County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 27, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

THE DREAM CATCHER FOUNDATION, INC., GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of the Dream Catcher Foundation, Inc., Group Home (Dream Catcher) in December 2011, at which time they had three six-bed sites and 16 female children placed through Los Angeles County Department of Children and Family Services (DCFS).

All three Dream Catcher sites are located in the Second Supervisorial District and provide services to DCFS foster youth. According to Dream Catcher's program statement, its stated goal is "to achieve a successful outcome for each youth's treatment plan and designated case goal." The program statement also indicates, "The larger overall goal is twofold. First, to help youth develop skills and self-esteem; this will enable the youth to become self-sufficient and productive persons in society. And, second, to help develop and promote a viable social support system for youth outside the foster care system." Dream Catcher is licensed to serve a capacity of 18 children, ages eight through 17.

For purposes of this review, five placed children were interviewed and their case files were reviewed. Three discharged children's case files were reviewed. The placed children's overall average length of placement was two months, and the average age was 16. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

There was one child who was prescribed psychotropic medication. We reviewed her case file to assess timeliness of Psychotropic Medication Authorization (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Dream Catcher's compliance with the County contract and State Regulations. The visit included a review of Dream Catcher's program statement, administrative internal policies and procedures, five placed children's case files, three discharged files and a random sampling of personnel files. Visits were made to the facilities 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, the children interviewed reported feeling safe, having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity. Additionally, one child stated that "I am in good hands, and I plan on transitioning into DCFS Transitional Housing when I graduate."

At the time of the review, Dream Catcher staff needed to develop comprehensive Needs and Service Plans (NSPs) and ensure that the goals were clear, measurable and attainable. Dream Catcher staff was very receptive to implementing systemic changes to improve compliance with regulations and the County contract. Further, the Administrator stated that the findings brought to her attention would be corrected.

NOTABLE FINDINGS

The following are notable findings of our review:

- The NSPs were not comprehensive and did not include all the required elements in accordance with the NSP template. Many of the goals were not measurable or attainable. The Administrator acknowledged the deficiencies and was eager to attend future trainings. The Administrator also attended the NSP training conducted by OHCMD in January 2012.

- One child felt that consequences were not fair and that staff was showing favoritism. The Administrator claimed staff did not realize they were showing favoritism and that they will do a better job of treating everyone equally and fairly.

- One employee did not receive a timely health-screening. Dream Catcher staff reported that they will do a better job ensuring all health-screenings are completed within one year prior to the date of hire or no more than seven days after the hire date.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held April 6, 2012:

In attendance:

Pam Norris, Director; Theresa McPherson, Administrator; Barbara Waters, Facility Supervisor, Dream Catcher Foundation, Inc.; and Sonya Noil, Monitor, OHCMD, DCFS.

Highlights:

The Director was not in agreement with the findings in the Personal Rights section of the report. She felt the findings were very subjective depending upon the child and their standing at the time in the group home. The Administrator expressed an understanding of our findings and recommendations and was eager to make the necessary adjustments to be in full compliance.

Dream Catcher provided an approved written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

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

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

PLB:RS:KR
EAH:PBG:sn

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
Jamie Jeeson, Chairperson, Board of Directors, Dream Catcher Foundation, Inc., Group Home
Pam Norris, Executive Director, Dream Catcher Foundation, Inc., Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

THE DREAM CATCHER FOUNDATION, INC. GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

1782 W. 42ND Street
Los Angeles, CA 90062
License Number: 198205787
Rate Classification Level: 10

3601 2nd Ave.
Los Angeles, CA 90018
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Rate Classification Level: 10

1537 W. 49th Street.
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	Contract Compliance Monitoring Review	**Findings: December 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Detailed Sign In/ Out Logs for Placed Children	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	**Maintenance of Required Documentation and Service Delivery** (13 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. Children Progressing Toward Meeting the NSP Case Goals 6. Development of Timely Initial NSP 7. Development of Comprehensive Initial NSP 8. Therapeutic Services Received 9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and WORKFORCE READINESS** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Group Home Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	Full Compliance (ALL)
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)

VI	**Psychotropic Medications** (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** (15 Elements) 1. Children Informed of 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. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (Group Home, School, and Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed 14. Full Compliance 15. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (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	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	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. Improvement Needed 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance

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The following report is based on a "point in time" monitoring visit and addresses findings noted during the December 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, The Dream Catcher Foundation, Inc., Group Home (Dream Catcher) was in full compliance with seven of 10 sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-being; and Discharged Children. The following report details the results of our review.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of Dream Catcher's three sites and interviews with five children, the Group Home complied with 11 of 13 elements in the area of Maintenance of Required Documentation and Service Delivery.

The six initial and updated NSPs reviewed were not comprehensive in that the case plan goals were unclear. The goals were not identifiable, measurable or attainable, and the case plan goal completion dates were not achievable. The Administrator was receptive to additional NSP training to assist the Group Home to generate comprehensive NSPs. The Administrator stated she would address all findings with the staff and make the needed adjustments. Dream Catcher representatives also attended NSP training conducted by OHCMD in January 2012.

Recommendation:

Dream Catcher's management shall ensure:

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

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of five children's case files, Dream Catcher complied with 14 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being.

