



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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(213) 351-5602

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Interim Director

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September 2, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Philip L. Browning
Interim Director

**YOUTH SERVICES NETWORK (previously dba HUMAN SERVICES NETWORK)
GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Youth Services Network Group Home sites are located in the 5th Supervisorial District and provide services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Youth Services Network's program statement, its goal is twofold, first, to "help children learn 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." Youth Services Network has three group home sites, each with a licensed capacity for six children, serving boys ages 12 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Youth Services Network Group Home in November 2010 at which time the agency had a total population of 18 DCFS placed children. The children's overall average length of placement was eight months, and the average age was 17. For the purpose of this review, 10 placed children's files were reviewed; however, only nine of the 10 children were interviewed as one child refused to be interviewed. Six staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Seven DCFS children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Youth Services Network's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, 10 children's files, and six personnel files. Visits were made to each group home site to assess the quality of care and supervision provided to children, and we conducted interviews with nine children to assess the care and services they were receiving.

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

SUMMARY

Generally, Youth Services Network was providing services as outlined in the agency's program statement. Overall, the children interviewed reported they were satisfied residing in Youth Services Network.

Youth Services Network needed to develop comprehensive Needs and Services Plans (NSP). Youth Services Network also needed to address some physical plant deficiencies that were identified during the inspection of the facilities, such as stucco repairs, paint refinishing, rain gutter cleanout, repair of cabinet hinges, a bathroom lock repair, and improved lighting in two bedrooms. In addition, a few plant deficiencies were possible safety hazards, including unsecured weightlifting equipment and protruding bolt ends in a walkway. The Group Home secured the weightlifting plates, and the protruding bolt ends were removed during the review process.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 25 initial and updated NSPs reviewed, 23 were not comprehensive in that they did not contain all the required elements in accordance with the NSP template. The Treatment Director and Monitor discussed the NSPs that were not comprehensive. Some lacked educational grade point averages, and documentation of Youth Services Network's contacts with the DCFS Children's Social Workers (CSW) and that the children were participating in the development of the NSPs.
- Two physical plant deficiencies that needed to be corrected to eliminate possible safety hazards included securing the weightlifting plates at Parthenia and Shadow Hills sites and fixing protruding bolt ends from a wall extending into the walkway entrance to the Parthenia site. Both were appropriately addressed prior to the completion of the review.

- Eight interviewed children reported the staff treated them with respect and dignity; however one child reported that one staff raised his voice at him for little things and he did not deserve this treatment. This was immediately brought to the attention of the Treatment Director. The Facility Manager discussed the issue with the staff member and counseled him on appropriate interaction with the residents, advising him that failure to comply would result in further disciplinary action. The staff signed a Child Care Worker Supervision Log acknowledging the conference, the concern, and his intent to be more conscientious of his tone of voice and how he speaks to the boys.
- Three children did not have a sufficient quantity of clothing to meet DCFS Clothing Standards. Youth Services Network subsequently provided documentation to OHCMD that the lacking items were purchased and replaced.
- Six of the interviewed children reported they had never been encouraged or assisted in creating and updating a life book/photo album.
- Three staff files did not have documentation of the required hours of on-going training.
- One staff file did not have documentation of completion of sufficient hours of Emergency Intervention training.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on May 20, 2011.

In attendance:

Ray Armstrong, Treatment Director, Youth Services Network, and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Treatment Director was attentive to each of the findings and recommendations presented by the Monitor. He stated he understood the findings in the review. Each of the physical plant deficiencies were discussed, including the possible safety hazards. Many of the physical plant deficiencies had already been addressed. Each of the NSPs issues was reviewed, and the Treatment Director was advised how to improve the comprehensiveness in the NSPs. The issue of the manner in which the staff addressed the child was discussed and the Monitor was informed that on-going training will be provided for all staff regarding treatment of the children, specifically with respect and dignity of the residents. The issue of lack of sufficient clothing for three of the children

Youth Services Network

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was discussed, and documentation was presented to OHCMD to confirm that the clothing standards for the children had since been met. The Treatment Director did not understand why some children had not been involved with life books as it is each site's responsibility to assist and encourage the children in creating and maintaining a life book/photo album.

