COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

August 17, 2015

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

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **LEROY HAYNES BOYS HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM), conducted a review of Leroy Haynes Boys Home, operated by Leroy Haynes Center for Children and Family Services, in December 2014. Leroy Haynes Boys Home has one site located in the Fifth Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to Leroy Haynes Boys Home's program statement, its purpose is to provide services and care for boys, age 7-21 years old who exhibits behavioral, emotional, and psychological difficulties that require treatment and mental health services. They are also approved to accept Non-Minor Dependents.

Leroy Haynes Boys Home is a 72-bed site and is licensed to serve a capacity of 72 boys, ages 7-21 years old. At the time of review, Leroy Haynes Boys Home served 32 Los Angeles County Probation foster children and 24 DCFS foster children. Based on the sample, the placed children's overall average length of placement was six (6) months and their average age was 16 years old.

Seven (7) children were randomly selected for the child interviews, four (4) Probation and three (3) DCFS. There were four (4) placed children who were prescribed psychotropic medication; of which two (2) were DCFS children. Those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, three (3) Probation and two (2) DCFS, were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Leroy Haynes Boys Home, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Leroy Haynes Boys Home was in compliance with six (6) of the 10 areas of our Contract Compliance Review: "Education and Workforce Readiness"; "Health and Medical Needs"; "Psychotropic Medications"; "Personal Rights and Social/Economic Well-Being"; "Discharge Children"; and Personnel Records.

Although, PPQA/GHM noted deficiencies in four (4) of the 10 areas, there were no egregious findings in any of the areas, and Leroy Haynes made significant improvements from the previous annual review. In the area of "Licensure/Contract Requirements", Leroy Haynes Boys Home needed to make sure all vehicles used for transportation are in free from graffiti and have no ripped upholstery. In the area of "Facility and Environment", Leroy Haynes Boys Home needed to make minor repairs by ensuring that all beds are stable with no loose brackets or bolts, all graffiti is removed from plastic windows and that all food in the facility is dated. In the area of "Maintenance of Required Documentation and Service Delivery", Leroy Haynes Boys Home failed to modify a reachable goal for one resident, and in the area of "Personal Needs/Survival and Economic Well-Being", Leroy Haynes Boys Home needed to ensure that all residents are provided with a Life Book to document and keep memories while at the Group Home.

REVIEW OF REPORT

On March 3, 2014, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with Leroy Haynes Boys Home Sr. Vice President Frank Linebaugh, Program Director Derrick Perry, Director of Operations Jim Taylor, Quality Assurance Coordinator Joy Gahring, Vocational Supervisor Ray Herndon, AM Supervisor John Smith, Unit Manager Sha'ron Elzy, and Child Advocate Anissa Jones. The Leroy Haynes representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Leroy Haynes Boys Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:ed

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Frank Linebaugh, Leroy Haynes Sr. Vice President
Community Care Licensing

LEROY HAYNES BOYS HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

233 West Baseline Road
La Verne, CA 91750
LICENSE NUMBER: 191501972
RATE CLASSIFICATION LEVEL: 12

	Contract Compliance Monitoring Review	**Findings: December 2014**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Full Compliance
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Full Compliance

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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. GH's efforts to provide 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. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

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

LEROY HAYNES BOYS HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Leroy Haynes' compliance with the County contract and State regulations and include a review of the Leroy Haynes' program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, seven (7) placed children were randomly selected for the sample, four (4) Probation and three (3) DCFS. Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of this review, four (4) placed children were prescribed psychotropic medication, of which two (2) were DCFS children. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, of which three (3) were Probation children and two (2) were DCFS children, were reviewed, to assess Leroy Haynes' compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Licensure/Contract Requirements

- An inspection was done of Leroy Haynes Boys Home vehicles that transport residents to and from school, drug therapy, religious services, regular outings, and home passes. One of the vehicles was in need of repair. The vehicle had graffiti and the upholstery was torn and ripped on one seat.

