



**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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December 29, 2021

To: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Bobby D. Cagle for  
Director

**CHANGING THE HEALTH OF ADOLESCENT IMPACTING THE NATION  
(C.H.A.I.N) REACTION  
TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS  
(THPP-NMDS)  
CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the Changing the Health of Adolescent Impacting the Nation (C.H.A.I.N) Reaction Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMDS) (the Contractor) in July 2021. The Contractor has three licensed sites located in the Second Supervisorial District. The sites provide services to the County of Los Angeles DCFS and Probation placed NMDs between the ages of 18-21 and their children.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 1
PRIORITY 3 2

*"To Enrich Lives Through Effective and Caring Service"*

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: Licensure and Certification of Compliance; Personnel/Staffing/Training; Agency Reports; THPP-NMD Participant Record Folder/Case File; Education and Employment; THPP-NMD Training; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

The Contractor was in full compliance with 4 of 8 applicable areas of CAD's Contract Compliance Review: Licensure and Certificate of Compliance; Education and Employment; THPP-NMD Training; and Medical and Dental.

For the purpose of this review, three DCFS placed NMDs were selected for the sample. CAD reviewed the files of the three selected NMDs to assess the level of care and services they received. One additional discharged NMD's file was reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements.

CAD noted findings in the areas of:

#### Priority 1

- Personnel/Staffing
  - Staff did not receive criminal clearance from Community Care Licensing Division prior to the hire date.
- THPP-NMD Case File Reports
  - NMDs case files did not have all the required daily/monthly case management visits made with the NMDs and documentation in case files.

#### Priority 2

- Contractor's Reports
  - Contractor did not complete and maintain all reports, as required.

#### Priority 3

- THPP-NMD Case File Reports
  - NMDs folders/case files did not have all completed plans/forms, as required.
- Program Exit/Aftercare Follow-up and Tracking
  - Exit Assessment was not completed timely for exiting NMD.

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On August 30, 2021, the Children Services Administrator teams from DCFS CAD and the THPP-NMD County Program Manager – Supportive Housing Division held an exit conference with the Contractor's representative.

The Contractor's representative agreed with the review findings and recommendations, and was receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

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

BDC:KDR  
LTI:gt

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Dr. Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Dr. Jessica Saint-Paul, Executive Director, Changing the Health of Adolescent  
Impacting the Nation (C.H.A.I.N) Reaction  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



October 6, 2021

Grace Tamase  
Children Services Administrator I  
Department of Children and Family Services  
Contracts Administration Division  
Compliance Section  
425 Shatto Place, Suite 400  
Los Angeles, CA. 90020

RE: Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD)  
Contract Compliance Review  
Corrective Action Plan (CAP) Addendum

- 1) Personnel/Staffing/Training – Section B
  - a. **B#1. No-Although Contractor has all required positions, personnel (S#1) did not receive criminal clearances from CCLD prior to hire date (staff hire date 8/15/18, CCLD criminal letter on file was dated 11/9/2019).**

Corrective Action Addendum: For the safety and welfare of clients served, C.H.A.I.N. Reaction, Inc. Program Administrator shall ensure that criminal clearances with subsequent arrest notification and background checks are conducted for all staff and volunteers, prior to beginning and continuing work. Effective immediately, the Program Administrator will not schedule staff for training or work regardless of capacity (direct services) without written verification of background from Human Resources. New employees with prior work experience at other licensed facilities will be required to have a new live scan using LIC9163 with CHAIN Reaction, Inc. License information in addition to the child abuse index clearance.

Quality Assurance: Effective November 1, 2021, the Quality Assurance Coordinator will review qualifications including criminal record clearance is completed for all new employees prior to submitting the applicant's packet to Human Resources. The Quality Assurance Coordinator will submit the signed clearance to Human Resources to ensure the staff has been cleared to start work.

