County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 29, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

DAVID AND MARGARET YOUTH AND FAMILY SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of David and Margaret Youth and Family Services (the Group Home) in September 2013. The Group Home has one site located in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and Probation Department (Probation) youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "to provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior."

The Group Home has one 50-bed site and is licensed to serve a capacity of 50 girls, ages 11 through 17. At the time of review, the Group Home served 15 placed DCFS children, and 14 Probation youth. The placed children's overall average length of placement was 10 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 treated with respect and dignity.

The Group Home was in full compliance with 5 of 10 areas of our Contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education and Workforce Readiness; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Maintenance of Required Documentation and Service Delivery, related to initial and updated Needs and Services Plans (NSPs) not being comprehensive as all required elements were not addressed; Health and Medical Needs, related to one child's initial

medical examination not having been timely; Psychotropic Medication, related to there not being a monthly psychiatric evaluation report on file for one child who was on psychotropic medication; Personal Rights and Social/Emotional Well-Being, related to two children having reported that they were not given an opportunity to participate in planning Extra-Curricular, Enrichment and Social activities; and Personal Needs/Survival and Economic Well-Being, related to one child having reported that she did not have a life book/photo album.

Attached are the details of our review.

REVIEW OF REPORT

On October 4, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representative, Andrew Levander, Director Residential Services. The Group Home representative: was in agreement with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller, Probation, and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will confirm that these recommendations have been implemented during our next visit to the Group Home in May 2014 to provide the Group Home with technical assistance and follow-up to ensure implementation of the recommendations.

Additionally, with the upcoming implementation of the Contract Monitoring Section, we will be able to focus more on quality assurance for an increased uniform standard and comprehensive measure of overall programmatic efficacy by providing additional training, support, and oversight to the GHs.

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:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Cyndy Walkenback, President Board of Directors, David and Margaret Group Home
Charles Rich, Executive Director, David and Margaret Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

DAVID AND MARGARET YOUTH AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1350 Third Avenue
La Verne, CA 91750
License # 191500192
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: September 2013
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Children's Social Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Full Compliance 2. Improvement Needed
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 Nutritious 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. Children's Chores Reasonable 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) 13. Children Given Opportunities to Participate in	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed 13. Full Compliance

	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 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/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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)

DAVID AND MARGARET YOUTH AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the September 2013 review. The purpose of this review was to assess David and Margaret Youth and Family Services' (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 Department of Children and Family Services (DCFS), and three Probation Department (Probation) 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, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, 2 of 7 sampled children were prescribed psychotropic medication. OHCMD reviewed their case files to assess for timeliness of psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following five areas out of compliance.

Maintenance of Required Documentation and Service Delivery

- Four of seven initial Needs and Services Plans (NSPs) reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. An educational goal in one initial NSP and a Psychological/ Development /Behavioral Goal in another NSP was not measurable. One initial NSP did not include the child's date of admission to the Group Home, and another initial NSP did not include the person responsible for ensuring the outcome of the child's Psychological/Development/Behavioral Goals.

- Three of sixteen updated NSPs reviewed were not comprehensive, as they did not meet all the required elements in accordance with the NSP template. All three contained Educational Goals that were not measurable.

It should be noted that although all NSPs reviewed were not comprehensive, all NSPs were timely. Also, all of the NSPs reviewed were developed after the OHCMD NSP training in January 2012. A Group Home representative attended the training, and the Group Home received the PowerPoint presentation for the NSP training.

During the Exit Conference, the Director of Residential Services stated that he will ensure children's NSP goals are measurable and that initial and updated NSPs contain all the required elements in accordance with the NSP template. The Group Home did not send any representative to the OHCMD NSP training held in August 2013. However, in efforts to ensure future NSPs are comprehensive, the Group Home conducted NSP training for Group Home staff responsible for preparing NSPs on October 23, 2013; verification of training was submitted to OHCMD.

Recommendations

The Group Home's management shall ensure that:

1. Comprehensive initial NSPs are developed.

2. Comprehensive updated NSPs are developed.

HEALTH AND MEDICAL NEEDS

- A review of medical records revealed that one child's initial medical examination was 28 days late. The Group Home reported that the child's Medi-Cal benefit was not activated at the time of placement, and that when she was placed at the Group Home in February 14, 2012, she had "Medi-Cal with an attachment and was assigned to a physician in Pacoima, California that she must see." It appears there was a delay in the Group Home contacting the child's physician to inquire about the child's last physical examination, as the contact was not made until March 13, 2012. The Group Home ensured the child received her initial medical examination on April 12, 2012.

