COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

September 29, 2014

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

FROM: Jerry E. Powers
Chief Probation Officer

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

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) Unit conducted a review of Optimist Youth & Family Services, operated by Optimist Boy's Home & Ranch, Inc., in June 2014. Optimist Youth & Family Services has five (5) sites, all of which are located in Los Angeles County. The 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 and the Valley Group Homes are located in the Third Supervisorial District. Optimist provides services to Los Angeles County Probation foster children and Probation foster youth from various counties statewide. In addition, Optimist also 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 12 - 17 years of age, who exhibit behavioral, social, emotional and psychological difficulties and their families in a residential setting. The Optimist Main Campus also provides sexual offender program services for boys and non-minor dependent housing services, under Assembly Bill (AB) 12, to boys and girls 18 - 21 years of age. 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.

Optimist Youth & Family Services consists of five (5) sites located in residential neighborhoods. The Main Campus is a large facility with 97 beds for boy's ages 12 - 21. On April 27, 2012, the Main Campus reduced its bed capacity for this site by two (2) beds, from 99 to 97 beds, with Community Care Licensing (CCL) approval. The Eagle Rock Group Home and the Van Nuys Group Home are both licensed 6-bed girl's homes. The Valley Group Home and the South Bay Group Home are both licensed 6-bed boy's homes. At the time of the review, Optimist was providing care for the following population of children: The Main Campus had 68

Los Angeles County Probation foster children, three (3) of which were dually supervised. There were also Probation foster children from counties statewide as follows: six (6) Riverside children, two (2) Sacramento children, three (3) Alameda children, two (2) Orange children, five (5) San Bernardino children, one (1) San Joaquin child, one (1) Stanislaus child, and three (3) Contra Costa children for a total population of 91 placed children. The Eagle Rock Girl's Group Home had four (4) Los Angeles children, one (1) Riverside child and one (1) Stanislaus child, for a total population of six (6) placed children. The Van Nuys Girls Group Home had four (4) Los Angeles children, one (1) Alameda child and one (1) Stanislaus child, for a total of six (6) placed children. The Valley Group Home had a total population of six (6) Los Angeles children. The South Bay Group Home had five (5) Los Angeles children and one (1) Riverside child for a total population of six (6) Placed children.

In total, the entire Optimist Youth & Family Services Group Home was providing residential services to 87 Los Angeles County Probation foster children, eight (8) Riverside County Probation foster children, five (5) San Bernardino County Probation foster children, four (4) Alameda County Probation foster children, three (3) Contra Costa County Probation foster children, three (3) Stanislaus County Probation foster children, two (2) Sacramento County Probation foster children, two (2) Orange County Probation foster children, and one (1) San Joaquin County Probation foster child, for a total of 115 placed children at the time of the review. Based on the sample size reviewed, the placed children's overall average length of placement was four (4) months, and their average age was 17 years old.

Seven (7) Los Angeles County Probation children were randomly selected for the interview sample. Two (2) of these cases were dually supervised by both Probation and DCFS, with Probation as the lead agency. Four (4) children in the sample were on psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were 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 Optimist, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. Optimist was in compliance with eight (8) of the 10 areas of our Contract Compliance Review: "Licensure/Contract Requirements", "Facility and Environment", "Health and Medical Needs", "Psychotropic Medication", "Personal Rights and Social/Emotional Well-Being", "Personal Needs/Survival and Economic Well-Being", "Discharged Children", "Personnel Records".

However, deficiencies were noted in the areas of "Maintenance of Required Documentation and Service Delivery", and "Educational and Workforce Readiness". Under the area of "Maintenance of Required Documentation and Service Delivery", Optimist failed to obtain the Probation Officer's signature of approval for the initial NSP of one (1) of the children in the sample size. Four (4) out of the seven (7) children had Needs and Service Plans (NSPs) that did not document the Group Home's contact with the children's Probation Officers. Optimist also needs to improve in the comprehensiveness of the children's NSPs. Under the area of "Educational and Workforce Readiness", Optimist needs to address the educational progress for

several of the children in the sample size. The goals section of the NSPs failed to document the progress, or lack thereof, and did not modify their goals accordingly.

