County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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November 7, 2013

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

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 (the Group Home) in May of 2013. The Group Home has three sites: one located in the Second Supervisorial District and two located in the Fourth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to provide a safe therapeutic environment with emphasis on anger management, educational needs, vocational services, social development and independent living skills for children."

The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 boys, ages 11 through 17. At the time of review, the Group Home served 18 placed DCFS children. The placed children's overall average length of placement was 5 months, and their average age was 17.

SUMMARY

During OHCMD's 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 8 of 10 areas 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; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to a Personal Rights violation citation by Community Care Licensing (CCL); and Maintenance of Required Documentation and Service Delivery, related to Needs and Services Plans that were not comprehensive, as they did not contain all of the required elements and failure to document monthly contact with DCFS Children's Social Workers. OHCMD instructed the Group Home's supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On August 16, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representative, LeVetta Hill, Administrator. The 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 report has been sent to the Auditor-Controller and CCL.

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

OHCMD will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR
RDS:PBG:sn

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy L. 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
LeVetta Hill, Administrator, South Bay Bright Future Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

SOUTH BAY BRIGHT FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY
FISCAL YEAR 2012 - 2013

914 W. 245th Street	141 S. Mesa Street	2902 S. Pacific Ave.
Harbor City, CA 90710	San Pedro, CA 90731	San Pedro, CA 90731
License # 198205582	License # 191671009	License # 198200139
Rate Classification Level: 12	Rate Classification Level: 12	Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: May 2013
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. Full Compliance
	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. Improvement Needed
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 Worker's Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial	9. Improvement Needed

	NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
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	Full Compliance (ALL)

	12. Children Given Opportunities to Plan Activities in 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)	
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 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the May 2013 review. The purpose of this review was to assess South Bay Bright Future Group Home's (the Group Home) 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. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, two discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two children were prescribed psychotropic medication. The children's case files were reviewed to assess timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following two areas out of compliance.

Licensure/Contract Requirements

- On June 26, 2012, Community Care Licensing (CCL) cited the Group Home as a result of a substantiated Personal Rights violation. CCL's investigation revealed that a staff member had retaliated against a child by hitting the child in the face and calling him names. A Plan of Correction (POC) was requested by CCL. The Group Home submitted a POC, which CCL approved; CCL cleared the deficiency on June 26, 2013. A referral was received by the Department of Children and Family Services (DCFS) Child Protection Hotline. The DCFS Emergency Response investigation substantiated the allegations of physical abuse. OHCMD requested a Corrective Action Plan (CAP). The Group Home was proactive in addressing the

allegations. The Group Home informed OHCMD that the staff involved in this incident was relieved of his duties on June 28, 2012. The Group Home provided all group home staff a refresher course in Professional Assault Crisis Training (Pro-Act). The Group Home submitted verification of training to OHCMD.

Recommendation

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

- A review of the children's case files revealed that the DCFS Children Social Workers (CSWs) were not contacted monthly by the Group Home and/or the contacts were not appropriately documented in the children's case files.

- Five initial Needs and Services Plans (NSPs) were reviewed; none were comprehensive. The initial NSPs did not include Permanency Goals. The children's progress toward identified case plan goals was not documented, and the Group Home's contacts with the DCFS CSWs were not documented.

- Five updated NSPs were reviewed; none were comprehensive. The updated NSPs did not include Permanency Goals. The children's progress toward the identified case plan goals was not documented, and the Group Home's contacts with the DCFS CSWs were not included. During the Exit Conference, the Group Home Administrator reported that effective immediately, all NSPs will include all required documentation.

It should be noted that during the Exit Conference, OHCMD reviewed the NSP template with the Group Home representative. Also, the Group Home representative attended the OHCMD NSP refresher training in August 2013. The Group Home representative shared that this information will assist in providing additional NSP training to the Group Home Social Workers and Facility Managers.

Recommendation

The Group Home's management shall ensure that:

2. CSWs are contacted monthly, and the contacts are appropriately documented.

3. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

4. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated October 3, 2012, identified eight recommendations.

Results

Based on our follow-up, the Group Home fully implemented 4 of 8 recommendations for which they were to ensure that:

- The CSWs authorization to implement NSPs is obtained,
- Children are encouraged and assisted in creating a Life Book/Photo Album,
- Children placed at least 30 days are discharged according to the permanency plan,
- Children placed at least 30 days are progressing toward meeting their NSP goal(s).

The Group Home did not implement the following recommendations:

- They remain free from any substantiated CCL complaints on safety and/or physical plant deficiencies and all sites are in compliance with Title 22 regulations and County contract requirements,
- CSWs are contacted monthly by the Group Home and the contacts are appropriately documented,
- Initial NSPs are comprehensive and include required information, and
- Updated NSPs are comprehensive and include required information.

Recommendation

The Group Home's management shall ensure that:

5. The outstanding recommendations from the October 3, 2012 monitoring report, which are noted in this report as Recommendations 1, 2, 3, and 4, are fully implemented.

   At the Exit Conference, the Group Home representative expressed her desire to remain in compliance with all Title 22 Regulations and Contract requirements. In efforts to ensure the development of comprehensive NSPs, the Group Home Administrator will review the NSPs prior to submittal, and will ensure all efforts are made to appropriately document monthly contacts with the DCFS CSWs by the Group Home. The Group Home Executive Director and the Administrator will conduct periodic checks by reviewing NSPs to ensure compliance with the NSPs and to monitor compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent fiscal audit by the Auditor-Controller has not been posted.

South Bay Bright Future, Inc.

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

September 15, 2013

Patricia Bolanos-Gonzalez, CSA II
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. Bolanos-Gonzalez

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

I. (#9)

- Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

  South Bay Bright Future's Administrator and Staff shall make every effort to maintain each group home environment to be free from substantiated complaints and/or deficiencies. Please note: South Bay Bright Future submitted a Plan of Correction (POC) to Community Care Licensing which was approved and the deficiency was cleared. South Bay Bright Future also submitted a Corrective Action Plan (CAP) to OHCMD in addition to providing documentation that each group home staff attended a refresher course in Professional Assault Crisis Training (Pro-ACT).

III. (#21, 23 and 24)

- Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file?
- 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's Administrator will ensure that SBBF's treatment team properly document and maintain each monthly contact with the child's County Workers. The Administrator will also ensure the treatment team develops timely, comprehensive initial and updated Needs and Services Plan that shall include the resident, school, staff, CSW, CASA, etc. prior to the NSP implementation. South Bay Bright Future's treatment team attended the most recent DCFS's NSP's training and also reviewed the power-point tutorial of the Needs and Service Plan (NSP) to gain better insight. A monthly administrative review shall continue to oversee this process.

South Bay Bright Future's Administrator shall be responsible for ensuring the above CAP be fully implemented upon your approval.

We respectfully submit this Corrective Action Plan (CAP) for your review. If additional information is needed please contact me at (310) 891-0096, thank you.

Sincerely,

LeVetta D. Hill

LeVetta D. Hill
Administrator