



**NJ Department of Human Services
Division of Developmental Disabilities**



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After identifying significant health & safety concerns at Bellwether Behavioral Health (Bellwether), the Department of Human Services (DHS) Division of Developmental Disabilities (DDD) took extensive actions to increase oversight and management of this provider, including appointing an Independent Monitor to oversee provider performance.

The Independent Monitor appointed at Bellwether, Cathy Ficker Terrill, is a nationally recognized leader in the field of intellectual and developmental disabilities. Ms. Terrill has extensive experience serving in a range of positions working to improve the quality of life for individuals with disabilities, including having served as CEO of the national Council on Quality and Leadership, which focuses on accreditation and training of providers of services to individuals with intellectual and developmental disabilities.

One of the responsibilities of the Independent Monitor includes issuing a report to DHS upon completion of her assessment of Bellwether. The report is attached.

Report: Evaluation of Bellwether Behavioral Health

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General Overview: The stated mission of Bellwether Behavioral Health (Bellwether) is to enhance the quality of lives of individuals with exceptional needs through individualized, expertly-designed supports and services, coordinated to empower individuals to advocate for themselves, achieve their goals, and develop social supports within their community.

Bellwether management staff reported serving 460 people in residential services living in 62 group homes ranging in size from four to fourteen people in New Jersey. The 460 individuals were also in day programs at seven sites; four in the southern region, one in the central region and two in the northern region. Three of the 460 individuals supported by Bellwether participated in part-time community supported employment. All other individuals attend day programs with little or no employment services. The staff reported that many individuals have complex behavioral challenges including dual diagnosis with mental health and or co-occurring substance abuse. Staff indicated that 21 people have sexually problematic behavior. Management staff also reported that four homes support people with 24/7 nursing needs.

Methodology: Several key documents and processes were reviewed for this report, including: an overview of services and supports provided in New Jersey as well as Bellwether's strategic plan updates, licensure, risk management, plans of correction, and quality improvement documents. The Independent Monitor also conducted face-to-face meetings with the leadership and management staff at Bellwether to receive an overview of the mission, values and organizational structure.

In those face-to-face meetings with key management staff, the intent was to discover whether systems are in place for the following areas:

- Person-centered assessment and discovery;
- Individualized supports and services;
- Status toward implementing changes for the new HCBS waiver regulations;
- Work force stability and qualifications;
- Governance;
- Quality and accountability systems;
- Rights protections, protection from abuse, neglect, mistreatment and exploitation;
- Health care systems and monitoring to assure best possible health;
- Safety and risk management including incident trends and tracking;

- Competencies for direct support staff; and
- Positive behavioral supports.

The Independent Monitor also reviewed Bellwether's programs and services throughout New Jersey. The Independent Monitor randomly selected 10 homes and five day programs to visit in Burlington, Gloucester, Passaic, Salem and Somerset counties. The sample included a mix of homes for more than eight individuals and homes with less than eight individuals, as well as small and larger day program locations. In each region (north, central, and south) the Independent Monitor also conducted distinct focus groups for individuals served by Bellwether, family members of those served by Bellwether, and direct care staff employed by Bellwether.

The Independent Monitor has assessed Bellwether's capacity by evaluating key findings in the following quality metrics:

- Are there sufficient staff and do staff have the needed competency and capacity?
- Do the trends in service outcomes at Bellwether match New Jersey or national data?
- Does the agency utilize Positive Behavior Supports?
- Has the organization improved their system to monitor the implementation of service plans?
- Are the homes conducive to individualized programs and implementation of individualized services and outcomes?
- Is the organization increasing capacity for positive behavioral supports and a reduction of the use of chemical and/or physical restraints?
- Is there substantive improvement in the DHS plans of correction systemically across all programs in New Jersey?
- Has the organization improved their capacity to identify individual's capacity to be safe in their environments and has risk been assessed?
- Are people supported to choose and realize their goals?
- Have the number of repeat incidents been reduced?
- Has there been progress toward individualized services and supports?
- Do staff demonstrate competency in identifying and reporting abuse, neglect, mistreatment and exploitation?
- Does the organization have a continuous quality improvement and learning process rather than simply a system that responds to crisis management?
- Has the organization enhanced its efforts to facilitate natural supports in the lives of the individuals supported?
- Does the organization have a supervisory structure that promotes quality of services and communication across the organization?
- Has the organization reviewed for each individual the need for advocacy, guardianship, representative payee and alternatives to guardianship, such that individuals only receive the level of support needed to make their decisions?
- Are individuals provided needed supports to exercise their rights?