REVIEW OF REPORT

On June 24, 2014, Probation PPQA Monitor Armando Juarez held an Exit Conference with Optimist's Executive Director Sil Orlando, Clinical Director Mary Hudson, Clinical Supervisor Tonia Tse, Group Home Director Euna Ra-Smith, Assistant Group Home Director Theresa Nuñez, Assistant Residential Director Ruben Cardiel and the Director of Quality Improvement Maria Bhattachan. In general, the representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

JEP: MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Karen D. Richardson, Out-of-Home-Care Management, DCFS
Leticia Torres-Ibarra, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Sil Orlando, Executive Director, Optimist Youth & Family Services
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

OPTIMIST YOUTH & FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Main Campus (Boys)
6957 N. Figueroa Street
Los Angeles, CA 90042
License # 191801986
Rate Classification Level: 12

Van Nuys Group Home (Girls)
7130 Burnet Avenue
Van Nuys, CA 91405
License # 197600766
Rate Classification: 12

Eagle Rock Group Home (Girls)
1635 Silver Oak Terrace
Los Angeles, CA 90041
License # 191890971
Rate Classification Level: 12

Valley Group Home (Boys)
14820 Wolfskill Street
Mission Hills, CA 91345
License # 191201124
Rate Classification Level: 12

South Bay Group Home (Boys)
20209 Tillman Avenue
Carson, CA 90745
License # 191604301
Rate Classification Level: 12

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

	6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores	Full Compliance (ALL)

	10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

OPTIMIST YOUTH & FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Optimist's compliance with the County contract and State regulations and include a review of the Optimist 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; two (2) of the seven (7) were dually supervised by both Probation and DCFS, with Probation as the lead agency. Three (3) of the children were from the Main Campus, and one (1) from each of the four (4) 6-bed group homes. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged Probation children's files were reviewed, each from a different site, to assess Optimist's compliance with permanency efforts. At the time of the review, four (4) placed children in the sample size were prescribed psychotropic medication, two (2) from the Main Campus, one (1) from the Van Nuys Group Home, and one (1) from the Valley Group Home. These case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM reviewed five (5) staff files, spread equally amongst the sites, for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following two (2) areas were out of compliance.

Maintenance of Required Documentation and Service Delivery

- One (1) out of the seven (7) children in this year's sample size did not have the Probation Officer's signature of approval for the initial Needs and Service Plan (NSP). The child was from the Valley Group Home site. The child's NSP had a note written on the signature page, indicating that the NSP was sent to the Probation

Officer via facsimile for approval; however, a copy of the fax was not placed in the child's file or attached to the NSP. As a result, Optimist was out of compliance under the area of "County Worker's Authorization to Implement NSPs".

- Four (4) out of the seven (7) children had NSPs that were missing documentation of dates and types of contact made with their Probation Officers by the Group Home staff. One (1) was from the Eagle Rock site, one (1) from the Van Nuys site, one (1) from the Valley site, and one (1) was from the South Bay site. All four (4) of the children's NSPs had some type of documentation; however, the documentation was of the child's contact with their Probation Officers, not the Group Home staff's contact. Some of them also had minimal information and required further elaboration and detail on the results of the contact made. As a result, Optimist was deficient in the section of "County Workers Monthly Contacts Documented". This was also an issue of concern during last year's review.

