July 14, 2011

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

From: Jackie Contreras, Ph.D.
    Acting Director

DREAM CATCHER FOUNDATION GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board’s April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Dream Catcher Foundation Group Home is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services’ (DCFS) foster youth. According to the agency’s program statement, its goal is “to help youth develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society, and to help develop and promote a viable social support system for youth.” Dream Catcher Foundation Group Home has three sites licensed to serve a capacity of 18 females, ages 8 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Dream Catcher Foundation Group Home in October 2010, at which time the agency had three six-bed sites and 16 placed DCFS children. The children’s overall average length of placement was seven months, and their average age was 15. For the purpose of this review, nine children were interviewed and 10 case files were reviewed. One youth whose file was reviewed was discharged prior to our interview. Eight staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Four children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.
SCOPE OF REVIEW

The purpose of this review was to assess Dream Catcher Foundation Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, 10 placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Dream Catcher Foundation Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. The children interviewed stated they were treated "fair" by staff and they liked residing in the home.

At the time of the review, the children's files were well organized, however, the Group Home social work staff needed to ensure that Needs and Services Plans (NSP) were comprehensive.

Dream Catcher Foundation Group Home was receptive to implementing systemic changes to improve its compliance with regulations and the Foster Care Agreement. The Administrator and Residential Facility Supervisor stated they understood the findings in the review and would develop a plan to correct the deficiency.

NOTABLE FINDINGS

The following was the notable finding of our review:

- The 24 NSPs were not comprehensive. They lacked plans and methods to achieve identified treatment goals. The children's responsibility in achieving the goals was clearly identified, but not the agency's role in helping the children achieve the goals.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on March 18, 2011.

In attendance:

Theresa McPherson, Administrator, and Barbara Waters, Facility Supervisor, Dream Catcher Foundation Group Home; and Sonya Noil, Monitor, DCFS OHCMD.
Highlights:

The Administrator was in agreement with our findings and recommendations. She agreed that the NSPs goals were lacking. She also stated that training would be forthcoming.

Dream Catcher Foundation Group Home’s Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report was received and approved (See attached).

As noted in the monitoring protocol, a follow-up visit will be conducted to address the provider’s approved CAP and assess for full implementation of the recommendations.

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

JC:RS:KR
EAH:DC:sn

Attachments

c. William T Fujioka, Chief Executive Officer
   Wendy Watanabe, Auditor-Controller
   Donald H. Blevins, Chief Probation Officer
   Public Information Office
   Audit Committee
   Sybil Brand Commission
   Pam Norris, Executive Director, Dream Catcher Foundation Group Home
   Jean Chen, Regional Manager, Community Care Licensing
   Lenora Scott, Regional Manager, Community Care Licensing
## Contract Compliance Monitoring Review

### Licensure/Contract Requirements (9 Elements)

1. Timely Notification for Child's Relocation  
2. Stabilization to Prevent Removal of Child  
3. Transportation  
4. SIRs  
5. Compliance with Licensed Capacity  
6. Disaster Drills Conducted  
7. Disaster Drill Logs Maintenance  
8. Runaway Procedures  
9. Allowance Logs

### Facility And Environment (6 Elements)

1. Exterior Well Maintained  
2. Common Areas Maintained  
3. Children's Bedrooms / Interior Maintained  
4. Sufficient Recreational Equipment  
5. Sufficient Educational Resources  
6. Adequate Perishable and Non Perishable Food

### Program Services (8 Elements)

1. Child Population Consistent with Program Statement  
2. DCFS CSW Authorization to Implement NSPs  
3. Children's Participation in the Development of NSPs  
4. NSPs Implemented and Discussed with Staff  
5. Therapeutic Services Received  
6. Recommended Assessments/Evaluations Implemented  
7. DCFS CSWs Monthly Contacts Documented  
8. Comprehensive NSPs

**Findings:** February 2010

- Full Compliance (ALL)
### IV Educational and Emancipation Services (4 Elements)

1. Emancipation/Vocational Programs Provided
2. ILP Emancipation Planning
3. Current IEPs Maintained
4. Current Report Cards Maintained

Full Compliance (ALL)

### V Recreation and Activities (3 Elements)

1. Participation in Recreational Activity Planning
2. Participation in Recreational Activities
3. Participation in Extra-Curricular, Enrichment and Social Activities

Full Compliance (ALL)

### VI Children’s Health-Related Services (including Psychotropic Medications) (9 Elements)

1. Current Court Authorization for Administration of Psychotropic Medication
3. Medication Logs
4. Initial Medical Exams Conducted
5. Initial Medical Exams Timely
6. Follow-up Medical Exams Timely
7. Initial Dental Exams
8. Initial Dental Exams Timely
9. Follow-Up Dental Exams Timely

Full Compliance (ALL)

### VII Personal Rights (11 Elements)

1. Children Informed of Group Home’s Policies and Procedures
2. Children Feel Safe
3. Satisfaction with Meals and Snacks
4. Staff Treatment of Children with Respect and Dignity
5. Appropriate Rewards and Discipline System
6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care
7. Children Allowed Private Visits, Calls and Correspondence
8. Children Free to Attend Religious Services/Activities
9. Reasonable Chores
10. Children Informed about Psychotropic Medication
11. Children Aware of Right to Refuse Psychotropic Medication

Full Compliance (ALL)
### VIII Children's Clothing and Allowance (8 Elements)

