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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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April 15, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
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Supervisor Don Knabe
Supervisor Michael Antonovich

From: Philip L. Browning
Director

FIVE ACRES-THE BOYS' AND GIRLS' AID SOCIETY OF LOS ANGELES COUNTY GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Five Acres-The Boys' and Girls' Aid Society of Los Angeles County Group Home (The Group Home) in June 2015. The Group Home has two sites located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the Group Home's Program Statement, its stated purpose is "to provide services to male and female court dependent seriously disturbed children."

The Group Home has a 6-bed site and a 50-bed site and is licensed to serve a capacity of 56 boys and girls, ages seven through 18. At the time of the review, the Group Home served 54 DCFS placed children. The placed children's average length of placement was 28 months and their average age was 14.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home, being provided with appropriate care and services, being comfortable in their environment and being treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of CAD's Contract Compliance Review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not submitted timely or appropriately cross-reported and Community Care Licensing (CCL) citations; Psychotropic Medication, related to current court authorizations for the administration

of psychotropic medication not being maintained; and Personal Rights and Social/Emotional Well-Being, related to the rewards and discipline system being imbalanced.

Attached are the details of CAD's review.

REVIEW OF REPORT

On October 14, 2015, Maria Rosas, DCFS CAD, and Adelina Arutyunyan, DCFS Out-of-Home Care Management Division held an exit conference with the Group Home's representative, Elizabeth Gonzalez, Director of Residential Services. 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 addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

PLB:EM:LTI:mr

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Chanel W. Boutakidis, Chief Executive Officer, The Five Acres-Boys' and Girls' Aid Society of Los Angeles County
Lajuannah Hills, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

FIVE ACRES -THE BOYS' AND GIRLS' AID SOCIETY OF LOS ANGELES COUNTY
GROUP HOME CONTRACT COMPLIANCE REVIEW SUMMARY

License #191290123
Rate Classification Level: 12

License #191200236
Rate Classification level: 12

	Contract Compliance Review	Findings: June/July 2015
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. 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. 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 Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Food	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	Full Compliance (All)
	2. DCFS 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. DCFS Children's Social Workers Monthly Contacts Documented	
	8. Children Assisted in Maintaining Important Relationships	
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	

IV	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Group Home 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	1. Improvement Needed 2. Full Compliance
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. Group Home'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 Extracurricular, Enrichment and Social Activities	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	(Group Home, School, Community) 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, 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 Involved in the 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 a Life Book/Photo Album	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. FBI, DOJ, 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)

FIVE ACRES-THE BOYS' AND GIRLS' AID SOCIETY OF LOS ANGELES COUNTY
GROUP HOME CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the months of June and July 2015 review. The purpose of this review was to assess Five Acres-The Boys' and Girls' Aid Society of Los Angeles County Group Home's (the Group Home's) 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 compliance review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education 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, nine placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. During the interviews, the children were observed to be comfortable and well cared for in the Group Home and their staff were observed to be attuned to the needs of the children. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, all nine children selected were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

- One Special Incident Report (SIR) was not timely submitted or appropriately cross-reported.

CAD reviewed 39 SIRs and one was not submitted timely and was not appropriately cross-reported. During one child's interview, it was stated that an altercation with staff at the Group Home resulted in a bruise to her arm. The Group Home's management acknowledged not submitting the SIR for this incident. The Group Home submitted the incident via the I-Track database and agreed to change its I-Track protocol to the SIR reporting guidelines in the Group Home's Program Statement.

- Community Care Licensing (CCL) citations.

CCL cited the Group Home on June 13, 2014, as a result of a complaint received on April 23, 2014. CCL substantiated two personal rights violations related to the Group Home staff not providing appropriate medical attention for a child's bloody nose after the child was punched by another child at the Group Home. There was no nurse on duty at the time of the incident and no medical care was obtained for the child. CCL requested that a written Plan of Correction (POC) be submitted to address the findings. The POC was cleared on June 17, 2014.

CCL cited the Group Home on December 17, 2013, as a result of deficiencies and findings noted during the investigation into a SIR received on November 27, 2013. CCL substantiated personal rights and reporting requirements violations related to a child being pulled from under her bed by staff resulting in an injury to the child's eye and the Group Home did not report the incident immediately. Staff was provided training on the Group Home's policy and protocols related to children's personal rights, care and supervision. The POC was cleared on May 28, 2014. The DCFS Child Protection Hotline referral was investigated and deemed to be inconclusive.

Recommendations:

The Group Home's management shall ensure that:

1. SIRs are submitted timely and cross-reported in accordance with guidelines.

2. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Psychotropic Medication:

- One Psychotropic Medication Authorization was received three months late during the time this child was transferring from a post-adoption status at the Group Home.

During the review, when this issue was brought to the attention of management, it was quickly acknowledged that there was a gap in the process and that the process needed to be fixed in order to avoid similar occurrences in the future.

Recommendation:

The Group Home's management shall ensure that:

3. Current court approved Psychotropic Medication Authorizations are maintained.

Personal Rights and Social/Emotional Well-Being

- Appropriate rewards and discipline system was not maintained.

