COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

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JERRY E. POWERS
Chief Probation Officer

July 29, 2014

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

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **NEW CONCEPT GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of New Concept Group Home in December 2013. New Concept is located in the Second Supervisorial District of Los Angeles County. New Concept provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). According to New Concept's program statement, its purpose is to treat boys who have behavioral, social and emotional difficulties. New Concept is an 8-bed Group Home, which provides care for boys 12 - 17 years of age. At the time of the review, New Concept was providing care for five (5) Probation children and three (3) DCFS children. The placed children's overall average length of stay was seven (7) months, and their average age at the time of review was 18 years old.

Four (4) children, two (2) Probation children and two (2) DCFS children were randomly selected for the interview sample. There were no placed children who were on psychotropic medication, at the time of this review. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to assess compliance with permanency efforts and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children reported feeling safe at New Concept, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. New Concept was in compliance with six (6) of the ten (10) areas of the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being, and Discharge Children.

However, deficiencies were noted in the areas of Licensure/Contract Requirements, Facility and Environment, Maintenance of Required Documentation and Service Delivery and Personnel Records. Related to Licensure/Contract Requirements, the upholstery in one of the facility vans required attention. Related to Facility and Environment, there were some minor deficiencies in the Common Area and Children's Bedrooms that needed to be repaired or replaced. Related to Maintenance of Required Documentation and Service Delivery, New Concept needs to develop Needs and Services Plans (NSPs) that are child specific and obtain the Caseworker's/Probation Officer's signature in order to implement the child's NSP. Lastly, related to Personnel Records, New Concept needs to update the staff files that had expired driver's licenses.

REVIEW OF REPORT

On December 23, 2013, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with New Concept Administrator Suretta Small. Ms. Small agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as, 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.

New Concept provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Suretta Small, Executive Director, New Concept
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

NEW CONCEPT GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4240 W. 62nd St.
Los Angeles, CA 90043
License # 191800491
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: December 2013
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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 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. Reasonable Chores 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 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)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's 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	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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance

NEW CONCEPT GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess New Concept's compliance with the County contract and State regulations and include a review of the New Concept'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
- Personnel Records

For the purpose of this review, four (4) placed children were selected for the sample, two (2) Probation children and two (2) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess New Concept's compliance with permanency efforts. At the time of the review, no placed children were prescribed psychotropic medication.

PPQA/GHM reviewed five (5) staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following 4 areas were out of compliance.

License/Contract Requirements

An inspection was done of New Concept's vehicles that transport residents to and from school, drug therapy, religious services, home passes and regular outings. One of the vehicles had the upholstery torn and ripped on the seats.

Recommendation

New Concept management shall ensure that:

1. The aforementioned deficiencies cited will be corrected and repaired in a timely fashion in order to ensure the safety and security of all residents at

the New Concept Group Home, and that all vehicles shall remain in good repair for the safety of the New Concept Group Home residents.

Facility and Environment

A walkthrough inspection was completed in and around the facility. The home is in good condition; although, there were several deficiencies found in the common areas and in youth's bedrooms.

- A wire in the corner of the living room where the television is located needs securing
- In bedroom #1, there was graffiti observed on the dresser. Also, there was a torn curtain on the window.
- In bedroom #4, there was graffiti etching observed on the dresser.

Recommendation

New Concept's management shall ensure that:

1. The aforementioned deficiencies cited in the common areas will be corrected and repaired in a timely fashion in order to ensure the safety and security of all residents at New Concept Group Home. New Concept Group Home needs to secure the wires in the living room with the television.
2. The aforementioned deficiencies cited in the bedrooms will be corrected and repaired in a timely fashion in order to ensure the safety and security of all residents at New Concept Group Home. New Concept Group Home shall remove all graffiti, repair torn curtain and ensure that an inspection is conducted by staff daily upon start of shift.

Maintenance Of Required Documentation and Service Delivery

A review was completed of New Concept Group Home residents' files. Of the files, four (4) placed children were selected for the sample, two (2) Probation children and two (2) DCFS children. PPQA/GHM interviewed each child and reviewed their case files to assess the care and services they received.

- In one child's file, the signature of the DPO on the Needs and Services Plan (NSP) was missing.
- In two children's files, the goals for the Updated NSP were cut and pasted from the previous NSP, as evidenced by the fact that they were "cookie cutter' and not child specific.

