



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602



BOBBY D. CAGLE  
Director

GINGER PRYOR  
Chief Deputy Director

Board of Supervisors

HILDA L. SOLIS  
First District

MARK RIDLEY-THOMAS  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

January 21, 2020

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

From: *Cynthia McCoy Nalle for*  
Bobby D. Cagle  
Director

**LOS ANGELES YOUTH NETWORK dba YOUTH EMERGING  
STRONGER SHORT TERM RESIDENTIAL THERAPEUTIC  
PROGRAM CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Los Angeles Youth Network dba Youth Emerging Stronger Short Term Residential Therapeutic Program (the STRTP) in April 2019. The STRTP has one licensed site located in the Third Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents (NMDs).

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 17
PRIORITY 3 0

CAD conducted an on-site Contract Compliance Assessment review of the Contractor's compliance with the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights

and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The STRTP was in full compliance with 3 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Engagement and Teamwork; and Education and Independent Living Program Services.

For the purpose of this review, six DCFS placed children were selected for the sample. CAD interviewed the six children and reviewed their files to assess the level of care and services they received. Additionally, three discharged children's files were reviewed to assess the STRTP's compliance with permanency efforts.

CAD interviewed four staff and reviewed their files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted at the STRTP to assess the quality of care and supervision provided to the placed children.

CAD noted deficiencies in the areas of: General Contract Requirements, related to Runaway Policy not being properly maintained, and Serious Incident Reports (SIRs) not being properly cross-reported to the Out-of-Home Care Management Division; Needs and Services Plans (NSP) not completed comprehensively, and NSPs not signed by children and Children's Social Workers; Permanency and Transition Services, related to NMDs not identified on their six-month transition plan, not consistent with the Transitional Independent Living Plan; Health and Medical Needs, related to initial dental and follow-up dental exams not conducted timely; Personal Rights and Social/Emotional Well-Being, related to a child reporting unfair consequences for not following rules, a youth stated they did not participate in the development of their CFT team, a youth and two children stated they were not treated with respect by personnel, a youth who stated they feel harassed or discriminated against, and a youth who stated they did not feel safe in the home; Personal Needs/Survival and Economic Well-Being, related to a youth who stated they are not provided with transportation when needed, children receiving the wrong weekly monetary allowance and monthly clothing allowance amounts; Personnel Files, related to personnel file missing the educational qualifications for staff, personnel not receiving initial training and orientation, and personnel not receiving annual on-going trainings.

On May 14, 2019, DCFS CAD Children Services Administrator Is and the Out-of-Home Care Management Division Quality Assurance Section held an exit conference with the STRTP representatives.

The STRTP representatives agreed with the review findings and recommendations. They were receptive to implementing systemic changes to improve the STRTP's compliance with regulatory standards.

The STRTP provided the attached approved Corrective Action Plan addressing the noted deficiencies in this compliance report. On September 4, 2019, the STRTP notified the County they are voluntarily closing the STRTP Program, effective September 9, 2019.

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

Each Supervisor  
January 21, 2020  
Page 3

BDC:KR  
LTI:ms

**Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Terri L. McDonald, Chief Probation Officer  
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Marcus Supper, CEO, Los Angeles Youth Network dba Youth Emerging Stronger  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



Building bright futures for homeless and foster youth

June 18, 2019

Los Angeles County  
Department of Children and Family Services  
Contracts Administration Division  
Contracts Compliance Unit  
3530 Wilshire Blvd., 4<sup>th</sup> Floor  
Los Angeles, CA 90010

**RE: STRTP Monitoring Review Exit Summary Corrective Action Plan (CAP) for the Los Angeles Youth Network doing business as Youth Emerging Stronger**

Dear Mr. St. John,

The following corrective action plan is in response to the findings noted during the Department of Children and Family Services (DCFS) Contracts Compliance Unit STRTP Monitoring Review of the Los Angeles Youth Network (LAYN) doing business as Youth Emerging Stronger (YES) that began on March 13, 2019. The exit summary took place on May 14, 2019. The following deficiencies were noted and Youth Emerging Stronger has responded with the following corrective action plan.

