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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 15, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

HATHAWAY-SYCAMORES CHILDREN 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 Hathaway-Sycamores Children and Family Services Group Home (The Group Home) in May 2013. The Group Home has one site located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster and Probation youth. According to the Group Home's program statement, its purpose is "to transition resourceful, responsible and resilient youths back to their family and community."

The Group Home has one site licensed to serve a capacity of 48 boys, ages six through 17. At the time of review, the Group Home served five placed DCFS children and seven placed Probation children. The placed children's overall average length of placement was six months, and their average age was 16.

SUMMARY

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

The Group Home was in full compliance with 7 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

Deficiencies were noted in the areas of Licensure/Contracts Requirements, related to having been cited by Community Care Licensing (CCL) for failing to provide notification within 10 days of the resignation of the Administrator, or of the staff replacement; Maintenance of Documentation and

Services Delivery, related to one child's Needs and Services Plans (NSPs) did not have approval of the CSW to be implemented, nor was there documentation of attempts by the Group Home to obtain the approval. Further, two children's updated NSPs were not comprehensive; and Personal Rights and Social/Emotional Well-Being, related to one child having reported that a staff had threatened him and called him an obscene name and that he had heard another staff call another child an obscene name a few weeks earlier. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On June 17, 2013, the DCFS OHCMD Monitor Donald Luther, held an Exit Conference with the Group Home representatives: Joe Ford, Vice President; Tasian Taylor, Program Manager; Mia Williams, Director of Therapeutic Behavioral Services; Nick Ryan, Director of Mental Health; Julie Flores, Clinical Supervisor; Julie Farino, Medical Service Supervisor; Gayle Wilder, Parent Partner Director; Lizette Scott, Administrative Assistant; Kameelah Wilkerson, Quality Assurance; and Debra McConnell, Transition Skills Director. The Group Home representatives agreed with the review findings and recommendations; were 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 and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance 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:dl

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
William Martone, Executive Director, Hathaway-Sycamores Children and Family Services
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

HATHAWAY-SYCAMORES CHILDREN AND FAMILY SERVICES 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. This compliance report addresses findings noted during the May 2013 review. The purpose of this review was to assess Hathaway-Sycamores 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, six placed children were selected for the sample. The 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, the six placed children were prescribed psychotropic medication. OHCMD reviewed the children's case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) cited the Group Home on February 14, 2013 for failing to provide CCL notification within 10 days of the resignation of the Administrator in December 2012, or of the staff replacement as required by Title 22 Regulations. A Plan of Correction was completed and received by CCL on April 1, 2013. The citation was cleared by CCL on April 2, 2013.

Recommendation

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations.

Maintenance of Required Documentation and Service Delivery

- One child's Needs and Services Plans (NSPs) did not have approval of the Department of Children and Family Services (DCFS) Children's Social Worker (CSW) to be implemented, nor was there documentation of attempts by the Group Home to obtain the approval.

- Two children's updated NSPs were not comprehensive. The updated NSPs did not include specific dates or detailed outcomes of required monthly contacts by the Group Home to the CSWs.

Recommendations

The Group Home's management shall ensure that:

2. The Group Home staff obtain, or document efforts to timely obtain the DCFS CSW's authorization to implement the NSPs.

3. Comprehensive updated NSPs are developed and address all elements in accordance with the NSP template.

Personal Rights and Social/Emotional Well Being

- One child reported that he was not treated with respect and dignity. He reported that a staff had threatened him and used an obscene name toward him. He further reported that he had heard another staff call another child an obscene name two weeks earlier. OHCMD initiated a referral to the Child Protection Hotline and immediately advised the Group Home's Vice President and Program Manager to remove the staff from contact with the children pending the outcome of an investigation. The DCFS and CCL investigations have since deemed the allegations to be "unfounded".

  The Group Home conducted an internal investigation related to this allegation, including interviewing of children. The Group Home determined that based on the information gathered and statements/interviews with youth and staff, it is not likely the staff called the youth an obscenity, but rather more likely that the youth was upset with the staff for not allowing the child to come in and out of the cottage. In addition, the Group Home continues to utilize monthly "Check-Ins" with random children to assess if the children have or are experiencing any concerns or issues about their personal rights and how they are being treated.

Recommendation

The Group Home's management shall ensure that:

4. All children are treated with respect and dignity at all times.

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

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

Results

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

- All Special Incident Reports are comprehensive and appropriately cross-reported,
- All children are safe and feel safe in the Group Home and that staff receive on-going training on appropriate and positive interaction and discipline techniques,
- Children are provided a venue to make suggestions and are aware of their ability to register a complaint about food without fear of reprisal,
- All children are made aware of their ability to assist in planning recreational activities and how to make suggestions for activities in which they have an interest,
- All children have sufficient quantities of clothing to meet DCFS standards,
- All children are provided the opportunity to go clothing shopping in the community and select clothing of their choice that meets acceptable guidelines, and
- All approved employees receive the required initial training and documentation of the completed training is maintained in the personnel files.

The Group Home did not fully implement the recommendations of ensuring:

- Compliance with Title 22 Regulations and the County contract requirements,
- Staff treat children with respect and dignity and receive on-going training on appropriate, fair, and positive interaction techniques with children, and
- The outstanding recommendations from OHCMD's prior monitoring report are fully implemented.