- 2) AGENCY REPORTS – SECTION C
  - a. **C#1. No- Monthly Census Report (Exhibit A-32) not submitted timely for the following months: June 2021 Monthly Census Report date due July 5, 2021, no documentation on file to show the report was submitted timely. January 2021 – May 2021 Monthly Census Reports were submitted collectively in one month on May 11, 2021. December 2020 Monthly Census Report date due January 5, 2021 submitted date January 14, 2021. September 2020 Monthly Census date due October 5, 2020, submitted date October 9, 2020. July 2020 Monthly Census Report date August 5, 2020, submitted date September 3, 2020.**



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**Corrective Action Addendum:** As of August 1, 2021, the monthly census reports have been sent via email on or before the 5<sup>th</sup> of the following reporting month by the Program Administrator. The Program Administrator submits the monthly census report via email to the DCFS and Department of Probation universal email address. The July 2021 monthly census report was submitted on August 2, 2021, and the August 2021 monthly census report was submitted on September 3, 2021.

**Quality Assurance:** Effective January 1, 2022, the Quality Assurance Coordinator will conduct quarterly reviews to assess the timely submission of monthly census. The first quarterly review will cover Q4 2021. The Quality Assurance Coordinator will review the email submissions in Q4 by the Program Administrator to DCFS and Department of Probation universal email address. A report of the results of the review will be submitted to the Program Administrator. If there are any delays in submissions, the Quality Assurance Coordinator will conduct a review monthly for six consecutive months to ensure the monthly census is submitted monthly as per the Statement of Work.

- b. C#1 - No-Discharged NMD's Termination Report dated 11/30/20 not submitted timely and not within 21 business days of Participant's exit from program; NMD exited program or was discharged on 10/20/20.**

**Corrective Action Addendum:** In an effort to ensure the termination report is submitted to the County Program Manager within 21 business days of participant's exit from program, the Advocacy Counselor will verify the last date of placement with the Program Administrator within three days after the client is no longer living on site. The Advocacy Counselor will review and complete a draft termination report with the Social Worker Supervisor and submit to the Program Administrator within 14 business days. If there are no corrections needed, the Advocacy Counselor will submit the final termination report along with the savings log, exit assessment and any additional documents no later than 21 business days of the Participant's exit from the program.

If the participant is not available to complete the exit assessment, the Advocacy Counselor will have the discharged participant complete the exit assessment when he/she picks up their final savings. If the discharged participant refuses, the Advocacy Counselor will indicate client refused to complete. The Advocacy Counselor will ensure that the termination report will be submitted within 21 business days.

**Quality Assurance:** The Quality Assurance Coordinator will review termination reports quarterly if clients are discharged during the review period. The Quality Assurance Coordinator will complete the Quality Assurance Monitoring – Participant Progress form (Attachment A) and share results with the Advocacy Counselor and Social Worker Supervisor.

- c. C#1 No-NMD#1 & NMD#2, NMD 2-Way Authorization for Sharing Information (Form A-3) not on file. Contractor reports CAP was implemented for CY 2018-19 review justification not applicable or sufficient if A-3 form was never received signed or resolved for NMD#1 and NMD#2**

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**Corrective Action Addendum:** For current clients, the Peer Health Advocate will request NMD 2-Way Authorization for Sharing Information (A-3) form from CSWs and DPOs to update records for current clients.

For new applicants, the Peer Health Advocate or intake designee will request the NMD 2-way Authorization for Sharing Information (A-3) form with the intake packet for applicants interested in placement. Applicants that do not have a complete packet will not be considered for an interview. Effective November 1, 2021, the NMD 2-Way Authorization for Sharing Information (A-3) will be added to the Referral and Screening Form. The NMD 2-Way Authorization for all new clients accepted, will be placed in the participant record folder.

**Quality Assurance:** In an effort to receive form A-3 timely to receive applicant background and history, no applicants will be cleared for an interview until receiving the completed A-3 signed by both the CSW/DPO and applicant (potential participant). The Peer Health Advocate will verify the A-3 is signed prior to making an appointment for an interview for placement consideration. C.H.A.I.N. Reaction, Inc. is in the process of hiring a Quality Assurance Coordinator. Effective November 1, 2021, or when the Quality Assurance Coordinator is hired whichever comes first, will assess applicants' readiness for interview adding the A-3 check box to the Referral and Screening Form.

3) THPP-NMD PARTICIPANT RECORD FOLDER/CASE FILE - SECTION D

- a. **D#1 No – Casey Life Skills Assessment (Form A-30) – NMD#1 – April 2021 missing from NMD files; April 2020 not completed timely and/or within 45 days of entry date anniversary/date of placement of April 16, 2019, but was completed in September 2020.**

**Corrective Action Addendum:** The Peer Health Advocate will administer the Ansell Casey Life Skills Assessment annually. In the event a participant undergoes an additional screening for life skills, the Peer Health Advocate will re-administer the Ansell Casey on the applicant's anniversary year. The Peer Health Advocate will notify the Advocacy Counselor of the updated Ansell Casey Life Skills Assessment and file the report in the participant record folder.

