Bhattachan, Clinical Director Tonia Tse, Clinical Supervisors Adriana Valdez and Ninette Garibian, Residential Director Ruben Cardiel, Residential Director of Pacific Lodge Sami Raboubi, and Assistant Residential Director of Pacific Lodge Ziggy Pawlowski. Administrators 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).

Optimist Youth Homes and Family Services provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure that the repeated deficiencies of the same nature will be avoided. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, an additional check will be required to ensure that permanent changes were made. 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.

TLM:FC
LD:LCM:tj

Attachments (3)

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Brandon T. Nichols, Interim Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Community Care Licensing
Latasha Howard, Probation Contracts
Sil Orlando, Optimist Youth and Family Services Chief Executive Officer

**OPTIMIST YOUTH HOMES AND FAMILY SERVICES
CONTRACT COMPLIANCE REVIEW SUMMARY**

Main Campus
Rate Classification Level 12
License Number: 191801986

Valley Group Home
Rate Classification Level 12
License Number: 197600766

Eagle Rock Group Home
Rate Classification Level 12
License Number: 191890971

Valley Group Home
Rate Classification Level 12
License Number: 191201124

South Bay Group Home
Rate Classification Level 12
License Number: 191604301

	Contract Compliance Review	Findings: February 2017
I	<p><u>Licensure/Contract Requirements</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) citations on child abuse/safety and/or physical deficiencies since the last review. 2. Vehicles used to transport children are maintained in good repair. 3. Disaster drills are conducted at least every six months and documented. 4. The runaway policy is documented and properly maintained. 5. Detailed sign-in/out logs are maintained. 6. Weekly allowance logs are accurately maintained. 7. Monthly clothing allowance logs are accurately maintained. 8. Special Incident Reports (SIRs) documented in the Needs and Services Plans (NSPs) and case files and are properly reported via the iTrack system. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. The exterior and the grounds of the Group Home are well maintained. 2. Common quarters are well maintained. 3. Children's bedrooms are well maintained. 4. The Group Home maintains appropriate recreational equipment and educational resources (e.g. computer) in good repair and makes them readily available to children. 5. The Group Home maintains adequate nutritious perishable and non-perishable food. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance

III	<u>Maintenance of Required Documentation and Service Delivery</u> (3 Elements) <ol style="list-style-type: none"> 1. The Initial NSP was completed accurately and on time. 2. The Updated NSPs were completed accurately and on time. 3. The Group Home provided children with counseling and other services (based on current NSPs). 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance
IV	<u>Education and Workforce Readiness</u> (3 Elements) <ol style="list-style-type: none"> 1. Children are enrolled in school within three school days. 2. The Group Home ensured the children attend school as required. 3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of Individualized Education Programs (IEPs) are maintained in their files. 	Full Compliance ALL
	<u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none"> 1. Initial medical exams are conducted timely. 2. Initial dental exams are conducted timely. 3. Required follow-up medical examinations are conducted timely. 4. Required follow-up dental examinations are conducted timely. 	Full Compliance ALL
VI	<u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none"> 1. Current Court-Approved Authorizations are on file. (Including accurate dosage) 2. Psychiatric Evaluation/Review (561c) is current. 	Full Compliance ALL
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (18 Elements) <ol style="list-style-type: none"> 1. Children are informed of the Group Home's rules and consequences. 2. Children report the consequences for not following the rules are fair. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance

	<ol style="list-style-type: none"> 3. Children are informed of the Foster Youth Bill of Rights. 4. Children participate in the development of their NSPs. 5. Children are supervised by staff. 6. Children are treated with respect. 7. Children feel safe in the Group Home. 8. Children have an adult they can talk with privately. 9. Children are allowed to have private telephone calls and to send and receive unopened mail. 10. Children have privacy during the visits with family or close friends. 11. Children are offered the opportunity to participate in a mentorship program. 12. Children are allowed to attend or not attend religious services of their choice. 13. Children are given the opportunity to participate in planning recreational activities with the staff. 14. Children are given the opportunity to participate in recreational activities at the Group Home. 15. Children are given the opportunity to participate in extracurricular or community activities. 16. Children's chores are reasonable. 17. Children are informed about their rights to medical and dental treatment (right to refuse). 18. Children are informed about their right to refuse psychotropic medication. 	<ol style="list-style-type: none"> 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed 13. Full Compliance 14. Full Compliance 15. Full Compliance 16. Full Compliance 17. Full Compliance 18. Full Compliance
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (16 Elements)</p> <ol style="list-style-type: none"> 1. Children are provided with medical care when needed. 2. Children are provided with dental care when needed. 3. Children are provided with transportation. 4. Children are encouraged and supported by staff in keeping a Life Book. 5. Children are assisted by adults in completing schoolwork when help is needed. 6. Children are provided with youth development or daily living skills services. 7. Children are provided with their own personal hygiene items. 	<p>Full Compliance ALL</p>

