



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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

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July 7, 2020

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
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Supervisor Sheila Kuehl
Supervisor Janice Hahn

From: *Cynthia McCoy Miller for*
Bobby D. Cagle
Director

**CHILDHELP SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Childhelp Short-Term Residential Therapeutic Program (the Contractor) in September 2019. The Contractor has four offices: one located in Riverside County and three in Orange County. All offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 4
PRIORITY 3 2

CAD conducted an on-site Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medicine Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 5 of 10 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; Permanency and Transition Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

For the purpose of this review, four DCFS placed children were selected for the sample. CAD reviewed the four children's files and interviewed the children to assess the level of care and services they received. Additionally, four discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted interviews with staff. To assess the quality of care and supervision provided to the placed children, DCFS conducted site visits at the Contractor's location.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Vehicles used to transport children were not maintained in good repair.

Priority 2

- General Requirements
 - Special Incident Reports were not properly documented and not cross reported in the Incident Tracking System.
- Needs and Services Plans (NSPs)
 - The NSPs were not completed accurately and on time.
- Education and Independent Living Program Services
 - Efforts to maintain children at school of origin were not documented.
- Personnel Files
 - Personnel did not receive medical clearances timely.

Priority 3

- Facility and Environment
 - Vehicle not free of damage;
 - Children's bedrooms were not safe and well maintained.

On October 10, 2019, DCFS CAD Children Services Administrator I and II, Out-of-Home Care Management Division Quality Assurance Specialist and Quality Assurance Manager with the Bureau of Clinical Resources and Services held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

Each Supervisor
July 7, 2020
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The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

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

BDC:KR
LTI:gt

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Diana Correa MS, Executive Director, Program Operations–CA, Childhelp
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



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By Sara O'Meara and Yvonne Feddersen
PREVENTION and TREATMENT of CHILD ABUSE

The CHILDHHELP Merv Griffin Village
P.O. Box 247
Beaumont, CA 92223
T 951-845-3155
F 951-845-8412

To: Grace Tamase, Children's Services Administrator I
Date: November 11, 2019; Addendum: February 24, 2020
Subject: Los Angeles County, PLAN OF CORRECTION
RE: II. Facility & Environment 10.2

Facilities: Childhelp Inc., Village
License Numbers: 330902381
Diana Correa, Executive Director of Program Operations-CA
Colleen Lyon, Clinical Director
Marlo Felix, Quality Assurance

PLAN OF CORRECTION: For Site 1 (Village) 330902381.

On December 30, 2019, Childhelp Merv Griffin Village Administrators and Childhelp Inc. Chief of Program Operations met with Continuum of Care Reform (CCR) and Community Care Licensing branches of the California Department of Social Services (CDSS). Present were Jessica Torrecampo, CCR Policy Chief, Jake Simon, CCR Program Analyst, and LaCresha Cook, CCL Program Manager, along with other CDSS representatives.

Childhelp's waiver request was granted with the contingency that the program would be transitioning to a 2-client per bedroom setting. A second meeting was scheduled for February 4, 2020 to discuss transition planning. CCR advised that this had no effect on Childhelp's STRTP license.

On January 31, 2020, Childhelp Merv Griffin Village received its permanent STRTP license.

On February 4, 2020, Childhelp Inc. Administrators and Chief of Program Operations met with CCR and CCL. Present were CCR Program Analyst, Jake Simon and CCL Program Manager, LaCresha Cook. During the meeting, the potential for bedroom splitting and/or relocation was discussed. CCR and CCL both acknowledged the magnitude of the project, the legal requirement of a 3-bid process for non-profit organizations, and advised that Childhelp would have adequate transition time and ongoing support from both offices. At this time, Childhelp secured the first bid for architecture/engineering design and is in the process of obtaining the two additional bids. CCR deferred the matter to CCL, at the regional level for further follow up. Monthly meetings will be held between regional office of CCL and Childhelp Merv Griffin Village to discuss the progress of the transition.