## I. General Contract Requirements

### I.3 "The runaway policy is documented and well maintained."

**Finding:** *Several SIR's submitted did not reflect that law enforcement was either not contacted or not contacted in a timely manner.*

**Corrective Action Plan:** Youth Emerging Stronger (YES) will comply with the runaway plan outlined in the Title 22 STRTP Interim Licensing Standards (version 3), YES' STRTP Program Statement, and the STRTP Contract Statement of Work (SOW) in regards to contacting law enforcement in an appropriate and timely manner. YES will ensure that staff at all times have the contact information of the nearest law enforcement agency on hand and contact them immediately once a youth is considered runaway to attempt to file a Missing Person's Report. YES staff will provide law enforcement with a photograph of the child (if possible), a description of the clothing the youth was seen last wearing, date of birth, last location of the child, and provide any distinguishing marks and/or tattoos. YES staff will obtain a report number from the law enforcement agent taking the Missing Person's Report, the name of the law enforcement agent, and obtain and/or document the attempts to obtain a copy of the report.

A special incident report (SIR) will also be immediately generated in the County-

President/CEO: Mark Supper  
Executive Board Chair: Teo Martinez  
Vice Chair: Hope Biller - Treasurer: Scott Kay  
Secretary: Diana Buckhantz

Directors: Russell Allyn - Sylvia Castillo - Ram Cogan  
Dave Cottrell - Catherine Johnson - Leslie Kaplan  
Peter Picataggio - Jeremy Rosenthal - John Ryan



Building bright futures for homeless and foster youth

Wide I-Track System to include all the above mentioned information. This I-Track report will also be cross-reported to the youth's County Social Worker, Out of Home Care Management Division and Community Care Licensing. The STRTP Director and Residential Operations Manager will also be immediately notified as well as the residential supervisor on shift. The accuracy of reporting runaway incidents to law enforcement will be monitored by the STRTP Director by checking such I-Track reports on a daily basis.

**I.5.2 "Special Incident Reports (SIRs) are properly documented."**

**Finding:** *Twelve of the SIR's reviewed for 4 of the clients reviewed were not cross reported in I-Track to the Out of Home Care Management Division (OHCMD).*

**Corrective Action Plan:** YES staff will comply with required reporting documentation procedures as outlined in the Title 22 STRTP Interim Licensing Standards (version 3), YES' STRTP Program Statement, and the STRTP Contract Statement of Work (SOW) in regards to ensuring I-Track special incident cross reporting is completed accurately and timely. Prior to submission on all special incident reports in I-Track, the supervisory staff member who is designated to review and submit special incident reports in I-Track will ensure that all required entities are cross-reported to OHCMD, Community Care Licensing, the County Social Worker, and the Child Abuse Hotline and Runaway Unit (as applicable).

**IV. Needs and Services Plans (NSPs)**

**IV.16. "The NSP's were completed accurately and on time."**

**IV.16.2 "NSPs were not comprehensive & accurate."**

**Finding:** *For four out of the five client NSP's that were reviewed did not contain all or partial of the following information: Concurrent case plans were missing and CSW contact notes were missing.*

**Corrective Action Plan:** As part of a new clinicians on-boarding training, clinical staff will be trained on how to properly complete the Needs and Services Plan (NSP) for each client, review signature requirements, review internal completion and external completion dates, and learn how to create S.M.A.R.T therapeutic driven goals and objectives that are client specific and in the words of the client. It is emphasized in this training that the creation of the NSP is to be a comprehensive teaming process with the client, the child and family team, and the STRTP treatment team. The following internal procedures will take place to ensure that the NSPs are developed in a comprehensive manner, are submitted timely, include all required signatures at the required specified time frames (and or all attempts made to obtain signatures), and are properly maintained in the client file in a timely fashion. It is also clearly



Building bright futures for homeless and foster youth

emphasized in the training that the initial NSP is to be created within 10 days of the placement date and every 30 days thereafter placement date.