The need for documentation of staff's completion of the required hours of on-going annual training and insufficient hours of Emergency Intervention training was discussed. The Treatment Director assured the Monitor that he would advise the Program Director of the need to meet these requirements.

A draft copy of the report was provided to the Group Home administration. No further comments were received. As agreed, Youth Services Network provided a timely Corrective Action Plan (CAP) addressing each recommendation noted in this Compliance Report.

As noted in the monitoring protocol, a follow-up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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

PLB:RS:KR

EAH:DC:dl

Attachments

- C. William T Fujioka, Chief Executive Officer
- Wendy Watanabe, Auditor-Controller
- Donald H. Blevins, Chief Probation Officer
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Mariam Korn, Executive Director, Youth Services Network
- Jean Chen, Regional Manager, Community Care Licensing
- Lenora Scott, Regional Manager, Community Care Licensing

**YOUTH SERVICES NETWORK GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

Site Locations

Parthenia Site
16010 Parthenia Street
North Hills, CA 91343
License Number: 191220817
Rate Classification: 12

Granada Hills Site
17929 Index Street
Granada Hills, CA 91344
License Number: 191220401
Rate Classification: 12

Shadow Hills Site
10047 Orcas Avenue
Shadow Hills, CA 91040
License Number: 198205892
Rate Classification: 12

	Contract Compliance Monitoring Review	Findings: November 2010
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	<p>Full Compliance (ALL)</p>
II	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Full Compliance
III	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed

IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities 	<p>Full Compliance (ALL)</p>
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	<p>Full Compliance (ALL)</p>
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Improvement Needed

**YOUTH SERVICES NETWORK GROUP HOME
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**Shadow Hills Site
10047 Orcas Avenue
Shadow Hills, CA 91040
License Number: 198205892
Rate Classification: 12**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 10 children's files, six staff files, and/or documentation from the provider, Youth Services Network was in full compliance with three of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Recreation and Activities; and Children's Health-Related Services (including Psychotropic Medications). The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of 10 children's case files and/or documentation from the provider, Youth Services Network complied with one of six elements in the area of Facility and Environment.

The exterior of the Group Homes were maintained. The front and backyards were clean and adequately landscaped. However, the Parthenia Site had areas in the stucco of the house that required patch repair and repainting. The rain gutter was full of debris, and the painted fascia boards were peeling and in need of refinishing. In addition, there were protruding bolt ends, extending into the walkway of the entrance to the group home.

Overall, the common quarters were well maintained; however there were a few deficiencies that needed attention at the Granada Hills Site. A cabinet door in the hallway was falling off the hinges, and the bathroom door lock in the laundry area was falling off. Repairs to these items were completed during the review. Six dinner plates had chipped edges and were discarded at the time of the review by the Facility Manager. There was a sufficient supply of undamaged plates left to use. The cold water to an extra bathroom sink was not working; however the water was restored during the review process as a damaged thermal gauge was replaced.

The children's bedrooms were comfortable and well maintained; however the lighting in bedroom number two of the Granada site and bedroom number one of the Shadow Hills site had insufficient lighting. Additional lighting was provided in both bedrooms during the review process.

Youth Services Network maintained sufficient age-appropriate recreational equipment at each of the group homes. However, the free weightlifting plates at the Parthenia and Shadow Hills sites were not secured. The plates at the Parthenia site are now secured in a locked garage. The plates at the Shadow Hills site are now secured with a lock and chain. The equipment is unsecured when the children's use is supervised by staff.

