



**TERRI L. McDONALD**  
Chief Probation Officer

## **COUNTY OF LOS ANGELES PROBATION DEPARTMENT**

9150 EAST IMPERIAL HIGHWAY  
DOWNEY, CALIFORNIA 90242  
(562) 940-2501



August 7, 2017

TO: Supervisor Mark Ridley-Thomas, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Terri L. McDonald  
Chief Probation Officer

SUBJECT: **HUMANISTIC FOUNDATION, INC. dba NEW CONCEPT GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring Unit (GHM), conducted a review of New Concept Group Home, operated by Humanistic Foundation, Inc., in January 2017. New Concept Group Home has one (1) site and is located in the Second Supervisorial District of Los Angeles County. They provide services to both Los Angeles County Probation and the Department of Children and Family Services (DCFS) foster children. According to New Concept Group Home's program statement, its purpose is to treat boys who exhibit behavior, social, and emotional difficulties.

New Concept Group Home is an 8-bed site and is licensed to serve a capacity of eight (8) boys, 12-17 years of age. At the time of review, New Concept Group Home was serving seven (7) DCFS children and the overall length of placement was 10 months, and their average age was 17 years old. For the sample size, the placed children's overall average length of placement was also 10 months, and their average age was also 17 years old.

Six (6) of the DCFS children were randomly selected for the interview sample. No Probation children were placed at the agency at the time of review; therefore, no Probation children were sampled for this year's review. There were also no children in the sample who were prescribed psychotropic medication; therefore, those cases were not reviewed for timeliness of Psychotropic Medication Authorization (PMA) and to confirm the required documentation of psychiatric monitoring. Additionally, two (2) probation discharged children's files were reviewed to access compliance with permanency efforts, and four (4) staff files were also reviewed for compliance with Title 22 Regulation and County Contract Requirements.

***Rebuild Lives and Provide for Healthier and Safer Communities***

### **SUMMARY**

During the PPQA/GHM review, the interviewed children generally reported feeling safe at the New Concept Group Home, and that they were provided with good care, appropriate and effective services of quality, were comfortable in their environment and treated with respect and dignity. New Concept Group Home was in compliance with nine (9) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements; Facility and Environment; 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.

PPQA/GHM noted deficiencies in one (1) of the 10 areas, with two (2) deficient elements out of 76 specific elements within the 10 areas. Although, there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were found again in this year's review. In the area of "Maintenance of Required Documentation and Services Needed", New Concept Group Home needed to continuously develop comprehensive Initial and Updated Needs and Services Plans (NSP) to ensure that the Outcome Goals are SMART goals and Permanency Case Plan Goals are properly checked off.

### **REVIEW OF REPORT**

On March 9, 2017, Probation PPQA Monitor Leng Lim held an Exit Conference with New Concept Group Home Administrator Sueretta Small. Administrator 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 to address the noted deficiencies in a Corrective Action Plan (CAP).

New Concept Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure that the repeated deficiencies of the same nature will be avoided. 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; however, an additional check will be required to ensure that permanent changes were made. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.



Each Supervisor  
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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.

TLM:FC  
LD:LCM:tj

Attachments (3)

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Brandon T. Nichols, Interim Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Community Care Licensing  
Latasha Howard, Probation Contracts  
Sueretta Small, Assistant Executive Director, New Concept Group Home

