County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

JACKIE CONTRERAS, Ph.D.
Interim Director

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May 23, 2011

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

From: Jackie Contreras, Ph.D.
Interim Director

BOURNE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Bourne Group Home has sites located in Los Angeles County's 5th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Bourne Group Home's program statement, its stated purpose is to "provide services to court dependent abused, neglected emotionally disturbed children." Bourne Group Home is licensed to serve a capacity of 12 children, ages 13 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Bourne Group Home in November 2010 at which time the agency had two six-bed sites, and 10 DCFS placed children. All 10 children were males. The placed children's overall average length of placement was 7 months and their average age was 16. For the purpose of this review, all placed children were interviewed and their case files were reviewed. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Four children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Bourne Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. A visit was made to the sites to assess the quality of care and supervision provided to children and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

Generally, Bourne Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children's case files and personnel files were well organized and professionally maintained. The sites were clean and adequately landscaped. All 10 children interviewed said they felt safe at the Group Home.

At the time of the review, the Group Home needed to develop comprehensive Needs and Services Plans (NSP).

The Executive Director, Administrator and his staff were accessible, cooperative and willing to make the necessary corrections regarding the findings noted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review.

- Eight of 10 initial NSPs were comprehensive and met all the required elements in accordance with the NSP template. Two initial and all 18 updated NSPs reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. Of those deficient initial NSPs, the dates of the family visits were not addressed, the education section was incomplete, the Group Home's contact with the Children's Social Worker (CSW) was not addressed, and the child's concurrent case plan goals were not addressed. For deficient updated NSPs, the family's visitation dates were not provided, the child's and Group Home's participation in school activities was not addressed. Also, the school's concerns regarding children's health, academic progress, and social skills were not addressed. In addition, the dates of the Group Home's contact with the CSW and the child's concurrent case plan goals were not addressed.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on January 6, 2011.

In attendance:

Tim Tucker, Executive Director, Tim Bourne, Administrator, Sam Gonzalez, Therapist, Tone Troy-Dickson, Chief Financial Officer, Bourne Group Home; and Edward Preer, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations. During the exit conference, he stated that he planned to follow up with his staff to ensure that they continued to improve on their documentation in the NSPs to ensure that the NSPs were comprehensive.

As agreed, Bourne Group Home provided a written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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

JC:RS:KR
EAH:DC:ep

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Tim Tucker, Executive Director, Bourne Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

BOURNE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3369 Monterosa Dr.
Altadena, CA 91001
License Number: 198204767

3656 Monterosa Dr.
Altadena, CA.
License: 198204767

Rate Classification Level: 10

	Contract Compliance Monitoring Review	Findings: November 2010
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)

V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	Full Compliance (ALL)
VII	**Personal Rights** (11 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (ALL)
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)

IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	Full Compliance (ALL)

BOURNE GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

Monterosa
3369 Monterosa Dr.
Altadena, CA 91001
License Number 198203672
Rate Classification Level 10

Sankofa
3656 Monterosa Dr.
Altadena, CA 91001
License Number 198204767
Rate Classification Level 10

The following report is based on a "point in time" monitoring visit and is only intended to report on the findings noted during the November 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 10 children's files, five staff files and/or documentation from the provider, Bourne Group Home was in full compliance with eight of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Facility and Environment; Educational and Emancipation Services; Recreation and Activities; Children's Health-Related Services, Including Psychotropic Medication; Personal Rights; Clothing and Allowance; and Personnel Records. The following report details the results of our review.

PROGRAM SERVICES

Based on our review of 10 children's files and/or documentation from the provider, Bourne Group Home fully complied with six of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement. Children were assessed for needed services within 30 days and received the required therapeutic services. Recommendations on required and/or recommended assessments/evaluations were implemented.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSP) with the participation of age-appropriate children and discussed with the Group Home staff. However, of the 28 NSPs reviewed, just eight were comprehensive and met all the required elements. Eight of the 10 initial NSPs were comprehensive and met all the required elements in accordance with the NSP template. Two initial and all 18 updated NSPs reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. Of those deficient initial NSPs, the dates of the family visits were not addressed, the education section was incomplete, the Group Home's monthly contact with the DCFS Children's Social Worker (CSW) was not documented, and the child's concurrent case plan goals were not addressed. For deficient updated NSPs, the family's visitation dates were not provided, the child's and Group Home's participation in school activities was not addressed. Also, the school's concerns regarding children's health, academic

progress, and social skills were not addressed. In addition, the dates of the Group Home's contact with the CSW and the child's concurrent case plan goals were not addressed.