- A review of all seven (7) children's NSPs was conducted, and all of the children had initial NSPs that were completed in a timely manner. However, one (1) of the children's files had an initial NSP that was not comprehensive. The child was from the 6-bed Independent Living Program (ILP) Housing Unit at the Main Campus. Under the "Concurrent Case-Plan" section of the NSP, there were two (2) boxes checked off, "PPLA" and "Family Finding". In addition, the notes section did not provide sufficient information on the details of the concurrent plan or if family finding efforts were actually being pursued. As a result, it was unclear what the concurrent case plan was. Under the "NSP Treatment" section, information on the father's whereabouts was not provided. The Group Home should have elaborated on this matter, especially since the NSP was unclear on the status of the family finding efforts. Finally, the child's NSP indicated that the child had drug abuse and aggressive/defiant behavior issues. However, the "Outcome Goals" section failed to create goals to meet these needs. As a result, Optimist was out of compliance under the section of "Development of Timely, Comprehensive Initial NSPs with Child's Participation".

- Of the seven (7) children, two (2) were relatively new residents and did not have any Updated NSPs to assess. As a result, only five (5) children had Updated NSPs that were reviewed. All five (5) had timely NSPs; however, three (3) of the five (5) were not comprehensive. One (1) of the children was from the Eagle Rock site, one (1) was from the Van Nuys site, and one (1) was from the South Bay site. The main issue with these children's Updated NSPs was that the "Outcome Goals" sections were not properly updated. The Updated NSP of the child from the Eagle Rock site had several goals that were not achieved and were not modified to make the goals more achievable. The child from the Van Nuys site also had a goal that was unclear about whether it was achieved or not. Based on the narrative throughout the NSP, it appeared the goal was not achieved; yet, it was modified to increase the difficulty of the goal without adequate explanation. In addition, he also had another goal that was clearly not achieved, but was also not modified. Finally, the child from the South Bay site also had two (2) goals that were not achieved, yet failed to be modified as part of his NSP plan. As a result, Optimist was deficient in the section under "Development of Timely, Comprehensive, Updated NSPs with Child's Participation". This was also an issue of concern during last year's review.

Recommendation

Optimist's management shall ensure that:

1. They make concerted efforts to obtain the signatures of all of the parties involved in the development and implementation of a child's NSPs, including but not limited to, their County Worker, the child, and the Group Home representative. Efforts to obtain these signatures of approval shall be maintained through supporting documentation and made readily available upon request by the county, in accordance with Title 22 and the Master County Contract, SOW.

2. The monthly contact with each child's County Worker is properly documented. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "include the type and date of contact or attempts to contact, as well as purpose of contacts" by the Group Home with the County Worker in the NSP.

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

Educational and Workforce Readiness

- Two (2) of the children in the sample size were not placed long enough to have report cards provided. Of the remaining five (5) children, one (1) did not have report cards placed in her file. This child was from the Eagle Rock site. The Group Home was able to obtain two (2) report cards for the child from the on-grounds school and placed them in the file, at the time of the review. However, the file was still deficient since the report cards were not in the file prior to this review. As a result, Optimist was not compliant with the section of "Current Report Cards Maintained".

- Two (2) of the children in the sample size were new residents and were not placed long enough to be assessed for educational progress. A review of the remaining five (5) children's files and NSPs indicated that three (3) of the children did not have properly documented educational progress entered in their NSPs. One (1) was from the Eagle Rock site, one (1) was from the Van Nuys site, and one (1) was from the Valley site. The "Education" section of their NSPs indicated that they did not make sufficient educational progress. In addition, the "Outcome Goals" section failed to provide modifications and did not note the efforts made by the Group Home to help the child progress towards this goal. Therefore, Optimist was deficient under the section of "Children's Academic or Attendance Increased".

Recommendation

Optimist's management shall ensure that:

1. Each child's file maintains accurate school records, in accordance with Title 22 standards, which include, but are not limited to "including his/her grade or performance level".

2. The Group Home staff shall also "work with the Placed Child's teachers and academic counselor to monitor educational progress" for each child under its care and provide proper documentation in each child's file (i.e. accurate NSP updates and accurate goal modifications), as stated in the Master County Contract, SOW.

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

PPQA/GHM's last compliance report dated, June 9, 2014, identified six (6) recommendations.

Results
Based on the follow-up, Optimist fully implemented four (4) of the six (6) previous recommendations for which they were to ensure that:

- All children's files maintain accurate weekly allowance records signed by all children in the Group Home.