A handwritten signature in blue ink, appearing to read "Diana Correa".

Diana Correa, MS

Executive Director of Program Operations, California
Childhelp Merv Griffin Village



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 F 951-845-8412

To: Grace Tamase, Children's Services Administrator I
Date: November 11, 2019; Addendum November 18, 2019
Subject: Los Angeles County, PLAN OF CORRECTION

Facilities: Childhelp Inc., Village and Costa Mesa STRTP's
 License Numbers: 330902381, 30600901, 30600902, 30600509
 Diana Correa, Executive Director of Program Operations-CA
 Colleen Lyon, Clinical Director
 Marlo Felix, Quality Assurance
 Porsha Draper, Program Manager

I. General Contract Requirements

5. No- C1, C2 & C4, CAD noted 14 of 14 SIRs reviewed were not submitted timely and not cross-reported appropriately to all parties in the I-Track system. Eight SIRs were not cross-reported to CCL (SIRs #605550, 605548, 601262, 600712, 618539, 618380, 604645, 593137. Two SIRs were not cross-reported to CCL & OHCMD (644870 & 622886). Two SIRs were not cross-reported to OHCMD (644870 & 611331). One SIR was not cross-reported to CCL and not timely (605374, incident date of 11/3/18, submittal date of 11/9/18). One SIR was not cross reported to OHCMD and not timely (652326, incident date 8/22/19, submittal date of 8/26/19). Furthermore, seven SIRs (dated 8/25/19, 8/21/19, 8/18/19, 8/17/19, 8/16/19, 8/10/19, 7/31/19) for C2 were documented but could not be verified as having been reported via I-Track system. Six SIRs (dated 4/29/19, 3/29/19, 2/6/19, 1/29/19, 12/23/18, 12/27/18) for C4 were documented but could not be verified as having been reported via I-Track system.

PLAN OF CORRECTION: Childhelp, Orange County STRTP programs has implemented a new SIR tracking protocol (see attached form). The SIR tracking system includes the use of new internal Special Incident form which will include the following:

- Facility Name
- Facility License Number
- Date (indicating the date the SIR was emailed to Community Care Licensing, County Social Worker)
- MHW I-track number

The use of the new internal SIR tracking form will allow Childhelp Orange County STRTP to track the submission of SIRs and ensure all parties are properly notified within all STRTP licensing requirements.

Program Manager scheduled a mandatory re-training regarding Special Incident Reporting Procedures and Requirements for all Direct Care Staff, Therapists, and Facility Supervisors. Sign in sheets with the training topic indicate completion (10/16/2019) of the training and is maintained



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in the employee's personal file. The training was provided by Orange County Senior Social Worker/STRTP Monitor.

The expectation for the submission of SIR by the end of the staff's shift will be highlighted. Staff will be held accountable for timely submission of SIRs by their direct supervisor. Any staff not following policy and procedure regarding the timely submission of SIRs will be subjected to disciplinary action (i.e. verbal warning, written warning, and/or work plan, up to termination). All SIRs will be reviewed by end of day and submitted by Program Manager or designee using the I-Track System. Quality Assurance will ensure ongoing timely reporting and accurate content by reviewing all submitted SIRs.

Attachment 1: (SIR Tracking Form)

II. Facility And Environment

Item: 10 Sites 1 & 3

10.2 No more than two children share a bedroom (CCL waiver must be on file if more than two children share a bedroom) (Title 22 84087 (b) (1)).

Site 3: 30600901, Childhelp installed two sliding doors (2) between the two bedrooms of concern in the Joann STRTP. It should be noted that no bedroom in Site 3 has more than two children. On June 11, 2019, Community Care Licensing (CCL) completed a comprehensive physical environment walkthrough as part of the Continuum of Care Reform (CCR) and identified no concerns regarding the bedrooms, including but not limited to, a lack of bedroom divider (now sliding doors) or the amount of residents per bedroom. Site 3 is a three bedroom home, with two residents per bedroom. The Provisional STRTP license was issued without physical environment concerns on the date of the walkthrough.

