County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 2, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

T & T GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of T & T Group Home (The Group Home) in December 2012. The Group Home has one site located in the Second Supervisorial District and provides services to County of Los Angeles foster youth. According to the Group Home's program statement, its purpose is, "to provide comprehensive behavior and social adjustment services to its adolescent males who experience emotional disturbance, physical abuse, poor social adjustment, behavioral problems and learning disabilities."

The Group Home has one six-bed site and is licensed to serve a capacity of six boys, ages 12 through 17. At the time of review, the Group Home served six placed DCFS children. The placed children's overall average length of placement was eight months, and their average age was 17.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and being treated with respect and dignity.

The Group Home was in full compliance with 8 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children, and Personnel Records.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to the interior of the Group Home's vehicle being in poor condition, Special Incident Reports

(SIRs) were not submitted in accordance with the SIR guidelines, and disaster drill logs were not maintained; and Maintenance of Required Documentation and Service Delivery, related to the Group Home not having obtained authorization to implement Needs and Services Plans (NSPs), Children's Social Worker's were not contacted monthly and the contacts were not documented, and initial and updated NSPs were not comprehensive. OHCMD instructed the Group Home's supervisory staff to enhance monitoring in order to eliminate documentation issues, ensure that all service requirements are met, and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On March 22, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representatives: Jimmie Theragood, Administrator; William Zachary, Facility Manager; Curtis Theragood, Child Care Worker; Daniel Snyder, Child Care Worker; and Delores Daniel, Agency Social Worker. The Group Home's representatives: agreed with the findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this report. OHCMD will assess for implementation of recommendations during our next monitoring review.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530

PLB:EM:KR
RDS:PBG:sn

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Jimmie Theragood, Administrator, T & T Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

T & T GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit and addresses findings noted during the December 2012 monitoring review. The purpose of this review was to assess T & T's Group Home's (The Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, four placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, two discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of review, no children were prescribed psychotropic medication.

Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following two areas out of compliance.

Licensure/Contract Requirements

- The vehicle used to transport children was not maintained in good repair. The interior of the Group Home's van had holes in the seats, the headliner, and door panels. The carpet was also torn and lifting from the floor board. The Administrator acknowledged the need for the repairs to the van's interior and had the interior completely reupholstered prior to the Exit Conference. The inside of the vehicle looked brand new.

- Special Incident Reports (SIRs) were not appropriately documented and cross-reported in a timely manner. During a review of case records, it was noted that SIRs

were not submitted for two reportable incidents. The first documented incident involved a child fighting and smoking on school grounds. The second documented incident involved a child having several behavioral incidents while at school and being defiant towards teachers and the principal.

During the Exit Conference, the Group Home representatives explained that they had never received any documentation from the school regarding the incidents. OHCMD provided the Group Home representatives with a copy of the Special Incident Reporting Guide for reference. The Group Home representatives understand that SIRs are to be submitted in accordance with the Contract and SIR reporting guidelines.

- The disaster drill log was not available to OHCMD during the review. The Group Home staff reported that the log was buried under lots of other papers. During the Exit Conference, the Group Home Administrator reported that effective immediately, the logs will be visible and readily available upon request. The Group Home Administrator presented the 2012-2013 Disaster Drill log. The log was complete, and it documented monthly disaster drills had been conducted; the minimum requirement is one drill every six months.

Recommendations

The Group Home's management shall ensure that:

1. The vehicle in which the children are transported is clean and maintained in good repair.

2. SIRs are appropriately documented and cross-reported in a timely manner, in accordance with SIR reporting guidelines.

3. Disaster drill logs are readily available for review.

Maintenance of Required Documentation and Service Delivery

- The Group Home staff did not obtain or document efforts to obtain the Department of Children and Family Services (DCFS) Children's Social Worker's (CSWs) authorization to implement the Needs and Services Plans (NSPs). Eight of nine NSPs reviewed did not have the DCFS CSW's authorization (signature), nor were the efforts to obtain the DCFS CSW approval documented. During the Exit Conference, the Group Home Administrator stated that he will ensure that each NSP includes DCFS CSW approval or that the efforts to obtain the DCFS CSW's authorization to implement the NSPs are documented.

- The Group Home had not contacted DCFS CSWs monthly, and the contacts or efforts to contact DCFS CSWs were not appropriately documented in the NSPs. During the Exit Conference, the Group Home Social Worker (GHSW) reported that effective immediately, staff will document their contacts, as well as their efforts to contact the DCFS CSWs. The Group Home staff will forward all contact information to the GHSW

upon completion and the GHSW will ensure that dates of the Group Home's contact with all DCFS CSWs are recorded in the NSPs.

- Four initial NSPs were reviewed; none were comprehensive. The children's permanency goals were not identified in the goals section of the NSPs.

- Seven updated NSPs were reviewed; none were comprehensive. Monthly DCFS CSW contacts were not documented in the NSPs. Progress on identified case plan goals was not clear, and permanency goals were not identified.