Step 1: Clinician will meet with the client within a few days of placement to develop SMART goals surrounding permanency, mental health, education & enrichment, employment, mental health, medical & dental, family visitation, and life skills. The goals are created to be able to potentially be met within the NSP due date time frames.

Step 2: After the goals have completed and agreed upon by the treatment and client, the goals are then submitted to the STRTP Director for approval. During this time, the clinician will gather the pertinent information required in the body of the NSP document and begin completing those sections.

Step 3: If the STRTP Director requires revisions to the goals initially submitted, the STRTP Director will return the NSP goals to the clinician for quality revision.

Step 4: Once all goals have reached final approval, the clinician will turn the final draft NSP to the STRTP Director, Clinical Director, and the Senior Director of Compliance and Impact for final review. The STRTP Director is responsible for ensuring the accuracy of the case planning portions of the NSP. The Clinical Director (Head of Service) is responsible for ensuring the accuracy of the treatment plan and mental health treatment goals. The Senior Director of Compliance and Impact (head of the Quality Assurance Department) will ensure that the NSP meets appropriate technical requirements. If any of these roles require that further revisions be made, the NSP will be sent back to the clinician for corrections.

Step 5: After the NSP is approved by all above parties, the clinician will review the final goals with the client and have the client sign the NSP. If the client refuses to sign, the clinician will make continued attempts to encourage the client to sign. These attempts will also be noted on the NSP. The NSP will also be signed by the STRTP Director, the Clinical Director and the Senior Director of Compliance and Impact.

Step 6: The NSP will then be submitted to the client's County Social Worker (CSW) for review and signature. The clinician has 5 days from the NSP due date to obtain the CSW's signature. If the clinician is struggling to obtain the CSW's signature, the clinician will elevate the NSP according to DCFS' policy regarding NSP signature elevation.

Step 7: A member of the Quality Assurance Department will provide monthly client chart audits to ensure that the NSP's are completed in a comprehensive manner, are submitted timely, include all required signatures at the required specified time frames (and or all attempts made to obtain signatures), and are properly maintained in the client file in a timely fashion. The QA reviewer will utilize a tracking tool to ensure the above listed items have been completed and are accurate. The internal NSP Quality Assurance Tracking Tool reviews all areas of the NSP (for both the initial 10 day reports and the proceeding 30 day reports) to include the following- Client Demographics, Contact Information, Reporting Period, Adjustment to Placement, Medical/Dental/Physical, Health, Mental Health, NSP Treatment Plan, Education, NSP Visitation Plan (including contacts with CSW), Life Skills Training, Youth

President/CEO: Mark Supper  
Executive Board Chair: Teo Martinez  
Vice Chair: Hope Biller - Treasurer: Scott Kay  
Secretary: Diana Buckhantz

Directors: Russell Allyn - Sylvia Castillo - Ram Cogan  
Dave Cottrell - Catherine Johnson - Leslie Kaplan  
Peter Picataggio - Jeremy Rosenthal - John Ryan



Building bright futures for homeless and foster youth

Development Preparation, Special Incident Reports, Outcome Goals (including that they are written in the voice of the youth and are written in a S.M.A.R.T. format), Achieved Outcome Goals, and that all required NSP signatures are received in a timely manner.

**Findings: IV.16.3 "The child/NMD did not sign the NSPs." & IV. 16.5 "The CSW/DPO did sign the NSPs."**

**Corrective Action:** As part of a new clinician's on-boarding training, they will receive extensive training on completing Needs and Service Plans. The training will stress the importance that all signatures required are obtained in a timely manner (within 5 calendar days). If signatures are unable to be obtained in a timely manner, staff are to diligently document their attempts on the NSP as well as elevate the attempts as required by the Department of Children and Family Services (DCFS) requires the following-

At least three email attempts must be made to obtain the CSW or DPO's signature, must follow an escalation to supervisors and must be on three different days and times. All email attempts must be attached to the NSP as reasonable documented efforts.

