COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER

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WENDY L. WATANABE
ACTING AUDITOR-CONTROLLER

ASST. AUDITOR-CONTROLLERS

ROBERT A. DAVIS
JOHN NAIMO
MARIA M. OMS

April 7, 2008

TO: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe
Acting Auditor-Controller

SUBJECT: **ROSEMARY CHILDREN'S SERVICES CONTRACT COMPLIANCE REVIEW – A DEPARTMENT OF MENTAL HEALTH SERVICE PROVIDER**

We have completed a program and fiscal contract compliance review of Rosemary Children's Services (RCS or Agency), a Department of Mental Health (DMH) service provider.

Background

DMH contracts with RCS, a private non-profit community-based organization which provides services to clients in Service Planning Area 3. Services include interviewing program clients, assessing their mental health needs and developing and implementing a treatment plan. The Agency's headquarters is located in the Fifth District.

Our review focused on approved Medi-Cal billings. DMH paid RCS on a fee-for-service basis between $1.80 and $3.23 per minute of staff time ($108.00 to $193.80 per hour) and $87.84 per day for services. The Agency's contract was for approximately $1.7 million for Fiscal Year (FY) 2006-07.

Purpose/Methodology

The purpose of the review was to determine whether RCS complied with its contract terms and appropriately accounted for and spent DMH funds providing the services outlined in their County contract. We also evaluated the adequacy of the Agency's

accounting records, internal controls and compliance with federal, State and County guidelines. In addition, we interviewed a number of the Agency's staff and clients.

Results of Review

RCS maintained documentation to support the 2,200 billed service minutes reviewed. In addition, the clients interviewed stated that the services they received from the Agency met their expectations. However, the Agency did not always comply with other contract provisions. Specifically, RCS:

- Did not maintain documentation to support seven (9%) of the 76 service days billed. The undocumented services totaled $615.
- Did not always ensure that Assessments, Client Care Plans, Progress Notes and Weekly Summaries were completed in accordance with the County contract.
- Did not maintain documentation to support their compliance with Day Rehabilitation Program staffing ratio requirements.
- Charged the DMH program for undocumented expenditures totaling $17,868.
- Charged payroll expenditures to DMH based on estimates rather than actual hours worked each day by program.
- Charged the DMH program $39,334 for unallowable building and interest expenditures.

We have attached the details of our review along with recommendations for corrective action.

Review of Report

We discussed the results of our review with RCS on January 17, 2008. In their attached response, the Agency described the corrective actions they are taking to address the recommendations in our report. DMH needs to work with RCS to ensure the Agency pays the County the amounts owed or provides appropriate documentation for the expenditures.

We thank RCS management for their cooperation and assistance during this review. Please call me if you have any questions or your staff may contact Don Chadwick at (626) 293-1102.

WLW:MMO:DC

Attachment

c: William T Fujioka, Chief Executive Officer
Dr. Marvin J. Southard, Director, Department of Mental Health
Greg H. Wessels, Executive Director, Rosemary Children's Services.
Public Information Office
Audit Committee

CONTRACT COMPLIANCE REVIEW
ROSEMARY CHILDREN'S SERVICES
FISCAL YEAR 2006-07

BILLED SERVICES

Objective

Determine whether Rosemary Children's Services (RCS or Agency) provided the services billed in accordance with their contract with the Department of Mental Health (DMH).

Verification

We judgmentally selected 20 billings totaling 2,200 minutes from 69,487 service minutes and 10 billings totaling 10 full-days from 852 service days of approved Medi-Cal billings for May and June 2007. For the selected billings, we reviewed the Assessments, Client Care Plans, Progress Notes and Weekly Summaries maintained in the clients' charts. The 2,200 minutes and 10 days represent services provided to 15 program participants. In addition, we reconciled an additional 66 service days billed for the Day Rehabilitation program only to the client attendance sheets and interviewed management.

Results

RCS maintained documentation to support the 2,200 billed service minutes sampled. However, the Agency did not maintain attendance sheets to support seven (9%) of the 76 billed service days sampled. The undocumented services totaled $615.

