

WASHINGTON STATE  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
OFFICE OF OPERATIONS REVIEW

PERFORMANCE AUDIT  
OF  
KIWANIS VOCATIONAL  
HOMES FOR YOUTH  
P.O. BOX 804  
CENTRALIA, WASHINGTON 98531

REPORT NUMBER  
GFC-127-84

REPORT DATE  
September 1984

AUDITORS ASSIGNED:

Bonnie Rocha  
Amy Arth

AUDIT COMPLETED:

June 1984

70020290

PCVA-Northup 01203110

PCVA 000518

#### INFORMATIONAL NOTE

A draft of this report was previously provided to those having primary responsibility for management of program, functions, or systems in which there were audit findings.

Responses received to the draft report have been handled in the following manner:

- Responses indicating corrective actions taken have not been incorporated into this report, but have been forwarded to the persons responsible for management of the function discussed.
- Other responses, as appropriate when directed to specific findings, have been edited by Performance Audit staff and incorporated into this report.

A complete file of responses is available in Performance Audit Section.

#### FINAL AUDIT REPORT CORRECTIVE ACTION PROCEDURES

A response indicating action taken or action planned toward the implementation of the recommendations made in this report is due from the responsible DSHS manager within 30 working days after receipt of the report.

The monitoring and verification of all corrective actions is the responsibility of the department managers indicated in this report. Responses should be made in the following manner.

- Responses to recommendations requiring vendor initiated action should be directed to the Department of Social and Health Services (DSHS) state office program manager, Regional Community Service Administrator, and/or Community Service Office (CSO) Administrator. The response is to be directed within 20 working days to the manager indicated as responsible for the specific recommendation.
- Responses to recommendations for DSHS state office program manager, Regional Community Service Administrator, and/or CSO Administrator will be prepared and directed in accordance with DSHS Administrative Policy Number 16.02, dated February 10, 1983, subject: Corrective Action Plans and Reports.

In each instance, forward an information copy of the responses to:

Department of Social and Health Services  
Performance Audit Section  
Office of Operations Review  
MS OB-33F  
Olympia, Washington 98504

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PCVA-Northup 01203111

PCVA 000519

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KIWANIS  
VOCATIONAL HOMES FOR YOUTH

I. INTRODUCTION

An audit of the Kiwanis Vocational Homes for Youth was conducted by staff from the Performance Audit Section, Office of Operations Review, in June 1984. The purpose of the audit was to assess compliance with Contract #1413-BLT-35095 (October 1982 through September 1984) for group home care and Contract #1890-38540 (October 1983 through September 1985) for child placing services.

A. Background

The Kiwanis Vocational Home for Youth provided residential care for teenage boys in need of supervision and treatment for problems caused by emotional and behavioral difficulties. Forty boys were in residence at the time of the audit. Skills including forestry, carpentry, mechanics and cooking were part of the vocational training. Traditional academics were taught in an on-site school funded through the school district.

The agency also provided placement services into foster homes. One home was currently used.

B. Scope of the Audit

The audited period was July 1, 1983 through April 30, 1984.

The program audit included an assessment of adherence to the contracts and applicable Washington Administrative Codes (WAC's). Records reviewed included active and inactive client files; policies and procedures; and personnel files. Interviews were conducted with staff and residents.

The fiscal audit included an examination of billings and remittances, Social Service Authorizations, client attendance records and payments to licensed foster care providers.

The audit was conducted in accordance with generally accepted governmental auditing standards, except as pertained to independence, and included such auditing procedures as were considered necessary in the circumstances.

C. Statement of Compliance

The agency was not in compliance with several material contract requirements, however the contractor was cooperative and amenable to making necessary changes. Some corrective action had begun even prior to the completion of the audit.

The cohesiveness of the staff was apparent. In turn, a stable environment for the residents was created, evidenced by the few number of run-aways.