- Has the organization enhanced its capacity to facilitate competitive integrated employment for the individuals supported?

Sites Visited: The Independent Monitor visited all seven day program locations operated by Bellwether Behavioral Health at least once and some multiple times, and multiple group homes in the northern, central, and southern regions operated by Bellwether at least once and some multiple times, usually in the late afternoon or evenings to ensure that residents would be home. These day programs and homes represented a random sample of programs operated by Bellwether Behavioral Health in northern, central and southern New Jersey.

As part of this review, a simple trend analysis of DHS' licensure reports for Bellwether from 2016, 2017 and 2018 was conducted. The following trends were identified. Although some work has been completed to improve conditions in homes (basic cleaning services, food labeling and completing maintenance orders) the analysis identified the following areas still need continued improvement:

- Lack of cleanliness of the homes;
- Numerous medication errors of documentation and administration;
- Food not labeled, dated or identifiable in the freezer;
- Outdated food with freezer burns;
- Maintenance orders not completed in a timely fashion;
- Knives not being locked in a house where it is a safety hazard;
- Cleaning products not stored in a safe manner;
- Staff schedules that are not current or accurate;
- Lack of maintaining and updating critical log for daily events in each home;
- Lack of training or retraining for staff on diabetes monitoring and care;
- Lack of data on special diets;
- Laundry products not stored in a safe manner;
- Inadequate data reporting on behavior plans;
- All staff did not have documented criminal background checks;
- All staff were not documented through the central registry back ground checks;
- Gaps in follow up from medical appointments;
- Missing documentation on staff training specific to behavior support plans;
- Physician orders not regularly individualized;
- No system to delineate critical and non-critical information in electronic health records software;
- Failure to document critical information;
- Job descriptions were not current for staff;
- Lack of documentation of training for staff;
- There is not a consistent policy implemented for smoking in the home for individuals or staff;
- Lack of implementation of a policy on maintenance and storage of individual records on the homes;

- Several homes not in compliance with the local fire inspection requirements; and
- Inconsistent human rights committee reviews.

In addition, the DHS licensure reports for the 14 group homes in provisional status were reviewed. Material was reviewed after the Independent Monitor conducted observation visits, so that the reports would not bias the Independent Monitor or the approach to the observations without knowledge of state previous visits. Here is the summary:

Overview of Bellwether licensure reports on the 14 homes with provisional licenses

14 group homes were surveyed as follow up to provisional findings in licensure. All 14 homes submitted Plans of Correction (POC) prior to the observation visit. Of the 14 POCs submitted, 13 homes were found to have at least one instance in which something the POC stated as being taken care of had not, in fact, been taken care of. All 14 homes received notations of items that were repeat deficiencies. In four instances, repeat deficiencies were marked as “Two-time repeat deficiencies”. Notably:

- 13 homes had repeat deficiencies in Physician Orders not being followed;
- 13 homes had repeat deficiencies in Behavior Support Plan (BSP) implementation and tracking;
- 11 homes had repeat deficiencies in documentation of incidents in Therap;
- 11 homes had repeat deficiencies in training documentation;
- 10 homes had repeat deficiencies in correct completion of the Medication Administration Record (MAR); and
- 10 homes had repeat deficiencies in issues regarding the physical plant of the home.

Other areas of repeat deficiencies found in multiple houses include completion of the critical incident log (six), completion of the emergency evacuation plan (EEP) (six), medical documentation (six), documentation of fire drills (three) and records storage (two)

Analysis of deficiency areas in the 14 homes was divided into six areas: Paperwork, Safety, Medical, Physical Plant, Clothes/Food, and Rights. Results from this analysis are presented below.

Paperwork

- 14 homes were found deficient in use of the Critical Incident Log. This included unavailability of the log, multiple incidents of incorrect or missing entries and inconsistent completion.
- 13 homes were found deficient in tracking required by BSPs this included numerous instances per home.
- 10 homes were found deficient in documenting staff training. This included lack of training in BSPs, adaptive equipment, specialized needs and MAR completion.
- Nine homes had multiple incidents of errors on the MAR.

