County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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June 17, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

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 (the Group Home) in September 2013. The Group Home has one site located in the Fourth Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation Department (Probation) youth. According to the Group Home'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 psychotherapy and resume reasonable age-appropriate pursuit of developmental tasks."

The Group Home is licensed to serve a capacity of 40 girls and boys, ages 11 through 17. At the time of review, the Group Home served 10 placed DCFS children and 4 Probation youth. The placed children's overall average length of placement was 3 months, and their average age was 16.

SUMMARY

During OHCMD's review, the interviewed children 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 respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations as a result of substantiated Personal Rights violations; Maintenance of Required Documentation and Service Delivery, related to Needs and Services Plans (NSPs) not being comprehensive, as they did not include all of the elements in accordance with the NSP Template; and Psychotropic Medication, related to the Group Home having failed to obtain court authorization to administer Psychotropic Medication.

Attached are the details of our review.

REVIEW OF REPORT

On October 11, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representative, Lonnie Moody, Staff Developer. The Group Home representative: agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve 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 and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify implementation of recommendations and provide technical assistance during our next visit to the Group Home in June 2014.

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

PLB:EM:KR
RDS:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Acting 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 Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

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: September 2013**
I	**Licensure/Contract Requirements** (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. Full Compliance
	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/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (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 Foods	
III	**Maintenance of Required Documentation and Service Delivery** (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. Improvement Needed
	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 Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	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/Progress Reports Maintained 4. Children's Academic 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	1. Improvement Needed 2. Full Compliance
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 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 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	Full Compliance (ALL)

	(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 8.	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)

BAYFRONT YOUTH AND FAMILY SERVICES GROUP HOME
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 September 2013 review. The purpose of this review was to assess Bayfront Youth and Family Services Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the 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, and
- Personnel Records.

For the purpose of this review, seven Department of Children and Family Services (DCFS) and Probation Department (Probation) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, six children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts.

OHCMD reviewed four 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

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirement

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during the investigation of a complaint alleging a Personal Rights violation. According to a report dated January 20, 2012, the incident involved two staff members and a child. The child was allegedly shoved against the wall and received a bruise to the leg area.

CCL deemed the allegation to be inconclusive; however, CCL revisited the complaint/allegation in July 2013 and made the decision to substantiate a Personal Rights violation. The Group Home

submitted a written Plan of Correction (POC), which included retraining of staff on personal rights and to address how the Group Home will ensure the safe management and care of placed children in crisis. The POC was approved and the citation was cleared on July 30, 2013. This referral was investigated by the DCFS Emergency Response Children's Social Worker (ER CSW). According to the report, the allegation of Physical Abuse was deemed Inconclusive and the allegation of Emotional Abuse was substantiated, as it was determined that the staff in question is strict and speaks to the youth harshly. On February 2, 2012, OHCMD placed the Group Home on an Investigative Hold as a result of this referral. OHCMD requested a Correction Action Plan (CAP) from the Group Home, which was submitted and approved. The Hold was subsequently lifted on February 24, 2012.

- CCL cited the Group Home as a result of deficiencies and findings noted during the investigation of a complaint alleging physical abuse and neglect by the San Bernardino County Department of Social Services-Children and Family Services (DSS-CFS). According to the report, CCL substantiated a Personal Rights violation on April 11, 2013, as it was determined that a San Bernardino Probation youth had sustained multiple injuries and bruises as a result of a 30-minute physical restraint, which had been performed by Group Home staff.

CCL requested an immediate POC from the Group Home. The Group Home submitted a written POC, which included retraining of staff on personal rights and to address how the Group Home will ensure the safe management and care of placed children in crisis. The POC was approved and the citation was cleared on July 30, 2013. Further, the Group Home terminated the staff involved in the incident. The staff is appealing the Group Home's decision as they felt they were unjustly terminated. As of April 14, 2014 the matter is still pending. The referral was investigated by San Bernardino County DSS-CFS. The allegations of physical abuse and neglect were deemed to be Unfounded. According to the investigation narrative, "the bruising occurred as an inadvertent consequence of the restraint that was performed on the youth."

The Group Home's Program Director reported that the Group Home will retrain staff regarding personal rights and the importance of safe management of assaultive behavior through the use of Professional Assault Crisis Training. The Group Home Administrator stated that they will hold all employees accountable for any inappropriate behavior towards residents.

Recommendation

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and County contract requirements and remains free from CCL citations.

<u>Maintenance of Required Documentation and Service Delivery</u>

- The DCFS Children's Social Worker's (CSW) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for 1 of 11 NSPs reviewed.

- DCFS CSWs or Deputy Probation Officers (DPO) were not contacted monthly by the Group Home, and the contacts were not appropriately documented in the child's NSPs.

- Seven Initial NSPs were reviewed. The initial NSPs were timely; however, four were not comprehensive, as they did not include all the required elements in accordance with the NSP template, specifically the permanency goals were not included.

- Four Updated NSPs were reviewed. Although the Updated NSPs were timely, they were not comprehensive, as they did not include all the required elements in accordance with the NSP template. Specifically, the Updated NSPs did not include Permanency goals or the children's progress towards meeting their NSP case goals.

It should be noted that a Group Home representative attended the OHCMD's NSP refresher training in August 2013. Some of the NSPs reviewed were developed prior to the August 2013 NSP training. In efforts to ensure the development of comprehensive Initial and Updated NSPs, the Group Home's Social Services Director provided NSP training to the Group Home's Social Workers on September 10, 2013. During the Exit Conference, the Group Home Program Director stated that, effective immediately, all NSPs will be reviewed by the Social Services Director prior to submission to the DCFS CSW or DPO. The Group Home's Program Director will ensure NSPs are properly developed and include detailed information.