The on-site school program allowed a high degree of involvement by the staff in the boys' progress. Vocational training was well received and appeared to be highly successful in terms of job placements.

Accounting practices were organized and left a good audit trail. There were no fiscal findings.

## II. FINDINGS AND RECOMMENDATIONS

### A. Group Home Program Findings and Recommendations

1. FINDING: The number of contracted beds exceeded the licensed capacity.

In January 1984, the contract was amended to increase the number of beds from thirty-two to forty. An application to increase the licensed capacity from thirty-four had been submitted, however a new license was not issued due to a later request from the contractor to raise the capacity to forty-seven.

RECOMMENDATION: Region 6 expedite the issuance of an appropriate license.

2. FINDING: Licensing standards were violated when unauthorized juveniles stayed at the group home.

Community Service Offices frequently requested that children be temporarily placed even when no contracted beds were available. Although the contractor should be commended for providing services without compensation, the licensed capacity was already over-extended (see Finding #1). Additionally, licensing standards for record keeping were not upheld by the contractor for these residents.

RECOMMENDATION: Region 6 ensure that referrals not be made that will put the contractor over the licensed capacity. If the contractor chooses to accept children within the licensed capacity for which he is not reimbursed, all applicable licensing standards in WAC 388-73 must be maintained.

3. FINDING: The agency did not meet minimum contractual requirements for qualified child care or social service staff.

Review of staff schedules, job descriptions and personnel files indicated the following:

- Child care staff (whose primary responsibility was to provide physical care, discipline, school liaison and general handling of behavioral problems) was staffed at 74 percent of the minimum standard;
- Social service staff (whose primary responsibility was to develop and implement treatment to clients and families) was staffed at 86 percent of the minimum standard.

Since group care was utilized as a therapeutic resource for these children, understaffing created potential risk to the childrens' safety and well-being.

RECOMMENDATION: Staff coverage be maintained at required levels. A system for documenting actual hours worked should be implemented.

4. FINDING: Arrangements for the professional consultation required by the contract were informal and had not been documented.

The consultant was used primarily as a counselor for the children and a resource for the staff. Counseling notes were not retained and no record was kept of hours worked.

RECOMMENDATION: The agency's expectations for consultation services be committed to writing. Evidence of counseling and other consultation, including hours worked, should be maintained at the facility.

5. FINDING: Personnel policies did not contain all the requirements of WAC 388-73-068 which included qualifications, duties, hours, salary and benefits for paid and volunteer staff.

Job descriptions did not reflect actual expectations and did not address allocation of time for duties of administrative and support staff.

RECOMMENDATION: Personnel policies be developed that contain all required elements. Minimum qualifications should meet or exceed contract and license standards.

6. FINDING: Counseling services set forth in client treatment plans could not be verified.

RECOMMENDATION: Documentation of all counseling to clients and their families be maintained. This is to include the drug and alcohol education that was required by the contract.

7. FINDING: There was no documentation of in-service training as required by WAC 388-73-070. This was of particular relevance since several employees had been hired without prior related experience.

RECOMMENDATION: An ongoing program for developing and upgrading staff skills be implemented.

B. Child Placing Agency Program Findings and Recommendations

1. FINDING: Individual Service Plans (ISP's) had not been developed by the agency as required by the contract.

It could not be determined what goals had been set for the children or what expectations there were for services to be offered by the agency and foster families.

The children placed by the agency in foster homes were boys who had lived in the group home. The ISP's developed by the Community Services Offices generally addressed group living and did not reflect progress into foster home care.

RECOMMENDATION: ISP's be developed for each child placed in foster care using the format approved by the Department.

2. FINDING: Information in files did not indicate that social service staff was providing counseling to children or their families.

Most of the children in foster home placement continued to attend the on-site school and participated in the vocational program. Staff relied on these contacts to evaluate progress, but did not record services delivered.

RECOMMENDATION: All counseling services be documented.

