County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

BRANDON NICHOLS
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

April 29, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

LOS ANGELES YOUTH NETWORK GROUP HOME FISCAL COMPLIANCE ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and Contract Compliance Review of Los Angeles Youth Network Group Home (the Group Home) in November 2 015 and December 2015. The Group Home has one site located in the Third Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the Group Home's Program Statement, its stated purpose is "to help abused, neglected, and homeless adolescents become self-sufficient."

The Group Home has a 12-bed site and is licensed to serve a capacity of 12 male and female children, ages 12 through 18. At the time of the review, the Group Home served 10 placed children. The placed children's average length of placement was six months and their average age was 17.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an agency-wide review of the Group Home's financial records such as financial statements, bank statements, check register, and personnel files to determine their compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with all areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; Cash/Expenditures; and Payroll and Personnel.

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their placement environment; and treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of CAD's Contract Compliance Review: Licensure/Contract Requirements; Education and Workforce Readiness; Health and Medical

Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the areas of: Facility and Environment, related to a child's bedroom not being well maintained; Maintenance of Required Documentation and Service Delivery, related to an Initial Needs and Services Plan (NSP) not being developed timely with the child's participation and an Updated NSP not being developed timely; and Personnel Records, related to an employee's criminal background statement not being completed timely.

Attached are the details of CAD's review.

REVIEW OF REPORT

On January 12, 2016, Sherry L. Rolls, DCFS CAD, held an exit conference with the Group Home representatives: Mark Supper, Chief Executive Officer/President; Ann McConville, Senior Director of Compliance; Angela Leonel, Vice President/Chief Financial Officer; and Mayra Camarillo, Residential Counselor. On January 14, 2016, Molly Sun, DCFS CAD, held a Fiscal exit conference with Angela Leonard, Vice President of Finance and Operations. There were no fiscal findings. The Group Home representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and were in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved Compliance CAP addressing the recommendations noted in this report.

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

PLB:KR
LTI:slr

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Mark Supper, Chief Executive Officer/President Los Angeles Youth Network
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Leonora Scott, Regional Manager, Community Care Licensing Division

LOS ANGELES YOUTH NETWORK GROUP HOME
FISCAL COMPLIANCE ASSESSMENT REVIEW
REVIEW PERIOD 2015 - 2016

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of Los Angeles Youth Network Group Home's (the Group Home's) financial records for the period of July 1, 2014 through November 30, 2015. CAD reviewed the financial records such as financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with all areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; Cash/Expenditures; and Payroll and Personnel.

PRIOR YEAR FISCAL COMPLIANCE ASSESSMENT FOLLOW-UP

CAD conducted a Fiscal Compliance Assessment of the Group Home in County Fiscal Year 2014-2015. The assessment indicated three recommendations to the Contractor. CAD verified full implementation of prior year recommendations.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2016-2017.

LOS ANGELES YOUTH NETWORK GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY
Rate Classification Level 7
License No. 197603055

	Contract Compliance Review	Findings: December 2015
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained in Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign-In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (All)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Food	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation/Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. DCFS Children's Social Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. DCFS Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed

	10. Development of Timely, Comprehensive Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/ or Attendance Increased 5. Group Home Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (All)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. Group Home's Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication	Full Compliance (All)

	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extracurricular, Enrichment and Social Activities (Group Home, School, Community) 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in the Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with a Life Book/Photo Album	Full Compliance (All)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. FBI, DOJ, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

LOS ANGELES YOUTH NETWORK GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the December 2015 review. The purpose of this review was to assess the Los Angeles Youth Network Group Home's (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's Program Statement as well as internal administrative policies and procedures. The review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed five children. During the site visit, the children were observed to be comfortable and well cared for in the Group Home and staff were observed to be responsive to the children's needs. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of review, one placed child was prescribed psychotropic medication. The child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Facility and Environment

- A child's bedroom was not well maintained.

Both windows in one of the children's bedrooms had approximately one inch gaps between the window and the frame. CAD immediately brought this to the attention of the Group Home staff. On January 12, 2016, CAD revisited the Group Home and confirmed that both windows were repaired as needed.

Recommendation:

The Group Home's management shall ensure that:

1. Children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- An Initial Needs and Services Plan (NSP) was not developed timely with the child's participation.

One of four Initial NSPs reviewed was not developed timely with the child's participation. The NSP due on August 15, 2015, was not signed by the 16-year old child. The Department of Children and Family Services (DCFS) Children's Social Worker (CSW) signed the NSP on August 27, 2015. The case file did not document why the child did not sign the NSP and did not list any Group Home efforts to obtain the DCFS CSW signature.

- An Updated NSP was not developed timely.

One of 10 Updated NSPs reviewed was not developed timely. A child's NSP due on July 2, 2015, was not signed by the DCFS CSW until July 15, 2015. The Group Home documented an effort to obtain the DCFS CSW signature within five days of the due date.

Recommendations:

The Group Home's management shall ensure that:

2. Initial NSPs are developed timely with the child's participation.

3. Updated NSPs are developed timely.

Personnel Records

- An employee's criminal background statement was not completed timely.

An employee hired on May 31, 2013, did not signed the criminal background statement until September 1, 2015.

Recommendation:

The Group Home's management shall ensure that:

4. Employees sign their criminal background statement in a timely manner.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated May 13, 2015, identified one recommendation.