**HUMANISTIC FOUNDATION GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Humanistic Foundation (New Concept)  
License Number: 191800491  
Rate Classification Level: 12**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: January 2017</b>
I	<p><b><u>Licensure/Contract Requirements</u></b> (8 Elements)</p> <ol style="list-style-type: none"> <li>1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) complaints on child abuse/safety and/or physical deficiencies since the last review.</li> <li>2. Vehicles used to transport children are maintained in good repair.</li> <li>3. Disaster drills are conducted at least every six months and documented.</li> <li>4. The runaway policy is documented and properly maintained.</li> <li>5. Detailed sign-in/out logs are maintained.</li> <li>6. Weekly allowance logs are accurately maintained.</li> <li>7. Monthly clothing allowance logs are accurately maintained.</li> <li>8. SIRs documented in the NSPs and case files being properly reported via the I-track system.</li> </ol>	Full Compliance (ALL)
II	<p><b><u>Facility and Environment</u></b> (5 Elements)</p> <ol style="list-style-type: none"> <li>1. The exterior and the grounds of the Group Home are well maintained.</li> <li>2. Common quarters are well maintained.</li> <li>3. Children's bedrooms are well maintained.</li> <li>4. The Group Home maintains adequate recreational equipment and educational resources in good repair and makes them readily available to children.</li> <li>5. The Group Home maintains adequate nutritious perishable and non-perishable foods.</li> </ol>	Full Compliance (ALL)
III	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. The Initial NSP was completed accurately and on time.</li> <li>2. The Updated NSPs were completed accurately and on time.</li> <li>3. The Group Home provided children with counseling and other services (based on current NSPs).</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> </ol>

IV	<b><u>Educational and Workforce Readiness</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. Children are enrolled in school within three school days.</li> <li>2. The Group Home ensures the children attend school as required.</li> <li>3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of IEPs are maintained in their files.</li> </ol>	Full Compliance (ALL)
V	<b><u>Health and Medical Needs</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Initial medical exams are conducted timely.</li> <li>2. Initial dental exams are conducted timely.</li> <li>3. Required follow-up medical examinations are conducted timely.</li> <li>4. Required follow-up dental examinations are conducted timely.</li> </ol>	Full Compliance (ALL)
VI	<b><u>Psychotropic Medication</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court-Approved Authorizations are on file. (Including accurate dosage)</li> <li>2. Psychiatric Evaluation/Reviews (561c) are current.</li> </ol>	Full Compliance (ALL)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (18 Elements) <ol style="list-style-type: none"> <li>1. Children are informed of the Group Home's rules and consequences.</li> <li>2. Children report the consequences for not following the rules are fair.</li> <li>3. Children are informed of the Foster Youth Bill of Rights.</li> <li>4. Children participate in the development of their NSPs.</li> <li>5. Children are supervised by staff.</li> <li>6. Children are treated with respect.</li> <li>7. Children feel safe in the Group Home.</li> <li>8. Children have an adult they can talk with privately.</li> <li>9. Children are allowed to have private telephone calls and to send and received unopened mail.</li> <li>10. Children have privacy during the visits with family or close friends.</li> </ol>	Full Compliance (ALL)



	11. Children are offered to participate in mentorship program. 12. Children are allowed to attend or not attend religious services of their choice. 13. Children are given the opportunity to participate in planning recreational activities with the staff. 14. Children are given the opportunity to participate in recreational activities at the Group Home. 15. Children are given the opportunity to participate in extracurricular or community activities. 16. Children's chores are reasonable. 17. Children are informed about their rights to medical and dental treatment (right to refuse). 18. Children are informed about their right to refuse psychotropic medication.	
VIII	<b><u>Personal Needs/Survival and Economic Well-Being</u></b> (16 Elements)	
	1. Children are provided with medical care when needed. 2. Children are provided with dental care when needed. 3. Children are provided with transportation. 4. Children are encouraged and supported by staff in keeping a Life Book. 5. Children are assisted by adults in completing schoolwork when help is needed. 6. Children are provided with youth development or daily living skills services. 7. Children are provided with their own personal hygiene items. 8. Children get enough food to eat. 9. Children with special diet needs are provided with accommodations by the staff. 10. Children receive at least the basic weekly allowance. 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items.	Full Compliance (ALL)

