COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **COMMUNITY YOUTH SPORTS & ARTS FOUNDATION GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Community Youth Sports and Arts Foundation (CYSAF), in May 2013. CYSAF is located in the Second District of Los Angeles County and provides services to Los Angeles County Probation children. According to the agency's program statement, its purpose is to treat boys who have been physically, sexually and emotionally abused. The Group Home agency provides individual, group and family counseling, as well as alcohol/drug education and substance abuse counseling.

CYSAF Group home is a six (6) bed home that provides care for boys, ages 12 - 17 years of age. The Group Home's target population is boys who exhibit emotional and behavioral difficulties. At the time of the review, CYSAF was providing care for five (5) Probation children. The randomly selected interview sample size was five (5) Probation youth. At the time of the review, there were no placed children prescribed psychotropic medication. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children reported feeling safe at CYSAF, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. CYSAF was in compliance with seven (7) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being and Discharged Children.

However, deficiencies were noted in the three (3) areas of, "Facility and Environment", "Maintenance of Required Documentation and Service Delivery' and "Personnel Records". CYSAF had minor repair issues and agreed to correct the deficiencies noted at the site. The agency also needs to develop comprehensive Needs and Services Plans (NSPs). CYSAF Administration was instructed to obtain signatures from the children's Probation Caseworkers when developing their NSP. They also had deficiencies related to personnel records.

REVIEW OF REPORT

On May 17, 2013, Probation PPQA Monitor Raymond Ro held an Exit Conference with CYSAF representative, Roland Freeman, Assistant Managing Director. Mr. Freeman agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

CYSAF provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

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.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Roland Freeman, Assistant Managing Director, Community Youth Sports & Arts Foundation
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

COMMUNITY YOUTH SPORTS & ARTS FOUNDATION
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW- SUMMARY

	Contract Compliance Monitoring Review	Findings: May. 2013
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted/Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL citations for safety/plant deficiencies 9. Detailed sign in/out log for children	Full Compliance
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Quarters Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Needs Improvement 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. Probation Caseworker Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff/Parents 5. Sampled children progressing towards meeting the NSP case goals 6. Treatment team developed timely **initial** NSP with the child 7. Treatment team develop comprehensive **initial** NSP with the child 8. Therapeutic Services Received (individual, group, substance abuse, etc.) 9. Recommendation Assessments/Evaluations Implemented (psychological, psychiatric, medical evaluations/assessments) 10. Probation Caseworkers Monthly Contact Verified 11. Agency assist the child in maintaining important relationships 12. Treatment team develop timely **updated** NSP with the child	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10.Needs Improvement 11. Full Compliance 12.Needs Improvement

	13. Treatment team develop comprehensive **updated** NSP with the child	13.Needs Improvement
IV	**Education and Workforce Readiness** (8 Elements) 1. Child enrolled in school within three (3) days after placement or efforts documented 2. Child attends school as required 3. Agency facilitates in meeting the child's educational goals (IEP conference, tutoring, parent/teacher conference, homework, etc.) 4. Based on services provided, has the child's academic performance and/or attendance increased (improved grades, test scores, promotion to the next level, High School graduated, IEP goals) 5. Current IEPs maintained 6. Current copies of the child's report cards or progress cards maintained 7. Group Home provides children with opportunities to participate in age appropriate youth development services (YDS) and vocational training programs 8. Group Home encourages children's participation in YDS or equivalent programs.	Full Compliance (All)
V	**Health and Medical Needs** (6 Elements) 1. Initial medical examinations conducted 2. Initial medical examinations timely 3. Required follow-up medical examinations conducted timely 4. Initial dental examinations conducted 5. Initial dental examinations timely 6. Required follow-up dental examinations conducted timely	Full Compliance (All)
VI	**Psychotropic Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication or document effort to obtain 2. Current Psychiatric Evaluation/Review for each child on psychotropic medication	N/A
VII	**Personal Rights and Social/Emotional Well-Being** (17 Elements) 1. Children informed of Group Home's policies and procedures 2. Children feel safe at Group Home 3. Children supervised by staff	Full Compliance (All)