Recommendation

Leroy Haynes Boys Home management shall ensure that:

1. All vehicles used by the Group Home shall be in good working order. The aforementioned deficiencies cited will be corrected and repaired in a timely fashion in order to ensure the safety and security of all residents.

Facility and Environment

An inspection of the interiors and exteriors of Leroy Haynes Boys Home revealed some cosmetic deficiencies that require correction in the common areas and children's bedrooms. Additionally, during the review, there were food items found that were not dated at two of the sites. The following are the itemized deficiencies at each Group Home cottage.

Burton Cottage

- The wall outlet in the bathroom is missing a cover.
- Bed in room #2 needs to be secured.
- Graffiti in room #5 window

Thurbur Cottage

- Graffiti on the windows of room #1 and #2
- Closet and vent loose

Dow Cottage

- Graffiti in room #1
- Broken window in room #2
- Loose desk handle
- Food in kitchen needs to be dated

Wittry Cottage

- Graffiti on bed and desk in room #4
- Food in kitchen needs to be dated

Gatchell Cottage

- Bed in room #4 has loose bed brackets and a loose desk handle
- Graffiti in room #6

Swain Cottage

- Bed in room #4 has loose bed brackets

Recommendation

Leroy Haynes Boys Home management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the Common Areas, that have not been fixed, are to be corrected and repaired in a timely fashion, in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."
2. All of the aforementioned physical deficiencies cited in the Children's Bedrooms, that have not been fixed, are to be corrected and repaired in a timely fashion, in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."
3. There is adequate Perishable and Non-Perishable Foods, with dates of expirations clearly shown on the package.

Maintenance of Required Documentation and Service Delivery

- Of the seven (7) files reviewed, one (1) file had a youth not progressing towards his goal of not cursing and yelling. Youth continuously yelled and cursed at peers and Group Home staff. Youth was not able to control his emotions and had a history of being disrespectful. The outcome goal was not modified in the NSP in order for the youth to achieve this stated goal.

Recommendation

Leroy Haynes Boys Home management shall ensure that:

1. All children are progressing toward meeting their NSP Case Goals, in accordance with Title 22 Regulations, as well as the Master County Contract, and that the aforementioned NSP deficiency is corrected so that the child has an attainable goal.

Personal Need/Survival and Economic Well-Being

- A review of child files and interviews conducted revealed that two (2) of the seven (7) children reported they had no idea what a Life Book was or what goes into a Lifebook. Staff had created a Lifebook for them, but they had not seen the Lifebook. Child #1 and child #5 stated that they have never put any pictures or writings into any type of Life Book. As a result, Leroy Haynes Boys Home was out of compliance with the section under "Encouragement and Assistance with Life Book."

Recommendation

Leroy Haynes Boys Home management shall ensure that:

1. They provide all children with Life Books, explain what goes in a Life Book and encourage the use of their Life Books, in accordance with the Master County Contract, which states that the Provider "shall encourage and assist each Placed Child in creating and updating a life book/photo album of items that relate to their childhood memories."

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated July 11, 2014, identified 11 recommendations.

Results

Based on a follow-up review from the previous year, Leroy Haynes Boys Home fully implemented ten (10) of the eleven (11) previous recommendations for which they were to ensure that:

- All physical deficiencies were corrected in a timely fashion. The back stove burner in the Swain Cottage kitchen is now working properly. The Ombudsman poster was properly hung and chipped paint was properly painted in the Gatchell Cottage. In Burton Cottage, the grievance box was hung properly and the downstairs bathroom had all repairs done. The upstairs restroom in Wittry Cottage had the middle bracket mount on the toilet partition loose and the top bracket was repaired. In Dow Cottage, the upstairs no longer has a slow flowing sink and the graffiti was removed from the bathroom stall. In Thurbur Cottage, the entrance area no longer has two (2) dirty chairs. Also, in Thurbur Cottage, the upstairs restroom's vent has been cleaned and the staff bathroom no longer has wires exposed.

