STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governor

GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION
3650 SCHRIEVER AVENUE
MATHER, CALIFORNIA 95655
(916) 324-9174
FAX: (916) 324-8554

July 7, 2008

Kathy Brook-Johnson, Project Director
New Morning Youth and Family Services
6765 Green Valley Road
Placerville, CA 95667

Re: Grant Award # AT07041443

Dear Ms. Brook-Johnson:

On Tuesday, June 24, 2008, I conducted a site visit of the Child Abuse Treatment (CHAT) Program operated by the New Morning Youth and Family Services. Thank you for your time and cooperation during the site visit. It was a pleasure meeting you, and the other staff who support the CHAT Program.

During the site visit, we discussed OES' requirements for the project, the goals and objectives of the program, the project's source documentation, and the reporting requirements. As a result of the visit, I have found the project to be in compliance and functioning within the parameters established in the Grant Award Agreement.

Enclosed is a copy of the completed Site Visit Checklist form for your review. Please sign the cover page and return a copy of the page to me by **Monday, July 21, 2008.**

Should you have questions, please contact me at (916) 324-9174.

Sincerely,

CLAIRE WIMBLEY-BROWN
Childrens Section

Enclosures

GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SITE VISIT REPORT FORM
CHILD ABUSE TREATMENT (CHAT) PROGRAM

GRANT NUMBER	GRANT PERIOD	GRANT AMOUNT
AT07041443	10/01/07-9/30/08	$ 187,500

(1) PROJECT TITLE: Child Abuse Treatment Program

(2) IMPLEMENTING AGENCY:

New Morning Youth and Family Services

(3) PROJECT DIRECTOR (include address and telephone number):

Kathy Brook-Johnson
Associate Director of Programming
6765 Green Valley Road
Placerville, CA 95667

(4) PROJECT COORDINATOR: Same as above.

PERSONS INTERVIEWED DURING SITE VISIT:

DATE	NAME	TITLE	AGENCY
6/24/08	David Ashby	Executive Director	NMYFS
6/24/08	Kathy Brook-Johnson	Project Director	NMYFS
6/24/08	Mary Jo Young	Business Manager	NMYFS
6/24/08	Rachelle Petty	Program Assistant	NMYFS
6/24/08	Jayann Askin	LMFT, Clinical Sup.	NMYFS
6/24/08	Ellen Turner	LMFT	NMYFS

Claire Wimbley-Brown 07/07/2008
Signature of OES Project Specialist Date

Signature of Project Representative Date

Section Chief's Initials:GM

SITE VISIT REPORT FORM

I. PROGRAMMATIC REVIEW

A. General

	EXIT FINDING YES	NO	N/A
1. OPERATIONAL DOCUMENTS			
Does the project staff have a current hard copy of or the ability to access online:			
▪ the OES Recipient Handbook?	☒	☐	☐
Does the project staff have a current hard copy of: ▪ the Grant Award Agreement?	☒	☐	☐
2. PROGRAM GOALS AND OBJECTIVES			
Review the goals and objectives of the program and the programmatic requirements of the grant award agreement. Does the project staff understand the goals and objectives of the program and the programmatic requirements of the grant award agreement?			
If no, explain.	☒	☐	☐
3. PROJECT OBJECTIVES			
Review the project's progress in accomplishing its objectives.			
A. Is the project staff accomplishing its objectives consistent with the terms of the grant award agreement?			
If no, explain.	☒	☐	☐
B. Does the project staff need to submit OES Form 223 to modify their grant objectives?			
If yes, explain. Objective A to increase to 200 and objective C to increase to 45.	☒	☐	☐
4. PROGRESS REPORT			
Review the OES Progress Report. Does the project staff understand the Progress Report requirements?			
If no, explain. The 6-month Progress Report, table 5, Other (type of abuse) statistics indicated are a dual count. Project advised not to count other categories statistics out separately which could be moved into one of the already existing types of abuse categories.	☒	☐	☐

I. PROGRAMMATIC REVIEW

A. General (Continued)

		EXIT FINDING YES	NO	N/A
5.	**SOURCE DOCUMENTATION-Programmatic**			
	Does the project staff understand they must maintain a record keeping and data collection process that will accurately support the project's reported data on the OES Progress Report form?			
	If no, explain.	☒	☐	☐
6.	**MONITORING PROCESS**			
	Review the monitoring process. Does the project staff understand the standards by which it will be monitored? [Recipient Handbook Section 10400]	☒	☐	☐
7.	**OPERATIONAL AGREEMENTS**			
	Does the project have current Operational Agreements as required by the Grant Award Agreement?			
	If no, explain.	☐	☒	☐

Project has 5 of the 6 necessary OA's. Project will secure OA with California Coalition for Youth (CCY). OA not secured due to change over of staff at CCY. Program Specialist will provide Project with current contact information for CCY.

