County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 14, 2014

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

From: Philip L. Browning
Director

THE DREAM CATCHER FOUNDATION, INC. 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 the Dream Catcher Foundation Group Home (the Group Home) in October 2013. The Group Home has three sites located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to achieve a successful outcome for each youth's treatment plan and designated case goal." It further states, "The larger overall goal is twofold. First, to help youth develop skills and self-esteem; this will enable the youth to become self-sufficient and productive persons in society. And, second, to help develop and promote a viable social support system for youth outside the foster care system."

The Group Home is licensed to serve a capacity of 18 girls, ages 8 through 17. At the time of review, the Group Home served 16 placed DCFS children. The placed children's overall average length of placement was 3 months, and their average age was 16.

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 9 of 10 areas of our Contract compliance review: Licensure/Contract Requirements; 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 area of Maintenance of Required Documentation and Service Delivery, related to children not progressing toward meeting the Needs and Services Plans (NSPs) case goals. NSPs were not comprehensive, as they did not include all of the elements in accordance with the NSP Template.

Attached are the details of our review.

REVIEW OF REPORT

On November 15, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representative, Theresa McPherson, Administrator. The Group Home representative: agreed 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 and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in April, 2014. An addendum to the report will be submitted 30 days after completion of the review to address CAP implementation.

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

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
Pam Norris, Executive Director, Dream Catcher Foundation, Inc. Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

DREAM CATCHER FOUNDATION, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1782 W. 42nd Street	3601 2nd Avenue	1537 W. 49TH Street
Los Angeles, CA 90062	Los Angeles, CA 90018	Los Angeles, CA 90062
License # 198205787	License # 198205789	License # 198205798
Rate Classification Level: 10	Rate Classification Level: 10	Rate Classification Level: 10

	Contract Compliance Monitoring Review	Findings: October 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 Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed

	NSPs with Child's Participation 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/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	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 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	Full Compliance (All)

	Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 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 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 8.	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)

THE DREAM CATCHER FOUNDATION, INC. 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 October 2013 review. The purpose of this review was to assess the Dream Catcher Foundation, Inc. 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, five Department of Children and Family Services (DCFS) 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. At the time of the review, one child was prescribed psychotropic medication. We reviewed the case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following area out of compliance.

Maintenance of Required Documentation and Service Delivery

- A review of the NSPs and children's records revealed that two children were not progressing toward achieving their NSP goals.

- Five initial NSPs were reviewed. They were all timely; however, they were not comprehensive, as they did not include all the required elements, in accordance with the NSP

template. Specifically, four NSPs were missing independent living skills information; two NSPs had inaccurate placement date information; two NSPs were missing enrollment dates; and progress on identified case plan goals was not listed for two NSPs.

- Two updated NSPs were reviewed. Although the updated NSPs were timely, they were not comprehensive, as they did not include all the required elements, in accordance with the NSP template. Specifically, the updated NSPs did not include children's progress on identified case plan goals.

It is noted that a Group Home representative attended the OHCMD's NSP refresher training in August 2013. The NSP deficiencies were brought to the attention of the Group Home's Social Worker's Supervisor during the course of the review. The Group Home's Social Worker Supervisor reported that she understood all of the findings noted and would ensure that all Social Worker's are developing comprehensive NSPs. During the exit conference, the Administrator stated that effective immediately, all NSPs will be reviewed by the Social Worker's Supervisor prior to submission to the DCFS Children's Social Worker (CSW).

Recommendations

The Group Home's management shall ensure that:

1. The children are progressing toward meeting their NSP goals.

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

3. 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 March 11, 2013, identified six recommendations.

Results

Based on our follow-up, the Group Home fully implemented 4 of 6 recommendations for which they were to ensure that:

- They remained in compliance with Title 22 Regulations/Community Care Licensing (CCL),
- Court Authorization for Administration of Psychotropic Medication are current,
- Children are enrolled in school within three school days, and
- Current Psychiatric Evaluation Reviews are occurring.

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

- Initial and Updated NSPs are comprehensive.

- Full implementation of the outstanding recommendations from the OHCMD's 2012 monitoring report.

Recommendation

The Group Home's management shall ensure that:

4. The outstanding recommendations from the 2012 monitoring report dated March 11, 2013, which are noted in this report as Recommendations 2 and 3 are fully implemented.