Assessments

RCS did not complete Assessments for 11 (73%) of 15 program participants sampled in accordance with the County contract. An Assessment is a diagnostic tool used to document the clinical evaluation of each client and establish the client's mental health treatment needs. Specifically, the Assessments did not describe symptoms and behaviors that were consistent with the Agency's clinical diagnosis. The County contract requires the Agency to follow the Diagnostic and Statistical Manual of Mental Disorders (DSM) when diagnosing clients. The DSM is a handbook published by the American Psychiatric Association for mental health professionals, which lists different categories of mental disorder and the criteria for diagnosing them.

Client Care Plans

The Client Care Plans that RCS prepared for 12 (80%) of 15 program participants sampled did not include the required information. Specifically:

- Twelve Client Care Plans contained goals that were not observable and/or quantifiable.

- Six Client Care Plans did not contain goals that address the clients' needs identified in the Assessments.

The number of incomplete Client Care Plans in the examples above exceeds the overall number of Client Care Plans reviewed because some of the Client Care Plans contained more than one deficiency.

Progress Notes and Weekly Summaries

The Agency did not complete seven (35%) of the 20 Progress Notes and six (60%) of the 10 Weekly Summaries in accordance with the County Contract. Specifically:

- Six Progress Notes and six Weekly Summaries did not describe what the client or service staff attempted and/or accomplished towards the clients' goals.

- Four Progress Notes for services provided by multiple staff did not describe the contribution of the additional service staff.

- One Progress Note for services provided by multiple staff did not indicate the duration of service for each additional staff.

The number of insufficiently documented Progress Notes in the examples above exceeds the overall number of insufficiently documented Progress Notes because some of the Progress Notes contained more than one deficiency.

Recommendations

RCS management:

1. **Repay DMH $615.**

2. **Maintain documentation to support the service days billed.**

3. **Ensure that Assessments, Client Care Plans, Progress Notes and Weekly Summaries are completed in accordance with the County contract.**

CLIENT VERIFICATION

Objectives

Determine whether the program clients received the services that RCS billed DMH.

Verification

We interviewed seven participants that the Agency billed DMH for services during March and April 2007.

Results

The seven program participants interviewed stated that the services received from the Agency met their expectations.

Recommendation

There are no recommendations for this section.

STAFFING LEVELS

Objective

Determine whether the Agency's ratios for Qualified Mental Health Professional (QMHP) staff to the total number of clients in its Day Rehabilitation Program do not exceed the 1:10 ratio required by the County contract.

Verification

We reviewed the client attendance sheets, staff rosters and employee timecards for five days that RCS billed DMH for their Day Rehabilitation program in May and June 2007.

Results

RCS did not always assign the required number of qualified staff to provide Day Rehabilitation services to clients. Specifically, RCS did not assign qualified staff to provide Day Rehabilitation services for two of the five days sampled to approximately 40 clients that attended the sessions. In addition, RCS provided only one qualified staff to provide Day Rehabilitation services for two of five days sampled to the 40 clients that attended the sessions.

The contract requires four years of professional mental health experience and the Agency incorrectly included academic and career counseling experience to evaluate whether staff met the experience requirement. Agency management indicated that additional QMHP staff that met the program qualifications were also present in the program sessions but they did not document their participation.

Recommendation

4. **RCS management maintain qualified staff at the required ratio for the Day Rehabilitation Program and document compliance with the County Contract.**

STAFFING QUALIFICATIONS

Objective

Determine whether the Agency's treatment staff possessed the required qualifications to provide the services.

Verification

We reviewed the California Board of Behavioral Sciences' website and/or the personnel files for nine of the 24 RCS treatment staff who provided services to DMH clients during March and April 2007.

Results

Each employee in our sample possessed the qualifications required to deliver the services billed. However, as noted in the previous section, the Agency did not always assign staff to the Day Rehabilitation program that possessed the necessary qualifications.

Recommendation

Refer to Recommendation 4.

SERVICE LEVELS

Objective

Determine whether RCS' reported service levels varied significantly from the service levels identified in the DMH contract.

We did not perform test work in this area as DMH's contract with RCS did not specify the required service levels for each type of service provided for FY 2006-07.

CASH/REVENUE

Objective

Determine whether cash receipts and revenue were properly recorded in the Agency's financial records and deposited timely in their bank account. In addition, determine whether there are adequate controls over cash, petty cash and other liquid assets.

