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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May 12, 2014

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

From: Philip L. Browning
Director

T & T 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 T & T Group Home (the Group Home) in December 2013. The Group Home has one site located in the Second Supervisorial District and provides services to County of Los Angeles DCFS children and youth. According to the Group Home's program statement, its purpose is "to provide comprehensive behavior and social adjustment services to its adolescent males who experience emotional disturbance, physical abuse, poor social adjustment, behavioral problems and learning disabilities."

The Group Home has one 6-bed site and is licensed to serve a capacity of six boys, ages 12 through 17. At the time of review, the Group Home served six placed DCFS children. The placed children's overall average length of placement was 28 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 being treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 areas of our Contract compliance review: Educational and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

Psychotropic Medication was not applicable, as there were no placed children that were prescribed medication at the time of the review.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to the vehicle used to transport children not being well maintained; and Facility and Environment, related to the dining room lighting fixture not being properly affixed to the ceiling, blinds for the sliding door and a window were missing slats, the mirrored closet doors and two dressers in the children's bedrooms needed to be replaced; and Maintenance of Required Documentation and Service Delivery, related to documentation that County Soial Workers' were contacted monthly is not maintained and Needs and Services Plans (NSPs) not being comprehensive, as they did not include all of the elements in accordance with the NSP template.

Attached are the details of our review.

REVIEW OF REPORT

On February 14, 2014 the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with Group Home representative, William Zachary, Facility Manager. The Group Home representative: agreed with the review findings and recommendations; was 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 implementation of recommendations and provide technical assistance during our next visit to the Group Home in July 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:sn

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
Jimmie Theragood, Administrator, T & T Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

T & T GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

19504 Tillman Avenue
Carson, CA 90746
License # 191600883
Rate Classification Level: 8

	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. Improvement Needed
	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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
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. Improvement Needed

	8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	8. Full Compliance 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	Not Applicable
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	Full Compliance (All)

	9. Children's Chores Reasonable 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)	
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	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)

T & T 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 T & T 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, four Department of Children and Family Services (DCFS) 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. At the time of the review, none of the sampled children were prescribed psychotropic medication. Additionally, two discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts.

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 areas out of compliance.

Licensure/Contract Requirements

- The vehicle utilized to transport the children was not well maintained, as two armrests were missing.

This was brought to the Group Home's attention immediately. OHCMD conducted a follow-up visit to the Group Home on January 24, 2014, and observed new armrests had been installed. The Group Home Administrator reported that the Facility Manager will conduct a monthly visual inspection of the vehicle to ensure it's well maintained.

Recommendation

The Group Home's management shall ensure that:

1. The Group Home's vehicle is properly maintained and in good repair.

Facility and Environment

- While conducting a site visit, several deficiencies were noted in the Group Home's common areas. The dining room lighting fixture was not properly affixed to the ceiling. The sliding glass door and the window blinds were missing slats.

This was immediately brought to the Group Home's attention. OHCMD conducted a follow-up visit to the Group Home on February 7, 2014 and verified that the repairs were made. The Administrator reported that the Facility Manager would conduct monthly inspections of the Group Home to ensure common quarters are well maintained.

- Children's bedrooms were not well maintained. The mirrored closet doors in two bedrooms were broken, were off the track, and posed a safety hazard. There were also two dressers that needed to be replaced.

This was immediately brought to the attention of the Group Home. OHCMD conducted a follow-up visit to the Group Home on February 7, 2014 and verified the Group Home removed the broken closet doors and replaced them with privacy curtains and the two dressers were also replaced. The Administrator reported that the Facility Manager would conduct monthly inspections of the Group Home to ensure common quarters are well maintained.

Recommendations

The Group Home's management shall ensure that:

2. The common quarters are well maintained.

3. All children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- Three children's files did not include documentation of the Group Home's monthly contact with DCFS Children's Social Workers (CSW).

- One Initial NSP reviewed was timely; however, it was not comprehensive, as it did not include all the required elements, in accordance with the NSP template. Specifically, the NSP was missing independent living skills information, and there was no permanency goal or plan and method to achieve the goal.

- Twelve updated NSPs were reviewed; eight of twelve were timely; however, none were comprehensive, as they did not include all the required elements, in accordance with the

NSP template. Specifically, there were no permanency goals and the Group Home's monthly contact with the DCFS CSWs was not documented.

It should be noted that a representative from the Group Home did not attend the OHCMD's NSP refresher training in August 2013. The NSP deficiencies were brought to the attention of the Group Home's Social Worker and Facility Manager on January 22, 2014. OHCMD monitor conducted a NSP refresher training. The Group Home's Social Worker reported that she understood all of the findings noted and would ensure that all NSPs are developed timely and are comprehensive. The Group Home Administrator reported that the Group Home has created a new form to be utilized for all communication between the Group Home and the CSW. The Administrator also reported that NSPs will be reviewed by the Facility Manager or designee to ensure comprehensiveness.