3. FINDING: Quarterly progress reports did not meet the specifications listed in the contract.

Reports were to reflect progress and/or modifications to the ISP's. Since ISP's did not reflect current circumstances (see Finding #1), progress and services could not be properly evaluated.

RECOMMENDATION: Guidelines for foster care quarterly reports be adhered to.

4. FINDING: The screening process for licensing foster homes was inadequate.

During a review of child placing activities conducted by the Region 6 licensor in March 1983, the agency was licensing group home staff as foster parents and was cited for violating WAC 388-73-026. (At the time of the audit, all but one of these licenses had been rescinded.) Because of this interrelationship, home studies and character reference checks were incomplete.

RECOMMENDATION: A thorough system for screening potential foster families be developed by the agency.

5. FINDING: One foster home was licensed for five children which exceeded the capacity of four allowed by WAC 388-73-304.

RECOMMENDATION: The license be amended to reflect the allowable capacity. Region 6 staff should review the file for this foster home to ensure the adequacy of the facility and services as well as to ensure sufficient monitoring by the agency. If appropriate, exceptions to policy may be issued on an individual basis.

6. FINDING: Social service personnel required by WAC 388-73-076 was allocated from an already over-extended staff (see Group Home Finding #3.)

RECOMMENDATION: Requirements for child placing staff time be considered in staff schedules.

7. FINDING: There was no documentation that foster families received adequate background information or medical history about the children placed as required by WAC 388-73-140.

RECOMMENDATION: A checklist or other system be developed by the contractor to ensure that foster homes receive all applicable information.

8. FINDING: Foster families did not attend the orientation and training programs required in WAC 388-73-302.

RECOMMENDATION: Orientation and training, arranged or approved by the Department, be provided all foster families.

C. General Management Findings and Recommendations

These findings pertain to general management practices affecting group home and child placing activities.

1. FINDING: Client records did not meet the standards of WAC 388-73-054.



- Files were maintained at the home of the administrator instead of at the licensed facility;
- Complete information of persons to contact in case of emergency was often lacking;
- Written parental consents (or court orders) were not completed for emergency treatment.

RECOMMENDATION: A system for ensuring accurate and complete client information be implemented.

2. FINDING: The contractor did not have a written non-discrimination policy as required by the Department and had not been notified of such requirements. No discriminatory practices were evidenced at the time of the audit.

RECOMMENDATION: The Office for Equal Opportunity contact the contractor to ensure compliance with its policies.

3. FINDING: The agency was not aware of the special requirements in WAC 388-73-044 regarding American Indian children. Indian children had been placed with the Kiwanis Homes.

RECOMMENDATION: The Indian Child Welfare Coordinator contact the agency to ensure understanding and compliance with its requirements.

### III. CORRECTIVE ACTION PLANNING AND REPORTING RESPONSIBILITY

The following table shows corrective action planning and reporting responsibilities.

<u>Finding No.</u>	<u>Subject</u>	<u>Party Responsible for Corrective Plan/Report</u>
A1	Licensing Standard	Region 6, Licensing Staff
A2	Licensing Standard	Region 6, Licensing Staff
A3	Contract Requirement	Division of Children and Family Services (DCFS), Program Manager
A4	Contract Requirement	DCFS, Program Manager
A5	Licensing Standard	Region 6, Licensing Staff
A6	Contract Requirement	DCFS, Program Manager
A7	Licensing Standard	Region 6, Licensing Staff
B1	Contract Requirement	DCFS, Program Manager
B2	Contract Requirement	DCFS, Program Manager
B3	Contract Requirement	DCFS, Program Manager
B4	Licensing Standard	Region 6, Licensing Staff
B5	Licensing Standard	Region 6, Licensing Staff
B6	Licensing Standard	Region 6, Licensing Staff
B7	Licensing Standard	Region 6, Licensing Staff
B8	Licensing Standard	Region 6, Licensing Staff
C1	Licensing Standard	Region 6, Licensing Staff
C2	Non-Discrimination	Office for Equal Opportunity
C3	Indian Child Welfare	DCFS, Indian Child Welfare Coordinator

