County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 5, 2014

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

From: Philip L. Browning
Director

LOS ANGELES YOUTH NETWORK 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 Los Angeles Youth Network Group Home (the Group Home) in November 2013. The Group Home has one site located in Third Supervisorial District and provides services to County of Los Angeles DCFS foster children. According to the Group Home's program statement, its purpose is "to help abused, neglected and homeless adolescents become self-sufficient."

The Group Home has one 12-bed site and is licensed to serve a capacity of 12 children, male and female, ages 12 through 17. At the time of review, the Group Home served 9 placed DCFS children. The placed children's overall average length of placement was 3 months, and their average age was 17.

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: Licensure/Contract Requirements; 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; and Discharged Children. Psychotropic Medication was not applicable, as none of the placed children were prescribed psychotropic medication at the time of review.

OHCMD noted deficiencies in the areas of Maintenance of Required Documentation and Service Delivery, related to Initial and Updated Needs and Service Plans (NSPs) not being comprehensive, as they did not include all of the elements in accordance with the NSP template and the Group Home had not obtained the DCFS Children's Social Worker's (CSW) authorization to implement Updated NSPs in a timely manner; and Personnel Records, related to two staff members who had direct contact with children did not meet the experience requirements. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On November 26, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representatives: Ann McConville, Compliance Director, Brian Coughlin, Clinical Director, and Kate Cusato, Director of Residential Services. The Group Home representatives: agreed with the review findings and recommendations; were 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 Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in March, 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:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Mark Supper, Executive Director, Los Angeles Youth Network
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

LOS ANGELES YOUTH NETWORK GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2471 Beachwood Dr.
Los Angeles, CA 90068
License # 197603055
Rate Classification Level: 7

	Contract Compliance Monitoring Review	**Findings: November 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 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 Well Maintained 3. Children's Bedrooms Well Maintained 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 Children's Social 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 Children's Social 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. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 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 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	Not Applicable (N/A)
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 (GH, School, Community)	Full Compliance (ALL)

	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	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. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

LOS ANGELES YOUTH 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 November 2013 review. The purpose of this review was to assess Los Angeles Youth Network 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, five Department of Children and Family Services (DCFS) 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. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, none of the children were prescribed psychotropic medication.

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 two areas out of compliance.

Maintenance of Required Documentation and Service Delivery

- Five Initial Needs and Service Plans (NSPs) were reviewed. The Initial NSPs were timely; however, one was not comprehensive as it did not include all the required elements in accordance with the NSP template. Specifically, none of the treatment goals were measurable and it did not include the correct due date for the Updated NSP.

- Three Updated NSPs were reviewed. None were timely as the GHCM calculated the due date as 90 days from date of the Initial NSP instead of from the date of admission. One of

the Updated NSPs had not been written. The other two were not comprehensive, as they did not include all of the elements in accordance with the NSP template, specifically, educational information was missing and treatment goals were not measurable.

- The DCFS Children's Social Worker's (CSW) authorization to implement Updated Needs and Services Plan (NSP) was not obtained timely for the three Updated NSPs reviewed as the Group Home Case Manager (GHCM) calculated the due date as 90 days from date of the Initial NSP instead of from the date of admission.

During the Exit Conference, the Group Home's Compliance Director stated that, in efforts to ensure timeliness and efficiency, the Group Home staff responsible for developing NSPs has been informed that all Updated NSPs should be written and are due within 90 days of the child's admission date. Initial and Updated NSPs due dates are placed on a shared calendar between the GHCM and the Group Home Compliance Director. This will allow for better tracking of due dates for Initial and Updated NSPs by the GHCM and will allow the Group Home Compliance Director to monitor when reports are due to ensure signatures are obtained timely.

During the Exit Conference, the Group Home's Compliance Director stated that she is now responsible for reviewing all NSPs prior to completion and submission. NSPs will be due to the Compliance Director for review three days prior to the report due date.

It should be noted that a Group Home representative attended the OHCMD's NSP Refresher Training on August 1, 2013. The NSPs reviewed had been developed prior to the August 2013 training. In addition, OHCMD provided the Group Home Compliance Director with refresher training on NSPs on November 8, 2013. The Group Home Treatment Team will also continue to work toward ensuring that all Initial and Updated NSPs are comprehensive and include goals that are child specific and are attainable, measurable, and that goals are updated and progress is documented.

Recommendations

The Group Home's management shall ensure that:

1. The Group Home staff obtains, or documents efforts to timely obtain the DCFS CSW's authorization to implement the NSP in a timely manner.

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

3. Timely and comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

<u>Personnel Records</u>

- Two staff members who had direct contact with children do not meet the experience requirements. Per the Group Home's Program Statement, the Residential Counselor needs to have a minimum of one to three years of experience working with children in a residential

program. These two newly hired Residential Counselors did not meet the working experience requirement. The Group Home's Compliance Director stated that the Director of Administration will ensure that all employees that are hired have the minimum one to three years work experience as outlined in the Group Home's program statement. The two employees are no longer employed by the Group Home.