Second and third attempts must follow a management escalation process, which must reference and include details of previous attempts as follows:

- 1.) Initial signature request is sent via email with the NSP attached to the CSW/DPO.
- 2.) Second signature request is sent via email with the NSP attached to the CSW/DPO with a CC to the SCSW or Supervisor and includes the details of the initial attempt.
- 3.) Third attempt is sent via email with the NSP attached to the CSW/DPO with a CC to the SCSW/Supervisor and ARA/Director and includes the details of the initial and 2nd attempt/requests.

If it is the client that refuses to sign the Needs and Services Plan the clinician will make continued attempts to encourage the client to sign. These attempts will also be noted on the NSP and the client's CSW will be notified.

A member of the Quality Assurance Department will provide monthly client chart audits to ensure that the NSP's are completed in a comprehensive manner, are submitted timely, include all required signatures at the required specified time frames (and or all attempts made to obtain signatures), and are properly maintained in the client file in a timely fashion. The QA reviewer will utilize a tracking tool to ensure the above listed items have been completed and are accurate.

## V. Permanency & Transition Services

### V. 22 "For NMDs, NSPs identified their six-month transition plan and the STRTP efforts to assist the NMD transition to independent living & self-sufficiency."

President/CEO: Mark Supper  
Executive Board Chair: Teo Martinez  
Vice Chair: Hope Biller • Treasurer: Scott Kay  
Secretary: Diana Buckhantz

Directors: Russell Allyn • Sylvia Castillo • Ram Cogan  
Dave Cottrell • Catherine Johnson • Leslie Kaplan  
Peter Picataggio • Jeremy Rosenthal • John Ryan



Building bright futures for homeless and foster youth

**Finding: Two of the client files reviewed that were Non-Minor Dependents did not have a six-month transition plan identified in the NSP's.**

**Corrective Action Plan:** Per YES' current CARF International Accreditation standards, YES currently utilizes a goal templated referred to as the Individualized Service Plan (ISP). The ISP's are created at program intake and are updated every six months for each youth in the program. The ISP identifies six month goals that focus on the following areas: Permanency/Transition, Mental Health, Behavioral Health, Education, Employment, Life Skills, and Residential Goals. This template is used to guide treatment planning and case reviews that are completed on a monthly basis. While the six-month transition plan is documented on the ISP as well as in Exym, YES' Electronic Health Record, and is discussed frequently during Child and Family Team (CFT) Meetings and Case Conference Treatment Planning Meetings, the six-month transition plan is not identified clearly or comprehensively in the NSP. Moving forward, the STRTP Director will ensure that the development of the NSP's will clearly document the youth's specific six-month transition plan upon submission to YES' Quality Assurance Department for review and signatures. YES' QA Department will serve as a second form of "checks and balances" to ensure that the six-month transition plan is clearly documented directly in the NSP.

**V. 23 "For NMDs, NSP is consistent with the TILP plan."**

**Finding: Two of the client files reviewed TILP plans were not documented in the NSP's that were reviewed.**

**Corrective Action Plan:** YES' STRTP Director, in conjunction with the youth's case manager and County Social Worker, will ensure that all current TILP's (to be updated every six months) are located in the client file and documented clearly in the NSP. If the YES case manager is struggling to receive a current copy of the TILP, their efforts made to obtain one will be documented in the NSP. The STRTP Director will take note of this during their review of the finalized NSP prior to sending the NSP to the YES Quality Assurance Department for review and signatures. YES' QA Department will also do monthly internal reviews of the NSP's to ensure compliance toward this area.