- All children are informed of their telephone and mail rights and are allowed to practice these rights in accordance with Title 22 standards.

- They maintain accurate weekly allowance logs for each child.

- They maintain accurate training records for all employed staff in accordance with Title 22 standards.

However, the follow-up discovered that Optimist failed to fully implement two (2) of the previous six (6) recommendations for which they were to ensure that:

- The monthly contact with each child's County Worker was properly documented. During last year's review, four (4) out of the seven (7) children had NSPs that were missing documentation of dates and types of contact made with their Probation Officers. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", this was still an area of concern during this year's review. Four (4) of the children in this year's review were also out of compliance with this standard. In addition, two (2) of the children from this year's review were from two (2) of the sites that were cited for this deficiency during last year's review, the Valley and South Bay sites.

- NSP deficiencies were corrected so that each child had comprehensive initial and Updated NSPs. During last year's review, all of the children's files had comprehensive and timely initial NSPs. However, as aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", the Group Home had some regression in this section. One (1) of the children in this year's sample size had an initial NSP that did not have a clearly defined Concurrent Case-Plan and was missing goals to address some of the child's behavioral needs. In terms of the Updated NSPs, the Group Home continued to struggle with compliance. During last year's review, four (4) of the children had Updated NSPs that were not comprehensive. The NSPs failed to update the Concurrent Case-Plan goals and family finding efforts, had inaccurate dates and problems with the modification of goals. During this year's review, the Group Home managed to make progress towards improving on the comprehensiveness of the Updated NSPs. However, they continued to improperly modify goals and/or completely failed to modify goals that were not fully achieved. As a result, Optimist was still deficient under this section.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

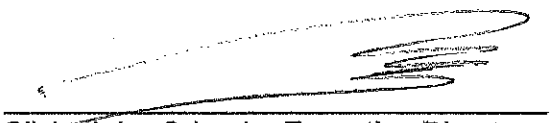
DATE: July 2, 2014

TO: Probation Department Managers & DPO Armando Juarez

FROM: Optimist Youth & Family Services

RE: Corrective Action Plan

Attached is Optimist's Corrective Action Plan. If there are any questions, please feel free to contact Maria Bhattachan at 323-443-3180 or email to mbhattachan@oyhfs.org.



Silvio John Orlando, Executive Director

OPTIMIST YOUTH & FAMILY SERVICES

Main Campus (Boys)
6957 N. Figueroa Street
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Rate Classification Level: 12

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License # 197600766
Rate Classification: 12

Eagle Rock Group Home (Girls)
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Los Angeles, CA 90041
License # 191890971
Rate Classification Level: 12

Valley Group Home (Boys)
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Mission Hills, CA 91345
License # 191201124
Rate Classification Level: 12

South Bay Group Home (Boys)
20209 Tillman Avenue
Carson, CA 90745
License # 191604301
Rate Classification Level: 12

July 2, 2014

III. Maintenance of Required Documentation and Service Delivery

Findings:

1. One (1) out of the seven (7) children in this year's sample size did not have the Probation Officer's signature of approval for the initial NSP and documented efforts were not maintained. Efforts to obtain these signatures of approval should be maintained through supporting documentation and made readily available upon request by the county in accordance with Title 22 and the Master County Contract, SOW.

Corrective Action Plan:

Our clinical director Mary Frances Hudson and our group home director Euna Ra conducted training with all therapists to ensure that they always document any efforts made to obtain the probation officers' signatures.
Please see training sign in sheets (Attachment #1) and training outline (Attachment #2).
We, also ask that probation officers get clear instructions from their management in making their own efforts to sign and date the NSP/QR's when requested to do so.

