



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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GUILLERMO VIERA ROSA

Chief Probation Officer

October 16, 2023

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Kathryn Barger

FROM: Guillermo Viera Rosa 
Chief Probation Officer

SUBJECT: **OPTIMIST YOUTH HOMES & FAMILY SERVICES SHORT-TERM
RESIDENTIAL THERAPEUTIC PROGRAM (STRTP) CONTRACT
COMPLIANCE REVIEW**

REVIEW OF REPORT

Probation Child Welfare's (PCW) Contract Compliance and Investigations (CCI), under Placement Permanency and Quality Assurance, conducted a Contract Compliance Review of the Optimist Youth Homes & Family Services Short Term Residential Therapeutic Program (the Contractor) in May 2023. The Contractor has one (1) site, located in the Fourth Supervisorial District, and provides services to the following: Los Angeles County Probation foster children, Los Angeles County Department of Children and Family Services (DCFS) foster children and Non-Minor Dependents (NMD).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 16
PRIORITY 3 0

CCI conducted an on-site Contract Compliance Assessment review, and the Contractor was in full compliance with two (2) of 10 applicable areas of the CCI Contract Compliance Review: General Contract Requirements and Personal Rights and Social/Emotional Well-Being. However, CCI noted deficiencies in eight (8) of 10 applicable areas: Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transitional Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personnel Files. There was a priority one (1) finding in the area of Facility and Environment.

For the purpose of this review, all five (5) children selected were DCFS placed children for the sample as there were no Probation children at the time of review. CCI reviewed each child's file and interviewed them to assess the level of care and services they received. CCI interviewed all five (5) children. Additionally, three (3) discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CCI reviewed five (5) STRTP staff files for compliance with Title 22 Regulations and County contract requirements. A site visit was conducted at the STRTP facility to assess the physical condition, quality of care, and supervision provided to the placed children.

CCI noted deficiencies in the areas of:

Priority 1

- Facility and Environment (1 Finding)
 - The swimming pool was not properly protected and had a broken life ring, and a life hook was not present.

Priority 2

- Engagement and Teamwork (1 Finding)
 - One child did not attend the Child and Family Team meetings, and the documents did not note why she was consistently not present.
- Needs and Service Plans (NSP) (3 Findings)
 - Three children's NSP were not timely, and not signed on time by the children, STRTP staff or county worker.
- Permanency and Transitional Services (1 Finding)
 - One child's discharge summary did not document aftercare support services and linkages.
- Education and Independent Living Plan Services (6 Findings)
 - Three children were not immediately enrolled in school upon placement.
 - Three children's files did not document efforts to maintain them at their school of origin.
- Health and Medical Needs (2 Findings)
 - One child's medical exam was not timely (11 days late).
 - One child's dental exam was not timely (19 days late).

- Personal Rights and Social/Emotional Well-Being (2 Findings)
 - One child reported that her privacy was violated when her room was searched with no provocation or suspicion of her being in possession of contraband.
 - One child reported that she was prevented from going to a tarot card reading.

On June 29, 2023, the CCI monitor 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.

The Contractor provided the attached approved Corrective Action Plan (CAP) addressing the noted findings in this compliance report.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

GVR:HW:PV:LCM

Attachments

c: Fesia A. Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Brandon T. Nichols, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Community Care Licensing Division
Latasha Howard, Probation Contracts
Maria Bhattachan, Chief Administrative Officer, Optimist Youth & Family Services



LOS ANGELES COUNTY

OPTIMIST BOYS HOME AND RANCH (STRTP)



Corrective Action Plan

2023

FACILITY AND ENVIRONMENT

8. The exterior and the grounds are safe and well maintained.

8.6 Swimming pools, fishponds, or other bodies of water, are properly protected (fences, exit alarms, or manual/electrical safety pool covers are used) [Title 22, §80087(e); ILS, §87087.2(a)(4); Master Contract, Exhibit A, SOW, Part B, §13.3(1)(2)] [Title 22, §80087(e); ILS, §87087.2(a)(4); Master Contract, Exhibit A, SOW, Part B, §13.3(1)(2)]

Facility

Site 1172

1. Explain the Cause.

The lifesaver ring and pole were broken. Staff failed to report the broken equipment to facility staff. Cause is unknown. Facility personnel (facility director) had to purchase new equipment.

2. Corrective Action Taken.

Both items were replaced and a training for staff took place on 7/12/2023 to ensure they check if both items are in place and in tact before and after use of the pool. This has to be logged in the daily log. Proof of training attached.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

During their weekly grounds walk-throughs, the facility staff will check if both items are in place and in tact. QJ will check for both items in place and in tact when they walk through the facility every other week/ monthly. Both will utilize the facility/ grounds checklist to record the walk through.

