PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 27, 2015

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

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 contract compliance review of South Bay Bright Future Group Home (the Group Home) in May 2014. The Group Home has three licensed sites in the Second and Fourth Supervisorial Districts and provides services to the County of Los Angeles DCFS placed children and Non-Minor Dependent 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 DCFS placed children. It is important to note that Group Home had a DCFS and Community Care Licensing approved non-minor dependent AB 12 program statement in addition to a court ordered placement of a 20 year old youth in addtion to other AB 12 youth. The placed children's overall average length of placement was 17 months and their average age was 18.

SUMMARY

During CAD's review, five children were interviewed and 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 dignity and respect.

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.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to one Special Incident Report (SIR) that was not submitted timely; and Maintenance of Required Documentation and Service Delivery, related to not documenting the monthly contact with County's Children's Social Workers, untimely development of one initial Needs and Services Plan (NSP), and one updated NSP was missing from a child's file.

Attached are the details of our review.

REVIEW OF REPORT

On June 26, 2014, DCFS CAD staff Sherry L. Rolls, Pam Carolina and Amy Kim, held an Exit Conference with the Group Home representative Levetta Hill, Group Home Program Administrator. The Group Home's representative agreed with the review findings and recommendations, was receptive to implementing systematic changes to improve compliance with regulatory standards, and agreed 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. CAD conducted a follow-up visit in April 2015 and verified the Group Home's implementation of its CAP.

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

PLB:EM
LTI:slr

Attachments

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

SOUTH BAY BRIGHT FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Harbor Facility	Mesa Facility	Pacific Facility
914 W. 245th Street	141 S. Mesa Street	2909 S. Pacific Avenue
Harbor City, California 90710	San Pedro, California 90731	San Pedro, California 90731
Rate Classification Level 12	Rate Classification Level 12	Rate Classification Level 12
License No. 198205582	License No. 191671009	License No. 198200139

	CONTRACT COMPLIANCE MONITORING REVIEW	**FINDINGS**: MAY 2014
I.	**<u>Licensure/Contract Requirements</u>** (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. Needs Improvement
	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/Sign-Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II.	**<u>Facility and Environment</u>** (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 Food	
III.	**<u>Maintenance of Required Documentation/Service Delivery</u>** (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 Assessments/Evaluations Implemented	6. Full Compliance
	7. County Children Social Workers Monthly Contacts Documented	7. Needs Improvement
		8. Full Compliance

	CONTRACT COMPLIANCE MONITORING REVIEW	FINDINGS: MAY 2014
	8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child Participation 10. Development of Timely, Comprehensive Updated NSPs with Child Participation	9. Needs Improvement 10. Needs Improvement
IV.	**Education 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 Performance and/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 Homs'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	Full Compliance (All)

	CONTRACT COMPLIANCE MONITORING REVIEW	FINDINGS: MAY 2014
	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 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
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the May 2014 monitoring review. The purpose of this review was to assess South Bay Bright Future's (the Group Home) compliance with its County contract and State regulations, and included a review of the Group Homes' program statement, as well as administrative internal 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 Medications,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For purposes of this review, five Department of Children and Family Services (DCFS) placed children were selected for the sample. The Contracts 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, two of five sampled children were prescribed psychotropic medication. The case files were 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 provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following two areas to be out of compliance.

Licensure/Contract Requirements

- One Special Incident Report (SIR) was not submitted timely.

For this contract review period, one SIR was not submitted timely. The incident occurred on March 24, 2014 and should have been submitted via the I-Track database on March 25, 2014. The SIR was not submitted until March 26, 2014. On April 1, 2015, CAD conducted a follow-up visit to the Group Home and confirmed that on September 27, 2014, the Group Home retrained the staff responsible for submitting SIRs via the I-Track database on the reporting requirements.

Recommendation:

The Group Home's management shall ensure that:

1. All SIRs are submitted timely and cross-reported via the I-Track database.

Maintenance of Required Documentation and Service Delivery

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

The case files for the five sampled children did not have documentation to support the completion of the Group Home's monthly contacts with the CSWs. Two of the files had blanket statements of monthly contacts with no dates, one file had no documentation of any monthly contacts, one file noted monthly contacts were completed with no dates, and one file was missing the monthly contacts for February, March and April 2014.