2. Four out of the seven (7) children had NSPs that were missing documentation of dates and types of contact made with their Probation Officers by the Group Home staff. The documentation for this section of the NSPs had the children's contact with their Probation Officers, not the Group Home staff's contact. Some of them also had minimal information and required further elaboration and detail on the results of the contact made. According to an NSP training conducted in January 2012 with contracted group homes, the handout provided stated that Group Homes are to "Include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

Corrective Action Plan:

We recognize this request was made during the 2012 training but continue to feel strongly that it should also be the responsibility of the probation officers to record contacts made with GH staff.
In order to comply with the request made, our clinical director Mary Frances Hudson and our group home director Euna Ra conducted training with all therapists to ensure that they are aware of the need to report contacts made with probation officers.
Please see training sign in sheets (Attachment #1) and training outline (Attachment #2).

3. A review of all seven (7) children's NSPs was conducted and all of the children had initial NSPs that were completed in a timely manner. However, one (1) of the children's files had an initial NSP that was not comprehensive. The "Concurrent Case-Plan" section of the NSP was unclear and the notes section did not provide sufficient information on the details of the concurrent plan. Under the "NSP Treatment" section, information on the father's whereabouts was not provided. In addition, the child's NSP indicated that the child had drug abuse and aggressive/defiant behavior issues. However, the "Outcome Goals" section did not have goals to meet these needs.

   Furthermore, three (3) out of the seven (7) children had quarterly NSPs that were not comprehensive. The main issue with these children's quarterly NSPs was that the "Outcome Goals" sections were not properly updated. These children's quarterly NSPs had goals that were not achieved and were not modified to make the goals more achievable and/or they had the treatment methods changed

without completing the "Modification Date" or the "Reason(s) for Modification" sections of the goal.

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

Corrective Action Plan:

Again, training was conducted for all therapists to ensure complete and detailed notation of family whereabouts and a goal for each described issue are presented.
In addition, the training covered the need for modification dates in the section of the NSP/QR where modifications should be logged.
Please see training sign in sheets (Attachment #1) and training outline (Attachment #2).
However, the agency does not agree with this deficiency cited due to the fact that all NSP's/QR's were very comprehensive and had all goal modifications/ adjustments clearly explained in a narrative. The goals basically stayed the same and the youth were given more time to reach their goals. We believe that the NSP should be read as an entire document and not focus only on one section at a time. Notwithstanding our objection we do respect the Department's position and will comply with the request for corrective action.

IV. Educational and Workforce Readiness

Findings:

4. A review of the children's files revealed that one (1) one out of the seven (7) children in the sample size did not have proper report cards placed in the file. Although there was one (1) report card in the file, it did not have a reporting period to indicate the timeframe of the grades. Title 22 standards dictate that accurate school records are kept "including his/her grade or performance level". In addition, the Master County Contract, SOW, also states that the Group Home shall also "work with the Placed Child's teachers and academic counselor to monitor educational progress".

Corrective Action Plan:

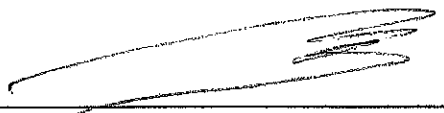
Our onsite school was addressed for this and provided the agency with a new progress report stating the semester/ time period of the progress report. Also discussed was the need of accuracy and timely submission of

report cards and progress reports in general.

5. A review of the children's files and NSPs indicated that three (3) of the children did not have properly documented educational progress entered in their NSPs. The "Education" section of their NSPs indicated that they did not make sufficient educational progress to fully achieve their educational goals. In addition, the "Outcome Goals" section failed to provide adequate modifications as aforementioned under the element of "Maintenance of Required Documentation and Service Delivery". The Group Home staff shall "work with the Placed Child's teachers and academic counselor to monitor educational progress" for each child under its care and provide proper documentation in each child's file (i.e. accurate NSP updates and accurate goal modifications), as stated in the Master County Contract, SOW.

Corrective Action Plan:

Again, training was conducted for all therapists to ensure complete and detailed notation of educational updates and changes in the NSP/QR to ensure the youth's educational wellbeing.
Please see training sign in sheets (Attachment #1) and training outline (Attachment #2).



Silvio john Orlando, Executive Director