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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 12, 2012

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

From: Philip L. Browning
Director

ORANGE COUNTY CHILDREN'S FOUNDATION GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services' (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Orange County Children's Foundation in September 2011, at which time they had three six-bed sites and 13 male placed children.

Orange County Children's Foundation has one site located in the Second Supervisorial District, one site located in the Fourth Supervisorial District, and one site located in Orange County. All three sites provide services to DCFS foster youth. According to their program statement, the stated purpose of Orange County Children's Foundation is to "increase the likelihood that those residents who remain in the program until their 18th birthday will demonstrate a measurable increase in academic and social adaptive skills and a decrease in maladaptive behaviors to enable them to adjust successfully as adults." Orange County Children's Foundation is licensed to serve a capacity of 18 children, ages seven through 18.

For the purpose of this review, five placed children were interviewed and their case files were reviewed. The placed children's overall average length of placement was nine months, and the average age was 16. Three discharged children's case files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Four children were prescribed psychotropic medication. We reviewed their case file to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Orange County Children's Foundation's compliance with the County contract and State regulations. The visits included a review of the agency program statement, administrative internal policies and procedures, five children's case files, and a random sampling of personnel files. A visit was made to each site to assess the quality of care and supervision provided to the children, and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

Generally, children interviewed reported feeling safe at Orange County Children's Foundation. They reported being provided with good care and appropriate services, being comfortable in their environment and treated with respect and dignity.

Our review revealed the need for Orange County Children's Foundation to develop comprehensive NSPs that meet all the required elements in accordance with the NSP template. Further, it was noted the reward and discipline systems were not appropriate, and the consequence-system was not fair.

Orange County Children's Foundation was receptive to implementing systemic changes to improve compliance with State regulations and the County contract. The Administrator stated that she understood the findings of the review and would develop a Corrective Action Plan (CAP) to address the deficiencies.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Four of the five initial NSPs and none of the updated NSPs reviewed were comprehensive or met all the required elements in accordance with the NSP template. Sections of the NSPs were not properly completed, information regarding concurrent case plan goals and the child's and staff's participation in school-related activities was not documented and information pertaining to school records was not accurate. Educational needs, school related concerns, academic achievements and extra-curricular activities were not identified.

Medical and psychological concerns, the child's visitation plan, permanency goals, and contacts with the Children's Social Worker (CSW) were not documented or addressed in the required sections of the NSPs.

The Administrator reported that the therapists have been retrained to properly identify, document and address all the required elements in accordance with the NSP template. In addition, Orange County Children's Foundation staff attended the January 2012 OHCMD NSP training. The Administrator planned to follow-up to ensure that the initial and updated NSPs were comprehensive and included all the required elements in accordance with the NSP template.

- The rewards and discipline system was not appropriate. The Administrator stated that the rewards and discipline system would be re-evaluated and monetary fines as a form of disciplinary consequence will be discontinued.

- Behavioral consequences were not fair. A child did not have a clear understanding of why he was fined. The group home discontinued the fining system as a consequence for inappropriate behavior.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held October 24, 2011:

In attendance:

Rachel Suit, Assistant Executive Director; Denita Trowel, Administrator; Deborah Bell, Facility Manager; Diana Zamudio, Facility Manager Orange County Children's Foundation; and Edward Preer, Monitor, DCFS OHCMD.

Highlights:

The Assistant Executive Director, Ms. Rachel Suit, was in agreement with our findings and recommendations. She was open to suggestions to ensure full compliance in the future and agreed to make necessary corrections. The OHCMD Monitor reviewed the NSP deficiencies with Orange County Children's Foundation's staff. Ms. Suit stated that Orange County Children's Foundation's staff would attend the OHCMD NSP training, and follow-up would be provided to ensure that the initial and updated NSPs were comprehensive and the reward, discipline and consequence system is fair and appropriate.

Orange County Children's Foundation provided an approved written CAP addressing each recommendation noted in this compliance report. The CAP is attached.

We will assess for full implementation of recommendations during our next monitoring review.