IX	<b><u>Discharged Children</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. The Group Home placed the child in accordance with their program statement and population criteria.</li> <li>2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care.</li> <li>3. The Group Home attempted to stabilize the child's placement prior to requesting a removal.</li> </ol>	Full Compliance (ALL)
X	<b><u>Personnel Records</u></b> (14 Elements) <ol style="list-style-type: none"> <li>1. Staff signed a criminal record statement (LIC 508) prior to or on hire date.</li> <li>2. Staff received criminal clearance from CCLD prior to hire date.</li> <li>3. Staff received medical clearance within 1 year prior to hire date or within seven days after hire date.</li> <li>4. Staff received TB clearance within 1 year prior to hire date or within seven days after hire date.</li> <li>5. Staff met educational and/or experience requirements in accordance with the agency's program statement and Title 22.</li> <li>6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgement.</li> <li>7. Staff had current California driver's license on file.</li> <li>8. Staff had current CPR certification on file.</li> <li>9. Staff had current First Aid certification on file.</li> <li>10. Staff received initial emergency intervention training (e.g. Pro-ACT).</li> <li>11. Staff received initial 24 hour training (8 hours prior to supervision and 16 hours within 90 days of hire).</li> <li>12. Staff has current emergency intervention training on file (e.g. Pro-ACT).</li> <li>13. Staff received 20 hours of on-going training.</li> <li>14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.</li> </ol>	Full Compliance (ALL)



**HUMANISTIC FOUNDATION GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2016-2017**

**SCOPE OF REVIEW**

The purpose of this review was to assess Humanistic Foundation (New Concept) Group Home compliance with the County contract and State regulations and include a review of the New Concept 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
- Personnel Records

For the purpose of this review, six (6) placed DCFS children were randomly selected for the sample. No Probation placed children were placed at the agency at the time of review; therefore, no Probation children were sampled for this year's review. 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. At the time of the review, there were no placed children that were prescribed psychotropic medication. Therefore, no case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, two (2) Probation discharged children's files were reviewed, to assess New Concept Group Home's compliance with permanency efforts

Four (4) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

**CONTRACTUAL COMPLIANCE**

The following one (1) area was out of compliance.



### **Maintenance of Required Documentation and Service Delivery**

Six (6) of children's files were reviewed, and of those, five (5) children were placed long enough to have Updated NSPs in their files. Therefore, only five (5) children had Updated NSPs reviewed, and one (1) child only had an Initial NSP reviewed.

Of the six (6) Initial NSPs reviewed, all children's Outcome Goals did not meet the SMART goals guidelines in that they were not measurable, attainable, and child specific. For example, all but one (1) child's file had the same Specific Goals for "depressive symptoms" and the Reason for Goals were "isolation, mood fluctuations, and being resistant to treatment." All six (6) children's files also contained the same or similar Outcome Goals for "Anger Management", making them non child-specific, and the goals were not measured to determine the success or achievement. Furthermore, all but two (2) children's files had Outcome Goals for "substance abuse" but the goals were not measured to determine the success or achievement. Lastly, all six (6) children's files had the same Specific Goals for "academic progress" when two (2) of the children's goals should have been for "truancy" based on the children's educational histories.

Of the six (6) Initial NSPs reviewed, two (2) of the children's files were not comprehensive. For the first file reviewed, although the medical records were completed in the child's medical file, the NSP did not properly document the initial medical and dental exam dates. For the second file reviewed, both the Family Reunification (FR) and PPLA/Transition boxes were simultaneously checked off when only the FR box should have only been checked.

Of the five (5) Updated NSPs reviewed, all children's Outcome Goals continued to not meet the SMART goals guidelines as the Outcome Goals were carried over from the Initial NSPs to the Updated NSPs without any modifications or changes made to the child's needs. The children's file continued to have similar Outcome Goals and similar Specific Goals, making the goals not measurable, attainable, and child-specific.

### **Recommendation**

New Concept Group Home's management shall ensure that:

1. New Concept Group Home Administrator to explain as why the Initial NSPs are continuously deficient in three (3) consecutive annual monitoring reviews and explain why the Corrective Action Plan (CAP) implemented by New Concept Group Home for the past two previous annual monitoring reviews continued to be ineffective. New Concept Group Home Administrator shall provide Probation Child Welfare with a restructured CAP and implement a new Quality Assurance Plan to ensure that the NSP

reports moving forward are comprehensive and meet the requirements of the SMART goals guidelines where the Outcome Goals are measurable, attainable, and child specific.

2. New Concept Group Home Administrator to explain as why the Updated NSPs are continuously deficient in three (3) consecutive annual monitoring reviews and explain why the Corrective Action Plan (CAP) implemented by New Concept Group Home for the past two previous annual monitoring reviews continued to be ineffective. New Concept Group Home Administrator shall provide Probation Child Welfare with a restructured CAP and implement a new Quality Assurance Plan to ensure that the NSP reports moving forward are comprehensive and meet the requirements of the SMART goals guidelines where the Outcome Goals are measurable, attainable, and child specific.