The Group Home sites also had an appropriate quality and quantity of reading materials, educational resources and supplies. However, the Parthenia Site did not have board games or a working computer readily available to the children. Since the review, a computer has been provided for the children's use by LAUSD, and board games have been purchased for the children's use.

Each of the sites had an adequate supply of properly stored perishable and non-perishable foods.

Recommendations:

Youth Services Network management shall ensure that:

1. The Group Home's exteriors are well maintained and free of any hazardous conditions.
2. All common quarters are well-maintained and in good repair.
3. Children's bedrooms have sufficient lighting.
4. There is an appropriate quantity and quality of educational resources, including computers and board games for the children's use.
5. Recreational equipment is properly maintained and secured as needed.

PROGRAM SERVICES

Based on our review of 10 children's case files and/or documentation from the provider, Youth Services Network fully complied with four of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in the agency's program statement. Also, children were receiving required therapeutic services, and recommended assessments/evaluations were implemented.

The Group Home staff felt they were being supported by the agency's administration. One NSP did not have the CSW's authorization for implementation or documentation of the NSP being sent to the CSW for approval. The treatment team participates in the development of the NSPs; however, five children had NSPs with no documentation of the child's participation.

Nine children had NSPs that were not comprehensive. Specifically, some NSPs had Permanency Plans that were not consistent with the plan documented in the comments in the NSPs, some did not have documentation of the child's educational grade point average, and some lacked specific information regarding Youth Services Network's monthly contacts with the Children's Social Workers (CSW) including specific dates, purpose and outcomes.

Recommendations:

Youth Services Network management shall ensure that:

6. Documentation is maintained of the CSW's approval of implementation of the NSPs or the attempt to obtain authorization for implementation.
7. The children actively participate in the development of their NSPs.
8. Monthly contacts to the CSWs are appropriately documented in the NSPs.
9. NSPs are comprehensive, including all required elements in accordance with the NSP template.

EDUCATIONAL AND EMANCPATION SERVICES

Based on our review of 10 children's case files and/or documentation from the provider, Youth Services Network fully complied with three of four elements reviewed in the area of Educational and Emancipation Services.

Eligible children were provided with the opportunities to participate in emancipation and vocational training programs. Current copies of children's report cards or progress reports were maintained; however one child required, but did not have, an updated current IEP, and efforts to obtain an updated IEP were not documented.

Recommendation:

Youth Services Network management shall ensure that:

10. The Group Home staff advocates for eligible children to obtain required timely updated IEPs.

PERSONAL RIGHTS

Based on our review of 10 children's files, interviews with nine children and/or documentation from the provider, Youth Services Network complied with 10 of 11 elements in the area of Personal Rights.

All nine interviewed children reported that they were assigned chores that were reasonable and not too demanding. The children also reported that they were allowed to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. The children reported that they had the opportunity to attend the religious services of their

choice, and children reported satisfaction with meals and snacks. The children were satisfied with the food. The nine interviewed children also reported that they received requested medical, dental, and psychiatric care. Eight interviewed children expressed satisfaction with the quality of their interactions with staff and reported that the staff members treated them with respect and dignity. However, one child reported that one staff raised his voice at him for little things and that he did not deserve this treatment. This was immediately brought to the attention of the Treatment Director. The Facility Manager discussed the issue with the staff member and counseled him on appropriate interaction with the residents and advised him that failure to comply would result in further disciplinary action. The staff member signed a Child Care Worker Supervision Log, acknowledging the conference, the concern, and his intent to be more conscientious of his tone of voice and how he speaks to the boys.

All nine children reported that they were given information about the Group Home's policies and procedures regarding discipline, children's personal rights, house rules, and children's complaint grievance procedures. The children reported that the discipline policies were consistently enforced, fair and had appropriate consequences for inappropriate behavior. The nine interviewed children reported they felt safe in the Group Home and were provided with appropriate staff supervision.

