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November 21, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PROJECT SIX 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 Project Six Group Home (the Group Home) in October 2013. The Group Home has one site located in the Third Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth, as well as children placed through school districts, and from other counties. According to the Group Home's program statement, its purpose is "to decrease residents' maladaptive behaviors and improve their social, emotional, and academic/occupational functioning."

The Group Home has one 24-bed site and is licensed to serve a capacity of 24 male and female children, ages 11 through 17. At the time of review, the Group Home served 4 placed DCFS children. The placed children's overall average length of placement was 3 months, and their average age was 15.

SUMMARY

During OHCMD's review, the interviewed children generally reported: having been provided with good care and appropriate services and being comfortable in their environment.

The Group Home was in full compliance with 4 of 10 areas of our Contract compliance review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Discharged Children.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not cross-reported to all required parties and in a timely manner, clothing allowance logs were not comprehensive, the Sign-In/Out Log was not maintained; Facility and Environment, related to a laundry dryer vent that was not properly installed; Maintenance of Required Documentation and Service Delivery, related to the Group Home not attempting or documenting timely efforts to obtain the Children's Social Worker's (CSW) authorization to implement the NSP, lack of documentation that a

CSW was contacted on a monthly basis, and initial and updated NSPs did not include all of the required elements in accordance with the NSP template; Personal Rights and Social/Emotional Well-Being, related to a child not always feeling safe, a child not always feeling they were treated with respect and dignity, a child feeling they had no privacy when using the telephone, and a child stating they did not have the opportunity to participate in planning activities; Personal Needs/Survival and Economic Well-Being, related to children not having a complete clothing inventory and children not being encouraged to create a life book/photo album; and Personnel Records, related to an employee who did not receive the required annual in-service training hours.

Attached are the details of our review.

REVIEW OF REPORT

On November 18, 2013, the DCFS OHCMD Monitor, Kristine Kropke Gay, held an Exit Conference with Group Home representatives, Elin Bradley, Group Home Administrator and Ashley Ayres, Interim Program Director. The Group Home representatives agreed with most of 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).

OHCMD conducted a visit to the Group Home on September 25, 2014 to provide technical assistance to assist the Group Home with the implementation of their CAP. CAD will verify that these recommendations have been implemented during the next monitoring review.

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 February, 2014.

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:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Barbara Nelson, Executive Director, Mary's Shelter Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Lajuannah Hills Regional Manager, Community Care Licensing

PROJECT SIX 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 Project Six's Group Home (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, three Department of Children and Family Services (DCFS) 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, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two 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 three 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 six areas out of compliance.

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were reviewed for the three sampled children, totaling seven SIRs. OHCMD found that four SIRs were not submitted to all required parties, including one SIR that was not submitted timely. Additionally, SIRs were reviewed from January 2013 through October 16, 2013, totaling nine SIRs. The nine SIRs had the same deficiencies as noted above.

The Interim Program Director stated that information related to SIRs had not been accurately disseminated by the Group Home. She stated that they received the Special Incident Reporting Guide For Group Homes from OHCMD and will follow-up with staff to ensure that all incidents are reported timely, accurately documented, and cross-reported to all required parties.

- The three children's clothing allowance logs were not maintained. Specifically, there was no log in which, the children acknowledged receipt of their clothing allowance disbursement, nor documentation of purchased clothing items. The clothing allowance receipts did not document the clothing purchases; therefore, it was difficult to ascertain the clothing items that were purchased for each child. Also, there was no process to document the children's unspent clothing allowance.

During the Exit Conference, the Group Home Administrator acknowledged the deficiency and stated that they will develop a clothing allowance log for each child.

- Since the last review, the Sign-In/Out Log was revised to include all of the required information; however, the log has not been maintained. The log was missing the child's anticipated time of return, the child's actual time of return and the Parent/Guardian's signature.

During the Exit Conference, the Group Home Administrator acknowledged the importance of staff completing the log and stated that she and the Interim Program Director had provided staff training on November 6, 2013. OHCMD was provided documentation of the training.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are appropriately documented and cross-reported timely.