Verification

We interviewed RCS' management and reviewed the Agency's financial records. We also reviewed the Agency's bank reconciliations for June 2007 for two bank accounts.

Results

RCS properly recorded and deposited cash receipts timely. In addition, the Agency prepared monthly bank reconciliations.

Recommendation

There are no recommendations for this section.

EXPENDITURES

Objective

Determine whether program expenditures were allowable under the County contract, properly documented and accurately charged to the DMH program.

Verification

We reviewed RCS' financial records and documentation to support 30 non-payroll expenditure transactions charged to the DMH program during Fiscal Year (FY) 2006-07, totaling $29,700.

Results

The Agency did not maintain documentation to support $8,700 in expenditures. Specifically:

- One expenditure for $6,000 was made to a consultant who was hired to provide clinical supervision and training. The contract indicated that the consultant would be paid $40 an hour. However, the invoice provided did not indicate the date and hours the contractor worked as required by the agreement with the consultant.

- One expenditure for $1,050 was for 42 Magic Mountain tickets. However, the Agency did not maintain documentation that identified the DMH clients that used the tickets.

- Three expenditure totaling $1,073 were not supported by a receipt or invoice.

- The Agency purchased two Laserium tickets for $350. However, the Agency did not maintain documentation that identified the DMH clients that attended the outing or explain why the purchase was reasonable and necessary.

- A consultant overbilled the Agency $275. The Agency allocated $58 of the amount to the DMH program.

- The amount charged to the DMH program for cellular phone costs exceeded the amount listed on the invoice by $169. Agency management explained that this was a mathematical error.

Recommendations

RCS management:

5. **Ensure that program expenditures are supported by adequate documentation.**

6. **Repay DMH $8,700 or provide appropriate documentation for the expenditures.**

INTERNAL CONTROLS

Objective

Determine whether the Agency maintained sufficient internal controls over its business operations. In addition, determine whether the Agency is in compliance with other program and administrative requirements.

Verification

We interviewed Agency personnel, reviewed their policies and procedures manuals, conducted an on-site visit and tested transactions in various non-cash areas such as procurement, payroll and personnel.

Results

The Agency needs to strengthen their internal controls over procurement. Specifically, the accounts payable staff did not match the original invoices with pre-approved

requisitions to ensure that management authorized the expenditures and documentation to support the receipt of goods/services billed by the vendors.

Recommendation

7. **RCS management ensure that prior to payment the accounts payable staff performs a three-way match of the pre-approved requisition, original invoice and documentation to support the receipt of goods/services.**

FIXED ASSETS AND EQUIPMENT

Objective

Determine whether fixed assets and equipment costs charged to DMH were used by the DMH program and were adequately safeguarded.

Verification

We interviewed staff and reviewed the Agency's fixed assets and equipment listing. In addition, we performed an inventory and reviewed the usage of 15 items.

Results

RCS could not identify the assets included in the depreciation costs charged to the DMH program for FY 2006-07, totaling $9,168. Management indicated that this problem occurred when they changed their accounting software.

In addition, RCS needs to improve internal controls over their fixed assets and equipment. Specifically:

- Seven equipment items used by program staff were not included in their fixed asset and equipment inventory listing.
- Four equipment items did not have an asset tag.
- Agency management could not locate four equipment items on their fixed asset and equipment inventory listing.
- The inventory listing did not identify the assigned individual, acquisition cost and source of funding. A proper listing would include the assigned individual, an item description, serial number or unique identifier, acquisition cost, sources of funding and the program(s) where the asset is used.
- Agency management indicated that the last physical inventory count was conducted in 2002.

Recommendations

RCS management:

8. **Repay the County $9,168 for unsupported depreciation costs charged to the DMH program for FY 2006-07.**

9. **Ensure that all fixed assets and equipment items charged to the DMH program are included in the Fixed Assets and Equipment Listing and removed disposed assets.**

10. **Ensure the Fixed Assets and Equipment Listing includes the assigned individual, an item description, serial number or unique identifier, acquisition cost, source of funding and the program(s) where the asset is used.**

11. **Inventory fixed assets and equipment annually.**

PAYROLL AND PERSONNEL

Objective

Determine whether payroll expenditures were appropriately charged to the DMH program. In addition, determine whether personnel files are maintained as required.