Recommendation:

Youth Services Network management shall ensure that:

11. All staff receive on-going training on appropriate, fair, and positive interaction techniques.

CLOTHING AND ALLOWANCE

Based on our review of ten children's case files and/or documentation from the provider, Youth Services Network fully complied with six of eight elements reviewed in the area of Clothing and Allowance.

Based on our review, the children reported Youth Services Network provided the required \$50 per month for clothing; however, three children reported their clothing inventories were not of adequate quantity. The Monitor reviewed the children's clothes and found one child was lacking a sufficient amount of pants. Another child was lacking shirts, a bathrobe and slippers, a sweatshirt, and a sufficient amount of undergarments. A third child was lacking slippers. Youth Services Network subsequently provided documentation to OHCMD that the lacking items had since been purchased and replaced. The children were involved in the selection of their clothing and they were provided with adequate personal care items. The children reported they were always provided with at least the minimum monetary allowance and they were free to manage their allowances.

Six of the interviewed children reported they had never been encouraged or assisted in creating and updating a life book/photo album.

Recommendation:

Youth Services Network management shall ensure that:

12. All children have sufficient quantities of clothing to meet DCFS Standards.
13. All children are encouraged and assisted in creating and maintaining a life book/photo album.

PERSONNEL RECORDS

Based on our review of six staff personnel files and/or documentation from the provider, Youth Services Network fully complied with 10 of 12 elements reviewed in the area of Personnel Records.

All six staff met the educational/experience requirements. Fingerprints, Child Abuse Central Index (CACI) clearances and criminal background statements were submitted timely. Employees received timely initial health screenings, had valid driver's licenses and signed copies of the Group Home policies and procedures. All six received CPR, First Aid training, and Initial training. However, files for three staff did not have documentation of completion of the required hours of on-going training, and one staff file did not have documentation of completion of sufficient hours of Emergency Intervention training. The Treatment Director assured the Monitor that he would advise the Program Director of the need to meet the requirements.

Recommendations:

Youth Services Network management shall ensure that:

14. All applicable staff receive the required on-going training.
15. All staff receive the required Emergency Intervention training.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the fiscal year 2008-2009 monitoring review were implemented. The report was issued on August 19, 2009.

Results

The A-C's prior monitoring report contained four outstanding recommendations. Youth Services Network was to teach all children daily living, self-help and survival skills; provide all children with opportunities to participate in emancipation and vocational programs as appropriate; repair the kitchen cabinets in the Parthenia site; and treat all children with respect and dignity. The A-C's recommendation to treat all children with respect and dignity was not fully implemented.

Recommendation:

Youth Services Network management shall ensure that:

16. All children are treated with respect and dignity and that all staff receive on-going training on appropriate, fair, and positive interaction techniques.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE A-C

A fiscal review of Youth Services Network has not been posted by the A-C.

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June 18, 2011

To: Dorothy Channel, Manager

Children's Services Administrator II

Out of Home Care Management Division

From: Ray Armstrong, Treatment Director

RE: Corrective Action Plan Regarding Compliance Review conducted June 8th,

1. Licensure / Contract Requirements: No Issues

II. Facility and Environment

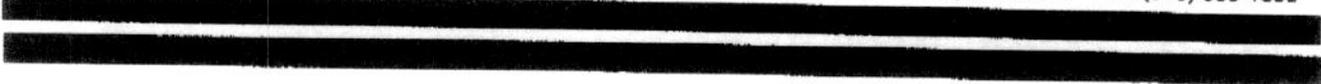
10. Are the group home's exterior well maintained? 1 no

Stucco has been patched and the house repainted. The rear gutter has been cleaned out. Fascia boards have been repaired and repainted. The exposed bolts in the entry have been removed.

11. Are common quarter's well maintained? 1 no

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Cabinets at the Granada Hill's facility have been removed and replaced with a curtain. The lock in the bathroom by the laundry room has been repaired. All chipped dinner plates were discarded. The cold water to the sink in the bathroom was restored. These items were all corrected during the review process.