At the Exit Conference, the Group Home's Director expressed her desire to ensure the development of comprehensive NSPs; the Group Home's Social Worker Supervisor will review all NSPs prior to submission to the DCFS CSW. The Group Home's Administrator will conduct regular checks to monitor compliance with the CAP. OHCMD will verify implementation of recommendations and to provide technical assistance during our next visit to the Group Home in April 2014. An addendum to the report will be submitted 30 days after completion of the review to address CAP implementation.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

December 12, 2013

To: Out of Home Management Division
9320 Telstar Ave, Suite 206
El Monte, California 91731

Attention: Sonya Noil, Group Home Monitor

From: The Dream Catcher Foundation, Inc
2814 W. Martin Luther King Blvd.
Los Angeles, California, 90008

Regarding: Corrective Action Plan (CAP) - Group Home Compliances Review Results

Date of Audit: November 15, 2013

III <u>Maintenance of Required Documentation and Service Delivery:</u>

1.) **<u>Question:</u>**<u>18 Are the sampled children progressing toward meeting the Needs and Service Plan case goals?</u>

<u>Finding(s):</u> Two (2) of the sampled children's updated NSP did not document the progress for identified case plan goals.

<u>Correction Action Plan</u>

To ensure that the NSP's are comprehensive and client's progress toward meeting their case goals are clearly documented Social Worker Supervisor, Nekisha Kee, MSW, will:

- review the sampled two(2) client's NSPs with OHMD Monitor Sonya Noil to improve on clearly documenting client's progress towards meeting their case goals.
- conduct a training for Agency Social Workers addressing client's initial case goals, consistently monitoring the progress or lack of progress in meeting their case goals, and documenting that information accurately on the subsequent updated NSP.

- will review all client's NSPs for comprehensiveness as it relates to documentation of client's progress toward meeting the Needs and Services Plan case goals.

Person(s) Responsible for Implementation of the CAP

DCFI Social Work Team, Nekisha Kee, MSW, Raphael Johnson, PH.D, LCSW, Mary Boyd, LCSW, and Administrator, Theresa McPherson, MFT, will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

2.) **Question 23. Did the treatment team develop timely comprehensive initial Needs and Services Plan (NSP) with the client?**

Finding(s): The initial NSP for the sampled five (5) clients was missing information or had incorrect information.

Correction Action Plan

To ensure that the NSPs are comprehensive and accurate information is documented, Social Worker Supervisor, Nekisha Kee, MSW, will:

- review NSPs with OHMD Monitor Sonya Noil to improve on specific details that were missing from the report.
- conduct a training for Social Workers to improve on NSP comprehensiveness and accuracy of information.
- be more efficient when reviewing Social Worker NSP's for comprehensiveness and accuracy.

Person(s) Responsible for Implementation of the CAP

DCFI Social Work Team, Nekisha Kee, MSW, Raphael Johnson, PH.D, LCSW, Mary Boyd, LCSW, and Administrator, Theresa McPherson, MFT, will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

3.) **Question 24. Did the Treatment Team develop comprehensive update (quarterly) Needs and Services Plans (NSP) with the child?**

Finding(s): Two (2) of the sampled children's updated NSP was missing documentation and updated progress for identified case plan goals.

Correction Action Plan

Refer to the above Correction Action Plans (finding #18 & #23)

In addition, Agency Social Workers will ensure that client's updated NSP's address the progress of all previous case plan goals, as well as goals that have been met.

Person(s) Responsible for Implementation of the CAP

DCFI Social Work Team, Nekisha Kee, MSW, Raphael Johnson, PH.D, LCSW, Mary Boyd, LCSW, and Administrator, Theresa McPherson, MFT, will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

Respectfully submitted,

Theresa McPherson, MFT
Administrator

THE Dream Catcher FOUNDATION

To: Sonya Noil	From: Edith Sanchez, M.A Intake Social Worker
Phone: 626 569 6082 Fax#: 626 572 2368	Tel#: 323-296-1114 Fax#: 323-296-1115
Re:	Email: es@thedreamcatcherfoundation.net
# of Pages including cover sheet:	Date: 2/11/14

Message

NSP training service for the Social Workers was on Nov. 18, 2013.

THANK YOU,

Edith Sanchez

Social Worker Meeting Sign-in sheet

Date: 11/18/2013

1) Edith Sancho
2) Raphael [illegible]
3) [illegible]
4) [illegible]
5) [illegible]