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October 3, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Don Knabe
Supervisor Michael D. Antonivich

From: Philip L. Browning
Director

SOUTH BAY BRIGHT FUTURE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of South Bay Bright Future Group Home (SBBF) in May 2012, at which time they had three six-bed sites and 12 placed DCFS children.

SBBF has sites located in the Second and Fourth Supervisorial Districts and provides services to Los Angeles County DCFS foster youth. According to SBBF's program statement, the 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." SBBF is licensed to serve a capacity of 18 children, ages 11 through 17.

For the purpose of this review, five placed children were interviewed and their files were reviewed. The placed children's average length of placement was five months and the average age was 15. Three discharged children's case files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

One sampled child was prescribed psychotropic medication. We reviewed the case file to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess SBBF's compliance with the County contract requirements and State regulations. The visit included a review of SBBF's program statement, administrative internal policies and procedures, five placed children's case files, three discharged children's case files and a random sampling of personnel files. A visit was made to the group home sites 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, SBBF was providing good quality care to DCFS placed children, and the services were provided as outlined in SBBF's program statement. The children interviewed stated that they liked residing in the group home and they felt safe. The children also reported they were treated with respect and dignity.

Our review revealed the need for SBBF to ensure the development of comprehensive initial and updated NSPs, as well as ensure that efforts to obtain the Children's Social Workers' (CSWs) authorizations to implement the NSPs were documented. SBBF needed to ensure that staff contacted the CSWs and that the contacts were appropriately documented.

SBBF needed to ensure that children were encouraged and assisted in creating and updating a Life Book/Photo Album and also ensure that children placed at least 30 days were discharged according to their permanency plan and were making progress toward meeting their NSP goals.

The Administrator was receptive to implementing systemic changes to improve compliance with regulations and the contract. She reported she would develop a plan to correct the deficiencies.

NOTABLE FINDINGS

The following were the notable findings of our review:

- Since our last review, CCL had cited SBBF on or about June 17, 2011, as a result of an investigation involving an allegation of lack of supervision at the Harbor City site.

The allegation was substantiated as a child had been physically assaulted by the other residents. CCL requested corrective action; however, SBBF has appealed the citation. The matter has not been resolved to date.

- SBBF did not timely obtain the DCFS CSWs authorizations to implement the NSPs. The Administrator understands that the CSW's authorization to implement NSPs is required and/or efforts to obtain CSW approval must be timely.

- Five initial NSPs and seven updated NSPs were reviewed; none were comprehensive. Life skills information was missing; medical information was vague; goals were not measurable; visitation information was incomplete; and CSWs' signatures were missing. It should be noted that some of the NSPs reviewed were prepared prior to the OHCMD NSP training, which SBBF representatives attended in January 2012. The Administrator reported she will continue to work with the SBBF treatment team to improve in this area. SBBF did attend the NSP training in January 2012.

- SBBF's staff members' monthly contacts with DCFS CSWs were not appropriately documented. Effective immediately, the Administrator will ensure that contacts are appropriately documented.

- Three of the sampled children were not encouraged or assisted in creating and updating a Life Book/Photo Album. The Administrator reported that upon placement, each resident will be provided with a Life Book/Photo Album. She will ensure that staff encourage and assist all placed children in creating and updating a Life Book/Photo Album, effective immediately.

- Children were not discharged according to their permanency plan. The Administrator reported that SBBF will ensure that each resident is discharged according to their permanency plan. If the treatment team deems the permanency plan is not appropriate for the resident, a reassessment will be conducted, in collaboration with the CSW, to better meet the needs of the resident prior to their discharge.

- Discharged children had not made progress toward meeting their NSP goals. The Administrator reported that SBBF's treatment team shall continue to closely monitor the progress of each resident toward meeting their NSP goals. She reports that a 30-day review prior to discharge shall be implemented on or before October 31, 2012 to ensure the residents' goals are met.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit conference held July 27, 2012.

In attendance:

LeVetta Hill, Administrator, South Bay Bright Future and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings. The Administrator stated that SBBF is always striving for excellence and is always open to any suggestions from OHCMD that would assist SBBF in improving services to children and continued partnering with the OHCMD.

