County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

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Director

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December 13, 2012

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

BAYFRONT YOUTH AND FAMILY SERVICES 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 Bayfront Youth and Family Services Group Home (Bayfront) in August 2012. Bayfront has one Group Home (GH) site located in the Fourth Supervisorial District and provides services to Los Angeles County DCFS foster children and Probation youth. According to Bayfront's program statement, its purpose is "to provide the adolescent with the necessary coping and survival skills to ensure successful transition to a less restrictive setting. And also to provide a safe, protective and nurturing environment which maximizes the opportunity for the adolescent and his/her family to resolve psychopathology and resume reasonable age-appropriate pursuit of developmental tasks."

Bayfront is licensed to serve a capacity of 29 boys and girls, ages 11 through 17. At the time of the review, Bayfront served three placed DCFS and two Probation children. The placed children's overall average length of placement was five months and their average age was 16.

SUMMARY

During our review, the children interviewed generally reported feeling safe at Bayfront; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

Bayfront was in full compliance with nine of 10 areas of our Contract compliance review: Licensure/Contract Requirements; 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; Personnel Records; and Discharged Children.

We noted deficiencies in the area of documentation of service delivery related to Needs and Services Plans (NSPs).

Attached are the details of our review.

REVIEW OF REPORT

On September 28, 2012, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with Bayfront staff, Marleana Reed, Administrator, and Prerna Rao, Marriage and Family Therapist. Bayfront's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

Bayfront provided the attached approved CAP addressing the recommendations noted in this compliance report.

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

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

PLB:RRS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Maryam Ribadu, Executive Director, Bayfront Youth and Family Services GH
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

BAYFRONT YOUTH AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Bayfront's compliance with the County contract requirements and State regulations and included a review of the Bayfront'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 placed children were selected for the sample. We interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess Bayfront's compliance with permanency efforts. At the time of the review, two placed children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

We reviewed three 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

We found the following two areas out of compliance.

Maintenance of Required Documentation and Service Delivery

- Our review revealed that Bayfront staff did not obtain or document efforts to timely obtain the DCFS Children's Social Workers' (CSWs) authorizations to implement the NSPs. Marleana Reed, Administrator, reported that the treatment team will ensure that all NSPs are authorized by CSWs and/or all efforts to timely obtain authorizations are documented.

In January 2012, Bayfront representatives attended OHCMD's Needs and Service Plan (NSP) training. Five initial NSPs and seven updated NSPs were reviewed. It was noted that one initial NSP reviewed was developed prior to the January 2012 training.

- Additionally, we found that there was no documentation addressing the progress of children toward achieving their NSP case plan goals. It was explained to the Administrator and the treatment team that the children's progress for each goal must be addressed and documented. Marleana Reed, Administrator, reported that the treatment team will ensure that the progress of each child's NSP goals is addressed and documented.

- One child had not been assisted with maintaining important relationships. The child had been placed for over four months and had no contact with any family members. The child had not been connected with a special friend, Court Appointed Special Advocate (CASA), or a mentor. The Administrator understands that every child should be assisted with maintaining important relationships. It should be noted that the child had recently been in contact with her biological mother and that family time was explored by the CSW and the agency. Unfortunately, at the exit conference, the agency reported that the family visitation time still had not occurred.

- Five initial NSPs were reviewed and all of them were timely. However, none of the initial NSPs were comprehensive and did not meet all of the required elements in accordance with the NSP template. None of the initial NSPs had a permanency goal. The Administrator reported that the treatment team will ensure completion of the required elements in accordance with the NSP template.

- Seven updated NSPs were reviewed and all of them were timely. However, none of the updated NSPs were comprehensive and did not meet all of the required elements in accordance with the NSP template. None of the updated NSPs had a permanency goal and progress on the identified case plan goals was not documented in the updated reports. CSW contact information was not found in the updated NSPs and the agency was using an old version of the NSP template. The Administrator reported that the treatment team will ensure comprehensiveness of the required elements in accordance with the NSP template.

Recommendation

Bayfront's management shall ensure that:

1. DCFS CSWs' authorizations to implement the NSP are obtained or efforts to timely obtain authorizations for implementation are documented.

2. Children are progressing toward meeting the NSPs case goals.

3. Children are assisted with maintaining important relationships.

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

5. 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 June 13, 2012 identified 14 recommendations.

Results

Based on our follow-up, Bayfront fully implemented 10 of 14 previous recommendations for which they were to ensure that:

- There was an adequate perishable and non-perishable food supply.
- The DCFS CSW's authorization to implement NSP was obtained.
- NSPs were implemented and discussed with staff.
- Timely initial NSPs were developed.
- Comprehensive initial NSPs were developed.
- The contacts with the DCFS CSWs were documented.
- The children were assisted in maintaining important relationships.
- Comprehensive updated NSPs were developed.
- Initial dental exams were conducted.
- Initial dental exams were timely.
- Consequences were fair.
- Children were free to attend religious services/activities.
- Children were free to receive or reject voluntary medical, dental and psychiatric care.
- Children were given an opportunity to participate in extra-curricular, enrichment and social activities.

Bayfront did not implement the recommendations regarding obtaining the DCFS CSWs' authorizations to implement NSPs; assisting the children in maintaining important relationships; and developing comprehensive initial and updated NSPs.