2. Monetary and Clothing Allowance Logs are comprehensive and maintained.

3. Sign-In/Out Logs are maintained.

Facility and Environment

- A walk-through of the facility revealed that a clothes dryer vent had not been properly installed, leaving a large gap in the wall.

The Interim Program Director had maintenance staff immediately attach the vent to the wall. OHCMD observed the completed repair on October 18, 2013. The Group Home Administrator stated that the Interim Program Director now conducts a weekly inspection with maintenance personnel to ensure the Group Home is maintained.

Recommendation

The Group Home's management shall ensure that:

4. Common areas are well-maintained.

Maintenance of Required Documentation and Service Delivery

- The DCFS Children's Social Worker's (CSW) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for the four reviewed NSPs.

The Interim Program Director stated that she was surprised that the therapist was not timely in requesting CSWs' NSP authorization and will follow-up with the therapist to ensure compliance.

- One reviewed children's file did not contain documentation of the Group Home's monthly contacts with the children's DCFS CSW. Furthermore, the Group Home was not utilizing the revised NSP Template in which the information is to be documented.

The Interim Program Director stated that they are now using the correct NSP Template and are documenting the Group Home's monthly contacts with CSWs.

- Three initial NSPs were reviewed. Two of the three NSPs were timely; however, none were comprehensive. The NSPs did not include all the required elements in accordance with the NSP template. The NSPs had sections that were not completed or documented "N/A" without an explanation, as well as treatment goals that were not child-specific goals within 90-day increments.

- One updated NSP was reviewed. Although the NSP was timely, it was not comprehensive. The NSP did not include all the required elements in accordance with the NSP template. The NSP had sections that were not completed, including the sections regarding the Group Home's monthly contacts with the CSW and dates the child was offered group therapy. In addition, the treatment goals were not child-specific goals within 90-day periods.

During the Exit Conference, OHCMD discussed the specific deficiencies noted with each NSP and provided written documentation of the specific deficiencies for the reviewed NSPs. Additionally, OHCMD provided the revised NSP Template, dated December 2012, with the comments boxes, to the Group Home Administrator and the Interim Program Director. The Interim Program Director stated that she will review the NSP template with the therapist and will contact OHCMD if further assistance is needed.

The OHCMD conducted an NSP Refresher Training on August 1, 2013; however, a representative from Project Six did not attend the training. It should be noted that the Interim Program Director and the Group Home Administrator have been in their positions for approximately five months and three months respectively. They stated that although OHCMD had informed Project Six of the NSP training, the information had not been disseminated to them.

Recommendations

The Group Home's management shall ensure that:

5. Group Home obtains or document efforts to obtain the CSW's authorization to implement the NSPs.

6. Group Home staff appropriately document monthly contacts with DCFS CSWs.

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

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

Personal Rights and Social/Emotional Well-Being

- One interviewed child stated that she did not always feel safe when children are punching walls and yelling obscenities, despite staff members' attempts to calm down the child.

OHCMD immediately discussed this concern with the Group Home Administrator. The Group Home Administrator stated that they currently have a very challenging child that does engage in those specific behaviors. She stated that when the child is acting-out, the staff members make an effort to remove the children from the area. She shared that the particular child is currently in a psychiatric hospital and when discharged back to the Group Home, the child will be assigned one-to-one supervision.

During the Exit Conference, the Interim Program Director shared that the interviewed child was newly-detained and has no siblings; therefore, placement has been a big transition for this child. She stated that the child feeling safe at the Group Home was addressed at the Team Decision Meeting (TDM) held on November 14, 2013.

- Another interviewed child stated that they did not always feel that they were treated with respect and dignity by a particular staff member. The child reported that the staff member "acts like a child" and has told her to "shut-up."

OHCMD immediately brought this issue to the Group Home Administrator's attention. The Group Home Administrator stated that the staff member is a new employee and that the employee's behavior is "totally unacceptable" and the employee will be provided additional training to learn more appropriate methods to deal with children. OHCMD reported this information to the DCFS Child Protection Hotline (CPH). The CPH CSW reported this information via an "Info Only" to the child's CSW.

