PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 11, 2015

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

SOUTH BAY BRIGHT FUTURE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of South Bay Bright Future Group Home (the Group Home) in April 2015. The Group Home has three licensed sites, one located in the Second Supervisorial District and two located in the Fourth Supervisorial District and provides services to DCFS placed children and Probation placed youth. According to the Group Home's program statement, its mission is, "to provide our children a safe therapeutic environment, emphasizing anger management, educational needs, vocational services, social development and independent living skills within a loving, nurturing, supportive and healthy family setting."

At the time of the review, the Group Home served 16 DCFS placed children. The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 boys, ages 11 through 17. The Group Home also serves Non-Minor Dependents (NMDs) up to age 21. The placed children's overall average length of placement was 16 months and their average age was 17.

SUMMARY

During CAD's contract compliance 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 treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 sections of our contract compliance review: Facility and Environment; Educational; and Workforce Readiness; Health and Medical Needs; Psychotropic Medications; Personal Needs/Survival and Economic Well-Being; Discharged Children and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely; Maintenance of Required Documentation and Service Delivery, related to County Children's Social Workers monthly contacts not being documented, not

developing comprehensive initial and updated Needs and Services Plan; and Personal Rights and Social/Emotional Well-Being, related to the children not allowed an opportunity to participate in extra-curricular, enrichment and social activities.

Attached are the details of our review.

REVIEW OF REPORT

On June 2, 2015, Jennifer Higuchi, DCFS CAD, held an Exit Conference with the Group Home Representative LeVetta Hill, Program Administrator. DCFS staff included Jui-Ling Ho, Out-of-Home Care Management Division (OHCMD). 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 Community Care Licensing.

The Group Home provided the attached approved CAP, addressing the recommendations noted in this compliance report.

On June 2, 2015, July 13 and 27, 2015, OHCMD provided the Group Home with technical assistance to assist them in implementing the recommendations noted in this report.

CAD conducted a follow up visit on August 3, 2015, to verify implementation of the CAP.

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

PLB:EM
LTI:jh

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Sybil Brand Commission
Audit Committee
Dr. William M. Hill, Chief Executive Officer, South Bay Bright Future
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

SOUTH BAY BRIGHT FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Rate Classification Level 12 License No. 198205582	Rate Classification Level 12 License No. 191671009	Rate Classification Level 12 License No. 198200139

	Contract Compliance Monitoring Review	**Findings: April 2015**
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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	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	Full Compliance (All)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
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 Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated	10. Improvement Needed

	NSPs with Child's Participation	
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	Full Compliance (All)
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 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	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)	13. Improvement Needed
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)

SOUTH BAY BRIGHT FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring review. This compliance report addresses findings noted during the April 2015 review. The purpose of this review was to assess South Bay Bright Future Group Home's (the Group Home's) 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, five placed children were selected for the sample. The Contract Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, one placed child was prescribed psychotropic medication. The child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements and conducted site visits to assess the quality of care and supervision provided to the children.

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely or appropriately cross-reported.

The Group Home submitted 12 SIRs via the I-Track database during this review period. The Group Home did not submit SIRs for five incidents. Two children were involved in a physical altercation on February 26, 2015, which would have required two SIRS, one for each child. One of the children in the altercation left the Group Home without permission, which would be an SIR for a runaway incident. On March 11, 2015, a child complained of chest pain and was taken to the Emergency

Room to receive treatment and was not reported via the I-Track database. Additionally, no SIR was generated to document a child's disclosure of marijuana use to staff at the Group Home.

At the exit conference, the Group Home representative stated that she was not aware that the children's argument had resulted in a physical altercation and stated the child that left without permission returned shortly after the incident.

The Group Home representative stated they did not generate a SIR with regard to the child that complained of chest pain because it was suspected that the child had a common cold but was taken to the Emergency Room as a precautionary measure. The child had been at the Group Home for one month and they were not familiar with his medical history. The child had been given Albuterol for treatment and it was recommended that he see his primary care physician in three days. The Group Home was reminded that an SIR should have been submitted.

On August 3, 2015, CAD conducted a follow-up visit to ensure the Group Home's implementation of its new protocol. The Group Home representative stated that there was only one SIR reported for the month of July 2015. CAD reviewed the SIR and found that it was not submitted timely. The Group Home representative stated that a SIR training for her staff had been scheduled for August 31, 2015 and following completion of that training, the new protocol would be implemented on September 2, 2015 to ensure compliance with the guidelines.