Recommendation

Bayfront's management shall ensure that:

6. It fully implements the June 13, 2012 outstanding recommendations for the 2011 – 2012 monitoring review, which are noted in this report as Recommendations 1, 3, 4 and 5.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C has not conducted a fiscal review of Bayfront.

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

4151 Fountain Street
Long Beach, CA 90804
License # 197803075
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: August 2012**
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	Full Compliance (ALL)
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	Full Compliance (ALL)
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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed

	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 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	Full Compliance (ALL)

	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'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	Full Compliance (ALL)

10/22/2012

Ms. Sonya Noil, CSA!

Group Home Monitor

Department of Children and Family Services

Out of Home Care Management

9320 Telstar Avenue

El Monte, CA.

Ms. Noil

Bayfront Youth and Family Services, RCL 14 Group Home, appreciates the opportunity to share in the responsibility of caring for youth placed in our agency by the Department of Children and Family Services. Our agency recently underwent the annual compliance review where the Needs and Services Plans for clients included in the review were found to be deficient as a result of failure to acquire signatures from the clients CSW in a timely manner. One child's permanency goal was not clearly stated, a summary of progress for the child was provided. However, there needed to be specificity in the progress or lack thereof for each stated goal. Additionally, it was determined that Bayfront was not using the correct NSP template and we were able to determine during the review where the breakdown occurred and why the agency had not received the appropriate template. The following corrective action was implemented immediately following the exit interview with Sonya Noil, CSA, Prerna Rao, Director of Social Services(DSS) and Marleana Reed, Administrator, to bring the agency back into compliance as required.

Maintenance of Required Documentation and Service Delivery:

Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan (WELL-BEING)

16. Bayfront Youth and Family Services will attempt to gain the CSW's signature for the completed needs and services plan within 10 days from the due date. In the event the CSW does not respond to the request for signature after 5 days, the case manager will contact the supervisor for the CSW to assist in acquiring the required signature. The case manager will document all efforts made in the addendum of the needs and services plan, if the attempts are not successful. The agency will generate a special incident report if the CSW's signature cannot be obtained by the 10th day. Bayfront will ensure that contact information for the CSW is included in all NSP's for clients and Prerna Rao DSS will oversee and ensure compliance in this area.

Are the sample children progressing toward meeting the Needs and Services Plan case goals? (WELL-BEING)

18. Bayfront will ensure that client progress is clearly stated and specific to each identified goal. Each NSP will be reviewed for completion by the Director of Social Services to ensure goals are measureable, attainable and progress is clearly identified and specific for each goal. Prerna Rao, DSS will ensure compliance in this area.

Does the agency assist the children in maintaining important relationships? (PERMANENCY)

22. Bayfront Youth and Family Services will ensure permanency goals are stated in both the initial and updated NSP for each client. A review of permanency goals will occur bi-weekly during utilization review to ensure goals accurately reflect discharge plans for clients in both the initial and updated plan. In the event clients are found not to have a significant person to engage with routinely, Bayfront will make attempts to link clients with either family, mentor or person who the client feels has been instrumental in their care. The client's case manager and social worker will be engaged to ensure safe linkage or partnering can take place and if necessary, Bayfront will ask the CSW to request the court appoint a special advocate when appropriate. Bayfront will document all efforts made to create safe partnership for clients who do not have a significant person in their lives. Prerna Rao, DSS will ensure compliance.

Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate Child? (WELL-BEING)

23. Bayfront recognizes the importance of timely, comprehensive development of the initial needs and services plan and the need to include the child's perspective in the development of such. In addition, the progress made by clients specific to each of the goals identified will be addressed in the NSP and will also include tentative plans for permanency and the expected achievements important for the client to accomplish. This plan will include the CSW's preference as well as the client's expectations. Prena Rao, DSS will ensure the initial NSP is appropriately developed and a monthly review of client's treatment team participation, stated interest and input will be included in the needs and services plan.

Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

24. Bayfront recognizes the importance of timely development of the updated needs and services plan and the need to include each client in the development of such. Clients will be encouraged through individual therapy session and treatment team, to identify strengths, goals and interest, and will be encouraged to discuss progress towards permanency, to identify changes in initial plan and their understanding of the necessity for change and revision to that plan. Prerna Rao, DSS will ensure appropriate development of the updated NSP to include this information.

Bayfront Youth and Family Services received the correct version of the NSP template from Tiffany Luu, staff assistant for the Department of Children and Family Services. Bayfront is currently using the correct version. Bayfront also received a recent e-mail with attachments titled PPQA Monitoring Protocol. Marleana Reed, Administrator is responsible to ensure the correct Needs and Services Plan template is available for use by each case manager and the review and compliance of contract addendums are implemented.

Bayfront will continue to strive to provide all clients in our care with the best possible outcome. Bayfront will use its bi-weekly utilization review committee processes to ensure all indicators are addressed as required. Our agency understands the importance of the provision of comprehensive content to measure the accomplishments made by clients in our care, and we will make every attempt to avoid deficiency in all areas of review.

If there are any questions related to the content of this corrective action, please contact my office at (562)717-9250 ext. 252.

Thank you,

Marleana Reed,

Administrator