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

PPQA/GHM's last compliance report dated May 27, 2016, identified eight (8) recommendations.

#### **Results**

Based on the follow-up, New Concept Group Home fully implemented seven (7) of the eight (8) previous recommendations for which they were to ensure that:

- The broken mirror fasteners in the hallway bathroom are replaced.
- The loose electrical outlet covers are secured in the master bedroom and bedroom #2.
- The smoke detector battery is replaced in the master bedroom.
- The smoke detector is connected back in bedroom #2.
- All efforts were made to assist the children in making educational progress by identifying the child's educational strengths and weaknesses.
- All efforts were made to ensure that children have the opportunity to progress towards meeting their case plan goals by making the goals more attainable when the child is not progressing and increase therapeutic services.



- All efforts were made to ensure that discharged children are progressing towards meeting their case plan goals by increasing one-to-one counseling and therapeutic services.

The follow-up inspection discovered that New Concept Group Home failed to continue to fully implement one (1) of the previous eight (8) recommendations for which they were to ensure that:

- The Initial and Updated NSPs were comprehensive and the Outcome Goals meet the SMART goals guideline.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER**

A current fiscal review of Humanistic Foundation, Inc. d.b.a. New Concept Group Home by the Auditor Controller was not scheduled for the 2016-2017, Fiscal Year.



Humanistic Foundation, Inc  
*DBA New Concept*

Short Term Residential Treatment Center  
Ages 11-17

April 17, 2017

Los Angeles County Probation Department  
Placement Permanency & Quality Assurance  
Group Home Monitoring and Investigations Unit  
Lynwood Regional Justice Center  
11701 South Alameda Street, 2<sup>nd</sup> Floor  
Lynwood, CA 90262

Attn: Leng Lim, Deputy Probation Officer II

RE: New Concept Deficiency Report for 2016-2017 Monitoring Review

Los Angeles County Probation, Monitoring Department conducted a review of New Concept Group Home on January 17, 2017. This monitoring review was completed by DPO Leng Lim.

The New Concept Deficiency Report for the 2016-2017 Monitoring, was reviewed during the Exit conference completed by DPO Lim on March 9, 2017. A meeting was held with other responsible parties, on March 14, 2017. A plan was put in place to correct the deficiencies on the NSP reports for all children currently in placement, and moving forward. The process for reviewing, modifying, and correcting, NSP reports for current children placed, are on track to be completed by May 19, 2017.

The Corrective Action Plan addressed the areas of the NSP Initial, and the NSP Updated Quarterly reports. The Corrective Action Plan addressed the areas of non-compliance in detail, the cause of the non-compliance, the Corrective Action Plan, and the Quality Assurance Plan on maintaining compliance.

It is important to New Concept to always provide a high level of quality service to our children at all times. We are making whatever adjustments necessary in order to become efficient in the areas where deficiencies were found. We welcome a review of our NSP Initial, and NSP Updated Quarterly reports at the end of May this year.

We will make every attempt to adhere to the recommendations listed in the deficiency report.

Sincerely,



Sueretta Small, Administrator

(323) 290-2540



**The following deficiencies were noted and reported by the Probation Monitor during the 2016 – 2017 monitoring review:**

**Maintenance of Required Documentation and Service Delivery**

1. The Probation Monitor reported that the Initial NSP files were not comprehensive.

**Cause of Deficiency:**

The Licensed Clinician for New Concept was on disability for a personal illness for herself and then for her husband for the majority of the 2016 year. A Licensed Clinician was contracted to fill in and review the reports written by the therapist. The temporary Clinician was not as experienced as far as the NSP reports, and is no longer at New Concept.

**Corrected Action Plan**

A Certified Group Home Administrator with experience with NSP reports was hired in January 2017. This Administrator is qualified to review and approve the NSP reports written by the therapist. On January 13, 2017, the New Concept Administrator met with the Therapist, and the NSP Administrator to discuss the NSP requirements required by the Probation Department.