	<ol style="list-style-type: none"> 8. Children get enough food to eat. 9. Children with special diet needs are provided with accommodations by the staff. 10. Children receive at least the basic weekly allowance. 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items. 	
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home placed the child in accordance with their Program Statement and population criteria. 2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care. 3. The Group Home attempted to stabilize the child's placement prior to requesting a removal. 	Full Compliance ALL
X	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. Staff signed a criminal record statement (LIC 508) prior to or on hire date. 2. Staff received criminal clearance from CCLD prior to hire date. 3. Staff received medical clearance within one year prior to hire date or within seven days after hire date. 4. Staff received tuberculosis (TB) clearance within one year prior to hire date or within seven days after hire date. 5. Staff met educational and/or experience requirements in accordance with the agency's Program Statement and Title 22 Regulations. 6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgment. 	Full Compliance ALL

	<ol style="list-style-type: none">7. Staff had current California driver's license on file.8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file.9. Staff had current First Aid certification on file.10. Staff received initial emergency intervention training [e.g. Professional Assault Crisis Training (Pro--ACT)].11. Staff received initial 24 hour training (eight hours prior to supervision and 16 hours within 90 days of hire).12. Staff has current emergency intervention training on file (e.g. Pro-ACT).13. Staff received 20 hours of on-going training.14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.	
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**OPTIMIST YOUTH HOMES AND FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The purpose of this review was to assess Optimist Youth Homes and Family Services compliance with the County contract and State regulations and include a review of Optimist Youth Homes and Family Services 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 randomly 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 the review, four (4) placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files were reviewed to assess Optimist's 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

An inspection of 10 Optimist Youth Homes and Family Services vehicles that transport children was conducted. Of the 10 vehicles inspected, one (1) was not maintained in good repair, in that there was graffiti behind the driver's seat.

Recommendation

Optimist Youth Homes and Family Services management shall ensure that:

1. Vehicles used to transport children are maintained in good repair.

Facility and Environment

An inspection of the exteriors, common areas, and children's bedrooms of Optimist Youth Homes and Family Services revealed some cosmetic deficiencies that required correction.

The exterior of the "Main Campus" site was inspected. Dorm A had loose window screens in Bedrooms #4 and #9, and Dorm B had torn window screens in Bedrooms #5 and #6. The exterior of Eagle Rock Group Home was inspected, and the window screen was loose in Bedroom #3.

The common quarters of the "Main Campus" site were inspected. There was graffiti in the bathrooms of Dorm A, B and C. At the Valley Group Home, the hallway bathroom patched area needed to be painted. At Pacific Lodge in Clark Cottage, there were holes in the shower stall tile that needed to be sealed and graffiti on the side door of Clark Cottage that needed to be removed. In addition, there was graffiti on the activity center window at the back entrance that also needed to be removed.

The children's bedrooms of the "Main Campus" site were inspected. In Dorm A, Bedrooms #2 and #3 had graffiti in the closet. Bedroom #10 had graffiti on a calendar. In Dorm B, Bedroom #4 had graffiti in the closet, as did Dorm C Bedroom #2. The "Main Campus" Independent Living Program apartment was also inspected. Apartment #6 had graffiti on the bed. At the Valley Group Home, Bedroom #2 had a dirty ceiling light fixture. Bedroom #3 had the closet door off its tracks and black dirt on the ceiling. Lastly, at Pacific Lodge in Clark Cottage, the closet door in Bedroom #5 did not close properly.

Recommendation

Optimist Youth Homes and Family Services management shall ensure that:

1. The exteriors of the Group Homes are well maintained. This shall be in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."
2. The common areas of the Group Homes are well maintained. This shall be in accordance with the Community Care Licensing, Title 22

Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."

3. The children's bedrooms of the Group Homes are well maintained. This shall be in accordance with the Community Care Licensing, 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

Seven (7) children's files were reviewed for Needs and Service Plans (NSPs), and of those, only six (6) children were placed long enough to have Initial NSPs in their file and only four (4) children were placed long enough to have Updated NSPs in their file. Therefore, six (6) children had Initial NSPs reviewed, and four (4) children had Updated NSPs reviewed.