Recommendations

The Group Home's management shall ensure that:

4. DCFS CSWs are contacted monthly by the Group Home and the contacts are documented in the children's case files.

5. Comprehensive Initial NSPs are developed and include all of the elements inaccordance with the NSP template.

6. Comprehensive Updated NSPs are developed and include all of the 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 August 2, 2013, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented 2 of 7 recommendations for which they were to ensure that:

- SIRs were timely and cross reported, and
- Disaster Drills are being conducted and logs maintained.

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

- Vehicles are maintained and in good repair,
- County Worker's are contacted monthly,
- Initial NSPs are Comprehensive,
- Updated NSPs are comprehensive, and
- Full implementation of the outstanding recommendations from the OHCMD's 2012 monitoring report.

Recommendation

The Group Home's management shall ensure that:

7. The outstanding recommendations from the 2012 monitoring report dated August 2, 2013, which are noted in this report as Recommendations 1, 4, 5, and 6 are fully implemented.

At the Exit Conference, the Group Home's Facility Manager expressed his desire to ensure the development of comprehensive NSPs; the Group Home's Social Worker will submit all NSPs to the Group Home's Administrator for prior approval to submission to the DCFS CSW. The Group Home's Administrator will conduct regular checks to monitor compliance with the CAP.

OHCMD will verify implementation of recommendations and provide technical assistance during our next visit to the Group Home in July 2014.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The last fiscal report by the Auditor-Controller dated May 28, 2008, noted: $1, 631 in unallowable costs; $9,649 in unsupported/inadequately supported costs; and $4,187 unaccounted for clothing payments. On February 13, 2014, the Fiscal Monitoring and Special payments section informed OHCMD that the Group Home had repaid the amount, and there is no outstanding debt.

T&T Home for Boys

19504 Tillman Ave
Carson, CA 90746

March 26, 2014

Patricia Bolanos-Gonzalez CSAII
Out-of-Home Care Management Division
9320 Telstar Avenue Suite # 216
El Monte, CA. 91731

RE: Written Formal Correction Action Plan (CAP) regarding the deficiencies cited on the group home monitoring review field exit summary dated 2/26/2014

I. LICENSURE/CONTRACT REQUIRMENTS

#3 Does the group home maintain vehicle in which the children are transported in good repair? (SAFETY)

FINDINGS

- Armrest had to be replaced

T&T Home for Boys' Corrective Action Plan

The armrest in the facility vehicle was repaired on January 16, 2014 and re-inspected by OHC Monitor.

Person(s) Responsible for Implementation of the CAP

The Facility Manager Mr. Zachary or designee is responsible for ensuring that the interior of the facility vehicle is well maintained and any repairs needed is reported to the Administrator for timely implementation. Facility manager will inspect the facility vehicle weekly.

Time Frame of Implementation

Immediately

II. FACILITY AND ENVIRONMENT

#11 Are common quarters well maintain? (SAFETY)
#12 Are children's bedrooms well maintain? (SAFETY)

FINDINGS

- Dining room lighting fixture was hanging from the ceiling

- Blinds on the sliding glass door were missing slats and slats were also missing from the dining room window.
- Closet doors were broken

T&T Home for Boys' Corrective Action Plan
Closet door were removed and replaced with privacy curtains on January 16, 2014. Lighting fixture in dining room was replaced, Blinds installed on the sliding glass doors and windows in the dining room was also replaced on January 16 as well.
Person(s) Responsible for Implementation of the CAP
The Facility Manager Mr. Zachary or designee is responsible for ensuring that the interior of the facility is well maintained and any repairs needed is reported to the Administrator for timely implementation. The facility manager will conduct a weekly inspection to ensure that the facility is well maintained.
Time Frame of Implementation
Immediately

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

#21 Are County workers contacted monthly by the GH and are the contracts appropriately documented in the case file? (WELL-BEING)
#23 Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of developmentally age-appropriate child? (WELL-BEING)
#24 Did the treatment team develop timely, comprehensive update Needs and Services Plan (NSP) with the participation of developmentally age appropriate child? (WELL BEING)

FINDINGS
- Four NSP's were missing the permanency plans and CSW contact dates
- One NSP was missing ILP Training
- CSW monthly contacts were not documented in NSP

T&T Home for Boys' Corrective Action Plan
In efforts to ensure the development of comprehensive Needs and Service Plans, a refresher NSP training was provided to the Facility Social Worker on March 4, 2014. During this meeting, it was stressed that Needs and Service Plans must be detailed and comprehensive, goals must be *SMART* (specific, measurable, attainable, result-oriented, and time limited), and that the methods used to attain stated goals, must be consistent with the stated identified treatment goal. Also discussed, was the importance of including permanency treatment goals, and ILP information.

- A form entitled the *CSW Monthly Communication Log* was developed and implemented. This form is to be utilized for each contact made by the Agency with the County Social Worker.
- The Administrator will monitor to ensure that this form is used and can be classified as supportive documentation to the NSP.
- Administrator will ensure that all NSP's are reviewed by the facility manager or designee.

Person(s) Responsible for Implementation of the CAP

The Facility Social Worker Ms. Delores Daniel is responsible for ensuring that all NSP's are comprehensive to include all required information including CSW contacts and ILP training for the residents.

Time Frame of Implementation

Immediately

Sincerely,

Jimmie Theragood

Jimmie Theragood, Administrator