	4. Group Home provides appropriate staffing and supervision 5. Children report satisfaction with meals and snacks 6. Staff treats children with respect and dignity 7. Appropriate rewards and discipline system in place 8. Consequences fair 9. Children allowed private visits, make and receive telephone calls and to send and receive unopened correspondence/mail 10. Children free to attend religious services and activities of their choice 11. Children's chores easy or hard (reasonable) 12. Children informed about their medication 13. Children aware of their right to refuse medication 14. Children free to received or reject voluntary medical, dental and psychiatric care 15. Children given opportunities to participate in planning activities 16. Children participate in activities, including at the Group Home, in the community or school 17. Children given opportunities to participate age-appropriate extra-curricular, enrichment and social activities in which they have an interest	
VIII	**Personal Needs/Survival and Economic Well-Being** (8 Elements) 1. $50.00 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality 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	Full Compliance (All)
IX	**Discharge Plan** (3 Elements) 1. Children placed at least 30 days, was the child discharged according to the permanency plan 2. Children placed at least 30 days, did the child make progress toward meeting their NSP goals 3. Group Home using available resources to attempt to stabilize the placement prior to requesting the removal of the child	Full Compliance (All)
X	**Personnel Records** (14 Elements) 1. DOJ submitted timely 2. If applicable, FBI submitted timely 3. Child Abuse Clearance Index (CACI) submitted timely	1. Full Compliance 2. Full Compliance 3. Full Compliance

	4. Appropriate employees sign a criminal background statement timely 5. Group Home staff who have direct contact with children meet the educational/experience requirements 6. Employees received timely health screenings 7. Required employees have a valid CA drivers license 8. Appropriate Group Home employees signed copies of the Group Home policies and procedures 9. Appropriate employees received the required initial training 10. Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting 11. Appropriate employees received CPR training 12. Appropriate employees received First-Aid training 13. Appropriate employees received the required annual on-going training 14. Appropriate employees received emergency intervention training per the Group Home's program statement	4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10.Full Compliance 11.Needs Improvement 12.Needs Improvement 13. Full Compliance 14.Full Compliance

COMMUNITY YOUTH SPORTS AND ART FOUNDATION
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Community Youth Sports and Arts Foundation's (CYSAF) compliance with the County contract and State regulations and include 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
- Personnel Records

For the purpose of this review, all five (5) Probation placed children were selected for the sample. 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 prescribed psychotropic medication; therefore, no case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) or sufficient documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed, three (3), to assess CYSAF compliance with permanency efforts.

Additionally, five (5) 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 of care and supervision.

CONTRACTUAL COMPLIANCE

PPQA/GHM found the following three (3) areas out of compliance.

Facility and Environment

During the facility inspection, there were several deficiencies noted in the areas of, "Exterior Well Maintained", "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained". CYSAF Group Home had paint chipping off by the back stairs. The back door screen at the back of the home is old and needs to be replaced. In bedroom #1 there was gang graffiti on both sides of the mirror. The closet had no light and the screen covering was in poor condition. In bedroom #2, there was gang graffiti on the wall. In bedroom #3, the screen covering is old and ripped up.

Recommendation

1. CYSAF shall ensure that the aforementioned deficiencies cited will be corrected and repaired in a timely fashion.

Maintenance of Required Documentation and Service Delivery

Out of the five (5) Needs & Service Plans (NSPs) that were reviewed, two (2) were developed timely; however, there was no initial 30-day reports for two (2) children because they had been at the Group Home for less than one month. Therefore, of the three (3) Quarterly Reports reviewed, one (1) report did not have the Probation Caseworker's signature to implement the child's NSP. There was no documentation found to show that efforts were made to obtain the required signatures. There was no documentation stating Probation Caseworkers monthly contact was verified by the Group Home. No documentation was presented or found in the children's files indicating contact had been made with the Probation Caseworker. CYSAF did not update one (1) of the three (3) NSP files reviewed in a timely manner. NSP's indicating if the treatment team had met with the child in the allotted time frame was missing dates and could not be determined. The treatment team failed to provide a comprehensive updated NSP with the child as it was general and not detailed with specific measurable outcomes. Out of the three (3) reviewed one (1) did not follow the SMART (specific, measurable, attainable realistic, timely) format.

