



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 23, 2020

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

From: Bobby D. Cagle
Director

BOURNE 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 Bourne Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in July 2020. The Contractor has four licensed sites located in the Fifth Supervisorial District. All sites provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents (NMDs).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 3
PRIORITY 3 0

CAD conducted a 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 Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

"To Enrich Lives Through Effective and Caring Service"

The Contractor was in full compliance with 5 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Engagement and Team Work; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, seven DCFS placed children were selected for the sample. CAD reviewed the files of the seven selected children and interviewed four of the children to assess the level of care and services they received. Two children were discharged during CAD's Contract Compliance Review, and one child did not wish to be interviewed. An additional three discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four Resource Family Homes (RFHs) files and three staff files for compliance with Title 22 Regulations and County contract requirements. CAD conducted interviews with staff and the Resource Family Parents (RFPs) via telephone and video conference to assess the quality of care and supervision provided to the placed children.

CAD noted findings in the areas of:

Priority 1

- Needs and Services Plans (NSPs)
 - NSPs were not comprehensive and accurate; and
 - The STRTP did not address the need to develop an individualized plan for children with a history of running away.
- Permanency
 - The NSP Permanency section did not document the child's concurrent case plan goals.
- Education and Independent Living Program Services
 - Efforts to maintain children at school of origin were not documented.

Priority 2

- General Contract Requirements
 - Special Incident Reports not properly documented in the NSPs.
- Health and Medical Needs
 - Child's initial medical examination was not conducted timely; and
 - Child's initial dental examination was not conducted timely.

On September 11, 2020, DCFS CAD Children Services Administrator I and II and Out-of-Home Care Management Division Quality Assurance Specialist held an exit conference with the Contractor's representatives.

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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. The Contractor provided the attached approved Corrective Action Plan addressing the noted deficiencies 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:KDR
LTI:pm

c: Fesia Davenport, Acting Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Brandon Nichols, Chief Deputy Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Timothy Tucker, Executive Director, Bourne
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



October 8, 2020

Bourne Family Services
2235 N. Lake Ave. Ste 211
Altadena, CA 91001

RE: CORRECTIVE ACTION PLANS

Dear Patricia Moreno,

The following Corrective Action Plans are in response to our exit conference held on 9/11/2020. The agency has addressed the necessary actions; corrected the deficiencies, described how the corrections will be implemented and what actions we have in place to ensure that the protocols are maintained for the following findings:

I. GENERAL CONTRACT REQUIREMENTS

Item 5.1: SIR Documentation is in the Needs and Services Plans (NSPs)

Findings:

Child 4: One SIR for substance abuse on 5/17/20 was not documented in the NSP.

Child 5: An SIR for assaultive behavior on 5/14/20 and another for possible COVID-19 exposure on 5/15/20 were not documented in the NSP.

Corrective Action Plan:

Bourne Inc. has scheduled an NSP training for staff who are responsible for the information documented in the NSP's, which will include reviewing all items that need to be present in the NSP, including all SIRs. All NSPs will be reviewed by the Director of Residential, an Administrator or designated staff (s) before submission. This training has taken place on October 8, 2020.

IV. NEEDS AND SERVICE PLANS

Item 16.2: NSPs were completed accurately and on time.

Findings:

Child 2: NSPs were not updated, much of the notes/goals remained the same for several months.

Child 4: 6/15/20 NSP shows educational goal for child to “complete all online schooling assignments from 0x a week to 1x a week for the next month,” but shows previous educational goal for child to “complete all online schooling assignments from 3x a week to 4x a week for the next month” as achieved on 6/15/20.

Child 5: There are three “Achieved Outcome Goals on the 6/24/20 NSP showing a start date of 5/24/20 and achieved date of 6/24/20, but these goals were already shown as achieved on the 5/24/20 NSP. Also, under “Identified educational needs,” Initial NSP (3/24/20) states, “Current identified educational needs will be focused on adjustment to a new living situation, new school and new school online process due to COVID-19 pandemic. World history has caused some challenges for Clt and will be focus.” This remains the same through 6/24/20 NSP. Regarding ILP questions, 3/24/20 NSP states, “Will explore with CSW and gather more information.” This remains the same with no update through 6/24/20 NSP.

Child 7: Wrong child’s name on one NSP, wrong pronouns off and on.

