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May 14, 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

**SAND HILL 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 Sand Hill Group Home (the Group Home) on January 24, 2014. The Group Home has one site located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation youth. According to the Group Home's program statement, its purpose is to provide services to "court dependent seriously emotionally disturbed and chronic run away children."

The Group Home has one, 6-bed site and is licensed to serve a capacity of six boys ages 13 through 18. At the time of the review, the Group Home served six placed DCFS children. The placed children's overall length of placement was 17 months and their average age was 17.

## SUMMARY

During OHCMD'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 8 of 10 areas of our Contract compliance review; License Contract Requirement; 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.

OHCMD noted deficiencies in the areas of Facility and Environment, related to the exterior not being well maintained; and Maintenance of Required Documentation and Service Delivery, related to two 18 year old youth that were not placed in accordance with the Group Home's Program Statement, as the Group Home did not have AB12 consent form from Community Care Licensing (CCL) or the Department of Children and Family Services, monthly contact with DCFS Children Social Workers (CSWs) was not documented and Updated Needs and Service Plans (NSPs) were not comprehensive, as they did not include all of the elements in accordance with the NSP template. OHCMD instructed the Group Home supervisory staff to enhance monitoring to ensure compliance with County Contract and Title 22 Regulations.

Attached are the details of our review.

## REVIEW OF REPORT

On February 28, 2014, the DCFS OHCMD Monitor, Mary Espinoza, held an Exit Conference with Supervisor Facility Manager, Wanda Brown, and Child Care Worker, Latrice Brooks Glimmer. The Group Home's 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 and CCL.

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 in June 2014.

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:me

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
Gene Brown, Executive Director, Sand Hill Group Home
Leonora Scott, Acting Regional Manager, Community Care Licensing
Angelica Lopez, Regional Manager, Community Care Licensing

**SAND HILL GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**12108 Normandie Avenue**
**Los Angeles, CA 90044**
**License Numbers: 19180773**
**Rate Classification Level: 9**

| | **Contract Compliance Monitoring Review** | **Findings: January 2014** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements)<br><br>1. Timely Notification for Child's Relocation<br>2. Transportation Needs Met<br>3. Vehicle Maintained In Good Repair<br>4. Timely, Cross-Reported SIRs<br>5. Disaster Drills Conducted & Logs Maintained<br>6. Runaway Procedures<br>7. Comprehensive Monetary and Clothing Allowance Logs Maintained<br>8. Detailed Sign In/Out Logs for Placed Children<br>9. CCL Complaints on Safety/Plant Deficiencies | Full Compliance (ALL) |
| II | **Facility and Environment** (5 Elements)<br><br>1. Exterior Well Maintained<br>2. Common Areas Maintained<br>3. Children's Bedrooms Well Maintained<br>4. Sufficient Recreational Equipment/Educational Resources<br>5. Adequate Perishable and Non-Perishable Foods | 1. Improvement Needed<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Improvement<br>5. Full Compliance |
| III | **Maintenance of Required Documentation and Service Delivery** (10 Elements)<br><br>1. Child Population Consistent with Capacity and Program Statement<br>2. County Children's Social Worker's Authorization to Implement NSPs<br>3. NSPs Implemented and Discussed with Staff<br>4. Children Progressing Toward Meeting NSP Case Goals<br>5. Therapeutic Services Received<br>6. Recommended Assessment/Evaluations Implemented<br>7. County Children's Social Workers Monthly Contacts Documented<br>8. Children Assisted in Maintaining Important Relationships<br>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation | 1. Improvement Needed<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Improvement Needed<br>8. Full Compliance<br>9. Full Compliance |