- Eight homes were found deficient in oversight of correct paperwork completion particularly regarding MAR's and Medication Error reporting.
- Eight homes were found deficient in tracking and adjusting EEPs.
- Seven homes were found deficient in maintaining accurate staff schedules.
- Four homes were found deficient in overall paperwork organization including co-mingled files, requested documentation not found, paperwork for multiple people kept in basements in "damp boxes."

Safety

- Eight homes were found deficient in having consistent fire drills.
- Seven homes were found deficient in having complete first aid kits.
- Five homes had multiple throw rugs that had no anti-slip coating on the back.
- Four homes had medication not appropriately secured.
- Three homes had expired fire extinguishers.
- Three homes had items within three feet of the hot water heater which is a fire hazard.
- Two homes had staff who did not know how to use the organization wide fire control system (one of them was the house manager). In both cases, neither home had the key to turn off the alarm once it was activated. Staff had to go to another house or the day program to obtain it.

Physical Plant

- 12 of the homes were found deficient in cleanliness (kitchens covered with grease, vents covered with dust, bathrooms with feces smeared, dead bugs and dust in the light fixtures).
- 10 of the homes were found deficient in maintenance issues. These include broken mirrors, broken doors, broken or cracked flooring and broken furniture (Four homes had wobbly kitchen tables).
- Eight of the homes were found deficient for bedrooms that smelled of urine (seven) or musty (one).
- Eight homes were found deficient for bed linens and/or pillows that were dirty, stained, worn out, ripped or non-existent.
- Seven homes were found deficient for an overwhelming number of black flies in the home. Additionally, one home had bugs in the basement and one home had a bee's nest by one of the entrances to the home.
- Six homes were found deficient for not having enough silverware for the number of people living in the home.
- Four homes were found deficient for having discarded cigarette in areas not designated for smoking.
- Three homes were found deficient for the condition of multiple beds in the home.
- Two homes were found deficient for mold/mildew in the shower and basement.

Medical

- Nine homes were found deficient for not following physician orders.
- One home was found deficient for co-mingling people's medication.

Clothes/Food

- Seven homes were found deficient for the menu not including items for people on specialized diets (e.g. low fat or sugar diets, etc.).
- Six homes were found deficient for inadequate food storage including items that were supposed to be refrigerated being found in cabinets.
- Five homes were found deficient for rotten/expired food in the refrigerator.
- Four homes were found deficient for the handling of people's clothes. Examples include clothes being found in garbage bags and stored on the floor of the closet.

Rights

- Three homes were found deficient for including behavior contingent food on the house menu.
- Two homes were found deficient for labeling closets and drawers.
- One home was found deficient for having hygiene items locked.
- One home was found deficient for having people's personal CD's locked up.
- One home was found deficient for having the house phone hidden in a high cabinet.
- One home was found deficient for having agency signs posted throughout the house.

Risk

The DHS Office of Program Integrity and Accountability conducted a quarterly review of aggregate data reports through their risk management system of all DHS providers. In 2018, Bellwether triggered three risk indicator thresholds, indicating a risk level that required additional assessment and review. As such, discussion of agency performance based on these risk indicators was conducted at the DHS Council on Systemic Risk Assessment in July of 2018.

The identified risk areas triggered for Bellwether Behavioral Health include, but are not limited to, the following:

- High volume of provisional licenses;
- A high volume of serious incidents / allegations requiring DHS investigations;
- A high volume of substantiated DHS investigations;
- A high number of repeat incidents involving the same individual served; and
- A high volume of overdue agency investigations.

Additionally, the DHS Quality Management Team required Bellwether to develop and implement a Quality Improvement Plan to minimally demonstrate measurable, significant and lasting improvements in the following areas:

- A reduction in all identified risk areas listed in the Risk Assessment for Bellwether;
- Program management and quality;
- Full and ongoing compliance with all licensing regulations;
- Increased staff, staff retention, training and support;
- Overall risk management; and
- Full implementation of the day program corrective action plan.

Focus Groups

Nine Focus groups were conducted in at least three locations for direct support professionals, individuals receiving services from Bellwether and families and guardians. A total of four meeting opportunities were held for each of the three different groups. At each of these focus group meetings, participants were asked the same three questions: 1.) What are the best things about Bellwether; 2.) What are the barriers at Bellwether; and 3.) If you were the CEO of Bellwether and you could change three things, what would you improve?

