County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 26, 2012

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

From: Philip L. Browning
Director

SOUTH BAY BRIGHT FUTURE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW REPORT

The Out-of-Home Care Management Division (OHCMD) conducted a review of South Bay Bright Future Group Home (GH) in March 2011, at which time they had three six-bed sites and 16 placed DCFS children. The placed children's overall average length of placement was 13 months and the average age was 15.

The South Bay Bright Future GH has three sites, all of which are 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 South Bay Bright Future GH program statement, its stated goal is "to provide a safe therapeutic environment with emphasis on anger management, educational needs, vocational services, social development and independent living skills for children." South Bay Bright Future GH is licensed to serve 18 children, ages 11 through 17.

For the purpose of this review, nine placed children were interviewed and their files reviewed. Eight staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Three children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented that the medication dosages were administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess the GH's compliance with the contract and State regulations. The visit included a review of South Bay Bright Future GH program statement, administrative internal policies and procedures, nine placed children's case files, and a random sampling of personnel files. A visit was made to each GH site to assess the quality of care and supervision provided to the children and to conduct interviews with the 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

Overall, the GH was providing good quality care to the DCFS placed children, and the services were provided as outlined in the GH's program statement. The children interviewed stated that they liked residing in the homes and that they felt safe.

At the time of the review, the GH needed to develop comprehensive Needs and Services Plans (NSPs) and obtain the DCFS Children Social Workers' (CSWs) authorizations to implement the NSPs. Further, the GH needed to maintain sufficient recreational equipment and have appropriate educational resources available for children. For one child, the GH had not provided the opportunity to participate in youth development services and vocational training programs, nor did the GH maintain current copies of his report cards. For one employee, the GH did not have a criminal clearance background statement.

The GH Administrator and staff were very accessible and receptive to implementing any systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that all of the findings would be corrected as soon as possible.

NOTABLE FINDINGS

- Of the 19 initial and updated NSPs reviewed, none were comprehensive in that they did not complete all of the required elements in accordance with the NSP template. They lacked educational goal information and signatures from the child, the social worker, and the DCFS Children's Social Worker (CSW). All of the goals were very broad and not attainable. The GH Administrator reported that the findings would be conveyed to supervising social worker and that the GH would work with OHCMD to improve in this area.

- The NSPs lacked the DCFS CSWs' authorizations to implement. The Administrator reported that the GH will immediately improve their practice of obtaining CSW's

signature for implementation. The GH representatives attended the NSP training conducted by the OHCMD in January 2012.

- Youth Development Services were not afforded to one child. The GH reported that the child who did not receive the services has begun receiving youth development services subsequent to our review.

- Report cards for five children were not found in the files reviewed. The Administrator stated that the GH would improve their practice of retrieving the report cards and place them in each respective youth's file. The Administrator contacted the school to request the missing report cards and provided them for each youth during the exit conference.

- One staff person did not have a criminal background statement in his file. This was brought to the GH Administrator's attention and the employee signed a background statement while the OHCMD monitor was concluding the review.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held June 17, 2011.

In attendance:

LaVetta Hill, Administrator of South Bay Bright Future GH, and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations. She also stated that the information given was very helpful. The Administrator agreed that the GH would improve in every aspect in order to be in complete compliance.

South Bay Bright Future GH provided an approved written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of the recommendations during our next review.

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

PLB:RS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
LaVetta Hill, Administrator, South Bay Bright Future GH
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

SOUTH BAY BRIGHT FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

141 S. Mesa Street
San Pedro, CA 90731
License Number: 191671009
Rate Classification Level: 8

2902 S. Pacific Avenue
San Pedro, CA 90731
License Number: 198200139
Rate Classification Level: 8

914 W. 245th Street
Harbor City, CA 90710
License Number: 198205582
Rate Classification Level: 8

	Contract Compliance Monitoring Review	**Findings: March 2011**
I	**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	Full Compliance (ALL)
II	**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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	7. DCFS CSW's Monthly Contacts Documented 8. Comprehensive NSPs	7. Full Compliance 8. Improvement Needed
IV	**Educational and Workforce Readiness** (4 Elements) 1. Emancipation/Vocation Programs Provided 2. ILP Emancipation Planning 3. Current IEP's Maintained 4. Current Report Cards Maintained	 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Improvement Needed
V	**Recreation and Activities** (3 Elements 1. Participation in Recreational Acitivity Planning 2. Participation in Recreational Acitivities 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 2. Current Psychiatric Evaluation Review 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 And Social/Emotional Well-Being** (11 Elements) 1. Children Informed of 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	Full Compliance (ALL)