12. Are the children's bedrooms well maintained? 2 no

Bedroom # 2 at the Granada Hill's facility has additional lighting and Shadow Hill's bedroom # 1 has more lamps to increase the lighting. This was done during the review process.

13. Does the group home maintain sufficient recreational equipment in good condition and age - appropriate? 2 no

The free weights at the Parthenia facility have been stored in a locked garage. Residents can use the weights, but staff must unlock the garage and supervise at all times. The weights at the Shadow Hill's facility have been secured with a chain. This was done during the review process.

14. Does the group home have an appropriate quantity and quality of reading material and educational resources and supplies including computers readily available to children? 1 no

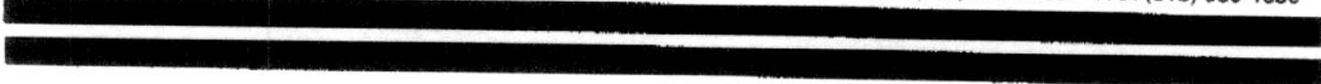
Additional board games have been purchased for the Parthenia group home. A DVD has been purchased and a computer will be purchased by 7/22/2011.

III. Program Services:

17. Did the group home obtain the DCFS CSW's authorization to implement the

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Needs and Services Plan? 1 no

The case managers will be responsible to obtain written authorization from the CSW's to implement the Needs and Services Plan. This will be overseen by the Treatment Director and reviewed on a regular basis to ensure compliance.

18. Do age – appropriate children participate in the NSP? 5 no

All age – appropriate children will participate in their NSP. This will be accomplished by reviewing their plan and having the residents sign the signature page. Each resident will be given to the opportunity to be provided with explanations of goals and treatment objectives. Each plan will be explained and they will be able to ask questions and have any questions clarified / and or explained. The Case Managers of each facility are responsible for this area and will be reviewed and overseen by the Treatment Director to ensure quality and compliance.

22. Are DCFS CSW's contacted monthly and are the contacts appropriately documented? 9 No. **This section also addresses other NSP issues addressed in the Final Performance Evaluation.**

All CSW's will be contacted on a monthly basis or more. These dates and topics of conversation will be included in each NSP. The facility case managers are responsible for these contacts and the documentation regarding dates and issues discussed. This will be reviewed periodically by the Treatment Director to ensure quality and compliance.

The Case Manager, under the Treatment Director's supervision will collaborate

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with the group home treatment team and the county CSW to develop a comprehensive Needs and Services Plans/ quarterly reports. This will be done by including detailed information in the following areas: Health and education, visitation, types of services necessary including treatment, strengths of the child and his family. The information will be incorporated into the Needs and Services Plan from the DCFS 709. Educational records will be provided by the CSW prior to a resident entering the group home. The Treatment Director and Case Manager will request the records as part of the intake process and the records will be included in the NSP. A specific visitation plan will be reviewed by Case Manager and the county CSW prior to the youth entering the program. The visitation plan may be updated in each NSP and the communication with the CSW documented. All of the services will be updated in the NSP and the reasons for such services will be reflected on a quarterly basis in each NSP. Case Managers will also include specific strengths of the child and his family and this information will be detailed in that particular section of the NSP. All content from the initial DCFS 709 will be reflected in the child's NSP by the Case Manager. The role of each person having contact with the placed child will be included in the NSP and their role and contribution to developing the NSP.

Case Managers will fax a completed NSP to obtain DCFS signature. Case Managers will make an additional 3 more attempts to contact CSW by phone and or fax documents for signatures. Case Managers will maintain written reports of all attempts to contact the CSW and this will be in resident's file. Case Managers will ensure that NSP include specific outcomes and dates of our contact with the county Social Workers. Case Manager will ensure that residents will have the opportunity to participate in their NSP and review before they sign the document. If a resident refuses to participate or sign, this will be documented in the resident file.