- The Group Home did not develop timely and comprehensive initial Needs and Services Plans (NSPs) with the child's participation.

One of the four initial NSPs reviewed was not completed timely by the Group Home. The Group Home signed the NSP nine days after the due date.

- The Group Home did not develop timely and comprehensive updated NSPs with the child's participation.

One updated NSP, which was due on May 15, 2014, was missing from a child's case file. CAD could not confirm if the updated NSP was timely or if it was comprehensive. There was no documentation of the child's participation in updating this NSP. At the Exit Conference, the Group Home Administrator agreed that all NSPs should be in the children's files upon completion and that all appropriate children will participate in their NSP updates.

During the follow-up visit on April 1, 2015, CAD confirmed the Group Home's documentation of the CSW contact in the case files and that the initial and updated NSPs are being completed and signed timely, with the copies filed in the children's case files.

Recommendations:

The Group Home's management shall ensure that:

2. County CSW monthly contacts are documented.

3. Development of timely, comprehensive initial NSPs with the child's participation is completed.

4. Development of timely, comprehensive updated NSPs with the child's participation is completed.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT'S (OHCMD) GROUP HOME AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated November 7, 2013, identified four recommendations.

Results:

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

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

Based on the results of the current review, the following three recommendations were not implemented:

- CSWs are contacted monthly and the contacts are appropriately documented.
- Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Recommendation:

5. The outstanding recommendations from the monitoring report dated November 7, 2013, which are noted in this report as Recommendations numbers 2, 3, and 4 are fully implemented.

At the Exit Conference, the Group Home representative expressed the desire to remain in compliance with all Title 22 Regulations and County contract requirements. Levetta Hill, Executive Director, stated that the Group Home will conduct trainings to strive towards greater compliance.

On April 1, 2015, CAD conducted a follow-up visit and confirmed that the Group Home implemented 4 of 4 recommendations. CAD will continue to assess implementation of the recommendations during our next monitoring review. The OCHMD will provide on-going technical support prior to the next review.

Most Recent Fiscal Review Conducted by the Auditor-Controller (A-C)

The most recent fiscal audit review of the South Bay Bright Future for its Foster Family Agency and Group Home contracts was posted by the A-C on May 14, 2009. The A-C identified $8,232 as unallowable expenditures and $21,469 as inadequately supported expenditures, along with an unallowable self-dealing lease transaction. The Group Home repaid all money owed from the audit report. The Group Home has an overpayment of $1,687 and a Foster Family Agency overpayment of $1,691 and pays its undisputed overpayments according to the invoice due dates. Currently, there is $1,315 in dispute.

South Bay Bright Future, Inc.

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

July 25, 2014

Amy Kim, 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 Ms. Kim

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

III.

- 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 resident's County Social 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. A monthly administrative review shall continue to oversee this process.

South Bay Bright Future's Administrator shall be responsible for ensuring the above CAP will 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, Administrator

SOUTH BAY BRIGHT FUTURE, INC.

24404 South Vermont Avenue, Suite 201 • Harbor City, CA 90710
Phone: (310) 891-0096 • FAX (310) 891-0195

October 1, 2014

Amy Kim, 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 Ms. Kim

This is an addendum to the Corrective Action Plan (CAP) related to the 2014 Annual Visit for South Bay Bright Future Group Homes.

South Bay Bright Future's Administrator shall ensure all future I-track reports are submitted in a timely matter per the "Group Home Agency Agreement for Foster Care Services Contract, Exhibit A-VIII Special Incident Reporting Guide For Group Home" to all parties of interest, (CSW, OHCH, CCL, DMH and Probation). On Saturday, September 27, 2014 an I-track/ SIR training was conducted with all the Group Home employees (please see the attached sign-in log). The "Special Incident Reporting Guide For Group Home" was reviewed and discussed in addition copies were given to each employee. The employees were also reminded of South Bay Bright Future's "Zero Tolerance Policy" of untimely reporting of incidents.

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

We respectfully submit this Corrective Action Plan (CAP) for your review. Thank you once again for the opportunity to evaluate our program and identify areas for improvement. If additional information is needed, please contact me at (310) 891-0096, your assistance is greatly appreciated.

In partnership,

LeVetta D. Hill

LeVetta D. Hill
Administrator