8.	**BOARD RESOLUTION**			
	Does the project have a resolution on file as required by the Grant Award Agreement?			
	If no, explain	☒	☐	☐
9.	**ORGANIZATIONAL CHART**			
	Review the organization chart. Are the reporting lines of authority as stated in the Grant Award Agreement?			
	If no, explain.	☒	☐	☐

		EXIT FINDING YES	NO	N/A
10.	**PROJECT STAFF DUTIES**			
	Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?			
	If no, explain.	☒	☐	☐
	Does the project staff need to submit OES Form 223 to modify its grant objectives?			
	If yes, explain.	☒	☐	☐
A.	Does the project provide one-on-one therapeutic services by licensed clinicians?			
	If no, explain.	☒	☐	☐
B.	Does the project provide assistance in filing application for Victim Compensation?			
	If no, explain.	☒	☐	☐
C.	Does the project provide assistance, advocacy and support during judicial proceedings?			
	If no, explain.	☒	☐	☐
D.	Does the project use volunteers?			
	If no, explain.	☒	☐	☐
E.	Have all employees/volunteers completed the required background checks?			
	If no, explain.	☒	☐	☐

PROGRAMMATIC REVIEW
B. Objectives/Requirements (continued)

		EXIT FINDING YES	NO	N/A
F.	Does the project staff have documentation supporting the completion of the required checks? • Reference Checks • Criminal Background Check (if staff/volunteers have resided in California for less than 3 years, out-of-state criminal history checks are also required) • Department of Motor Vehicle Checks	☒	☐	☐
	If no, explain.			
G.	Have volunteers completed the required training prior to client contact?	☒	☐	☐
	If no, explain.			

SITE VISIT REPORT FORM

II. ADMINISTRATIVE REVIEW

1. RECIPIENT HANDBOOK

Thoroughly review and familiarize the Fiscal Officer and the Project Director with the utilization and purpose of the Recipient Handbook.

A. Does the project staff understand the grant is governed not only by the policy requirements of the Recipient Handbook, but also the grant proposal instructions?

(1) Fiscal Officer/Representative	☒	☐	☐
(2) Project Management Representative	☒	☐	☐

B. Does the project staff understand the requirements of the grant proposal instructions supersede the requirements of the Recipient Handbook? (See Recipient Handbook Introduction Section)

(1) Fiscal Officer/Representative	☒	☐	☐
(2) Project Director/Representative	☒	☐	☐

Specify Name of Fiscal Officer/Representative: Mary Jo Young

Specify Name of Project Director/Representative: Kathy Brook-Johnson

2. OES FORMS

Review the preparation of OES forms for Grant Award Modification (OES Form 223) and Request for Payment (OES Form 201). Does the project staff understand how to complete and submit these forms to OES?

☒ ☐ ☐

3. WRITTEN PERSONNEL POLICIES

Does the project staff have access to written personnel policies as required? [Recipient Handbook Section 2130)

If no, explain. ☒ ☐ ☐

4. FUNCTIONAL TIMESHEETS

Does the project staff understand they must maintain functional timesheets for each grant-funded position, which have been signed by the supervisor? [Recipient Handbook Section 11331)

If no, explain. ☒ ☐ ☐

ADMINISTRATIVE REVIEW (continued)

	EXIT FINDING		
	YES	NO	N/A
5. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER			
Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?			
If no, explain.	☒	☐	☐
6. MATCH REQUIREMENTS			
A. Does the project have a match requirement?	☒	☐	☐
B. Does the project staff understand the difference between cash and/or in-kind match?	☒	☐	☐
C. Does the project have supporting documentation to substantiate the required match? If no, explain.	☒	☐	☐
7. EQUIPMENT			
Does the project staff understand the following:			
A. They must maintain an inventory of all equipment purchased with OES grant funds. [Recipient Handbook Section 2300]	☒	☐	☐
B. All equipment purchased with OES grant funds must be utilized in accordance with the grant award agreement?	☒	☐	☐
C. The transfer of property title procedures? (Recipient Handbook Section 2380)	☐	☐	☒
8. STATE/FEDERAL ADMINISTRATIVE REQUIREMENTS [Grant Proposal Instructions]			
Does the project staff understand they are required to have:			
A. A current Equal Employment Opportunity (EEO) policy statement posted at the site? [Recipient Handbook Section 2151] If no, explain.	☒	☐	☐

ADMINISTRATIVE REVIEW (continued)