During the review of six (6) Initial NSPs, four (4) revealed that there were some difficulties in completing the Case-Plan Goal and/or Concurrent Case-Plan Goal sections. Concurrent Case-Plan Goals do not start "if" Case-Plan Goals are not achieved. Concurrent Case-Plan Goals must be occurring at the same time as Case-Plan Goals. In addition, one (1) revealed Family Reunification to the child's sister, which is incorrect since she is not listed as legal parent, and did not have her or anyone else noted as the Concurrent Plan for Adoption or Legal Guardianship. Regarding County Worker signatures, all Initial NSPs included these signatures; however, four (4) of six (6) were signed more than five (5) days after the due date. Lastly, even though a child signed, it was signed more than five (5) days after the Initial NSP due date without any explanation.

During the review of four (4) children's Updated NSPs, it was revealed that Concurrent Case-Plan Goals were not being implemented at the same time as Case-Plan Goals. In addition, one (1) Concurrent Case-Plan Goal indicated that the child's Legal Guardians were not involved in the treatment plan; however, in another section, it was indicated that the Legal Guardians were involved. Regarding the County Worker signatures, one (1) was missing a signature. On another, even though the Clinical Supervisor signed the document, it was signed more than five (5) days after the due date.

Recommendation

Optimist Youth Homes and Family Services management shall ensure that:

1. The aforementioned Initial NSP deficiencies are corrected so that each child has comprehensive Initial NSPs. In addition, that all Initial NSPs are

thoroughly reviewed for errors ensuring signatures are received in a timely manner.

2. The aforementioned Updated NSP deficiencies are corrected so that each child has comprehensive Updated NSPs. In addition, that all Updated NSPs are thoroughly reviewed for errors ensuring signatures are received in a timely manner.

Personal Rights and Social/Emotional Well-Being

During the interview process, one (1) of seven (7) children reported that there are not enough staff to transport children to church services. It was reported that if there is only one (1) child that wants to attend a church service, that child cannot attend because staff are not available.

Recommendation

Optimist Youth Homes and Family Services management shall ensure that:

1. Children are allowed to attend religious services of their choice and that staff are available to transport children to religious services.

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

PPQA/GHM's last compliance report dated September 12, 2016, identified 14 recommendations, including those from Pacific Lodge.

Results

Based on the follow-up, Optimist Youth Homes and Family Services fully implemented eight (8) of the 14 previous recommendations for which they were to ensure that:

- Comprehensive and accurate weekly monetary allowance logs are consistently and permanently maintained and that children are given no less than the required minimum allowance amounts.
- They exhibit proactive measures to be free of substantiated CCL complaints.
- All children were treated with respect and dignity.
- All children are free to manage their allowances and freely spend their clothing allowance.

- Documentation for DOJ, FBI, and CACI clearances are maintained in staff files.
- All staff receive timely health screenings and that the documentation is maintained in their files.
- Copies of driver's licenses are maintained in staff files.
- All staff receive timely required trainings and that the trainings are documented and maintained appropriately.

However, the follow-up discovered that Optimist Youth Homes and Family Services failed to fully implement six (6) of the previous 14 recommendations for which they were to ensure that:

- All vehicles in which the children are transported are maintained in good repair and include seatbelt buckles. Even though seat belt buckles were not an issue this year, there was still an issue with one of the vehicles, in that there was graffiti.
- Repair to physical deficiencies cited in the exterior are corrected and completed in a timely fashion. Even though deficiencies cited the prior year were corrected, there were additional minor deficiencies revealed during the inspection.
- Repair to physical deficiencies cited in the common area are corrected and completed in a timely fashion. Even though deficiencies cited the prior year were corrected, there were additional minor deficiencies revealed during the inspection.
- Repair to physical deficiencies cited in the children's bedrooms are corrected and completed in a timely fashion. Even though deficiencies cited the prior year were corrected, there were additional minor deficiencies revealed during the inspection.
- NSP deficiencies are corrected so that each child has comprehensive Initial NSPs.
- NSP deficiencies are corrected so that each child has comprehensive Updated NSPs.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Optimist Youth Homes and Family Services by the Auditor Controller is not on schedule for the 2016-2017, fiscal year.

**Corrective Action Plan for Site Visit:
February 28 – April 4, 2017**

I. LICENSURE/ CONTRACT REQUIREMENTS

Finding:

Vehicle related: Vehicle #8 had graffiti on the wall behind the driver's seat.

Corrective Action Plan:

- The graffiti in vehicle #8 was removed on February 28.
- Our residential directors of all facilities reminded staff to check the vehicles before and after usage and ensure any graffiti is reported and removed right away. This was discussed in team meetings on 4/18/2017 and 4/19/2017.
- Quality Improvement and Maintenance staff will continue to monitor the vehicles and grounds on a regular basis to ensure they are well maintained.

II. FACILITY AND ENVIRONMENT

Findings:

Main Campus and 6-bed Group Homes:

Graffiti was found in some bathrooms, rooms and/ or closets.