This child also stated that more encouragement and support are needed by staff in that she would like staff to ask her how she is doing; to take an interest in her. OHCMD immediately discussed and had a lengthy conversation with two staff members with whom the child has a rapport. They shared from a clinical standpoint some of the reasons the child may have those feelings. Furthermore, that same afternoon, OHCMD brought these concerns to the attention of the Group

Home Administrator. The Group Home Administrator stated that she was surprised, as the child is always engaged with staff members, has a good rapport with staff and may be feeling under pressure with preparing for the homecoming dance the following day. The Group Home Administrator stated that she will share the child's concerns with the child's therapist.

During the Exit Conference, the child's issues of concern were further discussed. Again, the Interim Program Director discussed some of the specific clinical reasons related to the child's feelings and some ways in which they are working with the child.

- One of the children reported that they did not feel they had privacy while using the telephone in the common area. The child stated that until recently, telephone use was allowed in the recreation room, but due to the need for staff to remain in the area, they were no longer allowed telephone use in the recreation room. OHCMD immediately brought this to the attention of the Interim Program Director. She shared that what the child stated was accurate and due to the need to maintain proper supervision for all children, the children have had to use the telephone in the common area for the past few weeks. She showed OHCMD an office on the unit that will be converted to the area in which children will have privacy when using the telephone.

During the Exit Conference, the Interim Program Director stated that the office is now being utilized for children's telephone use. She also shared that children have always had privacy, via the staff office, when using the telephone to talk to CSWs, attorneys, and parents/guardians. After the Exit Conference, OHCMD observed the office in which children use the telephone.

- One child reported that they were not given an opportunity to plan activities and stated, "They plan everything." The child also stated that she would like to join the Big Brothers and Big Sister's Program, so that she could have a Big Sister. The child reported that she did not share this desire with staff members, but shared it with her CASA Worker "one week ago."

On November 13, 2013, OHCMD brought this to her CSW's attention via email, as well as an email copy to the Group Home Program Director. On December 31, 2013, OHCMD sent another email request to child's CSW, the Group Home Program Director, and spoke with the child's Group Home therapist in an effort to ascertain the status of the child receiving a Big Sister mentor. OHCMD will continue to follow-up with efforts being made to obtain a mentor for this child.

During the Exit Conference, the Interim Program Director stated that the children do provide input into planning activities through their daily meetings. She stated that they have a designated staff member who coordinates all of the recreational activities and in conjunction with the children's input, providing a variety of unique outings. The Group Home Administrator added that the planning of activities is an ongoing discussion with children and is not documented in a formalized system. OHCMD suggested that perhaps the children could fill out a form of suggested outings and recreation activities.

Recommendations

The Group Home's management shall ensure that:

9. Children feel safe in the Group Home.

10. Children are treated with respect and dignity.

11. Children are provided privacy when using the telephone, unless prohibited by Court Order.

12. Children are given an opportunity to plan age-appropriate, extra-curricular activities.

Personal Needs/Survival and Economic Well-Being

- The three interviewed children stated that they received a $50 monthly clothing allowance and had no issues related to their clothing. However, based on the clothing inventory provided to OHCMD, one child had an insufficient clothing supply in that she lacked two undergarments and another child only had four pair of shorts; therefore, was deficient four pair of pants.

During the Exit Conference, the Group Home Administrator stated that the clothing allowance process will be "completely revamped" and that the two children will be supplied the required clothing items they are lacking. OHCMD verified that both children received the clothing items.

- The three interviewed children reported having no awareness and/or not being assisted in creating a life book/photo album. The Interim Program Director stated that pictures are taken of the children and are stored in a computer, as well as posted on bulletin boards in the children's bedrooms and in common areas. The Interim Program Director stated that the children have not been interested in creating a life book. She stated that moving forward, the Group Home will provide each child with a flash drive to store their pictures and take with them, as well as encourage the children to develop a life book.

Recommendations

The Group Home's management shall ensure that:

13. Children have an adequate quantity and quality of clothing.

14. Children are encouraged to create and update a life book/photo album.

Personnel Records

- Five staff files were reviewed. Based on the review, one staff person did not receive the required annual training of 20 hours per year, in accordance with Title 22 Regulations. In addition, the staff member's Job Title form that was signed and dated by the staff member stated that the employee is to "Attend mandatory staff training meetings for a minimum of 2 hours a month, as well as maintain currency of all required staff trainings for Project Six counselors."

