County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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Chief Deputy Director

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April 1, 2014

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

From: Philip L. Browning
Director

DIAKONIA 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 Diakonia Group Home (the Group Home) in December 2013. The Group Home has three sites located in San Bernardino County and provides services to County of Los Angeles DCFS foster children and Probation Department (Probation) youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "to provide therapeutic treatment services to clients that may be severely emotionally disturbed, focusing on behavior problems, interpersonal difficulties, low self-esteem, anger management, victims of abuse, poor school performance, substance abuse and family conflicts."

The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 boys and girls ages 13 through 18. At the time of review, the Group Home served two placed DCFS children, and seven Probation youth. The placed children's overall average length of placement was 4 months, and their average age was 17.

SUMMARY

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

The Group Home was in full compliance with 5 of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness, Health and Medical Needs; Psychotropic Medication; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to Special Incident Reports (SIRs) that were not submitted timely to required parties; Maintenance of Required Documentation and Service Delivery, related to Initial and updated Needs and Services

Plans (NSPs) that were not timely nor comprehensive, as they did not include all of the elements in accordance with the NSP template; Personal Rights and Social/Emotional Well-Being, related to two children having reported that they were not given opportunities to plan age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest; Personal Needs/Survival and Economic Well-Being, related to three children having reported that they were not encouraged and assisted in creating a life book/photo album; and Discharged Children, related to one child who was placed for at least 30 days and was not making progress toward meeting NSP goals prior to discharge.

Attached are the details of our review.

REVIEW OF REPORT

On January 8, 2014, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with Group Home representatives, Sarah Wright, Assistant Executive Director, Ingrid Peyrefitte, Program Manager, and Edward Sidhdon, Social Worker. The Group Home representatives: agreed with 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).

A copy of this compliance report has been sent to the Auditor-Controller, Probation, 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 May 2014. An addendum to the report will be submitted 30 days after the completion of the review to address CAP implementation.

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

PLB:EM:KR
RDS:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Acting Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Frank Winkfield, President Board of Directors, Diakonia Group Home
Leo Wright, Executive Director, Diakonia Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

DIAKONIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5589 N. Riverside Ave.	2133 Cedar Ave.	1264 S. Lilac
Rialto, CA 92376	Rialto, CA 92367	Rialto, CA 92367
License # 366401135	License # 360911242	License # 360911229
Rate Classification Level: 10	Rate Classification Level:10	Rate Classification: 10

	Contract Compliance Monitoring Review	Findings: December 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	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. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
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 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 Children's Social 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 Children's Social Worker's 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 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

	Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Improvement Needed 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 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. Full Compliance 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance
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)

DIAKONIA 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 December 2013 review. The purpose of this review was to assess Diakonia Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, two Department of Children and Family Services (DCFS) and two Probation Department (Probation) 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 Group Home's compliance with permanency efforts. At the time of the review, none of the sampled children were prescribed psychotropic medication.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following five areas out of compliance.

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not cross-reported to all required parties timely. A review of the sample children's case files revealed 17 of the 20 SIRs were completed and saved timely, but were not submitted via ITrack to all required parties timely. It is noted that a Group Home representative attended the OHCMD's SIR training in October 2011 and OHCMD provided the Group Home with a copy of the SIR Power Point training provided by OHCMD in June 2012.

On January 8, 2014, OHCMD conducted SIR training to the staff responsible for preparing the SIRs. The Group Home's Assistant Executive Director stated that the Group Home will ensure

that SIRs are submitted in accordance with reporting guidelines, and delegated this responsibility to the Program Manager to ensure that SIRs are cross reported to all required parties timely.

Recommendation

The Group Home's management shall ensure that:

1. SIRs are submitted timely to all required parties via ITrack.

Maintenance of Required Documentation and Service Delivery

- Only three of the four sampled children's Initial Needs and Services Plans (NSPs) were reviewed, as the fourth child's Initial NSP was missing. All three Initial NSPs reviewed were not comprehensive, as they did not include all of the elements in accordance with the NSP template. The goals were not measurable for all three initial NSPs, and two of the three NSPs did not have the dates the NSPs were addressing.

During the Exit Conference, the Group Home's therapist stated that she did complete the Initial NSP; however, it was not provided to OHCMD within the required timeframe.

