County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, CA 90020

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February 28, 2011

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

From: Antonia Jiménez
Acting Director

BAYFRONT YOUTH AND FAMILY SERVICES GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Bayfront Group Home is located in the 4th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Bayfront Group Home's program statement, its stated goal is "to provide an intensively structured program for those adolescents aged 11½ -17 who have not been able to be treated in existing community care facilities within Los Angeles County as well as counties outside of Los Angeles."

The Out-of-Home Care Management Division (OHCMD) conducted a review of Bayfront Group Home in February 2010, at which time the agency had one twenty-nine bed site and seven placed DCFS children. Six children were female, one child was male. For the purpose of this review, all placed DCFS children were interviewed and their case files were reviewed. The placed children's overall average length of placement was five months and the average age was 15. Six staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All seven children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Bayfront Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, seven placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to the children, and we conducted interviews with the 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, Bayfront Group Home was providing good care to DCFS placed children and the services were provided as outlined in the agency's program statement. The children interviewed stated that they liked the staff at this placement and they felt that they were being treated fairly.

At the time of the review there were no physical plant deficiencies. The Group Home needed to develop comprehensive Needs and Services Plans (NSPs) and ensure that all children received timely medical and dental exams.

Bayfront Group Home was receptive to implementing some systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that she welcomed the findings in the review so that current operating systems could be improved.

NOTABLE FINDINGS

- Of the twelve NSPs reviewed, none were comprehensive in that they did not complete all the required elements in accordance with the NSP template. The initial NSPs did not include the medical information and were missing some educational information.

- Medication logs were not properly maintained. It should also be noted that children reported that if they chose not to take their medication, they were removed from the milieu. It should be noted that this finding has been adequately resolved in the approved CAP.

- One initial dental exam was not timely.

- Some criminal clearances were not timely. Some employees did not receive all of the required initial training hours, and one staff member did not receive emergency intervention training. It should be noted that these findings were adequately addressed in the approved CAP.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 18, 2010:

In attendance:

Katrina Loftis, Nursing Supervisor, and Maryam Ribadu, Director, Bayfront Youth and Family Services Group Home, and Sonya Noil, Monitor, OHCMD DCFS.

Highlights:

The Director and Administrator understood our findings and recommendations. The Director stated that the exit conference was helpful. The Administrator requested a follow up meeting with the Group Home Monitor and Bayfront's Licensed Clinical Social Workers (LCSW) for training related to the NSPs. The training took place immediately after the exit conference (10/18/2010) and appeared to have been helpful to the LCSWs.

As agreed, Bayfront Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in the compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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

AJ:LP:KR:
EAH:BB:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Winetta Parker, President, Board of Directors, Bayfront Group Home
Maryam Ribadu, Executive Director, Bayfront Youth and Family Services Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

Bayfront Youth and Family Services Group Home
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

490 West 14th Street
Long Beach, CA. 90807
License Number: 197803075
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: February 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	 Full Compliance (ALL)
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	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance
III	**Program Services** (8 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. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
VII	**Personal Rights** (11 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. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 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	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 10. Full Compliance 11. Full Compliance

VIII	**Children's Clothing and Allowance** (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	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	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed

BAYFRONT YOUTH AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

Bayfront Group Home
490 West 14th Street
Long Beach, CA. 90807
License Number: 197803075
Rate Classification Level: 14

The following report is based on a "point in time" monitoring visit and addresses findings during the February 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of seven children's files and six staff files, Bayfront Group Home was in full compliance with three of nine sections of our Contract Compliance review: Licensure/Contract requirements; Educational and Emancipation Services; and Recreation and Activities. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of Bayfront Group Home and interviews with seven children, the agency fully complied with five of six elements in the area of Facility and Environment.

Generally, the exterior and the grounds of the Group Home were well maintained. The common quarters and the children's bedrooms were also well maintained. However, education resources for the children were found to be inadequate.

The Group Home maintained a sufficient supply of perishable and non-perishable foods.