- Although a newly-hired staff member completed the required 24-hours of training within the 90 day requirement; the staff's member's "pre-service training" form did not document the job shadow training hours.

The Interim Program Director stated that in January 2014, the training forms will be revised to reflect new employees' orientation and job shadow hours, as well as annual training hours for all employees.

Recommendation

The Group Home's management shall ensure that:

15. Staff members receive all required training, including the annual training.

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

The OHCMD's last compliance report, dated January 22, 2013, identified 12 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 5 of 12 recommendations for which they were to ensure that:

- The vehicles are maintained and in good repair,
- The Group Home is compliant with Title 22 Regulations and County contract requirements,
- Children are aware of their right to receive or reject voluntary medical, dental, and psychiatric care,
- Staff members receive a timely initial health screening; and
- Staff members possess a current California Driver's License.

The Group Home did not implement 7 recommendations for which they were to ensure that:

- SIRs are appropriately documented and cross-reported timely,
- Detailed Sign-In/Out Logs are maintained,
- The Group Home staff obtain or document efforts to obtain the CSWs' authorization to implement the NSPs,
- Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template,
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template,
- All staff members receive the required training which includes orientation training, annual training, and timely certification in the Emergency Intervention Plan, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 monitoring report related to staff receiving all required training, including annual training.

Recommendation

The Group Home's management shall ensure that:

16. The outstanding recommendations from the 2011-2012 monitoring report dated January 22, 2013, which are noted in this report as Recommendations 1, 3, 5, 6, 7, 8, and 15, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home representatives stated that they will review the Special Incident Reporting Guide For Group Homes with staff members; will develop a clothing allowance log; train staff members on completing and maintaining the Sign-In/Out Log; and will conduct regular physical plant inspections with maintenance staff. They will advise the therapists that CSW's NSP authorization must occur within 10 calendar days; they are now using the revised NSP Template, therefore the Group Home's monthly contacts with CSWs will now be documented; and administration will review the revised NSP Template with the therapists in order to develop comprehensive initial and updated NSPs. To ensure children feel safe and are treated with respect and dignity, staff members will continue to receive individual and group training related to children's personal rights. The Group Home has provided an office for children to have privacy when using the telephone and stated that children will continue to have input in planning activities. In order to ensure children have an adequate supply of clothing and proper oversight of clothing allowance disbursement, they will develop a clothing allowance log and will provide all children with a flash drive to ensure compliance with life books. The Group Home representatives stated that in order to ensure compliance related to staff training, the training forms will be revised in January 2014.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

OHCMD conducted a visit to the Group Home on September 25, 2014 to provide technical assistance to assist the Group Home with the implementation of their CAP. CAD will verify that these recommendations have been implemented during the next monitoring review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home's Fiscal Year 2008-2009. The fiscal report, dated November 3, 2011, identified $34,741 in unallowable costs and $1,896 in unsupported/inadequately supported costs. According to the DCFS Fiscal Monitoring and Special Payments Section, Project Six resolved the matter by paying off the audit disallowance amount of $36,637.

PROJECT SIX GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

15339 Saticoy Street
Van Nuys, CA 91406
License # 197606825
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: October 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Not Applicable
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign-In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social 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. Not Applicable
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/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 Extra-Curricular, Enrichment and Social Activities	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed

	(GH, School, Community) 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 Involvement 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. Improvement Needed 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

The Help Group

DATE: December 20, 2013

TO: Kristine Kropke-Gay, Out of Home Care Management Division

FROM: Project Six (License # 197606825)
15339 Saticoy Street, Van Nuys, CA 91406

RE: Corrective Action Plan for Group Home Monitoring Review

The Corrective Action Plan (CAP) has been implemented as follows to address Group Home Monitoring Review finding for the Project Six Group Home located at 15339 Saticoy Street, Van Nuys, California 91406 (License # 197606825).

Section I: Licensure/Contract Requirements

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

Monitor noted that three itracks where not submitted to OHCMD, one was not reported in a timely manner, and one was not sent to the CSW.