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Juvenile Parole  
Region 5 Office  
Tacoma, Wa.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

CORRECTIVE ACTION PLAN

AN IMPLEMENTATION SUMMARY FOR AUDIT RECOMMENDATIONS

TITLE OF AUDIT Kiwanis Vocational Homes for Youth Performance Audit

AUDITING AGENCY Operations Review

ORGANIZATION REPORTING DCFS - Region 6, KR-24

INDIVIDUAL SUBMITTING REPORT Steven C. Emmett, SCAN 234-4649  
Name Telephone

AUDIT RECOMMENDATION	ADMINISTRATIVE ACTION PLAN	INDIVIDUAL RESPONSIBLE FOR IMPLEMENTATION	TARGET COMPLETION DATE
A.1 Region 6 expedite issuance of appropriate license.	License requirements reviewed and found acceptable for amendment effective 12/16/83 and 5/9/84. Amended licenses issued.	Kiwanis Vocational Homes for Youth Director	10/84
A.2 Region 6 ensure referrals not made to put contractor over capacity.	Contractor has been made aware of license capacity limitations upon audit. New licenses reflect capacity. Contractor has also been verbally informed and informed in writing regarding capacity limitations, confirmed 11/84. Will evaluate at group home license review. Re-evaluate 12/85.	"	10/84
A.5 Personnel policies must be developed that contain all required elements of WAC 388-73-068.	All job descriptions have been evaluated and rewritten by director and now include goals, duties, hours, salary and benefits. Confirmed by review 11/84. Re-evaluate 12/85.	"	11/84
A.7 Ongoing program for developing and upgrading staff skills be implemented.	Coordinated program being developed in conjunction with consulting psychologist Dr. Glenn Eastley. Confirmed 11/84. Re-evaluate 12/85.	"	10/84
A.4 thorough system for screening potential foster families be developed by the agency.	Kiwanis Vocational Homes for Youth is no longer pursuing foster home certification for placement of residents. Should there become a need to offer this program again, director will consult with DCFS Region 6 Licensor and select appropriate staff for such study and certification responsibilities.	"	11/84

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AUDIT RECOMMENDATION	ADMINISTRATIVE ACTION PLAN	INDIVIDUAL RESPONSIBLE FOR IMPLEMENTATION	TARGET COMPLETION DATE
B.5 License of one foster home be amended to reflect allowable capacity.	This home is no longer caring for five children. Licensee has relocated and agency is currently completing relicensing procedures for two children ages 16 and 18. New capacity will reflect new potential residence limitations as well as the fact that this one remaining certified home will be phased out by mid 1985 along with the child placing agency license of KVH.	Kiwanis Vocational Homes for Youth Director	11/84
B.6 Requirements for child placing staff time be considered in staff schedules.	Child placing agency functions are being phased out. Two casework staff have been hired as of 8/84 and 9/84 and schedules have been re-examined to correct deficiencies in group care.	"	11/84 and Ongoing Evaluation
B.7 A checklist or other system be developed by the contractor to ensure that foster homes receive all applicable information.	Foster home certification program is no longer conducted through Kiwanis Vocational Homes for Youth but for one formerly certified home which will terminate services approximately mid 1985. DSHS 10-51A (attached) now in use.	"	N/A
B.8 Orientation and training, arranged or approved by the department, be provided to all foster families.	See B.7 above.	"	N/A
C.1 A system for ensuring accurate and complete client information be implemented.	All WAC 388-73-054 information is now provided for in client records and in proper format. An ongoing medical/incident log is now being kept in each child's record. Monitoring of the MAC required information will occur with renewal of group home license due 12/85 and spot checks when deemed appropriate.	"	11/84

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