	EXIT FINDING YES	NO	N/A
B. A current poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" posted at the site? [Recipient Handbook Section 2151.5]			
If no, explain.	☒	☐	☐
C. A current Drug Free Workplace policy statement on file signed by the employee? [Recipient Handbook Section 2152]			
If no, explain.	☒	☐	☐

9. COMMUNITY BASED ORGANIZATION (CBO) ONLY:

Does the project have filed on-site the required CBO bonding? [Recipient Handbook Section 2160 - Does not apply to public agencies or American Indian Tribes and/or Organizations on a reservation or catchment area.]			
If no, explain.	☐	☒	☐

10. SOURCE DOCUMENTATION-Fiscal [Recipient Handbook Section 11000]

Does the project staff understand they must maintain a record-keeping system which will accurately support costs claimed on OES Form 201, Request for Payment?			
If no, explain.	☒	☐	☐

11. PROJECT EXPENDITURES

A. Is the project's expenditure rate commensurate with the elapsed period of the grant?			
If no, explain.	☒	☐	☐
B. Are the project's expenditures being made in accordance with the terms of the grant award agreement?			
If no, explain	☒	☐	☐
C. Does the project staff need to submit a budget modification, Grant Award Modification Request (OES Form 223)? If yes, explain.	☐	☒	☐

SITE VISIT REPORT FORM

III. PROGRAMMATIC AND ADMINISTRATIVE REVIEW SUMMARY
(Specific to statute and/or Operational Requirements.)

PROGRAMMATIC REVIEW

Overall New Morning Youth and Family Services (NMYFS) CHAT Program appears to be functioning well. The project understands the programmatic requirements of the CHAT Program and is familiar with how to obtain and utilize the Recipient Handbook to maintain the program. The project is located in El Dorado County and provides psychotherapy services to child clients of El Dorado County by collaborating well with local community providers, such as schools, local law enforcement agency, social services, etc. NMYFS CHAT Program utilizes over 20 therapists which 2.345 FTE clinicians support the CHAT Program. NMYFS CHAT Program has two clinicians who provide supervisory duties to CHAT clinicians, two clinicians who are PCIT trained and certified, and a Spanish speaking bi-lingual therapist. Primarily psychotherapy services are provided at local schools within El Dorado County. Psychotherapy services are also provided at the office and occasionally, if needed, services are provided in-home for those clients who have disabilities or transportation problems. To date NMYS has provided over 189 child clients psychotherapy services; 36 child clients received information and referral services on crime victim compensation services; and 16 child clients received assistance with preparing clients to participate in the criminal justice system. The project utilizes two full time equivalent (FTE) volunteers to assist with the CHAT Program, primarily via administrative duties such as filing and greeting clients, etc. Referrals come into the agency via schools, local law enforcement agencies, social services, and self-referrals or family and friends. NMYFS has secured all but one of the necessary Operational Agreements (OA's); the OA with California Coalition for Youth (CCY) could not be located ruing the site visit, and the project was advised to secure this operational agreement and submit a copy to my attention as soon as possible. The project will also need to submit a grant award modification (OES Form 223), to adjust grant goals/objectives, as they will have exceeded objective A and B. Therefore, the project will submit a grant award modification changing objective B from 20 to 45 clients to receive assistance in providing information and victim compensation services. All other objectives will remain the same. The project utilizes

Action Required:

1. Submit a grant award modification (OES form 223) in order to revise goals for objectives A, and B. Objective A goal is 200 child victims will received psychotherapy services and to date, 189 child victims have received these services. Please submit a modification at your earliest convenience with revised goals for Objective A to reflect 215; revise objective B to reflect 45 child clients to receive assistance with Victim Compensation Program.

2. Secure an Operational Agreement with the California Coalition for Youth (CCY) and submit a copy to me by no later than Friday, September 12, 2008. In order to secure the OA, please contact Ms. Heather M. Dearing, MSW, Executive Director, (916) 340-0505 office, California Coalition for Youth, 1220 H Street, Suite 103, Sacramento, CA 95814

SITE VISIT REPORT FORM

ADMINISTRATIVE REVIEW

Action Required:

1. As indicated in letter of June 26, 2008, please secure timecards/sheets for the grant period of October 01, 2007 thru September 30, 2008 for all CHAT Program funded staff who are not 100% in the CHAT Program and submit a copy of these to my attention by **August 8, 2008**.

ADDITIONAL COMMENTS

Please secure the following items which were findings during the site visit:

1. Submit a modification to accurately reflect the goals for objectives B and C.

2. Please submit functional timesheets for the grant period of 10/01/07-9/30/08 for CHAT Program Staff.

3. Remove DOJ Livescan Background Check notifications from staff personnel files.

4. Submit proof of training verification for volunteers who have direct contact with CHAT clients

5. For upcoming Year-End Progress Report, please do not break out statistics for other category of Table 5.