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

PLB:RRS:KR:
EAH:PBG:ep

Attachments

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
Pamela Cutchlow, Executive Director, Orange County Children's Foundation
Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

ORANGE COUNTY CHILDREN'S FOUNDATION GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Orange County Site
1808 Stanley Avenue
Placentia, CA 92870
License Number: 306000534
Rate Classification Level: 11

Harbor City Site
24507 Marbella Avenue
Carson, CA 90745
License Number: 198200917
Rate Classification Level: 11

Emancipation Institute
1691 Gramercy Avenue
Torrance, CA 90501
License Number: 198205893
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: September 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. Special Incident Reports 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement Needs and Services Plans (NSPs)	2. Full Compliance
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Children Progressing Toward Meeting NSP Case Goals	5. Full Compliance
	6. Development of Timely Initial NSPs	6. Full Compliance
	7. Development of Comprehensive Initial NSPs	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessment/Evaluations Implemented	9. Full Compliance
	10. DCFS CSWs Monthly Contacts Documented	10. Improvement Needed
	11. Children Assisted in Maintaining Important Relationships	11. Full Compliance
	12. Development of Timely Updated NSPs	12. Full Compliance
	13. Development of Comprehensive Updated NSPs	13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements)	
	1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. Group Home Encourage Children's Participation in Youth Development Services	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements)	
	1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams 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** (15 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)

IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. Child Abuse Central Index's Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

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License Number: 198205893
Rate Classification Level: 11

The following report is based on a "point in time" monitoring visit and addresses findings noted during the September 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Orange County Children's Foundation was in full compliance with eight of 10 sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education and Workforce Readiness, Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records. The following report details the results of our review.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's files and/or documentation from the provider, Orange County Children's Foundation fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

The review revealed initial and updated NSPs were not comprehensive. Four of the five initial NSPs and none of the updated NSPs reviewed were comprehensive, as they did not address all the required elements in accordance with the NSP template. Sections of the NSPs were not properly completed; information regarding concurrent case plan goals and the child's and staff's participation in school-related activities was not documented; information pertaining to school records was not accurate; educational needs, school related concerns, academic achievements and extra-curricular activities were not identified. Medical and psychological concerns, the child's visitation plan and permanency goals were not addressed in the required sections of the NSPs.

It was also determined that contacts with the Children's Social Worker (CSW) by Orange County Children's Foundation staff were not appropriately documented.

The Administrator reported that Orange County Children's Foundation's therapists have been retrained to properly identify, document and address all the required elements in accordance with the NSP template. In addition, the Administrator and staff attended the January 2012 NSP training provided by the OHCMD. The Administrator planned to follow-up to ensure that the initial and updated NSPs were comprehensive, and included all the required elements in accordance with the NSP template.

Recommendations:

Orange County Children's Foundation management shall ensure:

1. The treatment team develops comprehensive initial NSPs, which address all the required elements in accordance with the NSP template.

2. The treatment team develops comprehensive updated NSPs, which address all the required elements in accordance with the NSP template.

3. Monthly contacts with the DCFS CSWs are appropriately documented.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of five children's files and/or documentation from the provider, Orange County Children's Foundation fully complied with 13 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being.

The review revealed the rewards and discipline system was not appropriate, and consequences for inappropriate behavior were not fair.

Rachel Suit, Assistant Executive Director stated one child was fined one dollar as a form of discipline; however, the fine was not documented. She further stated the child was diagnosed with a Bi-Polar Disorder and Attention Deficit Hyperactive Disorder and, therefore, the child may not have had a clear understanding of why he was fined.

Ms. Suit admitted the fine was not fair, and the dollar was restored to the child's account, and staff discontinued the fine system. The other children did not report they were fined.

Recommendations:

Orange County Children's Foundation management shall ensure:

4. The rewards and discipline system is appropriate.

5. Behavioral consequences are fair for all placed children.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued December 8, 2010.

Results

The OHCMD's prior monitoring report contained three outstanding recommendations. Specifically, Orange County Children's Foundation was to ensure the treatment team worked closely with the DCFS CSW to assist the placed children in improving academic performance and/or attendance, the initial and updated NSPs were comprehensive and all the required elements in accordance with the NSP template are addressed. Based on our follow-up of these recommendations, Orange County Children's Foundation fully implemented one of the recommendations.

Recommendation:

Orange County Children's Foundation's management shall ensure:

6. Full implementation of the two outstanding recommendations from the 2010 monitoring report, which are noted in this report as recommendations 1 and 2.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Orange County Children's Foundation has not been posted by the A-C.

Orange County Children's Fd. Inc.

Harbor City Children's Fd. Inc. / Emancipation Institute

February 10, 2012

County of Los Angeles
Dept. of Children & Family Services
Out of Home Care Management Division
9320 Telstar Avenue, #206
El Monte, CA. 91731
Attn: Ms. Patricia Bolanos-Gonzalez, CSAII
Mr. Edward Preer, OHCMD Monitor
Subject: Corrective Action Plan for Orange County Children's Fd. Inc.

