County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 24, 2013

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

From: Philip L. Browning
Director

VISTA DEL MAR COMMUNITY TREATMENT FACILITY (CTF) CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Vista Del Mar Community Treatment Facility (The CTF) in January 2013. The CTF has one site in the Third Supervisorial District and provides services to County Los Angeles DCFS foster children and Probation youth. According to the CTF's program statement, its purpose is to "provide services to severely emotionally disturbed, abused and neglected children."

The CTF has one 24-bed site and is licensed to serve a capacity of 24 males, ages 13 through 18. At the time of review, the CTF served seven DCFS placed children and 14 Probation youth. As of April 19, 2013 the CTF began accepting females. The placed children's overall average length of placement was eight months and their average age was 15.

SUMMARY

During the OHCMD review, the interviewed children generally reported feeling safe; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The CTF was in full compliance with eight of 10 areas of our Contract compliance review: Facility and Environment; 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.

OHCMD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) complaints; and Maintenance of Required Documentation and Service Delivery, related to the development of comprehensive initial and updated Needs and Services Plans. We instructed the CTF supervisory staff to: ensure compliance with licensing requirements; enhance monitoring: and provide training to eliminate documentation issues.

Attached are the details of our review.

REVIEW OF REPORT

On February 11, 2013, the DCFS OHCMD Monitor, Edward Preer, held an Exit Conference with the CTF staff: Maricela Morales, Quality Assurance and Electronic Health Records Systems Manager; Elvia Hernandez, Quality Assurance Technician; Ana Solares, Quality Assurance Technician; Linda Rose, Clinician; Mika Gratch, Clinician; Tamaika Argese, Clinician; Lukas Jaeggi, Unit Director, CTF; and Amy Jaffe, Senior Vice President of Operations. The CTF representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

We will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR
RDS:PBG:ep

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Dr. Elias Lefferman, Executive Director, Vista Del Mar CTF
Amy Jaffe, Senior Vice President of Operations, Vista Del Mar CTF
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

VISTA DEL MAR COMMUNITY TREATMENT FACILITY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addressed findings noted during the January 2013 review. The purpose of this review was to assess Vista Del Mar Community Treatment Facility's (The CTF) compliance with its County contract and State regulations and included a review of the CTF'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, four placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the CTF's compliance with permanency efforts. At the time of the review, the four sampled children 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.

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 two areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) cited the CTF on May 9, 2012. The floor drain in the hallway near the Seclusion Room was clogged and needed repair. The staff stated the Seclusion Room was not being used. The CTF repaired the drain. CCL cleared the CTF on May 18, 2012.

- CCL cited the CTF on October 30, 2012, as it was determined that a staff had used inappropriate and excessive force to restrain a child. The CTF terminated the staff and CCL fined the CTF $150.00 in civil penalties. The CTF Administration informed the Monitor that they had contacted the Child Protection Hotline (CPHL) to report the incident, but were informed by CPH staff that the CTF was not required to report the incident because the incident involved staff-on-child-abuse which had occurred at the Vista Del Mar School The child victim was under the supervision of the Probation Department; CTF Administration reported the incident to the Probation Department and CCL. The CTF Administration had been misinformed when they attempted to report the incident. After consultation with and interventions by OHCMD, a referral was generated and a cross-report was made to CCL and law enforcement. The CPHL management will re-train the staff person who provided the incorrect information.

Recommendations

The CTF's management shall ensure that:

1. The facility is maintained in compliance with Title 22 Regulations and County contract requirements.

2. The facility in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

In January 2012, the CTF representatives attended OHCMD's Needs and Services Plan (NSP) training. It was noted that three of four initial NSPs and eight of nine updated NSPs reviewed had been developed after the OHCMD NSP training. It was further noted that all NSPs were developed timely, but none of the NSPs were comprehensive.

- Four initial NSPs were reviewed; none were comprehensive. One NSP did not include and explanation as to why the child's immunizations were not current and why the child did not have a current Health and Education Passport. The questions in the Educational Section of four NSPs were not addressed. Two NSPs did not document the plan to obtain the children's school records, and none of the NSPs identified the children's educational needs. Additionally, the children's and CTF staff's participation in school-related activities and California High School Exit Exam status were not addressed. One NSP did not address the school officials' concerns about the child's health, academic abilities, social skills and other school matters. Four NSPs did not address the children's Permanency Plan Goals, and two did not address Concurrent Case Plan goals. In addition, one NSP did not provide an explanation regarding the father's non-participation in the child's visitation plan.