Families attending the focus groups agreed to their answers being aggregated, summarized and shared anonymously. A summary of the family focus groups answers are as follows:

What are the Best Things About Bellwether?

- Nothing at all
- The houses are big and look good on the outside
- Staff help my son or daughter
- Home visits are encouraged
- Day programs are located near the group home
- The agency seems to be trying
- The agency employs some great staff
- The program is close to my home
- The house is nice
- Good meals
- Friendly staff
- Availability of a day program
- The Behavioral Medical program
- Good access to health care
- I can visit my son/daughter any time
- There are doctors available
- I can go to the group home at any time to visit
- The staff are caring

What are three barriers at Bellwether?

- No options other than day program, like employment training
- The house is crowded with too many people
- No one documents behaviors
- Nurse vacancies in the Behavioral Medical program
- Very few clinical staff
- Staff not trained well on client needs and behaviors
- Lack of supervision of house staff
- Day program is noisy and not organized
- 12-hour staff shifts are too long for direct service professionals
- Lost new clothing often
- Need more outings and not just going out to eat
- Activity calendar in the homes is not followed
- Change psychiatrist
- No monthly financials to parents. We used to get them
- Staff turnover is a problem
- They don't follow the service plan or behavior support plans
- My son or daughter has lots of bruises when I visit
- Substandard care for medical
- Poor communication
- My son/daughter gets hurt in the home by other clients
- Houses and day program are dirty
- Too many medication errors
- Personal items of clients just "disappear" like bikes and electronic and clothes

If you were the CEO of Bellwether and you could change 3 things, what would you improve?

- Hire more staff for each house
- Revamp day program
- Improve medication administration, reduce errors
- Get clients jobs and employment training
- Hire more behaviorists
- Better staff training
- Hire top tier house managers with training and expertise
- Give parents feed back
- Pay staff more
- More nurses
- Give supervisors work cell phones
- Retention of good staff
- Make sure people wear winter coats and hats
- Better and Regular Communication with Families
- Implement the service plan

- More staff in the house or less clients in each house
- Better services for people with autism
- Smaller homes

Conclusions

Although Bellwether has made some improvements over recent months, 14 of their homes have been in provisional licensure status for several months and as of December 31, 2018, an additional 12 homes were placed in provisional status. This means that basic standards for health and safety have not been met at these sites, and these health and safety standards are minimal quality indicators. From a national perspective, many states have moved beyond these basic quality metrics to include more progressive standards with an emphasis on outcomes and quality of life indicators. Bellwether may benefit from reviewing the standards and indicators that other states have implemented.

During this oversight process, Bellwether Behavioral Health has engaged in system improvements that include:

- Filling vacant positions;
- Securing adequate staff to meet minimum standards;
- Hiring a cleaning service for some of the homes;
- Having more food options and choices available in the homes;
- Reconfiguring staffing schedules across programs; and
- Attempting to catch up on back logged incident report tracking and investigation.

However, the agency still does not meet all state licensure standards in many of the homes.

Staff are not familiar with nor are they implementing person-centered plans or person-centered behavioral intervention plans.

The agency could benefit from a system to monitor and evaluate psychotropic medications and look toward medication reductions on a regular basis for each individual.

There is little to no focus on employment. The day programs have little to no individualization.

There has been a systemic lack of nursing and behavioral expertise across the state within Bellwether, but the organization is working to hire additional staff.

People may not be exercising their rights.

Some residents have sustained client to client abuse which often go unreported because, when the monitor checked, she could find no evidence of documentation.

There are little to no systems in place for sustainability of quality supports that are individualized. Individuals identified as needing one to one supervision are not always provided the appropriate level of care.

Medical follow up is not always provided and when provided, not provided by the person who knows the individual best.

Some homes may have as many as 60 deficiencies sited at one time by DHS licensure and many repeat deficiencies. Until Bellwether has a system in place to maintain sustainable improvements, the organization and the individuals they serve may experience a greater level of risk.