Recommendations:

Bourne Group Home Management shall ensure that:

1. it develops comprehensive NSPs.

2. its contacts with the CSWs are documented.

PRIOR YEAR FOLLOW-UP FROM THE GROUP HOME'S CONTRACT COMPLIANCE REVIEW REPORT

Objective

Determine the status of the recommendations reported in the Group Home's last monitoring review.

Verification

We verified whether the outstanding recommendations from our last Group Home's Contract Compliance Monitoring Review conducted on December 12, 2009, were implemented.

Results

The Group Home's prior monitoring report contained four outstanding recommendations. Specifically, the agency was to ensure Special Incident Reports were submitted timely, NSPs were comprehensive, that there were current psychiatric evaluations/reviews for each child on psychotropic medication, and that meals and snacks were part of a balanced diet. Based on our follow-up of these recommendations, three of the four recommendations were fully implemented.

As noted, one recommendation regarding the development of comprehensive NSPs was not fully implemented. A corrective action was required of Bourne Group Home to further address the finding.

Recommendation:

Bourne Group Home management shall ensure that:

3. it fully implements the one outstanding recommendation from the Contract Compliance Monitoring Review dated November 23, 2009, which is noted in this report as Recommendation 1.

Bourne Incorporated
3369 Monterosa Avenue
Altadena, CA 91001
626.797.9196 Office 626.345.9970 Fax

"Making a Difference"

February 24, 2011

Mr. Edward Preer
DCFS Children's Service Administrator
Out of Home Care Management Division
9320 Telstar Avenue, Room 216
El Monte, CA 91731

RE: Bourne inc. Group Home
Performance Corrective Action Plan

PERFORMANCE CORRECTIVE ACTION PLAN:

2. WELL-BEING/EDUCATION/EMANCIPATION:

2.1 Needs and Service Plans (NSP) were not comprehensive.

- Finding: Treatment visit dates missing

  Corrective Action Plan

  The Facility Social Worker, Group Home Therapist, Behavior Specialists, Residential Psychiatric and any other Mental Health Treatment will complete Form SR2CMHV Verification of Mental Health Treatment Services upon completion of treatment and given to Bourne Inc. During the client Treatment Team meeting, the Verification of Mental Health Treatment Services information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

  Finding: Did not report participation in school related activities by the group home staff

  Corrective Action Plan

  The Facility Education Liaison is responsible for interfacing with school officials and keeping records of all client school related activities. During the client Treatment Team meeting, the Facility Education Liaison will provide such documentation to be discussed and included in the client's NSP. The

Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Did not report school official concerns about the child's health, academics and social skills
Corrective Action Plan
The Facility Education Liaison is responsible for interfacing with school officials and keeping records of all client school related activities. During the client Treatment Team meeting, the Facility Education Liaison will provide such documentation to be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Did not report the dates of the mother and siblings visits
Corrective Action Plan
The Facility Group Home Therapist, Facility Social Worker, Staff Supervisor or Child Care Worker will complete the Family Visit Report during family visits. During the client Treatment Team meeting, the Family Visit Report information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Did not report the dates of the CSW visit and description of the CSW visit and relationship with child.
Corrective Action Plan
The CSW's will complete a CSW Visitation Sheet, which will include client name, date, time, and the specific reason for visit. The Bourne Inc staff will document the CSW's relationship with the client. During the client Treatment Team meeting, the CSW Visitation Sheet information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Did not report dates of mother's telephone calls
Corrective Action Plan
The Staff Supervisor and Child Care Workers will ensure that Client Telephone Log is completed with the following items: Date, Time, Incoming and Outgoing Telephone Calls, Who Is Calling. During the client Treatment Team meeting, the Client Telephone Log information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: NSP's were not dated correctly
Corrective Action Plan
The Facility Social Worker will prepare the 30 day initial and the 90 day quarterly NSP reports to include the relevant and related information provided by the

Treatment Team. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

- Finding: Education section was incomplete
  Corrective Action Plan
  The Facility Education Liaison is responsible for interfacing with school officials and keeping records of all client school related activities. During the client Treatment Team meeting, the Facility Education Liaison will provide such documentation to be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

- Finding: NSP did not report the group home's contact with the CSW
  Corrective Action Plan
  Bourne Inc. will use the CSW Contact Log to document incoming and going CSW contacts, dates, times and the nature of the contact. During the client Treatment Team meeting, the CSW Contact Log information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

