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Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 2, 2015

To: Supervisor Michael D. Antonovich, Mayor
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From: Philip L. Browning
Director

HUMAN SERVICES NETWORK d.b.a. YOUTH SERVICES NETWORK CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a review of Human Services Network d.b.a. Youth Services Network (the Group Home) in February 2014. The Group Home has three sites; one in the Third Supervisorial District and two in the Fifth Supervisorial District. The Group Home provides services to DCFS and Probation foster youth. According to the Group Home's program statement, its stated purpose is "First, to help children develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society. And second, to help develop and promote a viable social support system for children outside the foster care system."

The Group Home has three 6-bed sites licensed to serve a capacity of 18 male youth, ages 11 through 17. At the time of the review, the Group Home served 17 placed DCFS foster youth. The placed youth's overall average length of placement was 12 months, and their average age was 16.

SUMMARY

During CAD'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 4 of the 10 areas of our Contract compliance review: Education and Workforce Readiness, Psychotropic Medication, Personal Needs/Survival and Economic Well-Being, and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to the clothing allowance logs not being comprehensive; Facility and Environment, related to one group home site that had a non-working exterior light and another group home site had a backyard shed that had been broken into; Maintenance of Required Documentation and Service Delivery, related to not having

documented monthly contacts with the County children's social workers; Health and Medical Needs, related to an untimely initial medical examination; Personal Rights and Social/Emotional Well-Being, related a lack of appropriate supervision at night and one staff had given a resident a cell phone, which was against the agency's program policy; Personnel Records, related to untimely tuberculosis tests and/or health screenings for seven staff, one staff who transported residents had restrictions on his driver license, and staff received less than 24 hours of the required initial training, and on-going training did not include five hours of training that was to be provided by a qualified individual, not affiliated with the facility.

CAD instructed the Group Home supervisory staff to enhance monitoring efforts in order to eliminate documentation issues, ensure that all services requirements are met, and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On April 7, 2014, the DCFS CAD Contract Compliance Administrator Linda Lai, along with Children Services Administrator I Maria Rosas, and Children Services Administrator II Amy Kim, held an Exit Conference with Miriam Korn, Executive Director; Ray Armstrong, Treatment Director; and Art Thomas, Program Director. The Group Home representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve compliance with regulatory standards and agreed 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 Community Care Licensing Division.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. CAD was able to verify during the course of the review that some of these recommendations were implemented within 90 days following the exit interview and will continue to verify implementation of other findings at the next annual review. The Out-of-Home Care Management Division will provide on-going technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DF:AK:ll

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Miriam Korn, Executive Director, Human Services Network
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

HUMAN SERVICES NETWORK d.b.a. YOUTH SERVICES NETWORK GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

16010 Parthenia Street
North Hills, CA 91343
License # 191220817
Rate Classification Level: 12

17929 Index Street
Granada Hills, CA 91344
License # 191220401
Rate Classification Level: 12

10047 Orcas Avenue
Shadow Hills, CA 91040
License # 198205892
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: February 2014**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	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. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCLD Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
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. Full Compliance
	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 Workers Monthly	7. Improvement Needed

	Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	8. Full Compliance 9. Full Compliance 10. Full Compliance
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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance
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	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

	Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in 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)	12. Full Compliance 13. Full Compliance
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/Photo Album	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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

HUMAN SERVICES NETWORK d.b.a. YOUTH SERVICES NETWORK 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 February 2014 review. The purpose of this review was to assess Human Services Network d.b.a. Youth Services Network'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, five Los Angeles County DCFS placed youth were selected for the sample. The Contract Administration Division (CAD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, three discharged youth's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of their Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

CAD reviewed all 29 staff files of the Group Home 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

CAD found the following six areas out of compliance.

Licensure/Contract Requirements

- Comprehensive Monetary and Clothing allowance logs were not maintained.

Although the Group Home provides the required clothing allowance and maintains inventory forms and receipts, the purchases are conducted on a quarterly basis. The Group Home stated that was the preferred option for most residents to accumulate more funds to spend at one time. However, the inventory forms did not document that residents acknowledged the monthly clothing allowance and that the funds carry over toward quarterly purchases.

The Group Home representatives agreed with the finding and modified the clothing inventory form. The modified form reflects that residents understand and agree to designate whether they will shop on a monthly or quarterly basis. This form also documents the funds available for purchase and will be updated and signed by the resident on a monthly basis.

Recommendation

The Group Home's management shall ensure that:

1. Comprehensive Monetary and Clothing allowance logs are maintained.

Facility and Environment

- The exterior at two sites was not well maintained;

At the North Hills site, the exterior light fixture by the kitchen did not work. A new motion sensor light was ordered and installed. Photographic documentation was submitted to CAD on April 11, 2014 to show that the new light is in good working order.

At the Shadow Hills site, there were several sheds in the backyard. One shed was not well maintained, as it had been broken into from the bottom floor and had debris inside. As a result, the Group Home submitted a Special Incident Report on March 6, 2014 indicating there were several empty beer cans, a couple of empty vodka bottles, a few light bulbs, a broken cell phone, numerous empty medical marijuana containers, and cigarette butts covered the floor of the shed. Due to the fact no one was inside or around the shed at the time of inspection, it cannot be determined whether the debris was created by Group Home residents or staff.

The shed was cleaned up and boarded at ground level. In addition, a motion sensor light was installed near this shed. CAD revisited the site on April 7, 2014 to confirm the shed was repaired. The Group Home's house supervisor and maintenance department will make weekly checks in and around the homes and property to ensure their maintenance.

Recommendation

The Group Home's management shall ensure that:

2. The exterior and the grounds are well maintained.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Workers' (CSW) monthly contacts not documented.