Recommendation

The Group Home's management shall ensure that:

4. All employees who have direct contact with children meet the experience requirements.

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

The OHCMD's last compliance report, dated July 19, 2013, identified 11 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 7 of 11 recommendations for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely,
- Appropriate and comprehensive allowance logs are maintained,
- All children are placed in accordance with the Group Home's program statement population criteria,
- There is an appropriate method of documenting the rewards and discipline system to further ensure consequences are fair and appropriate,
- Efforts are made to ensure all children are discharged according to their permanency plan,
- All children make progress toward meeting their NSP goals, and
- All employees receive required training and comply with ongoing training hour requirements.

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

- The Group Home staff obtain, or document efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.
- Initial NSPs are comprehensive and include all required elements in accordance with the NSP template.
- Updated NSPs are comprehensive and include all required elements in accordance with the NSP template.
- Full implementation of the outstanding recommendations from the OHCMD's 2012-2013 monitoring report regarding development of comprehensive initial and updated NSPs; and all children are making progress toward meeting their NSP goals prior to their discharge and staff members receive required initial and ongoing training.

Recommendation

The Group Home's management shall ensure that:

5. The outstanding recommendations from the 2012-2013 monitoring report dated July 19, 2013, which are noted in this report as Recommendations 1, 2, 3, and 5, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home Compliance Director is now responsible for reviewing all NSPs prior to completion and submission. Initial and updated NSPs due dates will now be placed on a shared calendar between the GHCM and Compliance Director. The treatment team will ensure all efforts made to obtain the DCFS CSW's authorization to implement NSPs are documented. Additionally, the Group Home Executive Director and the Compliance Director will conduct periodical checks to monitor compliance with the CAP.

OHCMD will assess for implementation of recommendations during our next visit to the Group Home in March, 2014, to ensure that recommendations have been implemented and to provide technical support to the Group Home.

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.

LOS ANGELES YOUTH NETWORK
Hope & Homes for Runaway and Homeless Youth

CORRECTIVE ACTION PLAN
Department of Children and Family Services
Out of Home Care Management Division

Annual Monitoring Review- 2013
Los Angeles Youth Network
Beachwood Group Home

December 3, 2013

The following corrective action plan is based on the Department of Children and Family Services (DCFS) Out of Home Care (OHC) Management Division's Annual Monitoring Review of the Los Angeles Youth Network Beachwood Group Home held on November 6, 2013- November 8, 2013. The following deficiencies were noted:

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Finding- Element 16: *Among eight reviewed NSPs, three CSW signatures were not obtained in a timely manner.*

Corrective Action: The Beachwood Group Home Case Manager will ensure that all Needs and Services Plans are faxed to the CSW in a timely manner; within 10 calendar days after the due date of the report. The Beachwood Case Manager will be sure to obtain a fax confirmation confirming the timely submission. The Beachwood Case Manager will also document any and all efforts to obtain the signed Needs and Service Plan from the CSW. Initial and updated Needs and Services Plan Report due dates will now be placed on a shared calendar between case manager and Compliance Director. This will allow for better tracking of due dates by the case manager and will allow the Compliance Director to better monitor when reports are coming due to ensure timely signatures. Reports will be due to the Compliance Director for review three days prior to the report due date. The Compliance Director will also be promptly notified if the case manager is having difficulty receiving timely signatures from the CSW.

Finding- Element 23 & 24: *Of the eight NSPs reviewed, three were not developed in a timely manner and three were not comprehensive. These NSPs were considered not timely and/or comprehensive due to 1) the three first updated NSPs were not written within the 90 day time frame from the child's admission date, 2) not all treatment goals were measurable for two NSPs and 3) one NSP did not include the detailed updated educational information.*

Corrective Action: The Beachwood Group Home Case Manager has been informed that all updated NSPs should be written and are due within 90 days of the child's admission date. Case Manager and Compliance Director have rectified this issue currently by readjusting the NSPs to the correct reporting dates. Needs and Services Plans and updated Needs and Services Plan Report due dates will now be placed on a shared calendar between case manager and Compliance Director. This will allow for better tracking of the correct due dates by the case manager and will allow the

Compliance Director to better monitor when reports are coming due to ensure timely signatures. The Compliance Director is now responsible for reviewing all NSPs prior to completion and submission. NSPs will be due to the Compliance Director for review three days prior to the report due date. The Compliance Director has been trained on NSP reporting by the OHCMD on November 8, 2013. The Beachwood Case Manager will also continue to work toward ensuring that all initial and updated Needs and Services Plan reports are comprehensive in that they include child specific goals that are attainable, measurable, and that goals are updated and progress is reported. Compliance Director will assess the goals being developed by the Treatment Team to ensure that they are appropriate and attainable for the time frame of the report. Case Manager and Compliance Director will also ensure that all sections of the report are completed in its entirety. Having a three day window for review by the Compliance Director will help address these concerns prior to report submission.

PERSONNEL RECORDS

Finding- Element 61: *Two employees of the four personnel records reviewed did not meet the required prior working experience as outlined in the group home program statement.*

Corrective Action: The Director of Administration will ensure that all employees that are hired have no less than the minimum 1-3 years work experience required as outlined in group home program statement. The two employees cited in this report have been removed permanently from working at the Beachwood Group Home.

This report has been completed in its entirety by the Los Angeles Youth Network's Compliance Director and has been approved by the Executive Director. Please feel free to contact us at (323) 467-8466 with any questions.

Respectfully,

Mark Supper
Executive Director
Los Angeles Youth Network