**VII. Health and Medical Needs**

**VII.33 "Initial dental examinations were conducted in a timely manner."**

**Finding: For one client, the initial dental exam was missed and there was no concrete reason listed as to why.**

**Corrective Action Plan:** The STRTP Director will ensure that all dental exams either missed or refused are properly documented on the NSP and that reasons and/or



Building bright futures for homeless and foster youth

attempts are given as to why the appointment was not met, including providing a follow-up plan to ensure that the dental exam takes place. The STRTP Director will take note of this during their review of the finalized NSP prior to sending the NSP to the YES Quality Assurance Department for review and signatures. YES' QA Department will also do monthly internal reviews of the NSP's to ensure compliance toward this area.

**VII.35 "Required follow-up dental examinations are conducted in a timely manner."**

**Finding:** *One of the client files reviewed did not reflect having any dental paperwork found in the actual file for the review period.*

**Corrective Action Plan:** YES' STRTP Case Manager, as supervised by the STRTP Director will ensure that, that all client's receive a dental exam no later than 30 days after placement and will document this in the client's NSP as well as keep copies of the exam visit in the client file. YES' Quality Assurance Department has implemented monthly internal reviews of the client file and the NSP's to ensure both include all required information and documentation as well as that they are both comprehensive. Results of these internal reviews are then sent back to the STRTP Director for follow-up.

**VIII. Personal Rights and Social/Emotional Well-Being**

**VIII.38 "Children report the consequences for not allowing rules are fair."**

**Finding:** *One client interviewed stated that she was told that a consequence would be "not receiving her allowance, if she did not get up for school". The client did state that she did receive her allowance though.*

**Corrective Action Plan:** YES' STRTP Director investigated this claim and did not find any evidence to corroborate this claim. Both STRTP staff and youth were reminded that not receiving allowance would never be used as a consequence and that that is also documented clearly in the STRTP Intake Packet.

**VIII.41 "Children reported they participated in the development of their CFT, and participated in CFT meetings."**

**Finding:** *One client interviewed stated that he did not participate in the development of his CFT team.*

**Corrective Action Plan:** This particular client interviewed refused to engage or participate in any CFT meeting while in placement. This youth refused to participate in any programming whatsoever at the STRTP. While a CFT was assembled on his behalf, this client refused to participate. STRTP clinical staff will continue to work



Building bright futures for homeless and foster youth

diligently with all clients to ensure they have the choice, voice and right when it comes to developing their CFT and engaging and participating in them. The STRTP Clinical Staff will ensure to document all missed or refused Child and Family Team meetings in both the NSP and the client's electronic health record.

#### **VIII.43 "Children report being treated with respect by personnel."**

**Finding:** Two clients interviewed stated that they are "sometimes" not treated with respect by staff but neither would give any further details. One client interviewed stated that he sometimes is "not treated with dignity and respect by staff and the other residents because he is transgender".

**Corrective Action Plan:** YES' STRTP and overall agency motto is that all spaces are Safe Spaces. We have posters placed in all facilities, we have this included in the client intake packet- allowing for the clients to select their preferred gender pronoun and gender identity, as well as all staff are trained extensively in LGBTQ related matters. This is also something that is thoroughly vetted during the interview process as several questions are asked of interviewees on their level of comfort and acceptance towards working with this population.

#### **VIII. 44 "Children report they do not feel harassed or discriminated against for any reason."**

**Finding:** *One client reported that he feels picked on because he is transgender.*

**Corrective Action Plan:** YES' STRTP and overall agency motto is that all spaces are Safe Spaces. We have posters placed in all facilities, we have this included in the client intake packet- allowing for the clients to select their preferred gender pronoun and gender identity, as well as all staff are trained extensively in LGBTQ related matters. This is also something that is thoroughly vetted during the interview process as several questions are asked of interviewees on their level of comfort and acceptance towards working with this population. The STRTP's clinical team will continue to counsel any clients who feel any type of discrimination for any reason and will address it thus so with staff.