The Director of Residential Services stated that the Group Home always makes efforts to ensure that the children's initial medical examinations are timely. The Group Home will ensure that children receive their initial medical examinations within 30 days of placement.

Recommendation

The Group Home's management shall ensure that:

3. Children obtain timely initial medical examinations.

PSYCHOTROPIC MEDICATION

- A review of mental health records revealed that the Group Home did not have monthly psychiatric evaluations for one child who is prescribed psychotropic medication. During the Exit Conference, the Group Home's Director of Residential Services stated that the Group Home does not provide psychiatric services for this child, as the child had made a request to the court to have her psychiatric provider from her previous placement continue providing her mental health services; the court granted the child's request. The Group Home stated that they received monthly instructions from the child's psychiatrist on how to administer psychotropic medication and other mental health updates on the child, but they have never received the monthly psychiatric evaluations from the doctor. This child continues to receive monthly psychiatric evaluations from the psychiatrist from her prior placement. The Director of Residential Services stated that the Group Home requested that the child's DCFS Children's Social Worker signs a Release of Information, so that the Group Home may obtain the child's monthly psychiatric evaluations in the future.

Recommendation

The Group Home's management shall ensure that:

4. There is a current psychiatric evaluation in the child's file for each child prescribed psychotropic medication.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

- Two children disclosed that they were not given opportunities to plan age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home. The two children reported that they enjoyed the activities that are planned just that they never get the opportunity to participate in the planning. According to the children, the Group Home's Case Manager plans the activities and tells the children what activities they will participate in after school and on the weekends. The Group Home's Residential Director denied this disclosure by the two children, and reported that the cottage staff facilitates weekly meetings with the children to identify and plan on campus activities, as well as activities in the community, and the children have the opportunity to provide input during the planning for the activities. He is aware that some children may not want to participate, but the opportunity is provided, and he will continue to ensure that this opportunity to plan activities is provided to all the children by the Group Home.

Recommendation

The Group Home's management shall ensure that:

5. Children are given opportunities to plan in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

- One child disclosed that she was neither encouraged, nor assisted in creating and updating a Life Book/Photo Album. The Group Home's Director of Residential Services reported that at the time of intake, the Group Home Case Managers request funds to purchase Life Book Supplies and begin the creation of the Life Book with the youth. The Group Home counselors work with all youth in identifying interests, pictures, arts and crafts, stories and other aspects of the youth's life in creating the Life Book. There is Life Book "creation time" throughout the week to work on the books. The Director of Residential Services felt that the child may have been confused, as the Group Home uses two titles, Life Book, Life Photo and Crafts Book, and showed the OHCMD Monitor the Life Book for the child, and added that he will ensure that in the future the staff encourage and assist the child in updating her Life Book.

During the Exit Conference, the Director of Residential Services provided OHCMD with a hard copy of the form the above mentioned child signed, which documents that she was informed about the Life Book. However, there was no documentation that the Group Home had given the child a Life Book/Photo Album or that they had encouraged and assisted the child in creating and updating a Life Book/Photo Album. The Director of Residential Services plans to ensure that Case Managers in the cottages inform the children about the Life Book/Photo Album, and that all the children receive a Life Book/Photo Album. He will conduct regular checks to ensure that the children are updating their Life Books/Photo Albums.

Recommendation

The Group Home's management shall ensure that:

6. Children are encouraged and assisted in creating and updating a Life Book/Photo Album.

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

The OHCMD's last compliance report, dated December 21, 2012, identified 10 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 7 of 10 recommendations for which they were to ensure that:

- Vehicles used to transport children are maintained in good repair,
- SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via iTrack,
- The Group Home is in compliance with Title 22 Regulations and free from CCL citations,
- Common areas are well maintained,
- Children's bedrooms are well maintained,
- The children are progressing toward meeting their NSP goals, and

- Copies of the children's current report cards or progress reports are maintained in the children's files.

The Group Home did not implement three recommendations for which they were to ensure that:

- Initial NSPs are comprehensive,
- Updated NSPs are comprehensive, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 monitoring report, as initial and updated NSPs were not comprehensive.