Main Campus A Dorm: Rooms #4 and #9 have loose window screens.

Main Campus B Dorm: Rooms #5 and #6 had ripped window screens.

Valley Group home: Hallway bathroom patched area needs painting. Room #2 has dirty ceiling light fixture. Room #3 has closet door off tracks and has black dirt on ceiling

Eagle Rock Group home: Loose window screen in room #3. A loose rock was found on the patio.

Pacific Lodge: Graffiti was found on the windows next to the backdoors of the gym. Clark cottage had holes in the tiles in one shower stall and tagging on the outside door.

Corrective Action Plan:

All issues mentioned above were repaired on or before Friday 4/15/2017 except for the window replacement at Pacific lodge which is in the works. We are waiting on the vendor to give us a date for the window installation.

Our residential directors discussed the immediate reporting of graffiti and damaged window screens in their supervisor and team meetings (same dates as above) and asked staff to make residents accountable for their actions and report damages

Optimist Youth Homes & Family Services, Los Angeles, CA

immediately. The agency's policy is zero tolerance for graffiti and staff and residents have to adhere to that.

To prevent more graffiti to accumulate, our staff will continue to do daily room checks and make the youth accountable for their destructive behavior.

In addition, staff will continue to do monthly environmental rounds which are followed by quarterly environmental rounds done by our quality improvement department.

Our agency agrees that graffiti is an ongoing issue with our residents. We ensure the County that we are trying our best to prevent it from happening. Given the size of our agency (a campus housing up to 85 youth, a second campus housing up to 51 youth, and 4 6-bed group homes), the few issues mentioned above are showing that we take the rights of our clients for a clean and safe environment very serious and that we are following in general the contractual guidelines. Given our clientele, it is a challenge for all of us (including the County and its facilities) to maintain graffiti free facilities. Despite that, we continue to try our best.

III. MAINTENANCE OF REQUIRED DOCUMENTATION & SERVICE DELIVERY

Findings:

Several of the reviewed initial and updated NSP/QR signatures were not obtained timely specifically from the county worker, one child, and the clinical supervisor. This is mostly due to the challenge to obtain probation officers' signatures. Another deficiency noted was incorrect documentation of case-plan/concurrent-case planning.

Corrective Action Plan:

In a supervision meeting on 4/13/2017, therapists were retrained in the importance of submitting complete NSP/QR's to their supervisors 2 weeks prior to due date. This is to ensure edits can be done and the reports can be sent to the DPO's for signature in a timely fashion and filed at time of due date. Therapists were instructed to make direct contact with the DPO's and log all contacts/ attempted contacts made as well as document refusals of clients or difficulties getting parent signatures. We hope that the CFT process will help all of us in our efforts to obtain timely signatures of everybody involved. The clinical supervisors are ultimately responsible to ensure compliance and reach out to the probation officers' supervisors, if the therapists have difficulties getting DPO signatures. The agency is asking the County to tighten up their procedures as well to support our efforts.

In regards to case/ concurrent case planning, the agency hopes that all parties involved work together to set clear goals and come up with a clear plan, now that we are transitioning to short term residential services and a regular CFT schedule. Better and more precise goals can be developed when everyone is on the same page and has face-to-face interaction regularly. Concurrent case planning was discussed with clients but was documented in other parts of the client file. In the same training as mentioned above the issue was discussed with therapists to ensure they document it correctly.

In addition to the training which occurred on 4/13/2017, our clinical supervisors will meet with the group home monitors to go over NSP/QR writing in the near future.

The clinical supervisors and quality improvement will do quarterly peer reviews to ensure NSP/QR's are written timely and accurately.

VII. PERSONAL RIGHTS AND SOCIAL WELL-BEING


Finding:

One youth stated that he was not able to attend church due to not enough staff on duty.


Corrective Action Plan:

The fact is that the agency is ALWAYS staffed according to contract. In this case, the youth stated Wednesday's that he wanted to go to church and then didn't want to go to church on the weekend. The problem was that staff did not document his change of mind. Staff were reminded that it is very important to document ALL requests and denials of the residents.


To make it easier for staff, our group home director developed a form to be completed in all of our residential settings clarifying the desire of our residents to go to religious services or not on a weekly basis. Staff ask the clients if they would like to attend services on the weekend, and if they state yes but then don't go for any reason, it is also logged on that same form. Staff have been very good about asking our residents and have bent backwards to ensure the residents were able to attend the services they wanted. This was an isolated incident and will not happen again. The tracking sheets will be turned in to the residential directors at months end and reviewed for any discrepancies (see attachment #1).



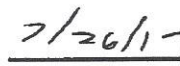
Maria Bhattachan, CCQIO



Date



Sil Orlando, CEO



Date