County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

FESIA A. DAVENPORT
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

December 31, 2014

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

PROJECT SIX GROUP HOME DBA THE HELP GROUP COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a review of Project Six Group Home dba The Help Group (the Group Home) in April 2014. The Group Home has one site located in the Third Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth, children placed through various school districts and private placements from various counties. According to the Group Home's program statement, its stated purpose is to "decrease residents' maladaptive behaviors and improve their social, emotional, and academic/occupational functioning."

The Group Home has a 32-bed site and is licensed to serve a capacity of 32 males and females, ages 11 through 17. At the time of review, the Group Home served 4 placed DCFS youth, 1 privately-funded child, and 8 children funded through various school districts. The placed children's overall average length of placement was 6 months, and their average age was 16.

SUMMARY

During CAD's 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 Group Home was in full compliance with 7 of 10 sections of our contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirement, related to three SIRs not having been completed or cross-reported timely; Maintenance of Required Documentation and Service Delivery, related to the failure to obtain the County Children's Social Worker's authorization to implement the Needs and Service Plans (NSPs), three Initial NSPs did not include the participation of

the developmentally age-appropriate children in accordance with the NSP template, and Updated NSPs were not developed timely; and Personal Needs/Survival and Economic Well-Being, related to minors not having life books or photo books.

Attached are the details of our review.

REVIEW OF REPORT

On May 8, 2014, the DCFS CAD Contract Compliance Administrators, Chinelo Maduike and Leticia Foster, held an Exit Conference with Elin Bradley, Director of Therapeutic Programs, Karen Enyedy, Chief Psychologist, and Ashley Ayres, Program Director. The Group Home's representatives were in agreement with the review findings and recommendations; receptive to implementing systemic changes to improve compliance with regulatory standards; and agreed 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 Community Care Licensing Division.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. CAD will verify that these recommendations have been implemented in 90 days and the Out-of-Home Care Management Division will provide on-going technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DLF:SM:cm

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Sybil Brand Commission
Barbara Firestone, Executive Director, Project Six/The Help Group
Elin Bradley, Group Home Administrator, Project Six/The Help Group
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

PROJECT SIX GROUP HOME DBA THE HELP GROUP
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

15339 Saticoy Street
Van Nuys, CA 91405
License Numbers: 1976068825
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2014**
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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (All)
	2. Common Areas 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. Improvement Needed
	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 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 (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (All)

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/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	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)

PROJECT SIX GROUP HOME DBA THE HELP GROUP
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 April 2014 review. The purpose of this review was to assess Project Six Group Home dba The Help Group'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, 4 Los Angeles County Department of Children and Family Services (DCFS) placed youth were selected for the sample. The Contracts Administration Division (CAD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, 4 discharged youth's files were also reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, 3 youth 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 27 Group Home staff files for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance.

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not timely, appropriately cross reported, or submitted via the I-Track system.

An SIR involving a child that was taken to Urgent Care for a medical exam/x-ray of their left hand was not appropriately documented and cross-reported. CAD confirmed with agency representative that this incident was not submitted via the I-Track system. Three other SIRs were reported late. Specifically an incident that occurred on October 10, 2013 was reported on October 17, 2013; an

incident that occurred on November 18, 2013 was reported on November 21, 2013; and an incident that occurred on February 18, 2014 was reported on February 20, 2014.

Recommendation

The Group Home management shall ensure that:

1. That SIRs are timely and appropriately cross reported via I-Track.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's (CSW) authorization to implement Needs and Services Plans (NSP) was not obtained before implementing the NSP.

The updated NSPs were signed late by the DCFS Children's Social Worker (CSW) and there was no clear documentation of efforts to obtain the signatures. Emails to the CSW for authorization to implement the NSP were sent after the signature due date; the NSP was subsequently signed by the CSW.

- Initial Needs and Services Plans (NSP) were not timely.

NSPs were not dated, as required, to verify the appropriate timeframe and the participation of the developmentally age-appropriate children.

- Updated NSPs are comprehensive.

Although the quarterly reports were developed timely, they did not have the Group Home staff or the children's' signatures.

During the Exit Conference, the Group Home representatives stated that they would ensure that the NSP signature requests are sent timely or show good faith efforts to obtain the signatures within the specified timeframe. The Group Home Administrator stated that she would implement internal trainings to the staff responsible for preparing the NSPs and ensure that procedural changes are in place to make certain these issues do not occur in the future.

Recommendation

The Group Home Management shall ensure that:

2. County CSW's authorization to implement NSPs is obtained.

3. Initial NSPs are developed timely, comprehensive and include the child's participation.

4. Updated NSPs are developed timely, comprehensive and include the child's participation.

Personal Needs/Survival and Economic Well-Being

- All children interviewed, reported that they did not have life books or photo albums, nor were they encouraged or assisted in creating Life Books/Photo Albums.

During the Exit Conference, the Group Home staff mentioned that they have the youths' pictures on flash drives and they will work with them to create Life Books/Photo Albums in the future.

Recommendations

The Group Home Management shall ensure that:

5. All DCFS placed children are encouraged and assisted with maintaining a Life Book/Photo Album.

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

The Out-of-Home Care Management Division's (OHCMD) last compliance report, dated January 22, 2013, identified 11 recommendations.