- All four updated NSPs reviewed were not comprehensive as they did not include all of the required elements in accordance with the NSP template, as the goals were not measurable. Additionally, one Updated NSP did not include the Group Home contacts with the Deputy Probation Officer (DPO).

It should be noted that all of the NSPs reviewed were developed after the OHCMD NSP training in January 2012 and a subsequent training in August 2013. Two Group Home representatives attended the training in January 2012, but none attended the subsequent training in August 2013. After the Exit Conference, NSP training was provided for staff responsible for preparing the NSPs by the OHCMD Monitor. Furthermore, NSP training was also provided to the Group Home's therapist in May 2013 by OHCMD.

At the exit conference, the Group Home Assistant Executive Director stated that the Program Manager will review all NSPs prepared by the therapist, to ensure NSPs are timely, comprehensive, goals are measurable, and the dates the NSPs are covering are included.

Recommendations

The Group Home's management shall ensure that:

2. Staff receive ongoing NSP training to ensure comprehensive Initial NSPs are developed.

3. Staff receives ongoing NSP training to ensure comprehensive Updated NSPs are developed.

Personal Rights and Social//Emotional Well-Being

- Two children disclosed that they were not given opportunities to plan age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home. The two children reported that the Group Home's staff at the Riverside Avenue and Cedar Avenue sites plan and decide which activities they participate in.

The Group Home's Program Manager reported that the Group Home staff have regular meetings with the children to identify and plan activities at the Group Home and in the community; and children are given the opportunity to provide input on activities. The Group Home Program Manager has developed a form that the children will now sign to acknowledge that they participated in the planning of activities.

Recommendation

The Group Home's management shall ensure that:

4. Children are given opportunities to plan age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home.

Personal Needs/Survival and Economic Well-Being

- Three children disclosed that they were not encouraged nor assisted in creating and updating a Life Book/Photo Album.

The Group Home Program Manager reported that at intake each child is given a Life Book/Photo Album, and Group Home staff are aware that they are to encourage the children to use the Life Book/Photo Album. The Group Home Program Manger also stated that several of the children have their own cell phones with a camera and are constantly taking pictures. During the Review, the Program Manager provided OHCMD with copies of the children's Life Books/Photo Albums, which were not being utilized by the children. At the Exit Conference, the Program Manager stated she would be responsible for ensuring that staff encourage and assist the children in updating Life Books/Photo Albums, and she will conduct checks to ensure Life Books/Photo Albums are updated.

Recommendation

The Group Home's management shall ensure that:

- Children are encouraged and assisted in creating and updating a Life Books/Photo Albums.

Discharged Children

- The review revealed that one discharged child, who had been placed at the Group Home at least 30 days, made no progress toward achieving NSP goals of: reducing acting out behavior

towards peers and staff at the Group Home; attending school; satisfactory academic performance; and maintaining alcohol/drug-free lifestyle. Multiple interventions by the Group Home were used to attempt to stabilize the child's aggressive behavior, but were unsuccessful. The child subsequently ran away.

During the Exit Conference, the Program Manager stated that the Group Home will continue to provide treatment and relevant services for all the children to assist in making progress towards achieving their case plan goals.

Recommendation

The Group Home's management shall ensure that:

5. Children placed at least 30 days make progress toward meeting their NSP goals.

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

The OHCMD's last compliance report, dated July 9, 2013, identified 10 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 6 of 10 recommendations for which they were to ensure that:

- The Group Home is free of CCL complaints on Safety/Plant Deficiencies,
- The children are progressing toward meeting their NSP goals,
- Children are assisted in maintaining important relationships,
- Children attend school daily as required, and provide the necessary services to assist them in improving academic performance and attendance,
- Children's initial medical examinations are timely, and
- Children on psychotropic medication have a current court approved Psychotropic Medication Authorization for the administration of psychotropic medication.

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

- SIRs are cross-reported and submitted timely to all required parties via ITrack,
- Updated NSPs are comprehensive,
- Documentation of progress toward meeting NSP goals is maintained in NSPs for children placed at least 30 days, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 monitoring report, as SIRs were not cross-reported and submitted timely to all required parties via ITrack, and updated NSPs were not comprehensive.

Recommendation

The Group Home's management shall ensure that:

6. The outstanding recommendations from the 2012-2013 monitoring report dated July 9, 2013, which are noted in this report as Recommendations 1, 3 and 5 are fully implemented.