ENGAGEMENT AND TEAMWORK

14. The child's CFT team members/participants are identified and documented in the NSPs OR the STRTP has documented efforts to obtain the information [Master Contract, Exhibit A, SOW, Part C, §§14.1.2 & 14.2; DCFs Child Welfare Policy No. 0070-548.01 (CFTs); ACL No. 16-84; WIC, §§16501(a)(4)(B)(i); Title 22, §84268.3(c)(2)].

Facility

Site 1172

1. Explain the Cause.

There was an ICC note from the case manager explaining that client came to greet everyone but then refused to attend. Staff failed to explain that in the CFT note.

2. Corrective Action Taken.

The clinical supervisor reviewed documentation guidelines with the staff during their team meeting on 7/5/2023. The ICC note, the CFT notes and the NSP have to be consistent and have to explain why a client did not attend a CFT and that it was then considered a staffing and not a CFT. Case manager, therapist and line staff will encourage the youth to participate using incentives based on the youth's preferences discussed with the youth prior and noted in the CFT and NSP.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The clinical records specialist added to her audit tool a note to check for client attendance in all documentation and ensure consistency of the documentation.

NEEDS AND SERVICES PLANS

17. The NSPs are completed accurately and on time.

17.1 NSPs are developed timely [Master Contract, Exhibit A, SOW, Part C, §§19.2 & 19.5; ILS, §§87068.2(a), 87068.22(b)(3) & (e), & 87068.3(a)] [Master Contract, Exhibit A, SOW, Part C, §§19.2 & 19.5; ILS, §§87068.2(a), 87068.22(b)(3) & (e), & 87068.3(a)]

Facility
Site 1172
Site 1172
Site 1172

17.3 The child/NMD signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)]

Facility
Site 1172
Site 1172
Site 1172

17.5 The required STRTP staff signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7]

Facility
Site 1172
Site 1172

17.6 The NSPs were submitted timely to the CSW/DPO for approval [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)] [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)]

Facility
Site 1172
Site 1172
Site 1172

1. Explain the Cause.

2022 was a year of staffing transition for the agency and regarding documentation requirements: NSP's had to be entered into the PMIS system. The system had a lot of hiccups, and lots of training had to take place. Additionally, the clinical director and clinical supervisor changed for the STRTP program and reorganization and reassignments took place. And given the learning curve, the NSP's were often rejected by the director and revisions had to take place.

2. Corrective Action Taken.

The clinical director has been training the case manager, therapist and clinical supervisor step by step to ensure the NSP's are done accurately and timely. The clinical supervisor went ahead and discussed the issue again during the 7/5/2023 team meeting to ensure everyone is aware of the importance of accuracy, detail and timeliness.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The clinical records specialist is tracking NSP's on a monthly/ ongoing basis and notifications go out when NSP's are coming up as well as when NSP's are due or overdue. Notifications are sent to the therapist, case manager, clinical supervisor and clinical director to ensure follow up.

PERMANENCY AND TRANSITION SERVICES

23. Aftercare support services and linkages were provided to the child and family upon discharge [ILS, §§87022.1(b)(12)(A)(2), 87068.2(b)(3), & 87068.22(c); Master Contract, Exhibit A, SOW, Part C, §§15.4 & 15.5].

Facility

Site 1172

1. Explain the Cause.

Since the transition determination plan is done before a youth leaves, sometimes, linkage is not secured, yet. That does not mean linkage does not occur, it is just not secured. In this case, therapist and clinical supervisor failed to describe the linkage which took place.

2. Corrective Action Taken.

The clinical Supervisor did a training for the therapist, case manager and education specialist to ensure linkage is done as early as possible and noted in more detail in the transition determination plan. The training took place on 7/12. The clinical supervisor and clinical director will ensure this is done before approving a transition determination plan.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The clinical records specialist will review the transition determination plan and ensure linkage is outlined in detail.

EDUCATION AND INDEPENDENT LIVING PLAN SERVICES

24. Children are enrolled in school immediately upon placement [Master Contract, Exhibit A, SOW, Part C, §15.3.3 & 15.3.7(1); California Education Code, Title 2 §48853.5(f)(8)(A)].

Facility

Site 1172

Site 1172

Site 1172

1. Explain the Cause.

The education specialist does everything possible to enroll the residents right away, but immediate enrollment is still something schools do not embrace. Also, a couple youth came during the break, came without paperwork and the school offices were closed. When they opened, it took them a while to get back to us. Staff failed to document details in the NSP regarding her efforts around school enrollment.