Verification:

We traced the payroll expenditures for 15 employees totaling $18,865 to the payroll records and time reports for the pay period ending June 15, 2007. We also interviewed 14 of the employees and reviewed 15 employees' personnel files.

Results

RCS charged DMH based on estimated payroll amounts instead of actual hours worked by program. Agency management indicated that their payroll system does not allow staff working on multiple programs to identify the hours they worked on each program.

Recommendation

12. **RCS management bill payroll expenditures based on actual hours worked each day by program.**

COST ALLOCATION PLAN

Objective

Determine whether the Agency's Cost Allocation Plan was prepared in compliance with the County contract and the Agency used the plan to appropriately allocate shared program expenditures.

Verification

We reviewed the Agency's Cost Allocation Plan, interviewed management and reviewed a sample of indirect expenditures charged by the Agency to ensure that the expenditures were properly allocated to the Agency's appropriate programs.

Results

The Agency's Cost Allocation Plan was prepared in compliance with the County contract. However, six of fourteen administrative staff did not complete time reports as required by the Contract. In addition, the Agency overcharged DMH $37,500 in FY 2006-07. The Agency charged the DMH program $48,000 per year for building depreciation during FY 2006-07. However, the DMH program occupied only 45% of the building, which limited the depreciation amount to $10,500 ($48,000 - $37,500) per year.

The Agency also charged $1,834 to the DMH program for interest expenditures related to capital improvements made on a building that is not used to provide DMH contract services.

Recommendations

RCS management:

13. **Ensure that all administrative staff expenditures allocated to the DMH program are supported by time reports that reflect the actual hours worked.**

14. **Allocate building costs to the DMH program in accordance with the Agency's Cost Allocation Plan, which is based on percent of the building used by the DMH program.**

15. **Repay DMH $39,334 ($37,500 + $1,834) for unallowable building and interest expenditures.**

16. **Ensure that the Agency correctly allocates interest costs charged to the DMH program.**

COST REPORT

Objective

Determine whether RCS' FY 2005-06 Cost Report reconciled to the Agency's financial records.

Verification

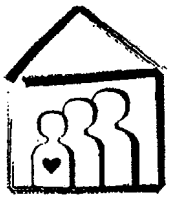
We traced the Agency's FY 2005-06 Cost Report to the Agency's general ledger for FY 2005-06.

Results

The Agency's total DMH cost listed on RCS' Cost Report reconciled to the Agency's accounting records. However, the administrative and program expenditures on the Cost Report did not agree with the accounting records. Agency management could not provide documentation to support the administrative and program amounts reported because they did not maintain supporting schedules and the staff person who prepared the Cost Report no longer worked for the Agency.

Recommendation

17. Agency management maintain supporting schedules necessary to reconcile their Cost Report to their accounting records.



Rosemary Children's Services

CARING FOR THE CHILD
TEACHING THE TEEN
FOSTERING THE FAMILY

CORPORATE OFFICES
36 S. Kinneloa Ave., Suite 200
Pasadena, California 91107
P 626.844.3033
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FOSTER CARE OFFICES
1022-A-Mission St.
South Pasadena, CA 91030
P 626.403.2277
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2002 Iowa Ave., Suite D-107
Riverside, CA 92507
P 951.303.1620
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ROSEMARY
NON-PUBLIC SCHOOL
36 S. Kinneloa Ave., Suite 110
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MENTAL HEALTH SERVICES
36 S. Kinneloa Ave.
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RESIDENTIAL OFFICES
3244 E. Green St.
Pasadena, CA 91107
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F 626.449.9128

ACCREDITED BY:
California Alliance of Child and Family Services

MEMBER OF:
Association of Community Human Service Agencies
California Association of Private Specialized Education and Services
Child Welfare League of America
Foster Family-Based Treatment Association
Learning Disabilities Association
United Way

www.rosemarychildren.org

February 19, 2008

Mr. J. Tyler McCauley
Los Angeles County Auditor Controller
500 West Temple St., Room 525
Los Angeles, CA 90012

RE: *Response to Auditor Controller Contract Review*

Dear Mr. McCauley:

Thank you for the opportunity to respond to the draft Review being prepared by your office for the Los Angeles County Board of Supervisors. We have reviewed the draft and have prepared the attached response. This response will also outline specific corrective actions that have been implemented since the site visit.