Corrective Action Plan:

Bourne Inc. has scheduled an NSP training for staff who are responsible for the information documented in the NSP’s, which will include, reviewing and updating goals as needed, how to create smart goals and review of adequate documentation and support for goals to ensure accuracy and timeliness. All NSPs will be reviewed by the Director of Residential, an Administrator or designated staff (s) before submission. This training has taken place on October 8, 2020.

Item 19: If child is CSEC or has history of running away, the STRTP and CFT developed an individualized plan for services to address that need.

Findings:

Child 6 and Child 7: History of running away, including while at the STRTP, but no services to address this need included in NSP.

Corrective Action Plan:

Bourne Inc. has scheduled an NSP training for staff who are responsible for the information documented in the NSP’s, which will include, information addressed at all CFT’s regarding CSEC and/or run-away behaviors. All NSPs will be reviewed by the Director of Residential, and an Administrator or designated staff (s) before submission. This training has taken place on October 8, 2020.

V. PERMANENCY & TRANSITION SERVICES

Item 20: The NSP Permanency section documented the child's case plan goals (i.e. concurrent plan, progress made, barriers)

Findings:

Child 1: No concurrent case plan goal until 5/23/20 NSP (child admitted 11/23/19).

Child 4: For both Case Plan Goal and Concurrent Case Plan Goal, the PPLA/Transition box is checked, but the comments state "Permanency Goal is focused on returning to legal Guardian i.e. Family Reunification per court orders at this time..."

Child 5: For the Case Plan Goal, the Legal Guardianship box is checked, but comments state "Case Plan Permanency Goal is focused on Family Reunification."

Child 6: No concurrent case plan goal.

Child 7: No concurrent case plan goal until 6/23/20 NSP (child placed 12/23/19).

Corrective Action Plan:

Bourne Inc. has scheduled an NSP training for staff who are responsible for the information documented in the NSP's, which will include, reviewing the youth's case plan goals and concurrent goals, adequate documentation of progress, and barriers to ensure accuracy, timeliness, and no missing information. All NSPs will be reviewed by the Director of Residential, an Administrator or designated staff (s) before submission. This training has taken place on October 8, 2020.

VI. EDUCATION AND INDEPENDENT LIVING PROGRAM SERVICES

Item 28: Efforts to maintain children at school of origin are documented.

Findings:

Only Child 1 and Child 6 had documentation.

Corrective Action Plan:

Bourne Inc. has designated a formal procedure for the School Liaison, to document his New Client Initial School Interview. In this interview the School Liaison includes a discussion with the youth regarding continuing to attend their school of origin. School Liaison will send his education report that includes this documentation to the Residential Therapist, an Administrator two weeks prior to the NSP due date for inclusion into the NSP.

VII. HEALTH AND MEDICAL NEEDS

Item 33: Initial medical examinations are conducted timely.

Findings:

Child 1: Notes state “Clients Medi-cal was not active prior to Dec. 23, 2020.” Child was placed 11/23/19, and initial medical exam completed 1/14/20.

Corrective Action Plan:

Bourne Inc has implemented a procedure that requires that all medical appointments occur within the first week of the youth’s placement at the STRTP. If the youth’s medical card has not yet been activated, this procedure will give the Facility Manager enough time to have the youth’s medi-cal card activated.

Item 34: Initial dental examinations are conducted timely

Findings:

Child 1: Notes state “Clf’s Medi-cal was not active prior to Dec. 23, 2020.” Child was placed 11/23/19, and initial dental exam completed 1/8/20.

Corrective Action Plan:

Bourne Inc has implemented a procedure that requires that all medical appointments occur within the first week of the youth’s placement at the STRTP. If the youth’s medical card has not yet been activated, this procedure will give the Facility Manager enough time to have the youth’s medi-cal card activated.

Please note that during the preparation for the STRTP Monitoring Review audit it came to our attention that the girl facilities’ NSPs, completed by our contracted Clinical Social Worker, were not efficiently done, nor were they properly reviewed by the current Administrator and Acting Administrator. Therefore, we terminate our contract with the Clinical Social Worker, remove the current Administrator and demoted the acting Administrator. We have now added the Director of Clinical Services and the Director of Residential. Both will be responsible the final review of the NSPs before submitting to County Social Workers for signatures.

If you have any questions, please contact me on 626.797.9196 office or 626.786.1056 cell.

Sincerely,



Tim Tucker
Executive Director

Ttucker@bournefamilyservices.org