1. $50 Clothing Allowance  
2. Adequate Quantity of Clothing Inventory  
3. Adequate Quality of Clothing Inventory  
4. Involvement in Selection of Clothing  
5. Provision of Personal Care Items  
6. Minimum Monetary Allowances  
7. Management of Allowance  
8. Encouragement and Assistance with Life Book

Full Compliance (ALL)

### IX Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training) (12 Elements)

1. Education/Experience Requirement  
2. Criminal Fingerprint Cards Timely Submitted  
3. CACs Timely Submitted  
4. Signed Criminal Background Statement Timely  
5. Employee Health Screening Timely  
6. Valid Driver's License  
7. Signed Copies of GH Policies and Procedures  
8. Initial Training Documentation  
9. CPR Training Documentation  
10. First Aid Training Documentation  
11. On-going Training Documentation  
12. Emergency Intervention Training Documentation

Full Compliance (ALL)
The following report is based on a "point in time" monitoring visit and addresses findings noted during the October 2010 monitoring review.

**CONTRACTUAL COMPLIANCE**

Based on our review of ten children's files and eight staff files, and/or documentation from the provider, Dream Catcher Foundation Group Home was in full compliance with eight of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Facility and Environment; Educational and Emancipation Services; Recreation and Activities; Children's Health-Related Services, Including Psychotropic Medications; Personal Rights; Children's Clothing and Allowance; and Personnel Records. The following report details the results of our review.

**PROGRAM SERVICES**

Based on our review of ten children's case files and/or documentation from the provider, Dream Catcher Foundation Group Home fully complied with seven of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement. They were assessed for needed services within 30 days and received the required therapeutic services. Recommendations on required and/or recommended evaluations were implemented.

Based on our review, we found that the NSPs were implemented and discussed with the Group Home staff. We also found that age-appropriate children participated in the development of the NSP. However, of the 24 NSPs reviewed, none were comprehensive. Specifically, the NSPs lacked plans and methods to achieve identified treatment goals. Children's responsibilities in achieving the goals were provided, but there was no documentation as to the agency's role in helping children achieve the goals. In addition, the DCFS CSW's authorization to implement the NSP was not found for one child. During the exit
conference, the Administrator reported that her treatment team would have an in-service immediately. The Administrator invited this Monitor to come and meet with her staff as well.

**Recommendations:**

Dream Catcher Foundation Management shall ensure:

1. The NSPs are Comprehensive
2. CSWs authorize implementation of NSPs.

**PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER’S (A-C) MONITORING REPORT**

**Objective**

Determine the status of the recommendations reported in our prior monitoring review.

**Verification**

We verified whether the outstanding recommendations from the September 2008 report were implemented.

**Results**

The A-C’s prior monitoring report was issued on September 11, 2008 with several recommendations. Specifically, the Dream Catcher Foundation was to ensure the block wall in the back yard was repaired and that the back yard was properly landscaped (House # 1). The agency was to repair the exterior trim, the overhang of the roof, the front fascia board and the bathroom mirror (House # 2). The agency was to clean the exterior of the house (House # 3). Based on our follow-up of these recommendations, Dream Catcher Group Home fully implemented all of the A-C’s recommendations.

**Recommendation:**

None
April 15, 2011

To: Out of Home Management Division
   9320 Testar Ave, Suite 206
   El Monte, California 91731

Attention: Sonya Noil, Group Home Monitor

From: The Dream Catcher Foundation, Inc
   2814 W. Martin Luther King Blvd.
   Los Angeles, California, 90008

Regarding: Corrective Action Plan (CAP) - Group Home Compliances Review Results

Date of Audit: April 1, 2011

III Program Services:

Finding(s): Needs and Services Plans (NSPs) were not comprehensive for the following reasons: All of the NSPs were missing the plan and method to achieve the identified treatment goals.

Correction Action Plan

The Dream Catcher will ensure that the NSPs are comprehensive. The goals, plan, and method will be adequately addressed. The Social Worker Supervisor has conducted a mandatory training with all Agency Social Workers regarding this finding and the recommendations. The training focused on setting and stating clearly on the NSP's the plan and method to achieve realistic attainable goals. Each client's initial, as well as, quarterly goals, plan and method will be discussed with the Social Worker Supervisor.
during the bi-monthly treatment plan review meetings. Before submitting the NSP, the Social Worker supervisor will review the NSP for comprehensiveness.

**Person Responsible for Implementation of the CAP**

Agency Social Worker Supervisor, Tawanda Counts, MFTI, will ensure the implementation of the CAP.

**Time Frame of Implementation**

The CAP has been implemented.

**Finding(s):** 2. Did the group home obtain the DCFS CSW's authorization to implement the NSP. The Dream Catcher's Fax cover sheet sent to CSW to sign the NSP for the respective client did not have the client's name or the reason for the fax in the RE: section of the fax cover sheet.

**Correction Action Plan**

Administrator, Theresa McPherson, counseled with all staff in the office who are responsible for faxing the NSP's to the County social workers. She stressed the importance of completing all fields of the fax cover sheet so as to adequately document the transmission of the NSP's and all other important documents that are submitted via fax. The Dream Catcher has created a specific Fax Cover Sheet for:

- the transmission of NSP's to the CSW, and
- "Request for Signature" to implement the NSP.

**Person Responsible for Implementation of the CAP**

Theresa McPherson, Agency Administrator, will ensure the implementation of the CAP.

**Time Frame of Implementation**

The CAP has been implemented.

Respectfully submitted,

[Signature]

Theresa McPherson, MFT
Administrator
April 15, 2011