Recommendations

The Group Home's management shall ensure that:

2. The Group Home staff obtain, or document efforts to timely obtain, the DCFS CSW's or DPO's authorization to implement the NSP. The Group Home will document all efforts made to obtain the DCFS CSW's authorization to implement NSPs.

3. DCFS CSWs or DPOs are contacted monthly by the Group Home and the contacts are appropriately documented in the children's case files.

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.

Psychotropic Medication

- For one child, the Group Home failed to obtain court authorization to administer prescribed psychotropic medication. Further, the Group Home was unable to provide OHCMD with an approved Psychotropic Medication Authorization during the review.

The Group Home representative reported that the required forms had been submitted to the court for approval, but the Group Home was informed by the court that the Form JV220 (A), which included the prescribing physician's statement was not received. The Group Home resubmitted

the required form, and the court approved the JV220 (A) on October 4, 2013. The approved Psychotropic Medication Authorization has been placed in the child's file, and a copy was submitted to OHCMD.

Recommendation

The Group Home's management shall ensure that:

6. The Psychotropic Medication Authorizations are court-approved for children who are prescribed psychotropic medication.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated December 13, 2012, identified five recommendations.

Results

Based on our follow-up, the Group Home fully implemented 2 of 5 recommendations for which they were to ensure that:

- Children are progressing towards meeting their NSP goals.
- Children are assisted in maintaining important relationships.

The Group Home did not implement 3 recommendations for which they were to ensure that:

- The Group Home staff obtains or documents efforts to obtain the DCFS CSW's authorization to implement the NSP,
- Initial and Updated NSP are comprehensive and include all of the elements in accordance with the NSP template,
- Full implementation of the outstanding recommendations from the OHCMD's 2012 monitoring report.

Recommendation

The Group Home's management shall ensure that:

7. The outstanding recommendations from the 2012 monitoring report dated December 13, 2012, which are noted in this report as Recommendations 2, 4, and 5, are fully implemented.

At the Exit Conference, the Group Home's representative expressed her desire to remain in compliance with all Title 22 Regulations and Contract requirements. In efforts to ensure the development of comprehensive NSPs, the Group Home's Social Services Director will review all NSPs prior to submission to the DCFS CSW or DPO, and the Group Home will ensure all efforts

made to obtain the DCFS CSW's or DPO's authorization to implement NSPs are documented. The Group Home's Program Director will conduct regular checks to monitor compliance with the CAP. OHCMD will verify implementation of recommendations and provide technical assistance during our next visit to the Group Home in June 2014.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller has not conducted a fiscal review of the Group Home's fiscal operations.

11/07/2013

Ms. Sonya Noll, CSA I

Group Home Monitor

Department of Children and Family Services

Out of Home Care Management

9320 Telstar Avenue

El Monte, CA.

Ms. Noll,

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 one client did not included a signatures from the client's social worker authorizing implementation of the NSP. It was determined that two child's files failed to include monthly contact information with the CSW regarding the child's progress. However, case managers document in weekly and monthly progress notes all contact with the clients placing agency representative and understand the importance of ensuring the clients NSP reflects such detail. Additionally, it was determined that four of the initial Needs and Services Plans were not comprehensive, documenting the child's involvement in the planning of and coordination of the services, and four up-dated Needs and Services Plans failed to include the clients participation in service coordination. The following corrective action was implemented immediately following the exit interview with Sonya Noll, CSA, by [redacted], Director of Social Services(DSS) and [redacted], Administrator; to bring the agency back into compliance as required.

Licensure/Contract Requirements:

Is the group home free of any substantial Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?(SAFETY)

9. Bayfront Youth and Family Services insists that every client placed in our care is treated with respect and dignity and remains free from any form of abuse. Bayfront had a substantiated allegation of abuse during this review period which involved a male client and male staff member. Bayfront immediately removed this employee from the facility and separated his employment statue from our agency. Bayfront will continue to monitor the emergency interventions involving staff and clients to ensure the proper use

of containment principals are used for the safety of all clients within our care. The administrator will review all incident involving hands on procedures to ensure staff are appropriate in their contact with clients.

Maintenance of Required documentation and Service Delivery.

16. Bayfront Youth and Family Services will gain the CSW's authorizing signature for the implementation of all 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 [redacted], DSS will oversee and ensure compliance in this area.

Are County workers contacted monthly by the group home and are the contacts appropriately documented in the case file?(WELL-BEING)

21. Bayfront will ensure that each case manager makes contact with the CSW each month to communicate progress and client performance within the group home to the placing agency representative. The case manager will document in the client's file all contact and to include date and time as well as content of discussion. [redacted], DSS will ensure compliance in this area.

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. [redacted] 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, if applicable and their understanding of the necessity for change and revision to that plan. [redacted], DSS will ensure appropriate development of the updated NSP to include this information.

Psychotropic medication:

Are there current court-approved authorizations for the administration of psychotropic medication or did the group home document effort to obtain? (WELL-BEING)

34. Bayfront Youth and family Services understands the importance of retaining from the court and authorization for the administration of psychotropic medications for all clients who are prescribed this class of medication. K~~imberly Selby~~, RN is responsible to ensure the timely submission and receipt of all medication authorizations, and will follow-up with and document her efforts with the court to ensure an appropriate response from the court.

Bayfront has always worked to provide all clients in our care with the highest quality of services available for the best 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 a safe environment for clients, the development of thorough and detailed content to be included in the Needs and Services Plan for clients and we recognize the importance of gaining approval for the administration of any medication by the court. Bayfront will continue to work collaboratively with placing agency representatives and support services to ensure clients are well cared for within our environment and that all areas of deficiency are corrected.

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