**Quality Assurance:** Effective January 1, 2022, the Quality Assurance Coordinator will conduct quarterly participant reviews including the Ansell Casey Life Skills Assessment as indicated on Attachment A, Quality Assurance Monitoring-Participant Progress to assess the timely administration of Ansell Casey Life Skills during a participant's anniversary year.

- b. **D#1 No- NMD#2, Transitional Independent Living Plan (TILP Form A01) for May 2021, November 2020, and May 2020 were missing from NMD#2 files.**

**Corrective Action Addendum:** The Transitional Independent Living Plan (A-1) are updated every six months. In an effort to ensure the client's needs are met, the following updated process will be implemented by October 1, 2021. The process in our previous program review included information for new clients, but staff did not receive guidance to update the current client files.

- 1) Starting on October 18, 2021 the Peer Health Advocate will review all current clients and request the most recent TILP from the CSW/DPO and copy the SCSW or SPDO.



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- 2) The Peer Health Advocate will call the CSW/DPO to make a second attempt within 14 days if the updated TILPs are not received via email. An email copying the SCSW/SDPO will follow-up to document the call. The following procedures for updated TILPs will be implemented effective November 1, 2021:
  - 1) The Peer Health Advocate will send an email to the CSW and copy the CSW/DPO to request an updated TILP within 30 days before expiration.
  - 2) If the TILP is not received within 15 calendar days, the Peer Health Advocate will call the CSW/DPO notify the Executive Director or designee. An email copying the SCSW/SDO will follow-up to document the call. The Executive Director will forward the initial request to the CSW to remind the CSW to email the updated TILP so the agency staff can review the plan with the participant.
  - 3) The Peer Health Advocate will file the updated TILP in the participant's case file.

**Quality Assurance:** C.H.A.I.N. Reaction, Inc. is in the process of hiring a Quality Assurance Coordinator. Once the Quality Assurance Coordinator is hired, the Quality Assurance Coordinator will be responsible for maintaining participant records for the updated TILPs. Effective January 1, 2022, the Quality Assurance Coordinator will conduct a quarterly review to assess updated participant records and document the dates using Attachment A, Quality Assurance Monitoring-Participant Progress form. The results from the review will be shared with the Peer Health Advocate and Advocacy Counselor.

- c. **D#1 No- NMD#1, NMD#2 and NMD#3 Progress Quarterly Reports (A-20 form) had no documented verifications in NMDs' files to show that the reports were signed by client (NMDs) nor Contractor submitted the reports timely to CPM, THPP-NMDs and assigned CSWs/DPOs. In addition, the Progress Reports were combined as one report with the Needs and Services Plan and Transition Reports.**
- d. **D#1 No- Transition Reports had no documented verifications in NMDs' files (NMD#1, NMD#2, and NMD#3) to show that the reports were signed by client nor Contractor submitted the reports timely to CPM, THPP-NMD and assigned CSW/DPO. In addition, the Transition Reports had no documentation that the Contractor convened a transition meeting with THPP-NMD Participant, CSW/DPO, CPM and other relevant parties when THPP-NMD Participant was 20 and 20.4 years old.**
- e. **D#1 No-NMD#1, NMD#2, and NMD#3 Needs and Services Plans had no documentation of meeting with CSWs/DPOs, THPP NMDs to discuss whether modifications to determine the THPP-NMD Participant's need for continuing services and need for modification of services.**
- f. **Furthermore, NMD#1, NMD#2, and NMD#3 NSP had no documentation to show that NSP review took place (every 6 months) with THPP-NMD and CSW in the 6<sup>th</sup> month period.**
- g. **In addition, NMD#1, NMD#2, and NMD#3 NSPs had no documentation that Contractor obtained written approval from the CSW/DPO before implementing any modifications to the NSP. If not modifications, there was no documentation of such conversation/discussion noted in the NSPs.**



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- h. Also, NMD#1, NMD#2 and NMD#3 NSP reports on file did not show the NSPs were signed by the client and a signed copy of all modified NSPs were provided to CPM, THPP-NMD and CSW/DPO.**

**Corrective Action Addendum:** Based on the review, the THPP-NMD participants, CSW and/or DPO signatures were not on the Quarterly Reports, Needs and Services Plan and Transition reports. In addition, C.H.A.I.N. Reaction, Inc. did not document transition meetings to support the efforts made each month to assist the THPP-NMD Participant with transitioning from the THPP-NMD program and to describe the THPP-NMD progress towards transitioning.