| | | |
|---|---|---|
| | 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation | 10. Improvement Needed |
| IV | **Educational and Workforce Readiness** (5 Elements)<br><br>1. Children Enrolled in School Within Three School Days<br>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals<br>3. Current Report Cards Maintained<br>4. Children's Academic or Attendance Increased<br>5. GH Encouraged Children's Participation in YDS/ Vocational Programs | Full Compliance (ALL) |
| V | **Health and Medical Needs** (4 Elements)<br><br>1. Initial Medical Exams Conducted Timely<br>2. Follow-Up Medical Exams Conducted Timely<br>3. Initial Dental Exams Conducted Timely<br>4. Follow-Up Dental Exams Conducted Timely | Full Compliance (ALL) |
| VI | **Psychotropic Medication** (2 Elements)<br><br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review | Full Compliance (ALL) |
| VII | **Personal Rights and Social/Emotional Well-Being** (13 Elements)<br><br>1. Children Informed of Group Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Appropriate Staffing and Supervision<br>4. GH's Efforts to Provide Meals and Snacks<br>5. Staff Treat Children with Respect and Dignity<br>6. Appropriate Rewards and Discipline System<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend or Not Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed About Their Medication and Right to Refuse Medication<br>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care<br>12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)<br>13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities | Full Compliance (ALL) |

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

# SAND HILL 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 addressed findings noted during the January 2014 review. The purpose of this review was to assess Sand Hill Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home 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, three Department of Children and Family Services children and one Probation youth were selected for the sample. The 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, there were no children that were prescribed psychotropic medication.

OHCMD reviewed five 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

OHCMD found the following three areas out of compliance.

### The Facility and Environment

- The Group Home's exterior was not well maintained. There was a truck parked in the backyard with expired tags, dated 2004. The truck had four flat tires, broken glass, metal debris, old wood, sharp edges and rubbish in the truck bed which, presented a potential hazard to the placed children.

OHCMD immediately brought this to the attention of the Group Home's Executive Director. OHCMD conducted a follow-up visit on February 28, 2014 and verified that the truck was removed and the backyard was clean and free of debris.

**Recommendation**

The Group Home management shall ensure that:

1. The exterior of the home is maintained and free from potential safety hazards.

**Maintenance of Required Documentation and Service Delivery**

- During the review process two children turned 18 years of age and the DCFS Children's Social Worker (CSW) requested for the children to remain placed at the Group Home in order for one to complete a semester of school and the other to graduate; however, the Group Home did not have AB12 consent for Non-Minor Dependent (NMD) placements.

The Group Home Administrator indicated that a request to serve AB12 population was made to Community Care Licensing (CCL) and DCFS. On April 8, 2014, OHCMD contacted CCL and was informed that the Group Home has not submitted an AB12 Program Statement; however, the Group Home submitted an age exception request for the two placed 18 year olds. CCL will contact the Group Home to inform them that they must submit an AB 12 Program Statement in order to retain the NMD residents.

- Four Updated NSPs reviewed were not comprehensive, as they did not include all of the elements in accordance with the NSP template. Specifically, monthly contacts between the DCFS CSWs and the Group Home were not documented. Additionally, NSPs did not include detailed information regarding services being provided and children's progress towards achieving their NSP goals.

During the Exit Conference, the Group Home's Supervisor Facility Manager, stated that she will ensure that the monthly contact between DCFS CSW's is documented on the Updated NSPs. It should be noted that the Group Home representative attended the OHCMD NSP training in August of 2013. Some Updated NSPs reviewed were developed subsequent to the training. The Group Home Administrator agreed to provide additional training to the staff responsible for preparing the NSPs by the end of March. On April 1, 2014, OHCMD received verification that the training was completed.

**Recommendation**

The Group Home management shall ensure that:

2. Children are placed in accordance with population criteria.

3. Staff will receive training to ensure comprehensive updated NSPs are developed in accordance with NSP template and include contact between the Group Home and the DCFS CSWs.

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

The OHCMD's last compliance report dated August 2, 2013 identified two recommendations.

**Results**

Based on OHCMD's follow-up, the Group Home fully implemented one of the two recommendations for which they were to ensure:

- The treatment team developed comprehensive initial Needs and Services Plan (NSP), which include all required elements, in accordance with the NSP template.

The Group Home did not implement one recommendation for which they were to ensure that:

- Comprehensive Updated NSP is developed and includes all required elements in accordance with the NSP template.

The outstanding recommendation from the 2012-2013 monitoring report dated July 2013, which is noted in the report as Recommendation 3 is fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. OHCMD will visit the Group Home to verify that the recommendations are fully implemented and provide technical assistance in June of 2014.

**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.