SBBF provided an approved 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:RRS: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
Dr. William Hill, Director and CEO, South Bay Bright Future Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing

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

914 W. 245th Street
Harbor City, CA. 90710
License Number: 198205582
Rate Classification Level: 12

141 S. Mesa Street
San Pedro, CA. 90731
License Number: 191671009
Rate Classification Level: 12

2909 S. Pacific Ave.
San Pedro, CA. 90731
License Number: 198200139
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: May 2012
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Sign In/ Out Logs	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
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	 Full Compliance (ALL)

III	**Maintenance of Required Documentation and Service Delivery** (13 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. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial Needs and Services Plans 7. Comprehensive Initial Needs and Services Plans 8. Therapeutic Services Received 9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated Needs and Services Plans 13. Comprehensive Updated Needs and Services Plans	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Timely School Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	Full Compliance (ALL)
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)

VI	**Psychotropic Medications** (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** (15 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. Consequences Fair 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 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VIII	**Personal Needs/Survival and Economic well-Being** (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/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed

IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP Goals 3. Stabilize Placement Prior the Removal	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. Child Abuse Training 11. CPR Training Documentation 12. First Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

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The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the May 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, South Bay Bright Future (SBBF) Group Home was in full compliance with six of 10 sections of our contract compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well/Being; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENT

Based on our review of five children's case files and/or documentation from the provider, SBBF fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

CCL cited SBBF on or about June 17, 2011, as a result of a finding during a CCL investigation regarding lack of supervision at the Harbor City site. The allegation was substantiated as a child had been physically assaulted by the other residents. CCL requested corrective action; however, SBBF is appealing the citation. The matter has not been resolved to date.

Recommendation:

South Bay Bright Future's management shall ensure:

1. All sites are in compliance with Title 22 Regulations and County contract requirements.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's case files and/or documentation from the provider, SBBF fully complied with nine of 13 elements reviewed in the area of maintenance of Required Documentation and Service Delivery.

Our review revealed that SBBF staff did not timely obtain the DCFS Children's Social Workers' (CSWs) authorizations to implement the NSPs. We also noted that initial and updated NSPs were not comprehensive. SBBF representatives attended the OHCMD NSP training, which was held in January 2012. It was further noted that the CSWs were not contacted monthly, as required, and that contacts were not appropriately documented.

LeVetta Hill, Administrator, reported that the treatment team will ensure that all NSPs will be authorized by the children's CSWs in a timely manner. She also reported that SBBF's Social Workers will ensure that all NSPs/Quarterly reports are comprehensive; CSWs are contacted monthly; all contacts are appropriately documented.

Recommendations:

South Bay Bright Future's management shall ensure:

2. The CSW's authorization's to implement NSPs is obtained.

3. The treatment team develops comprehensive initial NSPs.

4. SBBF staff contact CSWs monthly and the contacts are appropriately documented.

5. The treatment team develops comprehensive updated NSPs.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of five children's case files and/or documentation from the provider, SBBF fully complied with seven of eight elements reviewed in the area of Personal Needs/Survival and Economic Well-Being.

Three children reported they were neither encouraged, nor assisted in creating a Life Book/Photo Album. The Administrator reported that SBBF staff shall upon placement provide each resident with a Life Book/Photo Album. The staff members have been instructed to continue to encourage each resident to create and maintain a Life Book/Photo Album. She also reported that all children will have the opportunity to create and maintain their Life Book/Photo Album twice a month.

Recommendation:

South Bay Bright Future's management shall ensure:

6. Children are encouraged and assisted in creating a Life Book/Photo Album.

DISCHARGED CHILDREN

Based on our review of three discharged children's case files and/or documentation from the provider, SBBF fully complied with one of three elements reviewed in the area of Discharged Children.

One discharged child was not discharged according to the permanency plan and did not progress toward meeting the NSP goals. The Administrator acknowledged that the child was not discharged according to the permanency plan. She will ensure the treatment team, including the CSW, works at discharging children in accordance with their permanency plan and/or the concurrent case plan.