Attachment 2: (Picture of Sliding doors)

PLAN OF CORRECTION: For Site 1, Childhelp Merv Griffin Village, Request for Waiver, Pursuant to California Title 22 CCR 80024

Site 1: 330902381, Childhelp has certified mailed a letter to Community Care Licensing (CCL) Program Manager and Licensing Regional Manager, requesting an Exception to be allowed four (4) children per bedroom, for the Childhelp Merv Griffin Village. On October 28th CCL responded and requested additional information. The waiver process continues to be in motion.

Attachment 3 A: (Exception Letter to CCL)

6.12 Seat Belts; V16, the back middle passenger seat belt buckle did not fasten securely. CAD notified the agency immediately of needed repair. The agency brought V16 in for repairs on 9/18/19. CAD received repair invoice on 9/19/19 confirming the seat belt had been repaired. CAD visually confirmed the seat belt fasten securely. 6.18 Vehicle free of damage; V15 (Site 3), the passenger front side door rubber trim is not properly sealing. CAD notified the agency of the issue on 9/18/19, and requested that V15 be inspected



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by a certified mechanic for repair. CAD received a repair invoice on 9/19/19 confirming the door trim had been repaired.

PLAN OF CORRECTION: Childhelp Orange County STRTP implemented a monthly vehicle service/maintenance log that each morning staff will be responsible for completing. All forms will be kept in the vehicle maintenance folder in each home. Staff shall report any vehicle maintenance related concern to Program Manager or Designee. Safety-related items (non-cosmetic), shall be serviced within 24 to 48 hours. Cosmetic items shall be services as soon as possible. Program Manager will ensure all vehicle maintenance is completed in a timely manner.

Attachment 3B: (Repair of Seat Belt and Maintenance Log)

IV. Needs & Services Plans

16.2. No- C4, NSPs dated 3/11/19, 6/11/19 & 7/11/19 documented PMA dated 9/10/18 (mental health p.7), instead of current PMA dated 2/7/19. NSP dated 3/11/19 only documented one of two court approved psychiatric medications as listed on the PMA dated 2/7/19. NSP dated 8/10/19 documented PMA dated 2/7/19, instead of current PMA dated 8/5/19. NSPs 7/11/19 & 8/10/19

Documented incorrect medication for C4 and not in accordance with the court approved medication listed in PMA dated 2/7/19 & 8/5/19. Per agency administrator, C4 psychiatrist had changed the medication; however, no authorization forms (JV 220 & JV220A) were submitted to court to notify court of the change in C4 medication. Per agency administrator, the forms will be submitted to court immediately. In addition, C4, NSPs dated 3/11/19 & 6/11/19 did not document the concurrent plan goals. On 10/10/19, at the exit conference meeting, the agency reported submitting proper PMA forms (JV 220 & JV220A) for correct medication for C4. A copy of the submitted PMA forms dated 9/25/19 was provided to CAD on 10/10/19.

PLAN OF CORRECTION: On 11/07/2019 Training was completed on how to document Needs and Services Plans specifically the areas of Case Plan Goal and Concurrent Case Plan (Permanency) and Psychiatric Medication Authorizations (PMA) dates with updated psychotropic medications the clients are administered. Clinical Director or designee and Quality Assurance will review all NSPs for accuracy on an ongoing basis.

Covered in the training was: Requesting the 709 Plan for each client to know what their Case Plan Goal and Concurrent Case Plan (Permanency) is for each client and if not to ask the Case Carrying County Social Worker about each client's permanency plans. Also, as plans may change to update the client's Case Plans. An example of a JV 220 was shown and the date of approval was provided. It was explained that these are approved every 6 months, and examples of when this may not be the case were provided (i.e. on an emergency basis). Trainer stated to make sure every month that meds are reviewed with the psychiatrist and the Needs and Services Plans are updated based on the psychiatrists' documentation.



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Also, Quality Improvement and Training Coordinator update ResTrak so this system can be references so that client's medications on the Needs and Services Plans will be accurate.