It is noted that Group Home representatives attended the OHCMD NSP training for providers in January 2012, and the Group Home had received copies of the NSP Power Point presentation distributed to all contracted providers. OHCMD also spoke with the Group Home's Licensed Clinical Social Worker via telephone, as well as in person, during the Exit Conference, to discuss the development of comprehensive NSPs. The Group Home Administrator reported that in the future he will ensure staff preparing NSPs utilizes the Specific, Measurable, Attainable, Realistic and Timely chart when developing NSPs to ensure they are comprehensive.

Recommendations

The Group Home's management shall ensure that:

4. Staff obtains or document efforts to obtain the DCFS CSW's authorization to implement the NSPs.

5. DCFS CSWs are contacted monthly and that all the contacts or efforts to contact the DCFS CSW are appropriately documented.

6. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

7. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated August 16, 2012, identified 10 recommendations.

Results

Based on our follow-up, the Group Home fully implemented five of 10 previous recommendations for which they were to ensure that:

- Common quarters are well maintained,
- Child population is consistent with the program statement,

- Follow-up dental examinations are conducted timely,
- Signed criminal background statements are timely, and
- Employee health-screenings are completed timely.

Five recommendations were not fully implemented:

- CSW authorization to implement NSPs is obtained,
- CSWs monthly contacts are documented
- Comprehensive initial NSPs are developed,
- Comprehensive updated NSPs are developed, and
- The outstanding recommendations from the prior monitoring report are fully implemented.

The Group Home's management shall ensure that:

8. The outstanding recommendations from the 2012 monitoring report, dated August 16, 2012, which are noted in this report as Recommendations 4, 5, 6, and 7, are fully implemented.

   The Group Home Administrator has revised staffing responsibilities in efforts to address documentation related findings. The Group Home has assigned a staff member the responsibility of ensuring all documentation is thorough and reports are complete.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The last fiscal report for the Group Home posted by the Auditor-Controller is dated May 28, 2008. The report noted: $1,631 in unallowable costs; $9,649 in unsupported/inadequately supported costs; and $4,187 unaccounted for clothing payments. On March 20, 2013, the Fiscal Monitoring and Special Payments Section informed OHCMD that the Group Home had repaid the amounts, and there is no outstanding debt.

T&T GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

19504 Tillman Avenue
Carson, CA 90746
License # 191600883
Rate Classification Level: 8

	Contract Compliance Monitoring Review	**Findings: December 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Improvement Needed
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

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

T & T Home for Boys

19504 Tillman Avenue ~ Carson, CA 90746

310.635.2469 landline ~ 310.537.8797 fax

To: Sonya Noil, Out of Care Management Division

From: Jimmie Theragood, T & T Home for Boys

April 21, 2013

I. LICENSURE/CONTRACT REQUIREMENTS

3. Does the Group Home maintain a vehicle in which the children are transported in good repair?

T & T Home for Boys Administrator will develop a vehicle maintenance log to be used by Group Home Staff to report any repairs or vehicle deficiencies. If any repairs or deficiencies are identified Administrator will immediately have those repairs corrected. T & T Home for Boys will use LAX Rental Van Company whenever the facility van is in the shop for repairs.

4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

Effective immediately T & T Home for Boys will abide by all the Special Incident guidelines and procedures. Facility Manager will report all reportable incidents in a timely manner via the ITRACK Special Incident System to the appropriate agencies. Administrator will follow up to ensure that all incidents are documented and cross-reported timely.

5. According to disaster drill logs, are disaster drills conducted and completed at least every 6 months?

Effective immediately T & T Home for Boys administration has assigned an experienced Child Care Worker to conduct all disaster drills as required by Out of Care Management and Title 22. The Disaster Drill Log Book will be secured and located in the main file cabinet at the facility. Facility Manager will review the process and record the information in the disaster log book.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY.

16. Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan?

Facility Manager and Group Home's Social Worker will collaborate every other Friday in an effort to secure County Worker's authorization on Needs and Services Plan. Facility Manager will transport the Needs and Services Plan to the appropriate Social Worker office to secure the necessary authorizations.

21. Are County workers contacted monthly by the GH and are contacts appropriately documented in the case file?

Group Home Social Worker will develop a tracking log to be used by GH staff whenever a contact has been made and it will also identify the purpose of the contact. This information will be included in all future NSP's.

23. Did the treatment team develop timely, comprehensive, initial NSP's with the participation of the developmentally aged-appropriate child?

Facility Social Worker will ensure that responses will be included for all questions identified in the NSPs, to include permanency planning and GH contacts.

24. Did the treatment team develop timely, comprehensive, updated Needs and Services with the participation of the developmentally age-appropriate child?

Facility Social Worker will ensure NSPs include responses to all identified questions to include updates on identified goals.

T & T Home for Boys will utilize an internal utilization review process whereby the team (Administrator, Licensed Clinical Social Worker and Facility Manager) will review the NSPs to ensure that it is comprehensive and meet the requirements noted biweekly. All parties will have an opportunity to contribute updates pertinent to each minor's report in an effort to develop a more comprehensive report involving all parties to include all educational information.

Respectfully submitted,

Jimmie Theragood

Jimmie Theragood,

Administrator