Effective January 1, 2022, the following process will be implemented for THPP-NMD participants:

- 1) The Advocacy Counselor will call a meeting when the participant reaches 20 years of age.
- 2) The Advocacy Counselor will contact the CSW/DPO to review availability and coordinate with the participant's schedule to facilitate the transition meeting before the participant turns 20.4 years of age.
- 3) The SCSW and SDPO will be copied on all correspondence for multiple attempts if a meeting has not been made before the participants' 20.4 birthday.
- 4) The Advocacy Counselor will document all efforts to plan the transition meeting and include the meeting date on a progress note and file attempts in the participant record folder.
- 5) The Advocacy Counselor will complete a draft transition report and review with the Social Worker Supervisor within 5 business days after the transition meeting.
- 6) The Advocacy Counselor will complete the transition report and submit to the CSW/DPO, THPP-NMD for review and signature.
- 7) The Advocacy Counselor will submit the transition report to the Program Administrator or designee.
- 8) The Program Administrator or designee will submit the initial transition report to the County Program Manager by the 15<sup>th</sup> of the following month.

Note: If the THPP-NMD Participant is exiting during the same month of the transition meeting, a transition report is not required.

Effective January 1, 2022, the following will be implemented for Monthly Transition Reports:

- 1) The Advocacy Counselor will follow-up progress made with the THPP-NMD participant with the CSW/DPO monthly.
- 2) The Advocacy Counselor will complete a draft transition report and review with the Social Worker Supervisor within 3 business days after the transition meeting.
- 3) The Advocacy Counselor will meet with participant to sign the transition report during the last week of the month during their weekly case management meeting.
- 4) The Advocacy Counselor will submit the signed transition report to the CSW/DPO, THPP-NMD for review and signature by the 5<sup>th</sup> of the following month.
- 9) The Program Administrator or designee will submit the transition report to the County Program Manager by the 15<sup>th</sup> of the following month.

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**Quality Assurance:** Attachment A, Quality Assurance Monitoring-Participant Progress form will be utilized by the Quality Assurance Coordinator to review the Participant's Record Folder on a quarterly basis. All applicable fields will be completed to assist in maintaining comprehensive, accurate and current files for each THPP-NMD participant during his/her program participation. The Quality Assurance Coordinator will add the additional reporting fields to ensure the reports are signed by the participant and CSW/DPO:

- 1) Participant Signature and Date
- 2) CSW/DPO Signature and Date

Based on the results of the reviews, the Quality Assurance Coordinator may conduct periodic monthly reviews on case management files to ensure participants and CSW/DPOs are signing the Quarterly Reports, Needs and Services Plan and Transition reports.

- i. **D#2 No-NMD#1, June 2021 Progress Notes not on file; and NMD#2, June 2021 Progress Notes not on file.**

**Corrective Action Addendum:** C.H.A.I.N. Reaction, Inc. developed a progress note template that includes all elements of a case management visit. On September 21, 2021 The Program Administrator conducted a training using the current progress note template.

- 1) Advocacy Counselors will complete each section of the progress notes by print in black ink only.
- 2) Advocacy Counselors will include the date, location and time of visit.
- 3) For areas where client did not have a medical, dental or psychological visit, CSW, family or friend visit, the Advocacy Counselor will indicate no visit. If client did not provide answer, the Advocacy Counselor will indicate did not answer/declined to state in the specified areas.
- 4) No areas on the progress notes can be left blank.
- 5) Progress notes will also be signed by the Advocacy Counselor.
- 6) The Advocacy Counselor will file the progress notes in the participant record folder weekly.
- 7) Advocacy Counselors will review the progress notes with the Social Worker Supervisor at the end of month during the last week of case conference monthly.