Recommendations:

Bayfront Group Home management shall ensure that:

1. The Group Home site maintains an appropriate quantity and quality of reading materials.

PROGRAM SERVICES

Based on our review of seven children's case files, Bayfront Group Home fully complied with seven of the eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in the agency's program statement. The children were participating in the development of the Needs and Services Plans (NSP). Children reported that they received individual and group therapeutic services.

Based on our review, we found that the treatment team developed and implemented the NSPs with input from the children and staff. The children were receiving the required therapeutic services. The NSPs were timely, however, none of the 12 required initial and updated NSPs were comprehensive. The NSPs did not include medical information and were missing some educational information. The provider requested a training session to discuss the deficiencies identified in the NSPs/Quarterly reports, and the training session took place on October 18, 2010. The training session appeared to have been helpful. Additionally, the Group Home's Corrective Action Plan (CAP) appropriately addresses action the agency would take regarding the NSP/Quarterly Report findings.

Recommendations:

Bayfront GH management shall ensure:

2. All NSPs are comprehensive and include all required elements.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of seven children's case files and interviews with all seven children, Bayfront Group Home fully complied with seven of nine elements reviewed in the area of Children's Health-Related Services, including Psychotropic Medication.

One medication log was not properly maintained, and although all of the medical exams and dental exams had been conducted, one dental exam was not timely. It should also be noted that children reported that if they chose not to take their psychotropic medication, they were removed from the milieu. The Administrator stated that some staff had inappropriately removed children from the milieu and that practice had ceased. The Administrator also reported that training was conducted for staff around refraining from the use of punitive measures when children refused their psychotropic medication.

Recommendation:

Bayfront Group Home management shall ensure that:

3. All medication logs are properly maintained.

4. Dental exams are timely.

5. Staff do not punish children for refusing their psychotropic medications.

PERSONAL RIGHTS

Based on our review of seven children's case files and interviews with the seven children, Bayfront Group Home fully complied with ten of the eleven elements reviewed in the area of Personal Rights. One child reported that he was not satisfied with the meals and snacks provided.

Recommendation:

Bayfront Group Home management shall ensure that:

6. Children are satisfied with meals and snacks.

CLOTHING AND ALLOWANCE

Based on our review of seven children's case files and interviews, Bayfront Group Home fully complied with seven of eight elements reviewed in the area of Clothing and Allowance.

Based on our review, all of the interviewed children reported that they received their $50.00 monthly clothing allowance. Children were provided with the opportunity to select their own clothes. The clothing allowance logs and inventories confirmed that the requirements were being met. All five children reported that the Group Home provided them with the required minimum weekly monetary allowance and all children reported that they spent their allowances as they chose. The Group Home provided children with adequate personal care items. However, some of the children were not encouraged or assisted in creating and maintaining their life books/photo albums.

Recommendation:

Bayfront Group Home management shall ensure that:

7. All children are encouraged and assisted in creating and updating a life book/photo album.

PERSONNEL RECORDS

Based on our review of six staff personnel files, Bayfront Group Home fully complied with nine of 12 elements in the area of Personnel Records.

All six staff files reviewed met the educational/experience requirements. Criminal fingerprints were not submitted timely for some staff. One staff did not sign a criminal background statement in a timely manner. All staff received timely initial health screenings, signed copies of the Group Home policies and procedures, had a valid driver's license, and completed CPR and First-Aid training. One staff member did not have emergency intervention training, and initial training hours were not found for any

staff as required. It should be noted that the staff member that did not have the required emergency intervention training is no longer employed at the agency.

Recommendation:

Bayfront Group Home management shall ensure that:

8. All staff members have timely criminal clearances.

9. All staff members have a signed criminal background statement in their personnel files.

10. All staff members receive the required emergency intervention training per the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring report.

Verification

We verified whether the outstanding recommendations from the Fiscal Year 2006-07 monitoring review were implemented. The report was issued on December 26, 2006.

Results

The A-C's prior monitoring report contained one outstanding recommendation. Specifically, Bayfront Group Home needed to maintain current court authorizations for all children taking psychotropic medication. The agency completed a CAP, which was approved and issued on December 26, 2006.

Recommendation:

None