Recommendation:

The Group Home management shall ensure that:

1. All SIRs are submitted timely and cross-reported to all required parties.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Workers' (CSWs) monthly contacts were not documented.

For three children, DCFS CSW contacts were not properly documented. One child had contacts missing for the month of December 2014. Two children had contact logs that were not clear and specific, as the logs indicated that the CSW had in-person contact, but it was unclear if the contact was with the child or the Group Home staff.

At the Exit Conference, the Group Home representative stated that it was her understanding that the CSWs had to sign a form developed by the Group Home to prove that the contact had occurred with the child. She stated that in many instances, the CSWs refused to sign the form and the meetings were not always documented by the Group Home staff.

CAD conducted a follow-up visit on August 3, 2015 and confirmed with the Group Home representative that the staff will utilize emails to document their monthly contacts and a revised contact log will be implemented on September 2, 2015 to clearly document in-person contact with CSWs.

- Comprehensive initial Needs and Services Plan (NSP) was not developed.

One of five initial NSPs reviewed was not comprehensive, as it did not include Specific Measurable Attainable Relevant Time-bound (SMART) goals. The goals developed for this child were not measurable and the child was held solely responsible for meeting the four listed goals developed for him.

- Comprehensive updated NSP was not developed.

Three of six updated NSPs reviewed were not comprehensive, as they did not include all required elements in accordance with the NSP template. An updated NSP dated December 16, 2014, contained the same goals that were developed for the child in his initial NSP. There was no reason listed for continuing the same goals nor did the goals address the child's individual needs. For another child, updated NSPs dated September 18, 2014, and March 18, 2015 did not contain detailed information about his visitation, Independent Living Program (ILP) participation and education.

At the Exit Conference, the Group Home representative stated that she will ensure all Group Home social workers are properly trained on how to develop appropriate SMART goals and will emphasize the importance of developing comprehensive NSPs that include current and accurate information about the child.

On August 3, 2015, CAD reviewed three most current NSPs to ensure that the new protocol had been implemented. An initial NSP dated June 29, 2015 included goals that were not measurable. An updated NSP dated May 28, 2015 had incorrect information about the child's ILP services and the child's signature was missing. An updated NSP dated July 10, 2015 was not comprehensive as it lacked sufficient information in the medical, mental health, education, and ILP participation sections. In addition, a goal was created on April 10, 2014, for the Group Home social worker to meet with the DCFS CSW to discuss transitional living arrangements but after 15 months, this goal still had not been met. The Group Home representative stated during this visit that she will implement the new protocol on September 2, 2015.

Recommendations:

The Group Home management shall ensure that:

2. County CSW monthly contacts are documented.

3. Comprehensive initial NSPs are developed.

4. Comprehensive updated NSPs are developed.

Personal Rights and Social/Emotional Well-Being

- Children were not given opportunities to participate in extra-curricular, enrichment and social activities.

Four of five children interviewed stated that they do not participate in extra-curricular, enrichment, and social activities. The children stated that they were aware of an activity log posted in the common area of the Group Home, but the information in the log is not always accurate. The Group

Home was not able to provide documentation to show that the children were participating in appropriate activities.

At the Exit Conference, the Group Home representative stated that a new activity log will be developed to document each child's participation and a new house meeting log will be developed to document the children's suggestions.

CAD conducted a follow-up visit on August 3, 2015 and was not able to verify that revised forms had been developed. The Group Home representative stated that the revised activity and house meeting forms will be developed and implemented on September 2, 2015 to document each child's activities.

Recommendation:

The Group Home management shall ensure that:

5. Children are given opportunities to participate in extra-curricular, enrichment, and social activities.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE MONIROTING REVIEW

CAD's last compliance report identified four recommendations.

Results

Based on CAD's follow-up, the Group Home did not implemented 4 of 4 recommendations for which they were to ensure that:

- SIRs will be cross-reported timely.
- County Children's Social Workers (CSW) monthly contacts are documented.
- Initial NSPs are developed timely, comprehensively, and with the child's participation.
- Updated NSPs are developed timely, comprehensively, and with the child's participation.

Recommendation:

6. The outstanding recommendations from the prior CAD report which are noted in this report as recommendations 1, 2, 3, 4 are fully implemented.