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and an intervention will be made to encourage resident participation by the treatment team.

Needs and Service Plans will also include specific grade point average for each resident. This will be done by obtaining previous school records and current records on file. The Case Managers will request previous educational records from the Social Worker and the education liaison. When this information is obtained, the records will be included in each resident's NSP. This will be done on a quarterly basis as the grade point average and grades may fluctuate. Case Managers, under the supervision of the Treatment Director, are responsible to be thoroughly familiar with the placed child's Needs and Services Plan. Case Managers and supervisors will either attend themselves or delegate a staff to attend extracurricular school activities. Case Managers and / or supervisors will attend IEP and other meetings relating to academic and behavior problems. All information will also be documented in the NSP each quarterly.

The Case Managers will collaborate with the Youth Development (YDP) Program Coordinator to ensure each child lacking an important relationship be provided with a mentor. For a placed child 10 years of age and older, Case Managers and the treatment team will coordinate with the CSW to identify a caring adult that will not only act as a mentor, but help the child prepare for the transition from foster care to independent living. Case Managers will document all activities for mentoring and this will be kept in the case files.

*Case Manger will make sure that requests are made for IEP on a regular basis and that school personnel are contacted to facilitate the IEP. All documents will be

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filed in their case file.

IV. Educational and Emancipation Services

25. If applicable, are current IEPs maintained? 1 no

*Case Manger will make sure that requests are made for IEP on a regular basis and that school personnel are contacted to facilitate the IEP. All documents will be filed in their case file.

V. Recreation and Activities: No issues

VI. Children's health related services, including psychotropic medication: No issues

VII. Personal Rights

42. Is staff treating children with respect and dignity? 1 no

All residents will be treated with respect and dignity. This will be accomplished by interviewing the residents on a monthly basis. Interviews will be conducted by the Case Managers, Program Director (Art Thomas), and the Treatment Director (Ray Armstrong). In addition, we have a grievance procedure and all residents have access to this procedure and will be encouraged to file a grievance if they feel the need. In addition, YSN will have sensitivity trainings and how staff needs to treat each resident with respect and dignity. Yelling, name – calling, and all other forms of intimidation will NOT be tolerated and any staff found to have engaged in these

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behaviors will be subject to corrective actions, including termination of employment.

VIII. Clothing and Allowance

51. Are children's on-going clothing inventories of adequate quantity? 3 no

The house supervisors will ensure all resident's clothing inventories are updated and that they have all the required clothing. This will be reviewed by the Program Director on a regular basis. During the review process, the missing clothing items were purchased for the 3 residents.

57. Are Children encouraged and assisted in creating and updating a life book / photo album? 6 no

All residents have been provided with a Lifebook / photo album and have been encouraged to use the book. They have all been told the book can be used for photos, awards, poems, stories, lyrics, anything related to their life. Staff have been directed to assist residents and to encourage their participation. The Case Managers, house supervisors and the Treatment Director are all responsible to ensure the residents are being provided the opportunity to develop their Lifebooks. The Treatment Director will review the books on a routine basis to ensure they are being completed / updated and that staff continue to encourage residents to participate.

Personnel Records

68. Have appropriate employees received on – going training? 3 no

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The Program Director, under the supervision of the Executive Director, will ensure that all staff completes required training, including the Emergency Intervention Plan. The Program Director will offer training on a regular basis, review personnel files and to ensure documentation is in the administrative office. Training will be provided per DCFS and CCL requirements.

69. Have appropriate employees received emergency intervention training per the

GH's program Statement? 1 no

The Program Director, under the supervision of the Executive Director, will ensure that all staff completes required training, including the Emergency Intervention Plan. The one staff in this situation has received required hours from his other work – site. Documentation can be provided.

Thank you. Please contact me if you need addition information at this time.

Sincerely,



Ray Armstrong, Treatment Director