Corrective Action:

- GH Administrators were made aware that all itracks involving DCFS placed youth must be cross-reported to OHCMD after three itracks were submitted. All itracks involving DCFS will be cross-reported to OHCMD.
- GH Administrator and Interim Program Director reviewed itrack training/procedures with Monitor on 11/18/13.
- All itracks will be submitted in a timely manner by GH Administrator and Interim Program Director who have been trained in timely submission of itracks according to CCL and DCFS requirements.
- GH Administrator will review all itracks written by Interim Program Director to ensure SIR's are submitted in a timely manner and cross-reported to OHCMD and CSWs before submitted.

#7: Are appropriate and comprehensive monetary and clothing allowance logs maintained?

Monitor noted that clothing allowances logs were not comprehensible as did not have youths' signatures or itemized list of what each youth's allowances have been spent on.

Corrective Action:

- Interim Program Director trained residential staff of DCFS standards and requirements of clothing allowance logs on 12/4/13 including obtaining resident signatures and itemized receipts of purchased items. (Please see attached meeting agenda and staff sign-in sheet)
- A reminder email of clothing allowance tracking requirements was sent out to residential staff on 11/22/13.
- A write up of clothing allowance procedures have been placed in allowance log books for residential staff to reference. (Please see attached)
- GH Administrators will review monthly allowance logs to ensure that tracking is being done correctly and necessary signatures are being obtained in a timely manner.

#8 Does the facility maintain a detailed sign in/out log for placed children?

Monitor noted that posted sign in/out logs were not consistently maintained with necessary dates/times and signatures of visitors.

Corrective Action:

- Interim Program Director provided training to Residential staff on 11/6/13 and 11/20/13 on proper sign in/out log documentation. (Please see attached meeting agenda and staff sign-in sheet)
- Interim Program Director implemented new procedure on 11/6/13 in which Therapists obtain proper information (dates/times/signatures) from their clients' visitors upon arrival/exit of the facility.
- GH Administrators check sign in/out logs weekly to ensure proper documentation is being maintained. This procedure started on 11/8/13.

Section II: Facility and Environment

 # 11 Are common quarters well maintained? (Clean/sanitary; neat; adequate furniture and lighting; home-like environment; no safety hazards)

Monitor noted that one laundry room dryer duct vent was not connected to the wall leaving a gap for rodents to enter the area.

Corrective Action:

- Maintenance staff repaired laundry room dryer duct on 10/17/13.
- GH Administrators will conduct weekly walk-throughs with Maintenance staff to ensure facility is consistently well maintained. This procedure started on 10/21/13.

Section 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?

- Monitor noted that County workers authorizations were attempted to be obtained, however not within 10 calendar days.

Corrective Action:

- Upon intake of new children, their Needs and Services Plans due dates for the following year will be inputted into tickler system in order to ensure necessary persons complete Needs and Services Plans in a timely manner.
- All Needs and Services Plans will be turned in to GH Administrators two weeks before due date in order to review and obtain necessary authorizations from County Workers.
- GH Administrators will not sign off on Needs and Services Plans until Therapists have obtained CSW signatures or have thoroughly documented attempts to obtain signatures.
- Interim Program Director met with Therapists and Intake Coordinator on 12/11/13 to review new Needs and Services Plan procedures and to implement current residents' Needs and Services Plan due dates into tickler system.

#21: Are County Workers contacted monthly by GH and are the contacts appropriately documented in the case file?

Monitor noted that monthly contact with County Workers are not appropriately documented in the case files.

Corrective Action:

- Interim Program Director met with Intake Coordinator and Therapists on 12/11/13 to discuss appropriately documenting all contact with County Workers in case files.
- GH Administrators review monthly Therapists' and residential staffs' documented contact with Social Workers to ensure proper documentation. This procedure started November 25, 2013.

#23 Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP)with the participation of the developmentally age appropriate child?

Monitor noted that initial NSPs were not comprehensive (i.e. attorney section was blank, lacking adequate information in various sections, goal not measurable or too vague, etc.)