- Finding: NSP did not provide a Concurrent Case Plan Goal
  Corrective Action Plan
  The Client Treatment Team will continually review, monitor ensure that the client's have concurrent case plan goals. During the client Treatment Team meeting the case plan goals will be discussed and the Facility Social Worker will include the concurrent case plan goal in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Person (s) responsible for ensuring the corrective action plan is met:
Administrator – Tm Bourne
Executive Director – Tim Tucker

If you have any questions, please contact me on 626.797.9196 office or 626.786-1056 cell

Sincerely,

Tim Tucker,
Bourne Inc. – Executive Director

Bourne Incorporated
3369 Monterosa Avenue
Altadena, CA 91001
626.797.9196 Office 626.345.9970 Fax

"Making a Difference"

February 24, 2011

Mr. Edward Preer
DCFS Children's Services Administrator
Out of Home Care Management Division
9320 Telstar Avenue, Room 216
El Monte, CA 91731

RE: Bourne Inc Group Home
Compliance Corrective Action Plan

COMPLIANCE CORRECTIVE ACTION PLAN

III. *Program Services*

22. Are DCFS CSWs contacted monthly and are the contacts appropriately documented.

Corrective Action Plan

Bourne Inc. will use the CSW Contact Log to document incoming and going CSW contacts, dates, times and the nature of the contact. During the client Treatment Team meeting, the CSW Contact Log information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

22A. Children's updated NSP were not comprehensive

Finding: NSP's were not dated correctly

Corrective Action Plan

The Facility Social Worker will prepare the 30 day initial and the 90 day quarterly NSP reports to include the relevant and related information provided by the Treatment Team. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Education section was incomplete

Corrective Action Plan

The Facility Education Liaison is responsible for interfacing with school officials and keeping records of all client school related activities. During the client Treatment Team meeting, the Facility Education Liaison will provide such documentation to be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: NSP did not provide a Concurrent Case Plan Goal
Corrective Action Plan
The Client Treatment Team will continually review, monitor ensure that the client's have concurrent case plan goals. During the client Treatment Team meeting, the case plan goals will be discussed and Facility Social Worker will include the concurrent case plan goals in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Did not report the dates of the mother and siblings visits
Corrective Action Plan
The Facility Group Home Therapist, Facility Social Worker, Staff Supervisor or Child Care Worker will complete the Family Visit Report during family visits. During the client Treatment Team meeting, the Family Visit Report information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Did not report the dates of the CSW visit and description of the CSW visit and relationship with child.
Corrective Action Plan
The CSW's will complete a CSW Visitation Sheet, which will include client name, date, time, and the specific reason for visit. The Bourne Inc staff will document the CSW's relationship with the client. During the client Treatment Team meeting, the CSW Visitation Sheet information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: Treatment visit dates missing
Corrective Action Plan
The Facility Social Worker, Group Home Therapist, Behavior Specialists, Residential Psychiatric and any other Mental Health Treatment will complete Form SR2CMHV – Verification of Mental Health Treatment Services upon completion of treatment and given to Bourne Inc. During the client Treatment Team meeting, the Verification of Mental Health Treatment Services information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

- Finding: Did not report participation in school related activities by the group home staff

  Corrective Action Plan

  The Facility Education Liaison is responsible for interfacing with school officials and keeping records of all client school related activities. During the client Treatment Team meeting, the Facility Education Liaison will provide such documentation to be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

- Finding: Did not report school official concerns about the child's health, academics and social skills

  Corrective Action Plan

  The Facility Education Liaison is responsible for interfacing with school officials and keeping records of all client school related activities. During the client Treatment Team meeting, the Facility Education Liaison will provide such documentation to be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

- Finding: Did not report dates of mother's telephone calls

  Corrective Action Plan

  The Staff Supervisor and Child Care Workers will ensure that Client Telephone Log is completed with the following items: Date, Time, Incoming and Outgoing Telephone Calls, Who Is Calling. During the client Treatment Team meeting, the Client Telephone Log information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

- Finding: NSP did not report the group home's contact with the CSW

  Corrective Action Plan

  Bourne Inc. will use the CSW Contact Log to document incoming and going CSW contacts, dates, times and the nature of the contact. During the client Treatment Team meeting, the CSW Contact Log information will be discussed and included in the client's NSP. The Administrator will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Person (s) responsible for ensuring the corrective action plan is met:

Administrator - Tim Bourne

Executive Director - Tim Tucker

If you have any questions, please contact me on 626.797.9196 office or 626.786.1056 cell.

CONTRACT COMPLIANCE

Sincerely,

Tim Tucker,
Bourne Inc – Executive Director