At the Exit Conference, the Group Home representative expressed her desire to ensure the development of comprehensive NSPs, and prepared a schedule to ensure staff receives NSP training regularly. She plans to review NSPs prior to the submittal to all required parties, and ensure that the goals are measurable, dates are included to show the period covered, and detailed information regarding the Group Home contacts with Children Social Workers/DPOs. The Group Home's Program Manager will ensure children are given opportunities to plan in age-appropriate, extra-curricular, enrichment, and social activities, which they have an interest, at school, in the community or at the Group Home. Also, children are encouraged and assisted in creating and updating a Life Books/Photo Albums, and that children placed at least 30 days are making progress towards meeting their NSP goals prior to discharge. OHCMD will verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in May 2014.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller (A-C) conducted a fiscal review of Diakonia for the period January 1, 2009 through December 31, 2009. The fiscal report, dated March 19, 2012, identified $629 in unallowable expenditures and $18,692 in unsupported/inadequately supported expenditures. Diakonia submitted a revised fiscal CAP on February 7, 2012 in response to the A-C's final fiscal audit. DCFS Fiscal Monitoring Section accepted Diakonia's request for a three-month repayment plan. Diakonia has since paid off the overpayments.

March 3, 2014

Rhonda David-Shirley CSA III, OHCMD

9320 Telestar Ave. #216

El Monte, Ca. 91731

RE: REVISED CAP 2013-2014

Attached is our CAP 2013-2014 Compliance Review following the review conducted by Kirk Barrows, Monitor.

Sincerely,

Ingrid Peyrefitte, Program Manager

Diakonia Inc.
"Love and compassion towards the needs of others"
www.diakoniainc.org | info@diakoniainc.org
P.O. Box 700 Rialto, California 92377 | 909.874.6544

GROUP HOME MONITORING REVIEW CAP 2013-2014

II. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

I. LICENSING/CONTRACT REQUIREMENTS

4. Are all special incident reports (SIRs) appropriately documented and cross-reported timely? (SAFETY)

There was a 2-hour training conducted by LA county monitor Kirk Barrow on January 8, 2014. Staff in attendance included Program Therapist, Program Manager and Administrator. The agency shall submit and cross-report SIRs to appropriate agencies within 24 hours. Program Manager shall submit final copies of SIRs to the Administrator. Administrator shall be responsible to ensure SIRs are accurate and cross-reported to the appropriate agencies within the required timeline by reviewing all SIRs submitted by Program Manager before its final submission to meet the 24 hour time-line. This plan was implemented on February 1, 2014.

23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING).

There was a 2-hour training conducted by an LA county monitor Kirk Barrow on January 8, 2014. Staff attendance included Program Therapist, Program Manager and Administrators of the program. We will continue to have Needs and Services Plan (NSP) training quarterly throughout the year. Person(s) in charge of training schedules will be the Program Manager.

24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING).

There was a 2-hour training conducted by an LA county monitor Kirk Barrow on January 8, 2014. Staff attendance was as follows: Program Therapist, Program Manager and Administrators of the program. We will continue to have Needs and Services Plan (NSP) training quarterly throughout the year. Person(s) in charge of training schedules will be the Program Therapist.

DIAKONIA INC

III. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

47. Are children given opportunities to plan in age-appropriate, extracurricular, and social activities in which they have an interest, at school, in the community or at the group home? (SELF-SUFFICENCY)

We have created an **Activity Planning Committee/Sheet** for our Activity Committee and youth. The form will be implemented on March 1, 2014 for each facility. Staff responsible will be the Facility Managers of each facility.

55. Are children encouraged and assisted in creating and updating a life book/photo album? (PERMANENCY)

Staff from each facility will be responsible to take pictures of youth while on recreational activities. Staff will have pictures developed and given to the youth during craft time to be placed in their personal "Life-books". Facility Managers from each facility will be responsible for ensuring the youth are participating. This plan will be implemented on February 1, 2014.

IX. DISCHARGED CHILDREN

57. For children placed at least 30 days, did the child make progress toward meeting their NSP goals? (PERMANENCY)

They did meet their goals and successfully went home it was based on a clerical error which we did not select the appropriate box, we will ensure that it does not occur again. Staff responsible for ensuring the youth are meeting there NSP goals will be the Program Therapist.

Ingrid Peyrefitte, Program Manager

3/3/14
Date