Corrective Action:

- New NSP template has been resent via email by Monitor on 10/21/13 to GH and reviewed by GH Administrators.
- All sections will be thoroughly completed and reviewed by a GH Administrator before submission of NSP to assure that NSPs are comprehensible.
- If "N/A" or "U/K" is utilized, an explanation will be provided.
- Goals will be measurable, time-limited, and developmentally appropriate for the child. Goals will be reviewed and agreed upon by CSW, age-appropriate child, and the treatment team.

- Interim Program Director met with Therapists and Intake Coordinator on 12/11/13 to review new NSP template to ensure that NSPs are being adequately completed. In this meeting Interim Program Director reviewed with Therapist how to write appropriate measurable goals.

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

Monitor noted that NSPs were not comprehensive (i.e. attorney section was blank, lacking adequate information in various sections, goal not measurable or too vague, etc.)

Corrective Action:

- New NSP template has been resent via email by Monitor 10/21/13 to GH and reviewed by GH Administrators.
- All sections will be thoroughly completed and reviewed by a GH Administrator before submission of NSP at assure that NSPs are timely and comprehensive.
- If "N/A" or "U/K" is utilized, an explanation will be provided.
- Goals will measurable, time-limited, and developmentally appropriate for the child. Goals will be reviewed and agreed upon by CSW, age-appropriate child, and the treatment team.
- Interim Program Director met with Therapists and Intake Coordinator to review new NSP template to ensure that NSPs are being adequately completed on 12/11/13. In this meeting Interim Program Director reviewed with Therapist how to write appropriate measurable goals and how to adequately update progress on goals and "quarterly only" sections.

<u>VII. Personal Rights and Social/Emotional Well-Being</u>

#37: Do children feel safe in the group home?

Monitor noted that a child reported that she does not feel safe when residents are "punching walls" and yelling obscenities.

Corrective Action:

- GH Administrator spoke with monitor and believed that child was referring to one particular resident who, at the time, was currently not at the facility due to hospitalization.
- Interim Program Director discussed with staff on 10/23/13 follow -up procedures/strategies after an incident or after de-escalating a resident (e.g. check in with other children not involved to make sure they feel safe and contained.)
- Interim Program Director discussed with Therapists on 10/23/13 the importance of checking in with their clients to process incidents that have occurred.

#40: Do children report being treated with respect and dignity?

Monitor noted that a resident reported that she would like staff to take an interest in her, interact, encourage and support her, "by asking me how I am doing and checking in with me." This client also reported that a specific staff member "acts like a child" and told her to "shut up" one time.

Corrective Action:

- GH Administrator spoke with Monitor during the audit and explained that the staff member the resident referred to is new and requires additional training.
- Interim Program Director conducts biweekly supervision sessions with this specific staff member to improve his training skills in working with the residents including remaining respectful towards them. In supervision sessions starting on 10/31/13 concerns regarding this client were addressed.
- On 11/18/13 Interim Program Director spoke with Monitor about this specific resident in regards to her perception; generally her perception of situations does not always accurately depict what is happening. Staff in general provide this specific resident consistent feedback and attention and will try to engage her in a positive way, however majority of the time this resident will report wanting to be left alone or will become extremely rude towards staff. In general this resident is mostly non-responsive to staff's efforts to develop positive rapport with her.

#42: Unless prohibited by court order or County Workers, are children allowed private visits, to make and receive private telephone calls, and to send and receive unopened correspondence/mail?

Monitor noted that a child reported that she has "no privacy" when using the phone as the phone remains in the common area of the facility.

Corrective Action:

- GH Administrator and GH Program Director spoke with Monitor on 11/18/13 and reported that since the private phone area previously caused a supervision issue, the previous Staff Office will now be an area (closer to the common area) where residents can speak privately on the phone and be easily supervised by Staff. Children have been able to use this area since 11/19/13.
- Interim Program Director noted to Monitor that this specific child enjoys spending most of her time on the phone with friends and she does in fact have time in which she can speak in private areas, however not necessarily throughout the whole day due to supervision conflicts and child's program participation level.

#47: Are children given opportunities to participate 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?

Monitor noted that child reported that residents have no input in planning activities.