**Quality Assurance (QA) Plan to maintain compliance:**

To ensure that all elements of the NSP template are completed correctly, New Concept will continue utilizing the 3-tier Quality Assurance plan. The NSP Administrator will replace the Licensed Clinician in completing the final NSP review process to ensure compliance. The NSP Administrator will be held accountable by the New Concept Administrator for any NSP Reports reviewed that does not have all required elements completed correctly. The Group Home Administrator will review all final NSP reports with the NSP Administrator for three month.

The Probation Monitor also reported deficiencies in the Initial NSP guidelines required for SMART goals. The children's goals listed were not child specific, and the goals listed were too many making them unattainable and measurable.

**Cause for Deficiency:**

There was an interruption in the previously implemented 3-tier Quality Assurance plan, due to the unforeseen illness of the Licensed Clinician for New Concept for the majority of the 2016 year. A Licensed Clinician was contracted to fill in and review the reports written by the therapist. The temporary Clinician was not as experienced as far as the NSP reports, and is no longer at New Concept.

### **Corrective Action Plan**

The Group Home Administrator, the Therapist, and the NSP Administrator begin meeting weekly on March 14, 2017, reviewing and modifying all the children's goals. The process is expected to be completed by May 19, 2017. The goals are being modified to be child specific, and to meet the NSP guidelines required for SMART goals. The goals are also being decreased to make them more attainable and measurable. There will be one goal for each of the following, 1-Permanency Goal, 1-Physycological Goal, 1-Educational Goal, and 1-Life Skills Goal.

### **Quality Assurance (QA) Plan to maintain compliance:**

To ensure that all elements of the NSP template are completed and the children's goals are SMART Goals that are attainable and measurable moving forward, New Concept will continue utilizing the 3-tier Quality Assurance Plan. The NSP Administrator will replace the Licensed Clinician in completing the final NSP review process to ensure compliance. The NSP Administrator will be held accountable by the Administrator for any NSP reports reviewed that does not have all the required elements completed and children's goals that do not meet the SMART Goals guidelines. The QA person identified in this area is the NSP Administrator. To assure clarity and understand, the New Concept Administrator will review all NSP reports with the NSP Administrator for the next three month. According to our handbook the first order of disciplinary actions is a verbal warning, which will be documented.

2. The Probation Monitor reported that the Updated Quarterly NSP continued to lack the guidelines required for SMART goals. The children's goals listed were not child specific and the goals listed were too many making them unattainable and measurable.

### **Cause of Deficiency:**

There was an interruption in the previously implemented 3-tier Quality Assurance plan, due to the unforeseen illness of the Licensed Clinician for New Concept for the majority of the 2016 year. A Licensed Clinician was contracted to fill in and review the reports written by the therapist. The temporary Clinician was not as experienced as far as the NSP reports, and is no longer at New Concept.

### **Corrected Action Plan:**

The Group Home Administrator, the Therapist, and the NSP Administrator begin meeting weekly on March 14, 2017, reviewing and modifying all the children's goals. This process expected to be completed by May 19, 2017. The goals are being modified to be child specific, and to meet the NSP guidelines required for SMART goals. The goals are also being decreased to make them more attainable and measurable. There will be one goal for each of the following, 1-Permanency Goal, 1-Physycological Goal, 1-Educational Goal, and 1-Life Skills Goal.



**Quality Assurance (QA) Plan to maintain compliance:**

To ensure that all elements of the NSP template are completed and the children's goals are SMART Goals that are attainable and measurable moving forward, New Concept will continue utilizing the 3-tier Quality Assurance Plan. The NSP Administrator will replace the Licensed Clinician in completing the final NSP review process to ensure compliance. The NSP Administrator will be held accountable by the Administrator for any NSP reports reviewed that does not have all the required elements completed and children's goals that do not meet the SMART Goals guidelines. The QA person identified in this area is the NSP Administrator. To assure clarity and understand, the New Concept Administrator will review all NSP reports with the NSP Administrator for the next three month. According to our handbook the first order of disciplinary actions is a verbal warning, which will be documented.