**Quality Assurance:** The Advocacy Counselor will review progress notes, face-to-face sign in sheets and Life Skills sign in sheet (if applicable) with the Social Worker Supervisor during the last week of the month during the case conference visit. In an effort to maintain agency and participant records and to provide legible progress notes and accessibility, C.H.A.I.N. Reaction, Inc. is in the process of reviewing electronic case management systems. Once an electronic case management system is identified, the Program Administrator will notify the County Program Manager and update the processes above to align with the electronic system accessibility of records.

#### 4) PROGRAM EXIT/AFTERCARE FOLLOW-UP AND TRACKING -SECTION H

- a. **H#1 NO-Exit Assessment was not completed timely for exiting NMD Participant. Exit date was 10/20/2020, Exit Assessment was completed on 11/28/2020, which was not within the allotted 21 business days of Participant's exit from the program.**

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**Corrective Action Addendum:** In an effort to ensure the exit assessment is completed upon participant's exit, the Advocacy Counselor will submit the Exit Assessment to the client for a planned exit during the same day of exit and walk-through of the unit and site:

- 1) The Advocacy Counselor will submit the Exit Assessment form to the client during the last case management visit.
- 2) The Advocacy Counselor will file the completed signed Exit Assessment in the participant Record Folder.

Clients that exit the program and move out of the unit without notifying the agency, the Advocacy Counselor will notify the CSW/DPO.

1. The Advocacy Counselor will email the Exit Assessment form to CSW/DPO to assist in reaching the client. Currently, the Exit Assessment form is a PDF that can be converted into a PDF fillable form. If the Exit Assessment form is submitted electronically, the Advocacy Counselor will share the PDF fillable form or electronic application form such as Google Form or Microsoft Forms.
2. The Advocacy Counselor will request that the completed form be returned to the agency within 7 business days via email.
3. The Advocacy Counselor will file the completed signed Exit Assessment in the participant Record Folder.

**Quality Assurance:** Attachment A, Quality Assurance Monitoring-Participant Progress form will be utilized by the Quality Assurance Coordinator to review the Participant's Record Folder on a quarterly basis. All applicable fields will be completed to assist in maintaining comprehensive, accurate files for discharged participants.

- b. H#1 NMD Participant was not provided all of his/her "personal" savings upon exit or within 21 business days of his exit from program. NMD Participant received his check with full amount of personal savings on 12/15/20; exit date was 10/20/2020.**

**Corrective Action Addendum:** In an effort to ensure the personal savings and final savings log is submitted to the participant within 21 business days of exit from the program, the Advocacy Counselor will verify the last date of placement with the Program Administrator within three days after the client is no longer living on site.

- 1) The Advocacy Counselor will review the final savings ledger with the client during the last week of the client's planned exit date.
- 2) The Advocacy Counselor will make an appointment within 21 business days of exit with the participant. The Advocacy Counselor will send a verification of appointment to the participant and copy the CSW/DPO via email.
- 3) The Program Administrator will prepare the check with accounting to ensure the final savings check is ready at least one business day prior the agreed appointment date.
- 4) The Advocacy Counselor will meet with the participant and submit the final savings, ledger and verify information on the Exit Assessment.
- 5) The Advocacy Counselor will file the originals in the participant record folder.

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In the event the participant does not show for the appointment, the Advocacy Counselor will follow-up with the CSW/DPO and make an appointment to pick up the participant's final savings and copy of the final savings ledger. The Advocacy Counselor will document the alternative pick up on a progress notes and file the originals in the participant record folder.

**Quality Assurance:** Attachment A, Quality Assurance Monitoring-Participant Progress form will be utilized by the Quality Assurance Coordinator to review the Participant's Record Folder on a quarterly basis. All applicable fields will be completed to assist to ensure discharged participants receive their savings timely and to maintain comprehensive, accurate files for discharged participants.

Thank you for the opportunity to submit an addendum to our corrective action plan. The following page includes the Quality Assurance Monitoring – Participant Progress form (Attachment A) referenced in this corrective action plan addendum.

If you need to reach me in the meantime, please feel free to contact me at 310-428-1290 or via email at [ceo@chainreactioninc.org](mailto:ceo@chainreactioninc.org).

Sincerely,

Dr. Jessica Saint-Paul, DMSc, PA, MPH, MCHES  
Executive Director  
Program Administrator, THPP-NMD Program