Three of the children interviewed stated that the discipline system was not fair due to the Group Home's staff not providing a second dinner serving to a child. As a form of discipline, one child

reported missing registration and practice for a sports activity, another child reported missing church and a third child had concerns about being picked on and injured at the Group Home and the staff not addressing the behavior or injury.

The Group Home management stated they were aware of the injured child's concerns and a safety plan was immediately implemented. The Group Home eliminated the use of boards for consequences and replaced them with pro-social skills and a cottage store for earned incentives.

A list of each child's identified coping skills were placed in the unit program coordinator's office to ensure that the treatment team does not confiscate the children's preferred coping skills tools when de-escalating situations in the Group Home.

Recommendation:

The Group Home's management shall ensure that:

4. An appropriate rewards and discipline system is maintained.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD'S) GROUP HOME CONTRACT COMPLIANCE REVIEW

The OHCMD's last compliance report dated June 30, 2014, identified 14 recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 12 of 14 recommendations for which they were to ensure that:

- The Group Home's vehicles are maintained and in good repair.
- Common quarters are well maintained.
- All children's bedrooms are well maintained.
- The Group Home staff obtains or documents efforts to obtain timely DCFS Children's Social Worker's (CSW's) authorization to implement the NSPs.
- DCFS CSWs are contacted monthly by the Group Home and the contacts are appropriately documented in the children's case files.
- 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 children are enrolled in school within three school days of placement and all efforts are documented to timely enroll children in school.

- Current copies of the children's report cards or progress reports are maintained in each child's file.

- The child's academic performance and/or attendance increases.

- All children are provided with the weekly minimum monetary allowance.

- All employees receive the required training and verification of training is maintained and kept in the employees personnel file.

Based on results of the current review, 2 of 14 recommendations were not implemented:

- All SIRs are timely submitted and appropriately cross-reported.

- The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Recommendation:

5. The outstanding recommendations from the prior report noted here as recommendations 1 and 2 are fully implemented.

At the exit conference held on October 14, 2015, the Group Home representative expressed the desire to remain in compliance with all Title 22 Regulations and contract requirements. CAD will continue to assess implementation of the recommendations during the next compliance review. OHCMD will provide ongoing support and technical assistance prior to the next review.

five acres.
promoting safety, well-being and permanency
THE BOY'S AND GIRL'S AID SOCIETY OF LOS ANGELES • FOUNDED IN 1888
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October 28, 2015

Maria Rosas, CSA I
Contract Services Bureau Contracts Administration Division
Contract Compliance
3530 Wilshire Blvd. 4th Floor - # 54
Los Angeles, CA 90010

Dear Ms. Rosas,

As per your request, following is the Corrective Action Plan Documentation for Five Acres Group Home Monitoring Review for 2013-2014 completed on October 14, 2015.

CORRECTIVE ACTION PLAN
October 2015

I.Licensure/Contract Requirements

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

A SIR was not submitted to I-Track system regarding a child involved in an incident that resulted in her shoulder being bruised.

CAP
Five Acres Group Home will provide additional training to staff on SIR reporting in the I Track system. This training will occur in the Foundational Training implemented approximately every other month facilitated by the Division Director and In-Service Trainings. Supervision and oversight of all incidents requiring an I-Track will occur during individual supervision, group supervision and monthly Grand Rounds. Division Director and Clinical Coordinator will monitor for compliance.

9) Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

CCL substantiated 2 complaints dated December 17th, 2013 and June 13, 2014 for personal rights and reporting requirement violations.

CAP
Both deficiencies have been cleared by Community Care Licensing. All relevant trainings and supervisory actions have been addressed.

IV. Psychotropic Medication

34) Are there current court-approved authorizations for the administration of psychotropic medication or did the GH document effort to obtain? (Well Being)

FC #3 initial PMA was late by three months. The PMA was late due to the child's status changing from a Post Adopt case to a DCFS case. There was a delay in communication to Health Services which delayed the PMA process.

CAP
The Clinical Supervisors will notify change of status when cases transition from AB114, Post Adopt or DCFS status to Health Services via email and follow up phone call. Division Director will monitor for compliance.

VII. Personal Rights and Social/Emotional Well-Being

41) Is a fair rewards and discipline system in place? (Well Being)

FC #5 and #7 stated that the discipline received for being "on the board" was unfair. One child stated that he was not allowed to go to church, was not taken to scheduled practices for his team sport, and was not enrolled in the next season's sports activity. Another child stated she was denied a second serving of food because she was "on the board". During the interview, a third child complained that others at the Group Home were "always pushing on me". She displayed a bruised shoulder and stitches in her ear. Management was questioned about these incidents, and indicated that the FC often times provoked incidents resulting in her getting hurt. A safety plan was put in place for this child as a result of review.

CAP
Five Acres eliminated the use of any consequence boards and replaced with pro-social skills and cottage store for earned incentives. Each client identified coping skills and lists were placed in the Unit Program Coordinator's office to ensure that the treatment team does not confiscate a client's preferred method of coping when escalated. Supervision notes regarding fair discipline were reviewed and signed by all Residential Treatment Counselors. Clinical Supervisors and Unit Program Coordinators will monitor for compliance.

Should you need additional information please feel free to contact me at (626) 798-6793 extension 2268 or email egonzalez@5acres.org.

Sincerely,

Elizabeth Gonzalez, LMFT
Five Acres
Division Director of Residential Services