	10. Children Informed About Psychotropic Medication 11. Children Aware of Right to Refuse Medication	

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 Fingerpirnt Cards Timely Submitted 3. CACIs 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. Ongoing Training Documentation 12. Emergency Intervention Training Documentaion	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

SOUTH BAY BRIGHT FUTURE GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

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The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of nine children's files and eight staff files, and/or documentation from the provider, the South Bay Bright Future GH was in full compliance with five out of the nine sections of our Contract Compliance review: Licensure/Contract Requirements; Recreation and Activities; Children's Health-Related Services (including Psychotropic Medications); Personal Rights, and Children's Clothing and Allowance. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of nine children's case files and/or documentation from the provider, the GH fully complied with four of six elements reviewed in the area of Facility and Environment.

The GH's exterior and grounds and the children's bedrooms were well maintained. There was an adequate supply of perishable and non-perishable foods available during the review. However, the GH had one site that did not have sufficient recreational equipment and one site did not have any educational resources and supplies readily available to children. The GH has since purchased recreational equipment and board games for each respective site.

Recommendations:

South Bay Bright Future Group Home management shall ensure that:

1. The GH maintains age-appropriate sufficient recreational equipment in good condition.

2. The GH has appropriate quantity and quality of reading materials and educational resources and supplies, including computers, readily available to children.

PROGRAM SERVICES

Based on our review of nine children's case files and/or documentation from the provider, South Bay Bright Future GH fully complied with six of the eight elements reviewed in the area of Program Services.

We noted that the placed children met the GH's population criteria as outlined in the program statement. They were assessed for needed services and received the required therapeutic services within 30 days.

Based on our review, we found that the treatment team developed and implemented the NSPs with the participation of age-appropriate children, as well as discussed the NSPs with the GH staff. However, of the 19 initial and updated NSPs required, none were comprehensive. They lacked post high school plans, concurrent case plans, dental dates and educational information. All of the goals were very broad and not attainable. Also, CSWs had not authorized the implementation of two NSPs reviewed. The GH understood that the NSPs were not comprehensive and agreed to retrain staff regarding this finding. The GH will also ensure that all NSPs are authorized by the DCFS CSWs. The GH initiated this improvement immediately and faxed the NSPs lacking the CSW approvals to the CSWs and retained the fax transmittal in file.

Recommendations:

South Bay Bright Future Group Home management shall ensure that:

3. DCFS CSWs have authorized the implementation of the NSPs.

4. NSPs are Comprehensive.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of nine children's case files and interviews with all nine children, South Bay Bright Future GH fully complied with one of the four elements.

One minor was not provided with opportunities to participate in youth development services and vocational training programs; however, the GH provided documentation that they had been assisting the child with Citizenship and Immigration services. Current copies of children's report cards were not found for five of the nine children whose files were reviewed. The GH provided the current copies of the children's report cards at the exit conference.

Recommendations:

South Bay Bright Future Group Home management shall ensure that:

5. Children are provided with opportunities to participate in youth development services and vocational training programs.

6. The Independent Living Programs and Youth Development Planning are provided and attended in accordance with the developmental expectations of the child.

7. Current copies of children's report cards are maintained in file.

PERSONNEL RECORDS

Based on our review of eight staff personnel files, South Bay Bright Future GH fully complied with 11 of the 12 elements in the area of Personnel Records.

One staff had not signed a criminal clearance background statement. It should be noted that the staff person came in to the office to sign a background statement during the review.

Recommendation:

South Bay Bright Future Group Home Management shall ensure that:

8. All staff sign Criminal Clearance background statements in a timely manner.

FOLLOW-UP FROM THE PRIOR OHCMD MONITORING REPORT

Objective

Determine the implementation status of the recommendations reported in OHCMD's prior monitoring review of South Bay Bright Future GH.