Following the assessment of service delivery by Bellwether, the Independent Monitor makes the following recommendations for Bellwether:

Staff Resources:

A Staff Recruitment and Development Quality Improvement Plan should be developed and implemented with time frames and lead staff. Representatives from human resources, administration, front line staff, professional staff and persons served should assist in the development and implementation of the plan. The Plan's focus should be as follows:

1. Identify strategies for the recruitment of quality employees.
2. Make recommendations regarding the current practice of promoting existing front-line staff into positions of supervision.
3. Through the use of staff interviews, exit interviews and interviews with individuals served the committee should design strategies to lower turnover rates. Anonymous staff surveys should be considered.
4. Implement strategies that reduce turnover. Employee satisfaction and recognition are key factors in keeping quality employees.
5. The plan should include a review of all training procedures and practices. This review should include an assessment of mentoring processes, administrative oversight of progress and feedback to new employees regarding progress and expectations.
6. Protocols for training staff on the Individual Service Plans and Behavior Intervention Plans must be reviewed. New procedures to make certain that staff are trained on the service and behavior intervention plans are to be implemented. Documentation of training for each front-line staff on each of these plans is essential.
7. Abuse and neglect training should be reviewed and conducted for all staff annually. The committee will identify the most effective training.
8. Key positions such as clinical director, behavior analysts, incident investigators, nurses and direct service professionals must be filled immediately.
9. Management staff and clinical staff need to be on site at all group homes with greater frequency on evenings and weekends to provide onsite supervision, technical assistance, redirection if needed and to assure implementation of service and behavior support plans

Safe Environments:

A Safety and Environmental Review Quality Improvement Plan should be developed and implemented with time frames and lead staff. Representatives from the maintenance department, housekeeping, front line staff, a direct service professional, nursing, at least one self-advocate and clinical staff should be part of this system's change. The Plan's focus should be as follows:

1. Monthly meetings should be conducted to review all client injuries. Patterns should be identified and corrective action taken. Corrective action should be provided in writing to the location of the incident.
2. Quarterly reviews of all fire and safety drills should be conducted by the committee. The committee will consider the length of time to evacuate, that the drills were conducted at different times and shifts and that safety drills include active shooter, bomb threat and power outages. The committee should create or review and revise their environmental review tool to assure it adequately addresses issues related to cleanliness, sanitation and laundry services. Overall safety procedures should be reviewed as a part of the environmental review. A staff person not currently assigned at a location target location should conduct the review. The review is then inspected by the committee and sent to the front-line supervisor. The supervisor will prepare and implement a plan of correction for deficiencies noted in the review. The staff person originally conducting the review will return in 30 days to ensure that corrective action has been taken.
3. The committee will review all abuse and neglect policies. The policies should be rewritten in simple language that focuses on making sure that individuals are free from abuse and neglect. Policies addressing the prevention of abuse and neglect should be a priority of the committee. Recommendations on placements, resident mix in homes and number of persons served in each home should be considered. The committee should review the safety of individuals in each program based on their vulnerabilities to the behaviors of other persons served in each environment.
4. The committee will review all abuse and neglect investigations, including client to client abuse.
5. The committee should review all investigations of significant injuries. Training should be provided in food sanitation practices. Policies and procedures should be written so that all food is labeled by date and staff has received proper training on safe food handling. These practices should be monitored through the use of the environmental review tool.
6. The Committee should routinely review the work order system for trends and patterns related to types of requests, timely completion of work orders, and process to prioritize requests. A work order system should be devised. The system should be monitored by administrative personnel and priority given to each work order based on safety considerations. The committee should review all reports from fire departments, local building departments and other governmental entities. A plan of correction should be implemented for each violation.
7. A tool for Risk Assessment should be developed or adopted by the committee. Each person served should have a Risk Assessment that identifies areas of concern including: possible exploitation, falls, elopement risk, choking, pica and behavioral concerns.
8. Individuals who have been injured by roommates or housemates, should be offered options of moving to other locations where they are safe.

Health:

Current Healthcare practices should be reviewed and the following practices implemented or enhanced:

1. A procedure for the reporting of medication errors should be developed and implemented with oversight. Medication errors are to be reported immediately to nursing personnel and the prescribing physician. The medication error report should include the circumstances of the medication error, mitigating circumstances and what could have been done differently to avoid the error. Nursing personnel should identify trends, tally medication errors per location and identify staff with a pattern of medication errors. Corrective action is being taken as recommended by nursing personnel. This may include retraining or the rescinding of medication administration privileges.
2. Nursing personnel should design a Quality Assurance tool that reviews medications on a regular basis to make certain that expired medications are removed from the home.
3. Nursing personnel should receive a written report of all doctor's visits. The nurse is responsible to make certain that all orders are implemented. Medication ordering and the implementation and training on any new medications is the responsibility of nursing personnel. It should also be the responsibility of nursing personnel to make sure that any follow up or referrals take place.
4. At a minimum nursing personnel should review the MAR monthly for errors and missing signatures, until the level of errors is significantly reduced. Then the monitoring should be quarterly.
5. Bellwether should review pharmacy practices, medication order implementation, medication contraindications and making certain that appropriate physician follow up occurs.
6. The quantity of nurses employed by the agency should be identified and maintained. Consideration should be given to necessary oversight and the administration of medical procedures that can only be performed by nursing personnel.
7. All medical services should be monitored by nurses. All services provided to persons served should be provided with consideration to choice, sanitation, comfort and quality. Policies on dental care should be written and implemented.
8. Staff who knows the individual well should accompany them on medical visits, except in rare and extenuating circumstances.
9. Staff must be available to provide support when an individual is receiving services in a local emergency room.

Risk:

A Quality Improvement Plan is needed to address risk areas identified by the state for Bellwether. The plan must be implemented immediately to address the following:

1. Reduce the high volume of provisional licenses.
2. Reduce the high volume of serious incidents and substantiated allegations of abuse, neglect, mistreatment and exploitation;
3. Reduce the high number of repeat incidents involving the same individual served;

4. Reduce the high volume of overdue agency investigations; and
5. Implement a system of risk management.

Rights:

The membership of the Human Rights Committee should be reviewed, modified and implemented immediately. Consideration should be given to individuals that can provide expertise and assistance in implementing the following:

1. A complete review and update of all policies regarding individual rights should be conducted. All policies should promote individual rights and include time frames and frequency for rights training for persons served.
2. The committee should review the methods and efficacy of data collection. The data should be used for medication reductions and revisions of the Behavior Interventions plan. As a result, the collecting of accurate data needs to be a priority. Staff should be trained on proper data collection and the forms for charting behavioral issues should be clear and user friendly. Professional staff should review all behavior data at least weekly.
3. Policies should be developed outlining the processes for access to resident funds. Individuals served should receive regular reports on funds available and how their money has been spent.
4. The individual serviced, their guardian and team members should review the following annually: The need for guardianship; Power of attorney; Wills and representative payee appropriateness.
5. The committee should review the Resident Rights document to make certain that it is understandable to the individual served. At least annually staff should review the rights statement and make certain that it is understood.
6. Rights training materials for all staff should be reviewed and conducted on an annual basis in conjunction with abuse and neglect training.

Organizational:

The organization should make certain that all committees and responsible persons implement all recommendations. An upper level Management Committee should be formed and make committee assignments and monitor the progress of the various quality improvement plans and individuals responsible to make the necessary changes. Committee minutes and reports should be prepared and submitted to the Management Committee. The Management Committee is responsible to review and make recommendations based on the submitted reports.

The Management Committee should also consider the following:

1. The Basic Assurances as designed by CQL should be considered for implementation at the agency. The Basic Assurances will help the agency to identify the essentials to quality of life for persons served and will also help the agency to move beyond basic life and safety.
2. The Management Committee should also consider using Personal Outcome Measures to assist in the implementation individual plan supports.
3. The organization needs to establish stronger quality monitoring and quality improvement systems. The system(s) should focus on measuring key trends in ANME, timeliness of

investigations, and key person-centered planning outcomes. Individuals with IDD and their family should be asked to participate in quality management/quality improvement development to ensure components important to them are included in measurement.

4. Organizational leadership must work to improve consistency across regions. Standard policies and practices should be developed, communicated and reviewed on an ongoing basis to eliminate differences in operating structure across the regions. The organization should develop a strategic plan which accounts for the recommendations laid out in this report and how policies will be developed (and by whom), how policies will be communicated and trained on (and by whom) and how organizational consistency will be improved and monitored moving forward.
5. Move toward a system of service plans and BSPs that are clearly understood and implemented by staff.
6. Full implementation of the day program corrective action plan. Expedite the downsizing of very large day program sites.
7. Full and ongoing compliance with all licensing regulations.
8. Increased staff, staff retention and ongoing direct line supervision and support of direct support staff.
9. Increased presence of qualified management staff as well as clinical staff on evenings and weekends in all homes.