2. Corrective Action Taken.

The education specialist was retrained that immediate enrollment is a must, and if vacation, immediate means the day when school opens. She was also provided with resources by Melissa Aguilar, DCFS, to contact LACOE right away if any issues arise regarding enrollment of a youth. From now on, all efforts to immediately enroll the clients in school as well as all barriers to enrollment will be noted in the NSP.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The clinical records specialist will add a box to her audit tool to track admission and school enrollment and documentation to follow up every time an enrollement is late and the cause for it.

25. Efforts to maintain children at school of origin are documented [Master Contract, Exhibit A, SOW, Part C, §15.3.2].

Facility

Site 1172

Site 1172

Site 1172

1. Explain the Cause.

The education specialist fell short with explaining why the youth did not remain at their school of origin.

2. Corrective Action Taken.

The clinical supervisor did training with therapist, case manager and education specialist on 7/5/2023 to go over the importance of trying everything possible for the youth to continue at the school of origin and if that is not possible to explain in detail why it is not possible and what was done to try. This has to be noted in the CFT notes and the NSP in addition to the ICC notes the education specialist writes.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The clinical supervisor will ensure that the documentation is not only captured in the ICC notes but also in the CFT notes and on the NSP before approving the NSP. Additionally, the clinical records specialist will review the CFT notes and the NSP carefully during her monthly review/ audit and will ask for further explanation should the reports lack detail.

HEALTH AND MEDICAL NEEDS

28. Initial medical examinations are conducted timely [Title 22, §80069(a); Master Contract, Exhibit A, SOW, Part C, §§15.3.9 & 15.4.1.2.1].

Facility

Site 1172

1. Explain the Cause.

Staff does not remember why the appointment was late. The explanation was not noted in the NSP.

2. Corrective Action Taken.

Training took place reviewing the importance of timely medical appointments but also of documentation in the NSP.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The clinical supervisor will ensure that the documentation is not only captured in the ICC notes but also on the CFT notes and on the NSP before approving the NSP. Additionally, the clinical records specialist will review the CFT notes and the NSP carefully during her monthly review/ audit and will ask for further explanation should the reports lack detail.

29. Initial dental examinations are conducted timely [Title 22, §80069(a); Master Contract, Exhibit A, SOW, Part C, §§15.3.9, 15.4 & 15.4.1.2.1].

Facility

Site 1172

1. Explain the Cause.

NP was a readmit. she was initially placed with us 8/18/2022 - 12/12/2022 and then readmitted on 1/9/2023. Her initial dental from the first placement stated that she should come back 2/28/2023, therefore, the only wrong doing on this was not to note that in the NSP of the youth.

2. Corrective Action Taken.

Training took place on 7/5/2023 and to ensure progress note, NSP and CFT explain such circumstances.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The clinical records specialist will review proper documentation of all medical appointments in progress notes and NSP's and will request explanations as needed.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

53. If applicable, children report all discerning needs and services are being met [ILS, §§87078(d), & 87078.1; Master Contract, Exhibit A, SOW, Part C, §15.0].

Facility

Site 1172

Site 1172

1. Explain the Cause.

The cottage had an issue with the youth not being honest and forthcoming regarding different issues, therefore, the staff did a random search of all client rooms. It was explained to the youth why that was happening but youth was not happy. Youth wanted to go for a tarot card reading. Staff did not allow it because she thought that was inappropriate for the youth to do.

2. Corrective Action Taken.

Staff was retrained in personal rights of our youth, see training documents from 7/5 attached. Searches can only occur when there is a suspicion of contrabands, or a resident is trying to hurt themselves or for any other valid reason discussed in the CFT and agreed upon in the CFT. If the youth wants to do a tarot card reading and can afford it, it is their right to do such things. Staff's own personal believes cannot be relevant in such a decision.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Clinical supervisor and facility manager will continue to remind staff of the clients' personal rights during team meetings and discuss different issues which could arise.

PERSONNEL FILES

76. Personnel received initial training and orientation.

76.6 Personnel received developmentally disabled children training [ILS, §87065.1(d)(3)(Q); Master Contract, Exhibit A, SOW, Part B, §9.5][ILS, §87065.1(d)(3)(Q); Master Contract, Exhibit A, SOW, Part B, §9.5]

Facility

Site 1172

1. Explain the Cause.

The staff missed a lot of work. She fell behind with training and then went on leave for the rest of 2022 and until end of June 2023. She has already caught up since her return and took the developmental disabilities training on 7/10/2023.

2. Corrective Action Taken.

The agency changed to the Relias training system in March 2023. This has helped with reports by program and by staff. Supervisors and QA receive monthly reports and follow up with the individual staff before they fall behind on training.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Supervisors and QA receive monthly reports and follow up with the individual staff before they fall behind on training.