#### **VIII.45 "Children report feeling safe in the home."**

**Finding:** *One client reported that they "do not feel safe in the home because sometimes the other girls in the home get crazy or fight, and the staff sometimes don't do anything." The youth safety concern was no regarding staff.*

**Corrective Action Plan:** All STRTP staff are trained and certified within their first two weeks of employment during the training phase in Crisis Prevention and Intervention techniques. The Hollywood House STRTP is a "hands-off facility" and therefore does



Building bright futures for homeless and foster youth

not utilize manual restraints. All aggressive conflicts are handled by staff utilizing de-escalation and crisis intervention techniques and a follow-up assessment of the incident is reviewed by the clinical team for further interventions.

## **IX. Personal Needs/Survival and Economic Well-Being**

### **IX.62 "Children report being provided with transportation when needed."**

**Finding:** One client reported that when he needs to go somewhere he has to "self-transport" because there is never a vehicle available to take him at that time.

**Corrective Action Plan:** After further investigation, it was determined that this particular youth would request transportation at the last minute while the house vehicles were already occupied for pre-schedule appointments, court appointments, school drop-offs, errands, etc. The STRTP is provided with Metro TAP cards for any youth who need transportation and are able to appropriately self-transport. The STRTP staff will ensure to document in the client's electronic health record any time transportation is unavailable for a youth whether due to last minute requests or lack of transportation vehicles available.

### **IX.71 "Children report receiving the required basic weekly allowance amount."**

**Finding:** The agency was not providing the basic weekly allowance amounts due to the clients based off of the new 2019 DCFS STRTP Contract SOW.

**Corrective Action Plan:** YES has adjusted it's STRTP Level System to include the required basic weekly allowance amounts in conjunction to age of the client as well. YES has already provided documentation to the DCFS Contract Compliance Reviewer that all client's received the "back-pay" owed to them.

### **IX.73 "Children report receiving the required basic monthly clothing allowance amount."**

**Finding:** The agency was not providing the basic monthly clothing allowance amounts due to the clients based off of the new 2019 DCFS STRTP Contract SOW.

**Corrective Action Plan:** YES has adjusted it's monthly clothing allowance amount to reflect the basic monthly clothing allowance amount as required in the new contract. YES has already provided documentation to the DCFS Contract Compliance Reviewer that all client's received the "back-pay" owed to them.

## **X. Personnel Files**

### **X.78.1 "Personnel met employee eligibility verification, experience and/or qualifications, requirements or exemptions in accordance with the agency's program statement"**

President/CEO: Mark Supper  
Executive Board Chair: Teo Martinez  
Vice Chair: Hope Biller • Treasurer: Scott Kay  
Secretary: Diana Buckhantz

Directors: Russell Allyn – Sylvia Castillo – Ram Cogan  
Dave Cottrell – Catherine Johnson – Leslie Kaplan  
Peter Picataggio – Jeremy Rosenthal – John Ryan



Building bright futures for homeless and foster youth

and governing regulations.” ***One of the personnel files is missing the employees educational qualifications.***

**Corrective Action Plan:** YES’ Human Resource Department shall ensure that prior to hire date, all necessary required personnel documentation will be obtained and maintained in the personnel file. YES’ Human Resources Department will not hire an employee who does not meet the educational credentials of the position to which they are applying for.

**X.82.2 “Personnel received initial 24-hour training (8 hrs. prior to supervision and 16 hrs. with the 90 days of hire).”**

**Finding:** *Two of the four personnel files did not clearly list the number of hours those staff members received each training type.*

See corrective action plan listed below.

**X.82.3 “Personnel received on hour of Child Abuse Identification & Reporting training.”**

**Finding:** *One personnel file reviewed did not have a certificate of completion for the Child Abuse Identification & Reporting Training.*

See corrective action plan listed below.

**X.82.4 “Personnel received CSEC training.”**

**Finding:** *Three of the four personnel files reviewed did not have certificates of completion for CSEC training.*

See corrective action plan listed below.