VI: Education and Independent Living Program Services:

28. C2 & C3 are not in their school of origin and it's not documented why not.

PLAN OF CORRECTION: All Childhelp STRTPs (Beaumont, Costa Mesa) will be adding an additional Line Item on the Client Identification Form, titled "School of Origin Acknowledgment" to all intake packets. Intake Packets without the Exception of allowing children to attend Beaumont or Costa Mesa Unified School Districts will be returned for "School of Origin Exception" prior to the child's acceptance to a Childhelp facility. Not receiving authorization to enroll a child in a Beaumont or Costa Mesa School Districts by the placing Social Worker and/or Authorized Representative may lead to placement denial. Please note, that the Beaumont and Costa Mesa Programs are a significant distance from Los Angeles County. Any "School of Origin" outside of a 10 mile radius from any of our STRTP Programs will be considered too far of a distance to transport a child to school (we will also consider traffic, child's dangerous propensities or risk factors and development).

Attachment 5: (Letters from Los Angeles County Social Workers, Excluding C2 & C3 from attending "School of Origin")

X. Personnel Files

81.1 No- S2 medical clearance not on file. On 10/17/19, the agency provided S2 medical clearance documentation. However, the medical clearance form was signed by the agency's licensed vocational nurse and not by a licensed physician as required by Title 22 Regulations. In consultation with Community Care Licensing, it was confirmed that personnel health screening shall be performed by a physician.

81.2 No- S2 TB clearance not on file. On 10/17/19, the agency provided S2 medical clearance documentation. However, the medical clearance form was signed by the agency's licensed vocational nurse and not by a licensed physician as required by Title 22 Regulations. In consultation with Community Care Licensing, it was confirmed that personnel health screening, including a test for tuberculosis, shall be performed by a physician.

PLAN OF CORRECTION: As of July 2019, Childhelp STRTP now contracts with a Third Party Medical Vendor, ADP Screening and Selection Services, for Pre-Employee Medical Physicals & Services. ADP Screening and Selection Services Contract Information is: (888) 606-7868. Director of Human Resources or designee will ensure timely completion of all pre-employment requirements.

Attachment 6: (Sample of Pre-Employment Physical Clearance)



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T 951-845-3155
F 951-845-8412

A handwritten signature in black ink, appearing to read "Diana Correa".

Diana Correa | Executive Director Program Operations, California



14700 Manzanita Park Road, Beaumont, CA, 92223

Phone: 951-845-3155 | Fax: 951-845-8412

E-Mail: DCorrea@Childhelp.org

Website: <http://www.childhelp.org>



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T 951-845-3155
F 951-845-8412

To: Los Angeles County DCFS, Contract Monitoring

From: Marlo J. Felix, MSW, Quality Assurance

RE: Memo, Personnel Files 81.2, TB clearance not on file

CA Title 22 (g) states "All personnel, including the licensee, administrator and volunteers, shall be in good health, and shall be physically, mentally, and occupationally capable of performing assigned tasks." (1) Except as specified in (3) below, good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure.

At the time the health screen was conducted, LVN Shannon Purvis was under (remains under) the supervision of a physician, our Medical Director, Mark Chenven. According to Vocational Nursing Practice Act California Business and Professions Code, Division 2, Chapter 6.5, Article 2. Scope of Regulation, Section 2860.7 (a) "A licensed vocational nurse, acting under the direction of a physician may perform: (1) tuberculin skin tests, coccidioidin skin tests, and histoplasmin skin tests, providing such administration is within the course of a tuberculosis control program." According to Section 2860.7 (c) "Nothing in this section shall be construed to require physical presence of a directing or supervising physician, or the examination by a physician of persons to be tested or immunized. (Added by Stats. 1974, Ch. 837.)." It is clear per this Code of Regulations, also supported by CA Title 22 that Childhelp LVN acted within her scope of practice under the supervision of a physician, by administering the TB test and the basic health screen at the time it was conducted.