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

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June 21, 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

MARY'S SHELTER GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Mary's Shelter Group Home (the Group Home) in January 2016. The Group Home has two sites located in Orange County and provides services to the County of Los Angeles DCFS placed children and children from other counties. According to the Group Home's Program Statement, its stated purpose is "to provide services to pregnant teenagers."

At the time of the review, the Group Home served 13 placed DCFS children. The Group Home has one 12-bed site and one 18-bed site and is licensed to serve a capacity of 18 pregnant or parenting female children, ages 12 through 17, Non-Minor Dependents and 12 infants, ages 0 to 24 months. The placed children's average length of placement was eight months and their average age was 17.

SUMMARY

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 8 of 10 areas of CAD's Contract Compliance Review: Licensure/Contract Requirements; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being, Discharged Children, and Personnel Records.

CAD noted deficiencies in the areas of: Facility and Environment, related to a common area not being well maintained; and Health and Medical Needs, related to Initial dental examinations not being conducted timely.

Attached are the details of CAD's review.

REVIEW OF REPORT

On March 8, 2016, Patricia Kirkpatrick, DCFS CAD and Jui-Ling Ho, DCFS Out-of-Home Care Management Division (OHCMD), held an exit conference with the Group Home representative, Clete Menke, Program Director. The Group Home's representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and agreed to address 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 Compliance report. On March 8, 2016, OHCMD provided technical assistance to the Group Home to assist with implementing their CAP.

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

PLB:KR:LTI:pk

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
Barbara Nelson, Executive Director, Mary's Shelter
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Leonora Scott, Regional Manager, Community Care Licensing Division

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

Rate Classification Level 12
License No. 306000793

Rate Classification Level 12
License No. 300613291

	Contract Compliance Review	Findings: January 2016
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. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. DCFS Children's Social Worker's (CSW'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 Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with the Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with the Child's Participation	Full Compliance (All)

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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
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 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 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)	Full Compliance (All)

	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 or 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. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), Child Abuse Central Index (CACI) Submitted Timely 2. Timely Completed Criminal Background Statement 3. Education/Experience Requirement 4. Employee Health Screening/Tuberculosis (TB) Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

MARY'S SHELTER 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 January 2016 review. The purpose of this review was to assess Mary's Shelter 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 the review, six placed children were prescribed psychotropic medication. Two case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed five 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 two areas out of compliance:

Facility and Environment

- Common area was not well maintained.

The living room in Group Home Site #1 had couches that were soiled and worn.

During the exit conference, the Group Home representative stated that new couches would be purchased to replace the soiled and worn couches. On March 23, 2016, the Group Home

representative provided an order confirmation showing that new couches were ordered and would be delivered in a few weeks.

Recommendation:

The Group Home's management shall ensure that:

1. Common areas are well maintained.

Health and Medical Needs

- Initial dental examinations were not conducted timely.

Two children's Initial dental examinations were not conducted within the required timeframe.

Recommendation:

The Group Home's management shall ensure that:

2. Initial dental examinations are conducted timely.

PRIOR YEAR FOLLOW-UP FROM THE DEPARTMENT OF CHILDREN FAMILY SERVICES (DCFS) CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated December 10, 2015, identified five recommendations.

Results:

Based on CAD's follow-up, the Group Home implemented 4 of 5 recommendations for which they were to ensure that:

- All Special Incident Reports (SIRs) are timely submitted into I-Track database and appropriately cross-reported.
- DCFS Children's Social Worker's (CSW's) monthly contacts are documented.
- Criminal background statements are signed timely.
- Employees receive timely health screenings/TB clearances.

The Group Home did not implement 1 of 5 recommendations for which they were to ensure that:

- Common areas are well maintained.

Recommendation:

3. The outstanding recommendation from the prior report noted in this report as recommendation Number 1, is fully implemented.

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

March 23, 2016

Patricia Kirkpatrick, Children's Services Administrator I
Contracts Administration Division - Contract Compliance
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: CORRECTIVE ACTION PLAN

Dear Patricia,

This Corrective Action Plan is in response to the Group Home Monitoring Review conducted at Mary's Shelter, the findings of which were documented in the Group Home Monitoring Review Field Exit Summary dated 03/08/2016.

1. Facility and Environment

   The review indicated that "The couches in the living room of House #1 need to be replaced. They are soiled and worn."

   Plan of Correction

   New couches have been purchased for House #1. A copy of the receipt for those purchases is attached.

2. Health and Medical Needs

   The review found that "Two children's initial dental exams were completed six days past the required timeframe."

   Plan of Correction

   Upon reviewing these findings, it was learned that the dental appointments were not completed in a timely manner due to challenges getting appointments at our primary dental care provider. Therefore, Mary's Shelter has identified two additional dental clinics that will be used when getting an appointment within the required timeframe becomes a challenge. Those clinics are:

   Kids Dental Planet
   711 W. 17th Street
   Santa Ana, CA

   Lollipop Dental
   1041 E. Yorba Linda Avenue
   Placentia, CA

Thank you for your department's review of Mary's Shelter. If you have any questions about this Plan of Correction, I am most easily reached at (714) 721-0501.

Sincerely,

Clete Menke
Program Director
Mary's Shelter
P.O. Box 10433
Santa Ana, CA 92711-0433