Results:

Based on CAD's follow-up, the Group Home implemented the recommendation for which they were to ensure that:

- Federal Bureau of Investigations, Department of Justice, and Child Abuse Clearance Indexes are submitted timely.

Recommendation:

There are no outstanding recommendations from the prior report.

At the exit conference, the Group Home representatives expressed a desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home made efforts to utilize information from the CAD review to strive towards greater overall compliance. The Group Home provided a listing of their efforts in the attached detail of their new protocols. The Group Home will consult with Out-of-Home Care Management Division for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations during the next review.

February 2, 2016

Corrective Action Plan (CAP)- AMENDED 2/2/2016
Department of Children and Family Services
Out of Home Care Management Division

The following corrective action plan is in response to the Department of Children and Family Services (DCFS) Out of Home Care (OHC) Management Division's findings and recommendations regarding the Beachwood Group Home (license # 197603055) Contract Compliance Monitoring Review for the period of January 1, 2015-November 30, 2015.

Finding: # 12, Facility and Environment- *"In bedroom number 4, two windows were not flush with the frame thereby leaving a visible gap between."*

> **Corrective Action Plan:** On December 22, 2015, LAYN repaired the two windows so the gap no longer exists. On January 12, 2016, CAD revisited the site and noted that both windows were repaired with no visible gaps. Furthermore, effective 2/1/2016 bedrooms will be checked weekly by the facility Program Director and any structural issues and/or concerns that arise will be documented on the Weekly Facility Check-List. Request for maintenance repairs will be referred to LAYN's Maintenance Technician and repaired no later than three business days. LAYN's Senior Director of Compliance will also provide monthly facility inspections to ensure safety and compliance.

Finding: # 23, Maintenance of Required Documentation and Service Delivery- *"Child (J.H.) did not sign initial NSP and there is no documentation as to why. [The report was also] signed late by CSW... and efforts were no documented."*

> **Corrective Action Plan:** LAYN will ensure that all Needs and Services Plans are reviewed with and signed by the placed child at the time the report is due. If a placed child refuses to sign the NSP, the group home Case Manager will ensure that this is documented on the NSP as an effort to gain the signature. Furthermore, the group home Case Manager will ensure that all NSPs are signed by the CSW in a timely manner and that efforts to gain the signature from the CSW are made three times within five days of the NSP due date and that all efforts are documented on the NSP. The group home Case Manager will also ensure that case notes are completed for each attempt to gain a signature from the CSW. On February 2, 2016, the Senior Director of Compliance will train the Director of Case Management on Needs and Service Plan protocols as outlined in the DCFS group home contract. The Director of Case Management will be responsible for the direct review of the NSPs to ensure accuracy and comprehension. The Senior Director of Compliance will provide oversight as well and complete periodic checks of the NSPs to ensure accuracy, timeliness and comprehension.

President/CEO: Mark Supper
Executive Board: David Cottrell – *Chair* | Russell Allyn – *Vice Chair*
Leslie Kaplan Scott Kay – *Treasurer* |Diana Buckhantz - *Secretary*
Directors: Hope Biller | Ram Cogan |
Teo Martinez | Mark Prior | Donald Polite

1853 Taft Ave. Hollywood, CA 90028 | Ph (323) 467-8466 Fax (323) 488-6400 | www.layn.org

LOS ANGELES YOUTH NETWORK

Hope & Homes for Foster and Homeless Youth

Finding: # 24, Maintenance of Required Documentation and Service Delivery- *"Child (D.L.)[NSP] was signed late by CSW... GH made [two attempts] to obtain approval... No third attempt noted.*

> **Corrective Action Plan:** LAYN's group home Case Manager will ensure that all NSPs are signed by the CSW in a timely manner and that efforts to gain the signature from the CSW are made three times within five days of the NSP due date and that all efforts are documented on the NSP. The group home Case Manager will also ensure that case notes are completed for each attempt to gain a signature from the CSW. On February 2, 2016, the Senior Director of Compliance will train the Director of Case Management on Needs and Service Plan protocols as outlined in the DCFS group home contract. The Director of Case Management will be responsible for the direct review of the NSPs to ensure accuracy and comprehension. The Senior Director of Compliance will provide oversight as well and complete periodic checks of the NSPs to ensure accuracy, timeliness and comprehension.

Finding: # 60, Personnel Records- *"Criminal background statement signed over 1 year after staff (C.S.) start date."*

> **Corrective Action Plan:** Effective 1/13/2016, LAYN's Senior Director of Administration will ensure that all necessary and appropriate criminal background statements are signed at the time of hire and before direct contact with the placed children in the facility. For further oversight purposes, the Senior Director of Administration will complete quarterly file reviews to also ensure that all necessary and appropriate criminal background statements have been signed by personnel and are retained in the file.

The Los Angeles Youth Network appreciates the consideration of the Department to accept this Corrective Action Plan in its entirety. Should you have any questions or concerns, please contact the Senior Director of Compliance directly.

Respectfully,

Mark Supper
Executive Director

President/CEO: Mark Supper
Executive Board: David Cottrell – *Chair* | Russell Allyn – *Vice Chair*
Leslie Kaplan Scott Kay – *Treasurer* |Diana Buckhantz - *Secretary*
Directors: Hope Biller | Ram Cogan |
Teo Martinez | Mark Prior | Donald Polite

1853 Taft Ave. Hollywood, CA 90028 | Ph (323) 467-8466 Fax (323) 488-6400 | www.layn.org