Results

Based on CAD's follow-up, the Group Home fully implemented 6 of 11 recommendations for which they were to ensure that:

- The vehicle is maintained and in good repair.
- Detailed sign-in/sign-out log is maintained.
- Children are aware of their rights to receive or reject voluntary medical, dental, and psychiatric care.
- Staff members receive a timely initial health screening.
- Staff members have a current California Driver's License.
- All required staff members receive the required training to include orientation training, annual training, and timely certification in the Emergency Intervention Plan.

The Group Home did not implement 5 of 11 recommendations for which they were to ensure that:

- SIRs are appropriately documented and cross-reported timely.
- The facility is in compliance with Title 22 Regulations and County contract requirements.
- The Group Home staff obtains or document efforts to obtain the CSW's authorizations to implement the NSPs.
- Comprehensive initial NSPs are developed timely 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.

Recommendations

The Group Home's management wil ensure that:

The outstanding recommendations from the January 22, 2013 report from the prior fiscal year monitoring review, which are noted in this report as Recommendations 1, 2, 3, and 4, 5, are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. Elin Bradley, Group Home Director of Therapeutic Programs, will ensure that staff is trained in the importance of fully complying with SIR documentation, cross reporting, and timely submission via I-Track. Initial and Updated NSPs are developed timely and are comprehensive. The Group Home has made significant improvement in 6 of the 11 deficiencies noted during the previous year. This demonstrates commitment to addressing the Group Home's deficiencies. The Group Home will consult with OHCMD and CAD for additional support and technical assistance during this review period. CAD Contract Compliance will visit the Group Home to verify that the recommendations noted in this compliance report have been implemented during upcoming reviews.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

The Help Group

DATE: June 3, 2014

TO: Chinelo Maduike, MSW
Children's Services Administrator I
Contracts Administration Division - Compliance Section
3530 Wilshire Blvd, 4th flr
Los Angeles, CA 90010

FROM: Project Six (License # 197606825)
15339 Saticoy Street, Van Nuys, CA 91406

RE: Corrective Action Plan for Group Home Monitoring Review

The Corrective Action Plan (CAP) has been implemented as follows to address Group Home Monitoring Review finding for the Project Six Group Home located at 15339 Saticoy Street, Van Nuys, California 91406 (License # 197606825).

Section I: Licensure/Contract Requirements

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

Monitor noted that three SIRs were not submitted on time and one missing SIR for an incident on 11/18/13.

Corrective Action:

- GH Administrator and Program Director were notified by monitor that when taking a resident to urgent care a SIR must be submitted.
- Program Director submitted the missing SIR from 11/18/13 on 5/15/14.
- All Itracks will be submitted in a timely manner by GH Administrator and Program Director who have been trained in timely submission of Itracks according to CCL and DCFS requirements.
- GH Administrator will review all Itracks written by Program Director to ensure SIR's are submitted in a timely manner.

#23 Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age appropriate child?

Monitor noted that an initial NSP was not completed in a timely manner.

Corrective Action:

- Group Home Administrator and Program Director met with monitors on 5/8/14 to review the required due dates for initial NSPs. The monitors clarified that all signatures must be obtained by the due date of the NSP and that the 10 day grace period only applies to CSWs.
- Program Director reviewed Amendment Two which states that the group home has until the 95th day of the reporting period to obtain all signatures for NSPs.
- Program Director met with Therapist and Intake Coordinator on 5/15/14 and 5/19/14 to inform them of due date requirements for NSPs, including signatures.
- Intake Coordinator created a tickler system notifying Program Director and Therapists when an upcoming NSP will be due to assist in completing NSPs and obtaining signatures on time.

 # 24: Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the age-appropriate child?

Monitor noted that two NSPs were not completed on time and four NSPs were not signed by CSWs on time.

Corrective Action:

- Group Home Administrator and Program Director met with monitors on 5/8/14 to review the required due dates for updated NSPs. The monitors clarified that all signatures must be obtained by the due date of the NSP and that the 10 day grace period only applies to CSWs.
- Program Director reviewed Amendment Two which states that the group home has until the 95th day of the reporting period to obtain all signatures for updated NSPs.
- Program Director met with Therapist and Intake Coordinator on 5/15/14 to inform them of due date requirements for updated NSPs, including signatures.
- Intake Coordinator created a tickler system notifying Program Director and Therapists when an upcoming NSP will be due to assist in completing NSPs and obtaining signatures on time.

Section VIII: Personal Needs/Survival and Economic Well-Being

#55: Are children encouraged and assisted in creating and updating a life book/photo album?

Monitor noted that residents do not have life book/photo album, however are instead provided individual flash drives to store photos.

Corrective Action:

- Children will be made aware of what a Life Book is and be provided time and supplies to make a Life Book.
- All residents have the option of making a Life Book. Program Director and GH Administrator spoke with Monitor about children's motivation to complete a Life Book. GH will provide to children who want them, flash drives, to upload photographs (approved by GH

Staff/Administration) to keep as an alternative way of tracking their life events if a Life Book is something they do not want to complete.

- Resident signatures will be obtained if residents choose not to participate in making a life book
- Children have the option of checking out a facility camera to take on outings or special events for their Life Book or flash drive.
- Program Director researched utilizing Shutterfly as an option for residents to create photo books and have them printed.

Elizabeth Ashley Ayres, Program Director, and Elin Bradley, Director of Therapeutic Schools and Residential Treatment Programs, will be responsible for ensuring that the CAP is fully implemented and maintained.

6/3/14
Date

Elizabeth Ashley Ayres, MA, MFT Intern
Program Director, Project Six/The Commons

6/3/14
Date

Elin Bradley
Director of Therapeutic Schools and Residential Treatment Programs