During the interviews with the children, one child reported consequences were not fair. She felt staff was showing favoritism to other children. The Administrator reported that it is difficult to please all placed children on any given day, but they try hard to satisfy them. The Administrator went on to say that while some children might feel they are not being treating fairly, some placed children do receive more awards, accolades, and outings than others due to their adherence to the program's policies and procedures. Further, staff will be more mindful and not show favoritism to the children.

Recommendation:

Dream Catcher's management shall ensure:

2. Consequences are fair.

PERSONNEL RECORDS

Based on our review of three sampled personnel files, Dream Catcher complied with 13 of 14 elements reviewed in the area of Personnel Records.

It was noted one staff did not have a timely health screening. Dream Catcher staff reported they thought there was a two-year window as a timeframe for health-screenings. However, it was explained that health-screenings should occur within one year prior to the hire date or within seven days after the hire date.

Recommendation:

Dream Catcher's management shall ensure:

3. All employees receive timely health-screenings.

FOLLOW-UP FROM OHCMD PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the OHCMD prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review were implemented. The report was issued on July 14, 2011.

Results

The OHCMD's prior monitoring report contained two outstanding recommendations. Specifically, Dream Catcher was to ensure development of comprehensive NSPs and that DCFS CSWs authorized the NSPs for implementation. Based on our follow-up of these recommendations, Dream Catcher fully implemented one recommendation. Corrective action was requested of Dream Catcher to further address these findings.

Recommendation:

Dream Catcher's management shall ensure:

7. Implementation of the one outstanding recommendation from the July 14, 2011 monitoring report, which is noted in this report as Recommendation 1.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C has not conducted a fiscal review for Dream Catcher.

May 7, 2012

To: Out of Home Management Division
9320 Telstar Ave, Suite 206
El Monte, California 91731

Attention: Sonya Noil, Group Home Monitor

From: The Dream Catcher Foundation, Inc
2814 W. Martin Luther King Blvd.
Los Angeles, California, 90008

Regarding: Corrective Action Plan (CAP) - Group Home Compliances Review Results

Date of Audit: April 6, 2012

III Maintenance of Required Documentation and Service Delivery:

Finding(s) 22. Did the treatment team develop comprehensive initial Needs and Services Plan (NSP) with the client?

Correction Action Plan

The DCFI will ensure that the NSPs are comprehensive. The client's goals will clearly state **a clear, realistic, and measurable** goal under each category (competency). DCFI will utilize S.M.A.R.T guidelines when writing client goals. [redacted], DCFI Administrator has attended department NSP training in January 2012. This training specifically address DCFS required format, stating goals and objectives, in order to provide a comprehensive NSP. NSP's will be reviewed by Social Worker Supervisor, [redacted] for comprehensiveness before submission to DCFS.

Person(s) Responsible for Implementation of the CAP

DCFI Social Work Team, [redacted], and Administrator, [redacted], will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented.

Finding(s): 28. Did the Treatment Team develop comprehensive update (quarterly) Needs and Services Plans (NSP) with the child?

Correction Action Plan

Refer to the above Correction Action Plan (finding #22)

Person(s) Responsible for Implementation of the CAP

Refer to the above Correction Action Plan (finding #22)

Time Frame of Implementation

Refer to the above Correction Action Plan (finding #22)

VII Personal Rights and Social / Emotional Well-Being

Finding(s): 52. Are Consequences fair?

Correction Action Plan

DCFI has an AGENCY DISCIPLINARY POLICY (refer to Program Statement Part III(c) pg 75-) that was approved by Community Care Licensing(CCL) and Department of Children and Family Services(DCFS).

DCFI maintains written disciplinary policies and procedures that are reviewed and explained to residents and to the DCFI staff upon employment. All residents and employees are required to sign copies of these policies and procedures indicating they have read and understand these policies. DCFI uses a positive reinforcement model. Every effort is made to reinforce appropriate behavior through praise, privileges and rewards. The primary purpose of DCFI disciplinary policy is to provide a framework for uniform and fair consequences for house rule violations, misbehavior, and non compliance while ensuring that disciplinary practices do not violate a resident's personal rights.

Person Responsible for Implementation of the CAP

[redacted] Administrator.

Time Frame of Implementation

n/a

III Personnel Records:

Finding(s): 78. Have employees received timely health screening?

DCFI had one employee whose health screening was dated more than 7 days after her hire date, and before she began working. She was not put on the schedule to work until after she submitted her health screening, which technically should have been her hire date and then submission of her health screening report would have been in compliance. According to DCFS the employee's health screening was considered untimely.

Correction Action Plan

DCFI will ensure the Health Screening Report for newly hired employees has been completed no later than seven (7) days after the hire date and within one (1) year prior to the hire date. Administrator, [redacted] has met with DCFI staff responsible for hiring and reviewed this policy, as well as all timelines for mandatory employment documents.

Person(s) Responsible for Implementation of the CAP

[redacted] Administrator, and Child Care Worker Supervisor [redacted] will ensure the implementation of the CAP.

Time Frame of Implementation

CAP has been implemented.

Respectfully submitted,

Theresa McPherson, MFT
Administrator