Two case files reviewed did not have appropriate monthly contact information with County CSWs. One case file did not have documentation of contact dates for several months and the other case file did not document dates of contact on either the Needs and Services Plan (NSP) or other supporting documentation.

The Group Home representatives indicated in their Corrective Action Plan (CAP) that their Case Managers will initiate monthly contact with the County CSW and document the contact in the resident's file.

Recommendation

The Group Home's management shall ensure that:

3. Monthly contacts with the County CSWs are documented.

Health and Medical Needs

- Initial medical examination was not conducted timely.

One case file reviewed revealed that the initial medical examination was not conducted timely. The youth should have had the initial medical examination by November 22, 2013 but the examination did not take place until January 6, 2014.

The Group Home indicated in their CAP that their Program Director and House Supervisors will ensure medical appointments are made within 30 days of admission and document any impediments or delays in the process.

Recommendation

The Group Home's management shall ensure that:

4. Initial medical exams are conducted timely.

Personal Rights and Social/Emotional Well-Being

- Appropriate supervision and staffing levels were not ensured.

At the Shadow Hills site, appropriate overnight supervision was not provided. One resident reported that he noticed night shift staff fell asleep while on duty. The Community Care Licensing Division (CCLD) also concluded an investigation on March 14, 2014 and cited the Group Home for lack of supervision.

At the Granada Hills site, one resident reported that a staff gave him a cell phone, but later retrieved it.

For the supervision incident, the Group Home disciplined the staff involved, provided training to all staff on March 19, 2014, and issued a memo regarding overnight shifts to staff. A copy of training signatures pages and memo were provided with the Group Home's CAP.

At the Exit Conference, the Group Home representatives confirmed that the staff acknowledged that providing gifts to residents was a violation of the Group Home and the staff has been counseled.

Recommendation

The Group Home's management shall ensure that:

5. Appropriate staffing and supervision are provided at all times.

PERSONNEL RECORDS

- Employee health screenings and TB Clearances were untimely.

From 29 personnel files reviewed, a total of seven staff did not receive timely health screenings and TB clearances. Two staff had a TB test performed more than one year prior to the date of hire, two staff did not have a TB clearance, two staff had neither health screening nor TB clearance, and one staff did not have a health screening.

The Group Home sent confirmation for those employees requiring TB tests and/or health screenings to their contracted health provider. The Group Home provided the results for most of these employees on April 24, 2014. For the remaining staff, confirmation was forwarded on May 12, 2014. The Group Home CAP indicates that the Program Director and Operations Director will ensure that staff is medically cleared at time of hire and before working in the homes.

- Valid driver's licenses for all staff were not ensured.

One personnel file reviewed indicated that a staff transports residents as needed, but their DMV record indicates the staff has restrictions that prevent him from transporting passengers until February 20, 2015. CAD immediately brought this to the attention of the agency's Chief Executive Officer and OHCMD, and confirmed that this person was not approved to work the Group Home as a driver. The agency relieved the staff person from their duty of driving Group Home residents.

- All required training was not conducted.

The Group Home employees did not receive sufficient initial training. According to the program statement, all new employees should receive a total of 24 hours initial training within 90 days of hire. However, the employees were provided with 16 hours training. Furthermore, the Group Home's on-going trainings during 2013 were taught by Group Home employees. It did not include at least of five hours of training that should have been provided by an individual qualified to train, but not affiliated with the Group Home, as indicated in the agency's program statement.

At the Exit Conference, the Group Home representatives indicated that the staff with a driving restriction is no longer permitted to transport the residents. They also indicated in the CAP that any staff with driving restrictions placed on their license after hire will not be permitted to drive residents.

With regard to training requirements, the Group Home indicated via their CAP that staff will complete a total of 24 hours of training within 90 days of hire (effective from the date of Exit Conference on April 7, 2014). The annual training will consist of at least five hours of training provided by a qualified trainer not affiliated with the Group Home.

Recommendation

The Group Home's management shall ensure that:

6. Employee health screenings and TB Clearances are completed timely.

7. All staff that transport residents have a valid driver license.

8. All staff receives the required training.

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

The OHCMD's last compliance report, dated October 9, 2013, identified eight recommendations.

Results

Based on CAD's follow-up, the Group Home fully implemented six of the recommendations for which they were to ensure:

- The Group Home is in compliance with Title 22 Regulations.
- All vehicles are routinely and properly maintained.
- All NMDs are age-appropriate, meeting the criteria of the Group Home.
- All children/youth are treated with respect and dignity at all times.
- All appropriate Group Home staff sign copies of the Group Home policies and procedures, including, but not limited to Children's Discipline Policy and Children's Personal Right Policy.
- All NSPs are completed in a timely manner per the Group Home's contract with the County of Los Angeles.

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

- The exterior grounds of each site are well maintained.
- All staff, upon hire, has a current tuberculosis test that is timely and in compliance with Title 22 Regulations.

The Group Home's management shall ensure that:

9. The outstanding recommendations from the 2012-2013 monitoring report dated October 9, 2013, which are noted in this report as Recommendations 2 and 6 are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to continue to strive to remain in compliance with Title 22 Regulations and Contract requirements. The House Supervisors and maintenance department will make routine checks of the Group Home sites to ensure the facility, property, and equipment is well maintained. The Group Home's Program Director and Operation Director will ensure that all staff is medically cleared at time of hire and before working in the homes. The Case Managers will monitor NSPs deadlines closely, and will document monthly contacts between the Group Home and DCFS CSW.

The Contract Administrative Division will visit the Group Home to verify that the recommendations noted in this compliance report have been implemented during our next monitoring review. Out-of-Home Care Management Division will provide ongoing technical assistance.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.