In response to the Group Home Contract Compliance Review findings, our agency's Corrective Action Plan (CAP) is as follows:

OHCMD FINDINGS:
III - Maintenance of Required Documentation and Services Delivery
Needs and Service Plan's (NSP's) were not comprehensive:

1. The NSP did not provide a Concurrent Case Plan Goal.
   CAP: Upon placement of a client, Group Home Management will communicate with the County Social Worker with regards to the Concurrent Case Plan Goal. The therapist will document such goal in the NSP. The Concurrent Case Plan Goal will be specific and congruent to the client's needs.

2. The NSP did not provide correct information regarding school records.
   CAP: Group home management will make sure the School Contact Log includes all contact with the clients school and is reviewed on a monthly basis. Client files will also be reviewed by group home management on a monthly basis to ensure school records are intact and remain current. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

3. The NSP did not identify the child's educational needs, academic achievements and extra-curricular activities.
   CAP: All clients' therapists have been re-trained to identify and document all clients' educational information in the NSP. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

4. The NSP did not identify participation in school-related activities by child and group home staff.
   CAP: Although the group home is very involved with the clients' education it was not documented in the NSP. All future NSP's will include all participation in school-related activities and the group home staffs involvement. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

5. The NSP did not identify school officials' concerns about the childs health, academics, social skills, and other issues related to school matters.
   CAP: All future NSP's will identify school officials' concerns about the clients health, academics, social skills and other issues related to school matters. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

6. The NSP did not report the mother and siblings visitation plan.
   CAP: Group home management has created a Visitation Log to document all clients' visitation. The Visitation Log will be reviewed by group home management on a monthly basis to ensure proper completion of all client visitation. All therapists have been re-trained to ensure all visitation information is complete on future NSP's. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

7. The NSP Life Skills Training questions were not answered.
   CAP: Group home management has created a Life Skills/Emancipation Activities Log that is maintained at all sites where all client Life Skill training and Emancipation Activities are documented by staff. These activities will be documented in all future NSP's. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

8. The NSP Out Come Goal drop-down was not checked.
   CAP: All therapists have been re-trained to ensure all NSP's are complete and all boxes are checked accurately and according to the clients case plan. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

9. The NSP Permanency Plan Goal was not addressed.
   CAP: All therapists have been re-trained to ensure all NSP Goals are addressed and documented according to the clients case plan. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

10. The NSP feasibility of the child returning home, placement in another facility, or independent living was not addressed.
CAP: All therapists have been re-trained to include the feasibility of the child returning home, placement in another facility or independent living in all future NSP's. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

11. The NSP progress report on the child's physical, dental and psychological health was not addressed.
CAP: All therapists have been re-trained to ensure all clients physical, dental and psychological health information is documented in all future NSP's. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

12. The NSP did not explain why the child was not enrolled in school within three days.
CAP: If for any reason a child is not enrolled in school within three days, details will be documented in all future NSP's plans. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

13. The NSP did not describe the child's involvement with others.
CAP: All future NSP's will include the child's involvement with others. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

14. The NSP did not address the group home's contact with the CSW.
CAP: All CSW contact dates, times and information will be consistently documented in the CSW Contact Log by all group home staff and therapists. This information will be documented on all future NSP's. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

15. The Group Home did not obtain the CSW's signature or document efforts on the NSP.
CAP: Upon receipt of all NSP's, the Facility Manager will be responsible for immediately faxing to CSW's for approval. The Facility Manager will attach a copy of the fax confirmation sheet verifying the date and time the NSP was faxed. The Facility Manager will follow up via telephone and document date and time. If unable to reach the CSW in a reasonable amount of time, the Facility Manager will contact the CSW Supervisor. The Facility Manager will ensure all NSP's are approved and signed by all required parties. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

16. The NSP did not explain why the parents were not involved with the child.
CAP: All therapists have been re-trained to explain why parents are not involved (if applicable) in all future NSP's. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

17. The NSP did not explain why the child needed help with personal care and grooming.
CAP: All therapists have been re-trained to not only check the box indicating the client needs assistance with personal care and grooming but also document provide details. Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance.

VII PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

1. The Group Home fined the children $1 without providing adequate documentation.
CAP: Effective October 24, 2011, date of the exit conference with OHCMD, the group home fining system was discontinued.

One of the children may not understand why he was being fined because he appeared developmentally delayed.
CAP: Effective October 24, 2011, date of the exit conference with OHCMD, the group home fining system was discontinued.

Asst. Exec. Directors Rachel Suit (L.A) and Irene Yohn (O.C) will be responsible for ensuring compliance with clients personal rights and social/emotional well being.

Should you have questions or require additional information, please feel free to contact me at (714) 213-1429 or via email: raesuit@sbcglobal.net.

Respectfully Submitted,

Rachel Suit
Asst. Executive Director/
Administrator

Cc: Pamela Cutchlow, Executive Director
Orange County Children's Fd. Inc.