**X.82.5 “Personnel received LGBTQ training.”**

**Finding:** *All four personnel files reviewed did not have certificates of completed for LGBTQ training.*

See corrective action plan listed below.

**X.82.6 “Personnel received 8 hours of reproductive sexual health training.”**

See corrective action plan listed below.

**Finding:** *All four personnel files reviewed did not have certificates of completion for eight hours of reproductive and sexual health training.*



See corrective action plan listed below.

**X.83.3 "Personnel received 40 hour on-going training."**

***Finding: Two of the four personnel files reviewed did not have certificates of completion and/or documented proof that 40 hours of on-going training as required by Title 22 STRTP Interim Licensing Standards.***

See corrective action plan listed below.

**X. 83.4 "Personnel received Child Abuse Identification & Reporting re-certification training."**

***Finding: Three of the four personnel files reviewed did not have certificates of completion for Child Abuse Identification & Reporting re-certification training.***

See corrective action plan listed below.

**X.83.5 "Personnel received CSEC re-certification training."**

***Finding: Two of the four personnel files did not have certificates of completion for CSEC re-certification training.***

See corrective action plan listed below.

**Corrective Action Plan (82.2, 82.3, 82.4, 82.5, 82.6, 83.3, 83.4, 83.5):** YES has implemented a newly regimented training program that outlines a detailed training calendar for on-boarding training as well as yearly training topics as required by STRTP regulations and Department of Mental Health regulations. As part of this new training program, YES has implemented the use of the Relias Learning, which is a training database that contains a training program specifically for STRTP regulation trainings as well as tracks training requirements, hours, due dates, certificates of completion and training requirements. It notifies employees of when trainings are coming due specific to their position as well as notifies supervisors of when their employees' trainings are coming due. This system will be utilized to track all trainings whether done through the Relias Learning portal or internal and external trainings. Certificates of completion and/or training sign-in sheets will be uploaded into the Relias portal so that it may also show on the the employees training transcript. YES' Director of Support Services in conjunction with the Quality Assurance Department and the Director of Support Services are responsible for ensuring that all required trainings are completed, documented and uploaded into the Relias Learning system.

The entirety of this report has been completed by the Senior Director of Compliance and Impact. If



Building bright futures for homeless and foster youth

you have any questions, please contact 323-467-8466.

Sincerely,

Ann McConville, MSW  
Senior Director of Compliance and Impact  
Los Angeles Youth Network DBA Youth Emerging Stronger

CC: Mark Supper, President/CEO  
CC: Angela Leonard, Vice President/CFO



Youth Emerging Stronger  
Building bright futures for homeless and foster youth

Staff Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

**On-Boarding Training Schedule- Week 1**

**Training Acknowledgment Form**

**Company Overview 4 HOURS**

<i>Company History, Mission &amp; Approach</i>	[ ]
<i>Terms &amp; Definitions</i>	[ ]
<i>Overview of Population Served</i>	[ ]
<i>Programs &amp; Services</i>	[ ]
<i>Cultural Competency &amp; Diversity</i>	[ ]
<i>Company Policies &amp; Procedures</i>	[ ]
<i>Code of Conduct</i>	[ ]
<i>Anti-Harassment &amp; Bullying</i>	[ ]
<i>Trauma Informed Care: Service Model</i>	[ ]
<i>Boundaries &amp; the Use of Self</i>	[ ]
<i>Employee Classifications</i>	[ ]
<i>Employee Benefits &amp; Payroll</i>	[ ]
<i>Dresscode Policy</i>	[ ]
<i>Work Schedules &amp; Attendance</i>	[ ]
<i>Department Overview</i>	[ ]
<i>Reasonable &amp; Prudent Parent Standard</i>	[ ]

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Trainer Signature Date

**Training & Development 2 HOUR**

<i>Welcome Week Breakdown</i>	[ ]
<i>Ongoing Training &amp; Development</i>	[ ]
<i>Performance Management</i>	[ ]
<i>Inerpersonal Relationship &amp; Communicat</i>	[ ]