Please contact me if you have any further questions in regards to this response.

Sincerely,

Greg Wessels
Executive Director

Billed Services

Results

- Rosemary Children's Services did not maintain documentation to support seven of 76 service days sampled. Undocumented services equaled $615.
- Assessments: Rosemary's did not complete 11 of 15 assessments in accordance with the county contract, specifically symptoms and behaviors noted were not consistent with the agency's diagnosis
- Client Care Plan: Rosemary's did not complete 12 of 15 client care plans in accordance with the county contract, specifically some goals were not specific and quantifiable. In addition they did not address the clients' needs identified in the assessments.
- Progress Notes/Weeklies: Rosemary's did not complete 7 of 20 progress notes and 6 of 10 weekly summaries in accordance with the county contract, specifically
    - Notes did not always describe what the staff and client attempted or accomplished toward the goal
    - The contribution and duration of service for additional service staff was not always documented correctly.

Recommendation

1. Repay DMH $615
2. Maintain documentation to support the service days billed
3. Ensure that Assessments, Client Care Plans, progress notes and weekly summaries are completed in accordance with the county contract.

Agency Response

1. Rosemary Children's Services acknowledges that documentation was not sufficient to support the service days billed.
2. It is the understanding of Rosemary Children's Services that this lack of documentation noted is pertaining to inadequate attendance records. Internal procedures for documenting attendance of clients and qualified mental health staff were not followed. In addition, the employee responsible for monitoring the accuracy of the documentation was removed from the position and is no longer employed by the agency. Rosemary's has revised the attendance sheet for day rehabilitation per the advisement of the auditor controller and is monitoring the accuracy of these sheets.
3. While we feel that we have adhered to expectations and recommendations from our previous Department of Mental Health liasons, we recognize that the assessment process can be continually sophisticated and go through modification. We will, as advised, include more diagnostic criteria from the DSM as it pertains to the diagnosis rendered and state more specific symptoms and behaviors that are consistent with the diagnosis.

Additional training and monitoring has been implemented to ensure that Client Care Plan goals are more specific and measurable and that the goals are consistent with the needs identified on the assessment. Weekly summaries and progress notes are monitored to ensure that the service and progress toward the client's goal is being documented.

Staffing Levels

Results

- RCS did not assign qualified staff to provide day rehabilitation services for two of the five days sampled
- RCS provided only one qualified staff to provide day rehabilitation services for two of five days sampled

Recommendation

4. RCS management maintain qualified staff at the correct ratios for the day rehabilitation program and document in accordance with the county contract

Agency Response

4. One of the days tested was a holiday in which the agency billed incorrectly. The adjustment has been made in the IS billing system. The attendance sheets for the additional days were inaccurate and as stated above, the individual responsible for ensuring the accuracy of these attendance logs was removed from her position and is no longer with the agency.

Staffing Qualifications

Results

- As stated in the auditor controller report, each employee in the sample possessed the qualifications required to deliver the services billed. However, as noted in the previous section, RCS did not always assign staff to the day rehabilitation program that possessed the necessary qualifications.

Recommendation

Refer to number 4.

Agency Response

Refer to number 4.

Expenditures

Results

- Agency did not maintain documentation for expenditures totaling $8700

Recommendations

5. Ensure that program expenditures are supported by adequate documentation

6. Repay DMH $8700 or provide appropriate documentation for the expenditures
    a. Repay $6000 for a payment made to a consultant
    b. Repay $1050 for magic mountain tickets due to lack of documentation stating which DMH clients attended the outing
    c. Repay $1073 for three expenditures not accompanied by receipts and invoices
    d. Repay $350 for Laserium tickets due to lack of documentation stating which DMH clients attended the outing
    e. Repay $58 for consultant overpayment
    f. Repay $169 for cell phone costs not listed on the invoice

Agency Response

5. The agency has procedures in place to ensure that expenditures are supported by documentation. Additional safeguards have been implemented to reduce risks with regard to lost receipts.
6.
    a. Rosemary's management had asked a consultant to provide additional services one month. Therefore, the amount paid to the consultant increased that one month. Attached to this report is the invoice and description of service provided for that month, in addition to the prior month's invoice and an invoice for the month following.
    b. The agency did not maintain attendance records for this activity. Procedures have been implemented to ensure tracking of these attendance records
    c. Rosemary Children's Services acknowledges that documentation was missing for these three expenditures
    d. The agency did not maintain attendance records for this activity. Procedures have been implemented to ensure tracking of these attendance records
    e. Rosemary's contacted the consultant and she changed her hourly rate. Her contract has been updated.
    f. This was a mathematical error. Additional reviews of allocations will ensure that cost centers are properly charged.