Recommendation

1. CYSAF management shall ensure that all NSP's are timely, comprehensive and documented with the appropriate signatures or efforts made to obtain that required signatures.

Personnel Records

Of the five (5) staff files reviewed, all Group Home staff's CPR and First AID training had expired.

Recommendation

1. CYSAF will provide documentation that CPR and First Aid training for all Group Home staff has been completed and is current.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHMU's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA GHM's last compliance report dated May, 2012, identified four (4) of the following recommendations in the areas of "Facility of Environment"; "Maintenance of Required Documentation and Service Delivery"; "Personal Rights Social/Emotional Well-Being", and "Personnel Records".

Results

Based on the follow-up review, CYSAF fully implemented the previous recommendations in the area of "Facility of Environment", for they were to ensure that:

- All three bedroom walls were cleaned and painted.
- The walls in the dining room need was painted and cleaned.

Based on the follow-up review, CYSAF fully implemented the recommendation in the area of "Personal Rights Social/Emotional Well-Being"", for they were to ensure that:

- CYSAF has given all children their "Life Books" based on interviews with the children.

The two (2) recommendations that remain out of compliance for 2013-2013, fiscal year are in the areas of, "Maintenance of Required Documentation and Service Delivery" and "Personnel Records".

- All initial NSP's were not completed in a timely manner. They need to make substantial efforts to ensure the dates of completion are accurate.

- CYSAF staff has not received the required one (1) hour training in the area of Child Abuse and provide verification of their completion. Although the Group Home completed the Child Abuse training for this fiscal year, they still remain out of compliance in the area of training, as the First-Aid and CPR training had expired.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for CYSAF from the Department of Auditor-Controller is dated March 10, 2010, for the fiscal period of January 1, 2008, to December 31, 2008. The report dated March 10, 2010, indicated that CYSAF had questioned/disallowed cost and submitted a timely, approved fiscal Corrective Action Plan, which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

The Community Youth Sports
and Arts Foundation

CORRECTIVE ACTION PLAN for COMMUNITY YOUTH SPORTS & ARTS FOUNDATION

June 17, 2013

On May 17, 2013, DPO Raymond Ro discussed and submitted to Community Youth Sports & Arts Foundation, the Department of Probation's Group Home Monitoring Review Field Exit Summary. Present were Mr. Raymond Ro, Roland Freeman, Assistant Director and Glenn Scott, Administrator of the group home.

Community Youth, in response to Deficiencies cited in the Exit Summary, will institute the following CORRECTIVE ACTION PLAN to correct the items cited in this Exit Summary and to prevent any future violations of the items cited..

1. FACILITY and ENVIRONMENT: Community Youth will repaint floor paint chipping off by the back stairs. The back door screen at the back of the home will be replaced. In bedroom #1, gang graffiti on both side of mirror will be removed. The closet will have light put in and the screen covering will be replaced. In bedroom #2, gang graffiti on the wall will be removed. In bedroom #3, the screen covering will be replaced.
2. MAINTENANCE of REQUIRED DOCUMENTATION & SERVICE DELIVERY: The Administrator and the Assistant Director will ensure that Community Youth's Treatment Team will develop and complete the initial Needs & Services Plan for each new resident within 30 days of the new resident's arrival at Community Youth. The Administrator & the Assistant Director also will document all signatures are obtained.
3. PERSONNELL RECORDS: Community Youth staff will complete all CPR and First Aid Training.

Roland Freeman, Administrator, June 17, 2013

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