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Trainer Signature Date

**Health & Safety Training 4 HOURS**

<i>Health &amp; Safety Management</i>	[ ]
<i>Hazardous Materials</i>	[ ]
<i>Universal Precautions</i>	[ ]
<i>Facility Emergency Plans</i>	[ ]
<i>CPR &amp; First Aid</i>	[ ]
<i>Food Service</i>	[ ]
<i>Transportation Safety</i>	[ ]
<i>Logs &amp; Record Keeping</i>	[ ]
<i>Infestation Prevention &amp; Control</i>	[ ]
<i>Group Types &amp; Referrals</i>	[ ]
<i>Client Safety Status</i>	[ ]

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Trainer Signature Date

**Documentation Training 2 HOURS**

<i>Mandated Reporter</i>	[ ]
<i>SCAR: Suspected Child Abuse Reporting</i>	[ ]
<i>Special Incident Reporting</i>	[ ]
<i>Exym Usage and Progress Notes</i>	[ ]

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Trainer Signature Date

**Crisis Intervention Training (CPI)- 6 HOURS**

<i>CPI Interactive Training</i>	[ ]
<i>CPI Live Scenario &amp; Role Play</i>	[ ]

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Trainer Signature Date

REVIEW DATE:		INITIAL OR QUARTERLY REPORT?	
CLIENT NAME:		DATE OF REPORT?	
PLACEMENT DATE:			
ITEM/TOPIC	YES	NO	N/A
COMMENT(S)/FOLLOW-UP			
<b>Client Demographics, Contact Information, Reporting Period, and Adjustment to Placement</b>			
Date of report is correct (based on placement date).			
DCFS & STRTP Placement is selected.			
Child's Name, D.O.B., Gender and Medi-Cal is listed.			
Attorney information is listed in full.			
CSW information is listed in full.			
STRTP information is listed in full.			
STRTP Social worker information is listed in full.			
Initial/Quarterly report period dates are listed correctly.			
Date of next NSP is correct.			
Date of DCFS 709 is correct.			
Reason for placement is comprehensive and detailed.			
Planned length of placement is accurate.			
(Quarterly Only) Adjustment to placement is comprehensive and detailed.			
Case plan permanency goal is correct/modified.			
Concurrent case plan permanency goal is listed.			
(Quarterly Only) Feasibility to return to lower level of care is listed and comprehensive.			
<b>Medical/Physical/Dental Health</b>			
Current non-psychotropic medication(s) are listed accurately, if applicable.			
Special dietary needs, allergies, medical devices, and immunizations are accurate, if applicable.			
Health & Education Passport is present in chart.			
The initial medical and dental exams were completed within the require time frame (if no, the reason is explained).			

<b>Life Skills Training/Youth Development Preparation</b>				
Life Skills training/youth development preparation section is clearly documented and comprehensive.				
Life Skills training/youth development preparation section is clearly documented and comprehensive.				
YDS/Life Skills plan information for clients 14 years or older is listed.				
(Quarterly Only) Progress of life skills training are listed and goal number is referenced.				
<b>Special Incident Reports</b>				
The number of special incident reports and incident time are accurate and described comprehensively.				
<b>Outcome Goals</b>				
Outcome goals are written using the S.M.A.R.T. model and are comprehensive.				
Outcome goals include at least one permanency goal, one mental health goal, one educational goal, one life skills goal, and one behavioral goal (more can be listed if necessary).				
Outcome goal start dates, modified dates and projected completion dates are listed accurately based on the progress of the goal listed.				
<b>Achieved Outcome Goals</b>				
Achieved outcome goals are listed for the reporting period.				
<b>Signature Page</b>				
The following signatures have been obtained within 5 days of NSP due date- client, Case Manager, Clinical Director, Quality Assurance, client CSW.				
If signatures not achieved in timely manner, attempts to obtain them were clearly documented including date and person attempting to be reached. Escalation of obtaining signature was accurate.				