- All NSPs reviewed had obtained signatures of the County Case Worker or Probation Officer.

- All initial and quarterly NSPs reviewed were comprehensive in accordance with Title 22 Regulations, as well as the Master County Contract.

- All medical appointments for children under their care and all proper documentation was maintained in the children's NSP in accordance with Title 22 Regulations.

- All children interviewed stated that they were provided meals that were fair or good and in accordance with Title 22 Regulations.

- All children interviewed stated that they were treated with respect and dignity, in accordance with Title 22 Regulations, which states that children have the right "to be accorded dignity in his or her personal relationships with staff and other persons."

- All children interviewed stated that they were given the opportunity to attend the religious service of their choice.

- All children interviewed stated that they were aware that they are provided adequate medical care and that they also have the right to refuse medical care, in accordance with Title 22 Regulations.
- All documentation of children's clothing allowance was accurate and documented in compliance with the Master County Contract, which states that the Group Home must provide each child with at least $50.00 per month for clothing. Also, all logs indicated the date, the amount of allowance the placed child received, and the placed child's signature upon receipt of allowance.

- All documentation of children's weekly allowance was accurate and documented in compliance of the Master County Contract, which states that each Group Home must provide each child with a weekly allowance. Also, all logs indicated the date, the amount of allowance that the placed child received, and the placed child's signature upon receipt of their allowance.

However, this follow-up review discovered that Leroy Haynes Boys Home failed to fully implement one (1) of the previous 11 recommendations for which they were to ensure that:

- They provide all children with Life Books and encourage the use of Life Books, in accordance with the Master County Contract, which states that the Provider "shall encourage and assist each placed child in creating and updating a life book/photo album of items that relate to childhood memories."

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent fiscal review of Leroy Haynes Boys Home has not been conducted by the Auditor Controller.

HAYNES
FAMILY OF PROGRAMS

Joseph Ninofranco
Deputy Probation Officer II
County of Los Angeles Probation Department
Placement Administrative Services
3965 S. Vermont Ave.
3rd Floor
Los Angeles, CA 90037

March 30, 2015

Dear DPO Ninofranco:

The Agency appreciates the collaborative relationship that has developed with the Probation Department. We appreciated the feedback you provided to us throughout the Group Home Monitoring Process and during your Field Exit Summary. We have used your feedback to develop and implement improvements to our program.

The Corrective Action Plan you requested is attached.

Please contact me if you have any questions about the Corrective Action Plan.

Sincerely,

Derrick Perry
Residential Program Director
233 W. Baseline Road
La Verne, CA 91750
dperry@leroyhaynes.org
(909) 593-2581 ext. 290
(909) 596-3567

Leroy Haynes Center
Leroy Boys Home
233 W. Baseline Road
La Verne, CA 91750
License Number: 191501972
Los Angeles County Probation Department
Group Home Monitoring Review
Corrective Action Plan
March 30, 2015

The Agency appreciates the collaborative relationship that has been developed with the Probation Department and continues to welcome the feedback provided as part of the Group Home Monitoring Review Process

The following Corrective Action Plans (CAP's) requested on the Probation Group Home Monitoring Review Field Exit Summary dated March 3, 2015 have been developed and implemented.

I. **Area of Review: Licensure/Contract Requirements**

There were no deficiencies in the eight of nine areas reviewed.

Finding:

Van 64 was not maintained in good repair. Van 64 was noted to have graffiti and ripped upholstery

Corrective Action Plan Finding 1:

Please reference Exhibit A for Proof of Correction

All drivers will check the interior and exterior of all vehicles before and after each use. All damage will be reported immediately to the Maintenance to ensure timely repair of damage.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director
Jim Taylor, Director of Operations

II. **Area of Review: Facility and Environment**

There were no deficiencies in four of the six areas reviewed.