Verification

We verified whether the outstanding recommendations from the November 23, 2010 report were implemented.

Results

The DCFS prior monitoring report contained three outstanding recommendations. Specifically, South Bay Bright Future GH was to ensure that the GH developed comprehensive and specific NSPs. In addition, the GH needed to maintain court authorizations for children taking psychotropic medications. Lastly, seven children did not have a life book/photo album. Based on our follow-up of these recommendations,

one recommendation had not been implemented and corrective action was requested of South Bay Bright Future GH to further address the outstanding finding.

Recommendation:

South Bay Bright Future Group Home management shall ensure that:

9. Full implementation of outstanding recommendation from the November 23, 2010 monitoring report, which is noted in this report as Recommendation four.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of the South Bay Bright Future GH for the calendar year 2006. The May 14, 2009 fiscal report states that South Bay Bright Future GH was identified as having $8,232 in unallowable costs and $21,469 in unsupported/inadequately supported costs. The GH provided a Fiscal CAP, which is being monitored by the DCFS Fiscal Monitoring Section.

SOUTH BAY BRIGHT FUTURE, INC.

24404 South Vermont Avenue, Suite 201 • Harbor City, CA 90710
Phone: (310) 891-0096 • FAX (310) 891-0096

July 24, 2011

DCFS-Out of Home Care Management Division
Attn: Ms. Sonya Noil, DCFS Group Home Monitor
FAX: 626-572-2368

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

Dear Ms. Noil,

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

II. CAP (13. 14))
Does the group home maintain sufficient recreational equipment in good condition and age appropriate?
The Administrator will place age appropriate outdoor recreational equipment no later than August 1, 2011 at the Harbor City facility. The Quality Assurance tool will monitor for compliance and address issues immediately.

Does the group home maintain sufficient recreational equipment in good condition and age appropriate?
The Administrator will place age appropriate board games at the Pacific facility no later than August 1, 2011. The Quality Assurance tool will monitor for compliance and address issues immediately.

III. CAP (17)
Did the group home obtain the DCFS CSWs authorization it implements the Needs and Services Plan?
The Director of Clinical Services will consult with the office/staff regarding CSW visitation and ensuring documents available for review and signature during the monthly visitation with client.

Additionally, the Director of Clinical Services will ensure a comprehensive NSP via consultation with the school, staff and CSW prior to implementation. The Quality Assurance tool will monitor for compliance and address issues immediately.

IV. CAP (23, 24, 26)

Does the group home provide children with opportunities to participate in emancipation and vocational training program?

SBBF will work at 100% compliance rather than 87.50% compliance by making contact with CSW regarding ILP referral, making contact with the local Community Foundation regarding the classes at CSULB, Harbor College and El Camino College. Staff will also start using the emancipation and vocational checklist that was used in prior years. (Attachment B). The Quality Assurance tool will monitor for compliance and address issues immediately.

Are Independent Living Programs and Emancipation Planning provided and attended in accordance with the developmental expectations of the child?

SBBF will work at 100% compliance rather than 87.50% compliance by case manager reviewing ILP and Emancipation planning in consultation with staff, CSW and Community Foundation (CSULB, Harbor College and El Camino College). The Quality Assurance tool will monitor for compliance and address issues immediately.

Are current copies of the children's report cards or progress reports maintained?

Director of Clinical Services will ensure that the NSP includes the latest report card and once a year the cumulative report from the school counselor. The Quality Assurance tool will monitor for compliance and address issues immediately.

IX. CAP (61)

Did appropriate employees sign a criminal background statement in a timely manner?

SBBF will have the perspective employees sign a criminal background statement prior to a job offer. The Quality Assurance tool will monitor for compliance and address issues immediately.

Thank you once again for the opportunity to evaluate our program, acknowledging those areas of 100% compliance and those areas less than 100% which we will work at 100% in these areas as indicated in this CAP

The Administrator will ensure the CAP is immediately implemented and maintained by incorporation into the quality assurance program (Attachment C). If additional information is needed please contact me at (310) 891-0096, your assistance is greatly appreciated.

In partnership,

Ms. LeVetta D. Hill
Administrator

Rev. Dr. Kathey M. Wilborn
Director of Clinical Services