Recommendations:

South Bay Bright Future's management shall ensure:

7. Children placed at least 30 days are discharged according to the permanency plan.

8. Children placed at least 30 days are progressing toward meeting their NSP goal(s).

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REPORT

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued April 26, 2012.

Results

The OHCMD's prior monitoring report contained eight outstanding recommendations. Specifically, SBBF was to ensure the group home maintained age-appropriate sufficient recreational equipment; have an appropriate quantity and quality of reading materials and educational resources and supplies, including computers, readily available to children; DCFS CSWs have authorized the implementation of the NSPs; initial and

updated NSPs are comprehensive, children are provided with opportunities to participate in youth development services, Independent Living Programs/Youth Development Programs are provided to and attended by the children, current copies of report cards are maintained; and staff sign criminal background statements.

Based on our follow-up of these recommendations, SBBF fully implemented six of eight recommendations. The recommendations to ensure the development of comprehensive NSPs and that DCFS CSWs authorize the implementation of the NSPs remain outstanding.

Recommendation:

South Bay Bright Future's management shall ensure:

9. Full implementation of the three outstanding recommendations from the prior monitoring review, which are noted in this report as recommendations 2, 3, and 5.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of SBBF was completed by the A-C on May 14, 2009. The A-C identified $13,165 in unallowable costs.

On August 9, 2012, the DCFS Fiscal Monitoring Section informed the OHCMD that SBBF had resolved all fiscal concerns.

South Bay Bright Future, Inc.

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

August 27, 2012

Sonya Noil, Group Home Monitor
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, California 91731

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:

I. **(#8)**

- Are there Community Care Licensing citations, OHCMD Investigation Unit reports on safety and physical plant deficiencies?

Please note: On June 27, 2011 South Bay Bright Future submitted an appeal to Community Care Licensing regarding complaint control number: 34-CR-20110317152954. At the time of this CAP a decision has not been received.

III. **(#17, 22, 25 and 28)**

- Did the group home obtain or document efforts to obtain the DCFS CSWs authorization to implement the Needs and Services Plan?
- Did the treatment team develop comprehensive initial Needs and Service Plan (NSP) with the child?
- Are DCFS CSWs contacted monthly by the GH and are the contacts appropriately documented?
- Did the treatment team develop comprehensive updated Needs and Services Plans (NSP) with the child?

South Bay Bright Future's Administrator will ensure that SBBF's treatment team obtains the DCFS CSW's authorization in a timely manner prior to the implementation of any initial or updated Needs

and Services Plans. The Administrator will also ensure the treatment team develops comprehensive initial and updated Needs and Services Plan via consultation with the resident, school, staff, CSW, CASA, etc. prior to implementation. In addition, the Administrator will consult with the staff regarding properly documenting monthly contacts with DCFS CSWs. A monthly administrative review has been implemented to oversee this process.

VIII. (#69)

- Are children encouraged and assisted in creating and updating a life book/photo album?

South Bay Bright Future staff shall upon placement provide each resident with a lifebook/album. The staff has been instructed to continue to encourage each resident to create and maintain a lifebook/album.

IX. (#70 and 71)

- For children placed at least 30 days, was the child discharged according to permanency plan?
- For children placed at least 30 days, did the child make progress toward meeting their NSP goals?

South Bay Bright Future's will make every effort to ensure each resident is discharged according to their permanency plan however if the treatment team deems the permanency plan is not appropriate for the resident a reassessment shall be conducted to better meet the needs of the resident prior to their discharge. In addition, SBBF's treatment team shall continue to closely monitor the progress of each resident toward meeting their NSP goals. A 30 day review prior to discharge shall be implemented on or before October 31, 2012 to ensure the residents' goals will be met.

We respectfully submit this Corrective Action Plan for your review. If additional information is needed please contact me at (310) 891-0096, your assistance is greatly appreciated. South Bay Bright Future is committed to providing a safe, therapeutic and nurturing environment for all of our residents.

In partnership,

LeVetta D. Hill

LeVetta D. Hill
Administrator