Internal Controls

Results

- Accounts payable staff did not match the original invoices with pre-approved requisitions to ensure that management authorized the expenditures and documentation to support the receipt of goods/services billed by vendors.

Recommendation

7. RCS management ensure that prior to payment, the accounts payable staff performs a three way match of the pre-approved requisition, original invoice and documentation to support the receipt of goods and services

Agency Response

7. RCS management has implemented this procedure as recommended by the Auditor Controller

Fixed Assets and Equipment

Results

- RCS could not identify the assets included in the depreciation costs charged to the DMH program for FY 2006-07 totaling $9,168

Recommendations

8. Repay the county $9168 for unsupported depreciation costs charged to DMH
9. Ensure fixed assets and equipment items charged to DMH are included in the Fixed Assets and Equipment Listing and remove disposed assets.
10. Ensure the fixed assets and equipment list includes the assigned individual, an item description, serial number or unique identifier, acquisition cost, source of funding and the program(s) where the asset is used.
11. Perform annual inventory counts

Agency Response

8. The unsupported depreciation costs referred to computers that were disposed of and all credits were applied to Administration. We have adjusted the depreciation so it reflects actual DMH allocation beginning with the fiscal year 7/1/07.
9. We currently include all acquisitions above $500 on our Fixed Asset and Equipment Listing and use bar codes to inventory the assets. The agency has implemented annual inventory counts and facility personnel will maintain an annual physical inventory. They will also notify the person maintaining the written inventory of equipment transfers or equipment disposals to ensure accurate documentation of the assigned individual, an item description, serial number or unique identifier, acquisition cost, source of funding and the program(s) where the asset is used
10. See number 9.
11. See number 9.

Payroll and Personnel

Result

- RCS charged DMH based on estimated payroll amounts instead of actual hours worked by program.

Recommendations

12. RCS management bill payroll expenditures based on actual hours worked each day by program

Agency Response

12. All staff working for different programs will punch in and out when changing from program to program.

Cost Allocation Plan

Results

- RCS allocated administrative salaries to DMH but did not require six of fourteen staff to complete a time report. The agency also did not follow its cost allocation plan to allocate building expenditures to the DMH program.

Recommendations

13. RCS management ensure that all admin staff expenditures allocated to the DMH program are supported by time reports that reflect the actual hours worked
14. Allocate building costs to the DMH program in accordance with Agency's cost allocation plan
15. Repay DMH $39,334 for unallowable building and interest expenditures
16. Ensure the agency correctly allocates interest costs charged to the DMH program

Agency Response

13. Commencing January 1, 2008 we will require all staff to complete timesheets.
14. We based usage on square footage x total value of Building instead a of 30 year depreciation value. Although we have had outside audits, we were not instructed to change this method. We have now corrected and adjusted our allocation.
15. See number 14.
16. See number 14.

Cost Report

Results

- Agency management could not provide support for the administrative and program amounts reported on the cost report

Recommendation

17. Agency management maintain supporting schedules necessary to reconcile their cost report to their accounting records.

Agency Response

17. We usually do this, however in the year audited, the cost report was completed by a staff who did this incorrectly. This staff is no longer with the agency. We will make sure that there is an audit trail in the future.