Corrective Action:

- GH Administrator and Interim Program Director spoke with Monitor on 11/18/13 and explained that residents do in fact have significant input on activities with the GH Activities Coordinator

depending on their level and participation in GH programming. Residents also have to option of not participating in a scheduled activity and engaging in other preferred activities (reading, playing games, exercising, listening to music, etc.) at the GH. (Please see attached example of weekly activities planned for residents)

- Interim Program Director reported to Monitor that this particular child has been offered many opportunities for feedback, however generally chooses not to participate in outings/activities.
- GH Interim Program Director implemented suggestion sheets that can be placed in a suggestion box in order to allow residents greater opportunity to provide feedback and ideas. (Please see attached)

Section VIII: Personal Needs/Survival and Economic Well-Being

#50: Are children's on-going clothing inventories of adequate quantity and quality (fitted according to industry size charts, clean, in good condition, and appropriate for intended use and season)?

Monitor noted that one child was missing 1 undergarment, and one child was missing 4 pairs of pants according to DCFS standards and that there is no tracking system to identify what the child bought with clothing allowance or necessary signatures obtained. Monitor also noted that child reported that she only receives $5.00 weekly.

Corrective Action:

- Interim Program Director implemented new procedure during staff training on 12/4/13 in which Residential Staff conduct a monthly inventory of children's clothes before spending monthly clothing allowance to determine what the child needs and if anything needs to be obtained or replaced based on DCFS standards. (Please see attached clothing inventory used by staff to determine children's' clothing needs)
- An updated clothing inventory was conducted for reported residents and missing items were purchased and provided (please see attached updated clothing inventory for both residents).
- Monitor was informed that one resident chooses not to wear pants and prefers to wear shorts, however resident was comfortable with getting sweat pants as an alternative to pants.
- Interim Program Director trained residential staff of DCFS standards and requirements of clothing allowance logs on 12/4/13 including obtaining resident signatures and itemized receipts of purchased items (Please see attached meeting agenda and staff sign-in sheet).
- An email of clothing allowance tracking requirements was sent out to residential staff on 11/22/13.
- A write-up of clothing allowance procedures have been placed in allowance log books for residential staff to reference. (Please see attached)
- Residents receive a minimum of $7.00 a week ($1.00 per day) however have the potential to earn more depending on what Level they have earned for the week. Allowances are tracked and logged for each resident in Allowance Folders by assigned residential staff.

#55: Are children encouraged and assisted in creating and updating a life book/photo album?

Monitor noted two children were not aware of "Life Books" and one child reported limited follow-up from staff in regards to completing a life book.

Corrective Action:

- Children will be made aware of what a Life Book is and be provided time and supplies to make a Life Book.
- All residents have the option of making a Life Book. Interim Program Director and GH Administrator spoke with Monitor about children's motivation to complete a Life Book. GH will provide to children who want them, flash drives, to upload photographs (approved by GH Staff/Administration) to keep as an alternative way of tracking their life events if a Life Book is something they do not want to complete.
- Children have the option of checking out a facility camera to take on outings or special events for their Life Book or flash drive.

#65: Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual, and emergency intervention)?

Monitor noted that an employee received 19 hours of annual/in service training which is not compliant with Title 22 regulations. Monitor noted that an employee's training form does not document the number of training hours received.

Corrective Action:

- Beginning January 2014 new training forms will be utilized to track the number of training hours employees receive to ensure that the employees are receiving the appropriate amount of annual/in-service training according to Title 22 regulations.
- Employee did in fact receive 20 hours of training. (Please see attached verification of training)
- GH Administrators reported to monitor on 11/18/13 that an employee's annual CPI refresher is not due until February 2014 and is scheduled to take CPI refresher course on January 2nd and 3rd, 2014.

Elizabeth Ashley Ayres, Interim Program Director, and Elin Bradley, Director of Schools and Residential Treatment Programs, will be responsible for ensuring that the CAP is fully implemented and maintained.

1/3/14

Elizabeth Ashley Ayres, MA, MFT Intern — Date
Interim Program Director, Project Six/The Commons

1/3/14

Elin Bradley — Date
Director of Schools and Residential Treatment Programs