Findings:

1. An inspection of the common areas to the interior of all seven (7) living cottages revealed that there were some physical deficiencies that required correction. Following are the itemized deficiencies found in the Group Home:

Burton Cottage

- Bathroom outlet cover is missing
- Bed in room 2 needs to be secured
- Room 5 graffiti on Plexiglas

Dow Cottage

- Graffiti in room 1
- Broken window in room 2
- Loose desk handle
- Food not dated

Gatchell Cottage

- Room 4 bed has loose bed brackets
- Room 6 has graffiti on bed
- Room 4 desk handle is loose

Swain Cottage

- Room 4 bed has loose bed brackets

Thurber Cottage

- Graffiti in rooms 1 and 2
- Closet and vent loose

Wittry Cottage

- Food not dated
- Graffiti on bed and desk in room 4

Corrective Action Plan Finding 1:

Agency Unit Managers will continue to ensure that a daily walkthrough of their cottage is conducted. They will ensure that cottage cleanliness is maintained and that necessary repairs are included on the Maintenance Log. The assigned Maintenance person for each cottage will ensure that repairs are made in a timely fashion. The Agency Unit Manager will notify the Maintenance Supervisor when repairs are not made in a timely fashion.

Unit Managers will ensure that all food products are checked daily to ensure that all food is properly labeled.

Please reference Exhibit B for Proof of Correction for all Facility and Environment Findings.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director
Jim Taylor, Director of Operations

III. Area of Review: Maintenance of Required Documentation and Service Delivery

There were no deficiencies in 9 of the ten areas reviewed.

Finding 1:

One youth was not making progress towards a goal to reduce yelling and cursing.

Corrective Action Plan Finding 1:

The Agency determined that goals created by the Therapists were created to be achieved within a 6-12 month period, which is a requirement of the Department of Mental Health. The Therapists were not creating goals that could be achieved within a 3 month period, which is the reporting period for the Updated Needs and Services Plan/Quarterly Report.

The QA Coordinator provided a Needs and Services Plan training to Agency Therapist with a focus on creating goals that are achievable within a 3 month period.

Please reference Exhibit C for a copy of the NSP PowerPoint Presentation and Needs and Services Plan training roster.

This plan has been implemented

Person Responsible for implementation: Derrick Perry, Program Director

IV. **Area of Review: Education and Workforce Readiness**

There were no deficiencies in the 5 areas reviewed.

V. **Area of Review: Health and Medical Needs**

There were no deficiencies in the four areas reviewed.

VI. Psychotropic Medication

There were no deficiencies in the two areas reviewed.

VII. **Area of Review: Personal Rights and Social/Emotional Well Being**

There were no deficiencies in the thirteen areas reviewed.

VIII. **Area of Review: Personal Needs/Survival and Economic Well Being**

There were no deficiencies in six of the seven areas reviewed.

Two youth reported they did not have access to their Lifebook's.

Corrective Action Plan Finding 1:

Lifebook's were being stored in the staff offices so youth could not damage them. In addition, staff were adding items to the Lifebook's of youth who did not want to work on their Lifebook's.

All Lifebook's have been returned to youth. In addition, the Agency will continue to issue Lifebook's to all youth, even if they indicate they do not want to work on them. All youth will be encouraged to participate in Lifebook Groups that are conducted bi-weekly by the Independent Living Skills/Vocational Department. The youth will be provided photos and craft materials. If needed, staff will assist them in creating/updating their Lifebook's. Attendance at these groups will be recorded and reported on each youth's Needs and Services Plan. In addition,

youth's refusal to attend Lifebook groups will also be recorded on the youth's Needs and Services plan.

This plan has been implemented

Person Responsible for implementation: Derrick Perry, Program Director

IX. **Area of Review: Discharged Children**

There were no deficiencies in the three areas reviewed.

X. **Area of Review: Personnel Records**

There were no deficiencies in the 7 areas reviewed.

Respectfully Submitted,

Derrick Perry
Residential Program Director