Recommendation

The Group Home's management shall ensure that:

5. The outstanding recommendations from the 2011-2012 monitoring report dated October 10, 2012, which are noted in this report as Recommendations 1, 4, and 5, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to continue to strive to remain in compliance with all Title 22 Regulations. The citation described in this report was not similar to previous citations. Also, the allegation made by a child against the Group Home staff for not treating children with respect and dignity was deemed "unfounded" by CCL and DCFS. However, the Group Home has implemented staff trainings and random child interviews to assist in monitoring the children's perspective on how they are being treated. Further, the Group Home Vice President and the Program Manager will make periodic and consistent monitoring checks to ensure compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

HATHAWAY-SYCAMORES CHILDREN AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2933 North El Nido Drive
Altadena, CA 91001
License # 197804907
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: May 2013**
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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	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. Improvement Needed
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. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Full Compliance
	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)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance
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)

July 12, 2013

To: Patricia Bolanos-Gonzalez, Manager
Children Service's Administrator II
Out-of-Home Care Management Division
County of Los Angeles DCFS
9320 Telstar Ave. Suite #216
El Monte, CA 91731

From: Hathaway-Sycamores Children and Family Services
2933 North El Nido Drive
Altadena, CA 91001

Re: Corrective Action Plan (CAP) for 2012-2013 Compliance Report

I. Licensure/Contract Requirements

#9) Is the Group Home free of any substantiated Community Care Licensing (CCL) complaints on safety and/or physical plant deficiencies?

CCL cited the Group Home for not notifying within 10 days of the resignation of the Administrator in December 2012, or of the staff replacement.

Corrective Action: A Plan of Correction was completed and received by CCL on April 1, 2013. The citation was cleared by CCL on April 2, 2013. Hathaway-Sycamores Children and Family Services will continue to strive to ensure compliance with Title 22 Regulations.

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 (NSPs)?

There was no documentation of one child's CSW's approval or attempts to obtain approval of the CSW to implement his NSPs.

Corrective Action: Effective immediately, supervisors will use tracking logs to monitor NSPs and CSW notification which will be included as a part of directive supervision and corrective action planning process. Attempts to obtain the CSW's approval (including copies of transmittals and cover sheets) and signed signature pages will be attached to the NSPs and maintained in the child's case file.

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

Two children had updated NSPs that did not document the required monthly Group Home contacts to the children's CSWs in the NSP template, to include specific dates, reason for each contact, and the outcome of each contact.

Corrective Action: Effective immediately, the supervisor will review and ensure that initial and updated NSPs are comprehensive, and include all elements of the NSP template, and follow Title 22 and DCFS Contract Guidelines. MHS/ Facilitators will receive training beginning 9/25/2013 on NSPS including 30 day reports (Initial) and Updated NSPs, Comprehensive Goals, NSP Template, and Title 22/DCFS Contract Guidelines and Deadlines, and will be presented by the Mia Williams, Director Residential.

VII. Personal Rights and Social/Emotional Well-Being

40) Do children report being treated with respect and dignity?

One child reported that one staff has been disrespectful, called him an inappropriate obscene name and threatened to harm him. He further reported that he had heard another staff call another child an obscene name two weeks earlier.

While these allegations have been deemed unfounded, this was the child's perspective on how he was being treated

Corrective Action: An internal investigation was conducted in addition to random children being interviewed by Hathaway-Sycamores management. Hathaway-Sycamores will continue to implement youth Client's Personal Rights Monthly Check-In to assess how youth feel about their personal rights being implemented at the Group Home. In addition, Hathaway-Sycamores does have a fully functioning Youth Council that meets weekly and has youth-elected peers from the milieu that report to our Staff Youth Advocate, Program Manager, and Director.

Youth interviewed by Hathaway-Sycamores Program Manager reported that staff are treating them respectful and they feel respected by staff. (see attached).

For the past 6 months Hathaway-Sycamores have been training our team (Relationship-Based training on 12/27/12, & 3/6/13) on utilizing Relationship-Based interventions as opposed to Coercion-Based interventions moving towards a trauma-informed environment in which there is little or no coercion. Hathaway-Sycamores' goal is to establish philosophy and policies that mitigate the use of seclusion and restraint, as well as training in interpersonal approaches as alternatives to putting hands on youth. The result has been reduced restraint and seclusion and improved outcomes

This particular finding was called in to the Child Protection Hot Line by the Out-of-Home Care Management Division and investigated internally by Hathaway-Sycamores management and by CCL and DCFS and deemed "unfounded".
Hathaway-Sycamores Children and Family Services

It is Hathaway-Sycamores' policy and practice to make sure that we are in compliance with our contract with DCFS and Title 22 requirements. We will continue to monitor ourselves to ensure that we are in compliance. We will further implement the above corrective actions to ensure any current and previous compliance report recommendations are addressed and not reoccur in the future.

Joe Ford, Vice President, and Tasian Taylor, Program Manager, will be responsible for supervising and enforcing the Corrective Action Plan.

Thank you for your time and consideration. Please contact me if you have any questions.

Sincerely,

Tasian Taylor
Program Manager Residential
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