Consultation Services - Jay Jones, EdD, LCSW

I. **Additional Services Provided by Special Request**
   1. **January 2007**
      - Additional training services were provided due to influx of new staff
      - Special assignment of monitoring, tutoring, and providing feedback on performance of manager
      - Evaluation and recommendation of program variables related to AWOL prevention
        - Preparation of special request training session on prevention of AWOL in Girl's population

II. **Routine Consultation Services Provided**
   1. **Clinically Related Services**
      - Group and Individual Supervision of Clinical Interns
        - Specific client-focused guidance
        - Verification of licensure hours
      - Topical training for Clinical Interns
        - Generic vs. specific client focused
        - Skill development in assessment and intervention
      - Individual Face-to-Face Assessment and short intervention with specific clients
        - Direct intervention with and recommendations for clients who have been refractory to treatment efforts
        - Direct assessment and recommendations regarding clients of concern (runaway or self-harm risks)
        - Evaluation of clients who have made various allegations against staff or other clients
   2. **Milieu Training and Development**
      - GCLT Training Services Training Serviced offered
      - Basic Group Centered-Leadership
        - Foundational tools and concepts for all group leaders
      - Intermediate Group Centered-Leadership
        - Building on the tools from basic with elaboration and additional practice sessions
      - Advanced Group Centered-Leadership
        - Introduction to additional techniques used in conjunction with the group model but not presented in basic
        - Question and answer sessions for group leaders
        - Presentation of trend analysis (from group observations)
      - Group Treatment Video Critique
        - Work with individual teams or internal group monitors observing video of actual group sessions
      - Live Treatment Group Observation
        - Attending live group sessions observing pre-group, group, and post-group routine
        - Provide feedback to group leaders and team supervisor

- Team Building for Interdisciplinary Treatment Teams
  - Identify the learning and information needs from the Team's perspective
  - *Improving coordination of team efforts from that view*

3. **Program Monitoring and Development**
   - Program Design and/or Redesign
     - Review with program manager/administrative staff the design of the basic structural tools in place
       - Goal sheets/Privilege packages
       - Formative program evaluation logs and records
   - Program Evaluation (Formative)
     - Critical Incident analysis
       - Restraints, runaways, physical altercations, abuse allegations, client satisfaction
     - Provide observations and analysis from contact with staff members in training sessions
       - Prepare reports for dissemination
   - Observe, participate and report on program related meetings
     - Treatment Planning Sessions
     - Treatment Team Meetings
       - Video example at www.actionhq.org
   - Program Evaluation (Summative)
     - Provide observations and opinions in specific program features
       - Staff development efforts, turnover, morale, performance
4. **Training Materials Preparation**
   - Development and revision of written training materials
   - Editing and preparation of video sessions for staff review
   - Preparation and web posting of training sessions for staff review
     - View example at www.actionhq.org

Invoice

Dr. Jay Jones & Associates
PO Box 963
Sun City, CA 92586

DATE	INVOICE #
03/03/07	7105

BILL TO
Greg Wessels, RSW
Rosemary Children's Services
36 S. Kinneloa Ave., Ste 200
Pasadena, CA 91107

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CSWSC	Clinical Social Worker Services (contract). Dr. Jay Jones, LCSW. CA Lic# LCS9812. Per agreement for FY 2006-2007.	1.0		2,000.00
TMPC	Training Materials Preparation (contract)	1.0		500.00
PMSC	Program monitoring services (contract)	1.0		500.00

Please remit to above address.		
	Total	**3,000.00**

Invoice

Dr. Jay Jones & Associates
PO Box 963
Sun City, CA 92586

DATE	INVOICE #
02/02/07	7103

BILL TO
Greg Wessels, RSW
Rosemary Children's Services
36 S. Kinneloa Ave., Ste 200
Pasadena, CA 91107

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CSWSC	Clinical Social Worker Services (contract). Dr. Jay Jones, LCSW. CA Lic# LCS9812. Per agreement for FY 2006-2007.	1.0		5,000.00
TMPC	Training Materials Preparation (contract)	1.0		500.00
PMSC	Program monitoring services (contract)	1.0		500.00

Please remit to above address.	**Total**	**6,000.00**

Invoice

Dr. Jay Jones & Associates
PO Box 963
Sun City, CA 92586

DATE	INVOICE #
01/02/06	6162

BILL TO
Greg Wessels, RSW
Rosemary Children's Services
36 S. Kinneloa Ave., Ste 200
Pasadena, CA 91107

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CSWSC	Clinical Social Worker Services (contract). Dr. Jay Jones, LCSW. CA Lic# LCS9812. Per agreement for FY 2006-2007.	1.0		2,500.00
TMPC	Training Materials Preparation (contract)	1.0		500.00
PMSC	Program monitoring services (contract)	1.0		500.00

Please remit to above address.		
	Total	**3,500.00**