Recommendation

The Group Home's management shall ensure that:

7. The outstanding recommendations from the 2012-2013 monitoring report dated December 21, 2012, which are noted in this report as Recommendations 1, and 2, are fully implemented.

At the Exit Conference, the Group Home representative expressed his desire to re-train staff members responsible for the preparation of NSPs, in the development of comprehensive NSPs. NSP training was conducted by the Group Home on October 23, 2013. The Group Home Director of Residential Services and the Director of Mental Health will both review and sign the NSPs prior to submittal, and they will ensure that the NSPs contain all the required elements in accordance with the NSP template, and that the case plan goals are measurable. OHCMD will visit the Group Home in May 2014 to provide the Group Home with technical assistance and follow-up on the implementation of the recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home has not been posted by the Auditor-Controller (A-C).

David & Margaret
Youth and Family Services
1350 Third Street, La Verne, CA 91750 (909) 596-5921

Performance Evaluation Results

Corrective Action Plan

November 04, 2013

Patricia Bolanos-Gonzalez, CSA II
Out-of-Home Care Management Division
9320 Telstar Avenue, Room 216
El Monte, CA. 91731

Cc: Kirk Barrow

Dear Ms. Gonzales:

This letter will serve as a plan for the findings of the audit that was conducted at our facility beginning October 4, 2013 with this CAP due November 3, 2013.

III. Maintenance of Required Documentation and Service Delivery:

23- David & Margaret will ensure that the NSP reports are developed timely and are comprehensive. In particular, we will make sure that all required dates are included in appropriate spaces and that the person(s) responsible for goals are included in NSP. The Case Managers and Therapists along with the Director's of Mental Health and Residential services will review each NSP prior to its submission for signatures.

24- David & Margaret will ensure that the NSP reports are developed timely and are comprehensive. In particular, we will make sure that all required dates and updates are included in appropriate spaces and that each goal will be measurable with a comprehensive explanation of how the goals are to be measured and that the plan will be documented in NSP. The Case Managers and Therapists along with the Director's of Mental Health and Residential services will review each NSP prior to its submission for signatures.

V. Health and Medical Needs:

David & Margaret will ensure that initial medical exam's will be conducted timely. In the event that upon admission to the GH there are issues with Medi-Cal and or other issues that are barriers for the GH from obtaining an initial medical exam, the GH will work with the CSW to ensure the youth gets seen in the required timeframes which may mean having the youth be seen at a DCFS Medical Hub. The Case Managers with the help of the agency Nurse will be responsible for coordinating timely initial medical exams.

David & Margaret
Youth and Family Services

VI. Psychotropic Medication:
David & Margaret will ensure that in the future if a resident is seen by an outside Psychiatrist that David & Margaret will coordinate these services and obtain reports of treatment and services provided to be kept in resident confidential file via the Psychological/Other Examinations Form (DCFS 561). If the resident is seen by an outside therapist a quarterly report will be requested from the therapist and the therapist will be invited to the resident's Treatment Team Meetings at David & Margaret which are held approximately monthly. The Case Managers with the help of the agency nurse, DCFS CSW and or Probation Officer, Director of Mental health and the Director of Residential Services will be responsible to ensure records are requested and obtained.

VII. Personal Rights and Social/Emotional Well-Being:
David & Margaret will continue to ensure that children are given opportunities to plan in age-appropriate, extracurricular, enrichment, and social activities. The plan will be to document the times Case Managers and staff meet with youth and discuss options about activities, enrichment and social activities. This documentation will be made available upon request internally and externally for audit purposes, The Case Managers are responsible for this are of continued compliance.

VIII. Personal Needs/Survival and Economic Well-Being:
David & Margaret will continue to ensure that children are given opportunities to plan, make and complete a Life Book. Within the first week of placement, all residents will sign an acknowledgement form that she was informed of and provided a life book. The case managers will be responsible for ensuring that there are cottage times set aside for encouraging the residents to work on her life book. The established procedure for this process will continue to be used and reviewed as indicated or requested. The Case Managers are responsible for this ongoing area of compliance.

We hope you will find that these actions sufficiently address the findings in the Field Review Exit Summary. Please feel free to contact me if you have any questions or concerns regarding this corrective action plan.

Sincerely,

Andrew Levander, LMFT, M.A.C.
Director
Residential Services
David & Margaret Youth and Family Services
(909) 596-5921 ext. 3191