The Group Home representative expressed her desire to remain in compliance with Title 22 regulations and contract requirements. The Group Home made efforts to utilize information from the CAD review to strive towards greater overall compliance. CAD conducted an on-site follow-up visit on August 3, 2015. Based on the results of the follow-up, the Group Home implemented 0 of 5 recommendations noted in this report. The Group Home representative stated that she will ensure implementation of the new protocol and recommendations noted in this report on September 2, 2015 and added that the GroupHome was not expecting the follow-up visit unitl October, 2015. CAD met with the Group Home representative on October 26, 2015 and instructed the Group Home to fully implement all outstanding recommendations. The Group Home representative was also advised that failiure to fully implement the outstanding recommendations by the next review could result in placing the Group Home on a hold.

CAD will continue to assess implementation of the recommendations during our next monitoring review. The Out-of-Home Care Management Division will provide on-going support and technical assistance prior to the next review.

South Bay Bright Future, Inc.

24404 S. Vermont Avenue, Suite 201 Harbor City, California 90710
Office: (310) 891-0096 Fax: (310) 891-0195

July 17, 2015

Ali Bhatti, Manager
Department of Children and Family Services
Contracts Administration Division (CAD)
Contract Compliance Section Group Home Monitor

RE: Corrective Action Plan (CAP) Group Home Contract Compliance

Dear Mr. Bhatti;

This is the CAP for the Group Home Contract Compliance for South Bay Bright Future Group Home related to the following:

#4.
Are all Special Incident reports (SIRs) appropriately documented and cross-reported timely?

South Bay Bright Future's Administrator shall ensure all future I-tracks are reported and submitted in a timely matter per the "NEW SIR GUIDELINES" to all parties of interest, (CSW, OHCMDM, CCL, DMH and Probation). All employees were reminded if in doubt, report or call the required agency for clarification and of South Bay Bright Future's "Zero Tolerance Policy" regarding the submission of untimely incidents reports. Technical support is being requested to ensure the "NEW SIR GUIDELINES" are provided for SBBF's staff training on August 29, 2015. The training shall be specifically focused on the new language in the area of non-routine medical treatment and understanding reportable incidents. All employees will be given a copy of these guidelines and it will be reviewed during the training.

Please note: The previous finding in this area was in regards to timeliness; the SIR in question was submitted 7 minutes late. Therefore, our staff training in September 2014 was focused toward "SIR Reporting Timeliness".

#21.
Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file?

South Bay Bright Future's Administrator will ensure that SBBF's treatment team properly documents and maintains detailed monthly contact with the resident's County Social Workers. This shall be thoroughly documented via the NSPs, email transmittals between SBBF and the CSW and the Revised CSW Monthly Communication Logs. In addition, on the 3rd Tuesday of each month the Facility Manager shall review each residents' file to ensure the monthly contact has been completed prior to the end of the month.

#23 and #24

Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

South Bay Bright Future is unique in using the concept that "it takes a village to raise our children". Therefore a weekly communication meeting has recently been implemented to ensure all pertinent information regarding each resident is shared from our Administration, Social Workers and Facility Managers/Case Managers in an effort to comply and exceed the standards of NSPs. A form to document this meeting shall be created by September 01, 2015.

South Bay Bright Future's Administrator shall ensure the treatment team develops timely, comprehensive initial and updated Needs and Services Plans (NSPs) that shall include the participation of the resident, school, staff, CSW, CASA, etc. prior to the NSP implementation.

South Bay Bright Future's Administrator shall also ensure the treatment team develops a detailed initial and updated Needs and Service Plan for each resident that shall include but not limited to the following: Health, Education, Visitations, Type of Services Needed and/or Provided, Family Involvement, Current Progress, etc.

#48.

Are children given opportunities to participate in age appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home?

CAP

South Bay Bright Future staff shall ensure each child continues to be given the opportunity to participate in age appropriate, extra-curricular, enrichment, and social activities. However, in the future each child's activities shall be clearly documented in their Needs and Service Plan (NSP). In addition, SBBF's staff shall document residents' requests to participate as well as the staff's follow-up on a "Monthly Activities Planning Impact" form.

Upon your approval South Bay Bright Future's Administrator shall be responsible for ensuring the above CAP be fully implemented within 45 calendar days.

We respectfully submit this Corrective Action Plan (CAP) for your review. Thank you once again for the opportunity to evaluate our program services and help in identifying areas for improvement. If additional information is needed please contact me at (310) 721-5204 or levettahill@yahoo.com, thank you.

Sincerely,

LeVetta D. Hill

LeVetta D. Hill
Chief Operating Officer/ Administrator