- Nine updated NSPs were reviewed; none were comprehensive. Some of the issues noted in the initial NSPs were also a concern in the updated NSPs. Nine updated NSPs included goal completion dates which exceeded 90 days. The academic achievement and extra-curricular activities questions and participation in school related activities by the children and the CTF staff were not addressed. The visitation questions on some NSPs were not answered, and two of the NSPs did not describe the children's involvement, over the last three months, with individuals who were important in their life. Five NSPs' Independent Living Skills goals plans and methods did not change quarterly.

The CTF representatives agreed that all required elements were not included in the NSPs, and they will take corrective actions to ensure the development of comprehensive NSPs.

The Monitor reviewed the NSP training template with the CTF representatives. The CTF will enhance monitoring of the NSPs. The CTF Unit Director and therapist will meet monthly to ensure all required elements of the initial and updated NSPs are addressed. The CTF Unit Director will review and sign-off on all the NSPs. The Senior Vice President of Operations will review a sample of the NSPs monthly.

Recommendations

The CTF's management shall ensure that:

3. The staff is trained to include all required elements in accordance with the NSP template and the initial NSPs are comprehensive.

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

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

The OHCMD's last compliance report, dated July 12, 2012, identified one recommendation.

Results:

Based on our follow-up, the CTF did not fully implement the previous recommendation for which they were to ensure that:

- Initial NSPs are comprehensive and include all required elements in accordance with the NSP template.

Recommendation

The CTF's management shall ensure that:

4. It fully implement the July 12, 2012 outstanding recommendation from the 2011-2012 fiscal year monitoring review, which is noted in this report as Recommendation 3.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the CTF has not been posted by the A-C.

VISTA DEL MAR CTF
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Vista Del Mar CTF
3200 Motor Avenue
Los Angeles, CA 90034
License # 19783679
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: January 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. 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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)

	(GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

Rick Wolf
Co-Chair, Board of Directors

Lyn Konheim
Co-Chair, Board of Directors

Elias Lefferman
President/Chief Executive Officer

March 13, 2013

Department of Children and Family Services
Out of Home Care Management Division
Patricia Bolanos-Gonzales
9320 Telstar, Suite 216
El Monte, California 91731

Re: Corrective Action Plan for CTF Facility Audit dated February 11, 2013

Dear Ms. Bolanos-Gonzales:

Our Corrective Action Plan re *Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/ or physical plant deficiencies since the last review* is the following:

As per Alan Henry, CCL analyst, on May 9, 2012 during a review, the floor drain in the unused seclusion room was backed up and needed repair. The drain was immediately repaired and on May 18, 2012, when Mr. Henry returned, this infraction was cleared. Vista Del Mar is in compliance with Title 22 Regulations and County Contract requirements. Our Youth Development Counselor Supervisors will continue to monitor the seclusion rooms to ensure compliance with physical plant requirements and will immediately notify our maintenance department when repairs are needed.

On October 30, 2012, CCL sited the CTF due to a staff using inappropriate and excessive force to restrain a child. As a result, the staff was immediately suspended and terminated from his employment. Vista Del Mar conducted an internal investigation and forwarded the information to Mr. Henry. In addition, ProAct protocols were reviewed with all staff. This deficiency citation was cleared by CCL on 11/5/2012.

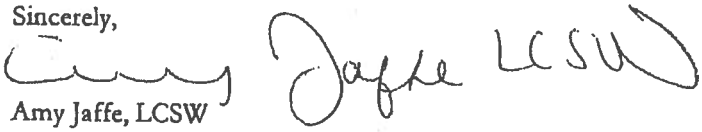
Regarding *Did the treatment team develop timely, comprehensive, initial as well as updated Needs and Services Plans with the participation of the developmentally age-appropriate child* is the following:

On February 11, 2013, as part of the exit meeting, Mr. Preer conducted an in-depth training with the clinicians, unit director, QM, and me. Please see attached outline for content of the training. This was especially helpful as the NSP template was just introduced in January and it is different than the previous format. Many clinicians had found some of the areas a bit confusing and Mr. Preer was very helpful in reviewing the entire form and with addressing questions that arose.

Lukas Jaeggi, PhD, Unit Director, will review every completed NSP and will be signing off on them. In addition, I am also reviewing the NSPs to ensure compliance with the new format.

Please let me know if additional information is needed.

Sincerely,



Amy Jaffe, LCSW
Senior Vice President of Intensive Intervention Programs

Cc: Edward Preer, DCFS
Lukas Jaeggi, PhD, Special Care Facility Unit Director
Elias Lefferman, PhD/CEO
Quality Assurance Department
Contracts Compliance Department