Recommendation

New Concept's management shall ensure that:

1. The County Worker's Authorization to Implement NSPs is secured by ensuring that the Probation Officer/Social Worker signatures are obtained for all Needs and Services Plans.

2. All reports are comprehensive and child specific written for each child's individual needs, with no "cutting or pasting" from previous reports.

Personnel Records

A review was done of the Personnel files of New Concept staff. A sample of five (5) employee files was selected and reviewed for compliance. Of the files reviewed, one file had an expired driver's license.

Recommendation

New Concept's management shall ensure that:

1. All files are updated and that all drivers' licenses are current and valid.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated June 9, 2014 identified one recommendation.

Results

Based on the follow-up, New Concept fully implemented the previous recommendation for which they were to ensure that:

- All graffiti was to be removed from the bedroom desk drawer.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor Controller conducted a fiscal review of New Concept Group Home for the calendar year 2006. The fiscal report, dated November 3, 2008, identified questioned/disallowed costs and unsupported/inadequately supported costs. New Concept Group Home submitted a timely fiscal CAP, which is being monitored by DCFS' Fiscal Monitoring Section.

HUMANISTIC FOUNDATION, INC.
dba New Concept Group Home
RESIDENTIAL TREATMENT PROGRAM
AGES 11 - 17

January 23, 2014

Los Angeles County Probation Department
Group Home Monitoring Unit

Re: Corrective Action Plan
Audit Date 12/23/2013

I LICENSURE/CONTRACT REQUIREMENTS

Findings:

1. White van upholstery has a torn seat

Corrective Action:
01/15/2014
The upholstery on the seat was replaced.

Daily mechanical and operating inspections are done on the vehicles. In the past we have relied on the staff to also report interior and exterior maintenance problems with the vehicles. This responsibility is now assigned to the Facility Manager on duty. Any issues will be recorded on the Vehicle Evaluation Checklist, and given to the Administrator to make arrangements for any necessary repairs.

II FACILITY AND ENVIORNMENT

Findings:

1. Wire in corner of TV room needs securing.

Corrective Action:
12/23/2013
The cable wire was removed by the maintenance person.

New cable wires were installed when the cable box was updated. We were not aware that the old cable wires were cut down, but not removed. When we have installations or repairs, the on duty Facility Manager will check for anything that should be removed from the facility after completion.

3731 Stocker Street Suite #208 Los Angeles, CA. 90008 Phone: 323-290-2540 Fax: 323-290-2226

2. Bedroom #1, graffiti on dresser, and torn window curtain

   Corrective Action:
   12/23/13
   The graffiti was removed, and the torn window curtain was replaced. The windows also have blinds.

Removing the graffiti is a daily challenge. We will continue to inspect and remove the graffiti daily. We maintain extra supplies of window curtains for each bedroom, and replace them when needed. All bedroom windows also have blinds.

3. Bedroom #4, graffiti scratches on dresser

   Corrective Action:
   12/23/13
   The graffiti was removed from the dresser.

Visual inspections are done daily for graffiti, and removed by the staff whenever possible. If not removed by the staff it is documented in the maintenance log for the maintenance person to remove. The graffiti is sometimes in pencil, ink, or something scratched or carved.

III MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

1. Minor's NSP for 06/16/13 was signed on 11/26/13 by the DPO
   08/16/13 & 11/16/13, The Probation monitor felt was cut and paste
2. Minor's NSP 03/17/13 and 06/17/13, The Probation monitor felt was cut and paste

Corrective Action:
All NSPs and Quarterly reports are emailed to the Administrator. They are reviewed and discussed with the therapist. After they are finalized, the Administrator emails the final reports to the DPO for review and signature. If we don't receive the signature page back in five (5) days, we will email again, and cc the SDPO. If no response in another five (5) days, we will email the Director.

I met with our therapist and he assured me that he does not copy and paste the NSP reports. He stated that these two minors had not met the goals that were listed in their previous NSP, and the information was the same. Going forward when evaluating the minors and their goals, the therapist will adjust or change the goal when necessary.

X PERSONNEL RECORDS

1. Staff-DL expired on 11/28/13

Corrective Action:
12/31/13
A copy of the Staff's DL renewal was scanned and emailed to the Probation Monitor on record.

We maintain a documented list for DL renewals for all staff, and a copy is requested one month prior to expiring. We will review the personnel files one week prior to the expiration date to ensure we have received a copy of the renewals.

Sueretta Small, Administrator
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