County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 24, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

ST. ANNE'S MATERNITY GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of St. Anne's Maternity Group Home (the Group Home) in November 2014. The Group Home has one site located in the First Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation placed youth. According to the Group Home's program statement, its stated purpose is "to provide services to at-risk and pregnant or parenting young mothers and their children up to three years of age."

The Group Home maintains a 32-bed site and is licensed to serve a capacity of 32 girls, ages 11 through 19. At the time of review, the Group Home served 26 DCFS placed children and three Probation placed youth. The children's overall average length of placement was seven months and their average age was 16.

SUMMARY

During CAD's review, the Group Home was in full compliance with 8 of 10 areas of our contract compliance review: Licensure/Contract Requirements, Facility and Environment, Educational 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: Maintenance of Required Documentation and Service Delivery, related to four updated Needs and Services Plan (NSPs) not being comprehensive and timely; Health and Medical Needs, related to one child's follow-up medical examination not being conducted timely.

Attached are the details of CAD's review.

REVIEW OF REPORT

On February 4, 2015, Tony Curry, DCFS CAD, held an Exit Conference with Group Home representatives Tony Walker, Group Home President/Chief Executive Officer; Sharon Spira-Cushnir, Group Home Chief Operations Officer; Lauri Collier, Director of Housing; Carlos Tobar, Quality Assurance Director and Maryam Sesay, Residential Treatment Program Manager. DCFS staff included Donald Luther, Out-of-Home Care Management Division (OHCMD).

The Group Home's representatives agreed with the review findings and recommendations, were receptive to implementing systemic changes to improve compliance with regulatory standards and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this report. On May 4, 2015, CAD verified implementation of the CAP addressing the recommendations noted in this report and OHCMD has continued to provide ongoing technical assistance.

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

PLB:EM:LTI:tc

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Tony Walker, President and Chief Executive Officer, St. Anne's Maternity Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Leonora Scott, Regional Manager, Community Care Licensing Division

ST. ANNE'S MATERNITY GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 191802087
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: Nov. 2014
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 Foods	Full Compliance (All)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County 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. County 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 10. Development of Timely, Comprehensive, Updated 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. Full Compliance 10. Improvement Needed

IV	**Education 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed
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 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 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 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 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. 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)

ST. ANNE'S MATERNITY GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the November 2014 review. The purpose of this review was to assess St. Anne's Maternity 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 monitoring review covered the following ten 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, and
- Personnel Records.

For the purpose of this review, six Department of Children Family Services (DCFS) placed children and one Probation placed youth were selected. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two of the sampled children were prescribed psychotropic medication. The case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five Group Home staff files for compliance with Title 22 regulations and County contract requirements and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following two areas out of compliance:

Maintenance of Required Documentation and Service Delivery

- Timely, comprehensive updated Needs and Services Plans (NSPs) with child's participation were not developed.

Four of the children's updated NSPs included pre-printed dates on the signature page. The timeliness of the children's agreement with the NSPs could not be accurately verified with the pre-printed signature dates.

At the Exit Conference, the Group Home representatives agreed that the children's signature on the NSP needs to include the written date and stated that the signature page of all the NSPs will no longer include pre-printed dates. The Group Home representative stated that changes would be made to the four updated NSPs and that they would be re-submitted to the children and to the Children Social Worker (CSW) to sign, date, and return.

On May 4, 2015, CAD conducted a follow-up visit to ensure the Group Home's implementation of the corrective actions. CAD confirmed the four children's case files had proper signature dates on updated NSPs.

Recommendation:

The Group Home's management shall ensure that:

1. Timely, comprehensive, updated NSPs with the child's participation are developed.

Health and Medical Needs

- Follow-up medical examination not conducted timely.

One of the children's case files did not include any proper documentation of timely follow-up medical examinations.

During the Exit Conference, the Group Home representatives acknowledged that the child had missed or refused several follow-up medical appointments and that the Group Home had been re-scheduling dates and encouraging the child to attend.

On March 16, 2015, CAD conducted a follow-up visit and reviewed case files to verify that the child had attended the scheduled follow-up medical appointments.

Recommendation:

The Group Home's management shall ensure that:

2. Required follow-up medical examinations are conducted timely.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD'S) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated January 29, 2014, identified ten recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 9 of 10 recommendations for which they were to ensure:

- All vehicles in which children are transported are maintained in good condition.

- Special Incident Reports are cross-reported to all required parties via I-Track, in a timely manner.
- The Group Home is in compliance with Title 22 regulations and County contract requirements.
- The Group Home staff obtain, or document efforts to timely obtain, the DCFS CSW's or Deputy Probation Officer's (DPOs) authorization to implement the NSP.
- Monthly contacts with CSWs and DPOs are appropriately documented.
- Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.
- All children receive a sufficient amount of quality food and nutritious meals.
- All employees receive timely health screenings and TB clearances.
- The outstanding recommendations from the 2012-2013 monitoring report dated August 3, 2013, are fully implemented.

The Group Home did not implement one recommendation for which they were to ensure that:

- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Recommendation:

The Group Home's management shall ensure that:

3. The outstanding recommendation from the monitoring report dated January 29, 2014, which is noted in this report as recommendation 1 is fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 regulations and contract requirements. The Group Home made significant improvement in addressing the deficiencies noted the previous year. During the Exit Conference, the Group Home representatives reaffirmed their commitment to make the necessary changes to ensure greater compliance. On March 16, 2015, and May 4, 2015, CAD conducted follow-up visits and verified that all three of the recommendations noted in this report have been implemented. CAD will continue to assess implementation of the recommendations during our next review. OHCMD will provide ongoing support and technical assistance prior to the next review.

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St Anne's

Brighter futures for at-risk pregnant young women, mothers and children

March 24, 2015

Anthony Curry
Children's Services Administrator I
County of Los Angeles
Department of Children and Family Services
Contract Compliance Section
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: Corrective Action Plan for Group Home Monitoring Review
Site Visit Date: November 24, 2014
CAP Due Date: March 24, 2015

Dear Mr. Antony Curry:

The St. Anne's Residential Treatment Program is dedicated to providing the best services available to our residents. Your collaboration and input is helpful in making this possible for our residents. The following items were recommended and will be rectified through the plans related below.

I. LICENSURE/CONTRACT REQUIREMENT

No findings noted in this area during this review

I. FACILITY AND ENVIRONMENT

No findings noted in this area during this review

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #24

Finding: Needs and Services Plans (NSPs) for residents Sabrina C., Chelsy R., Alisse R., and Carla C., had pre-printed dates on the signature page.

Corrective Action Plan:

a) The Education Case Liaison (ECL) will e-mail, fax or mail the NSP to Department of Children and Family Social Worker (DCFS) County Social Worker (CSW) or Department of Probation Officer (DPO) at least five days prior to the due date of each NSP. A copy of the NSP will be provided to the resident.
b) If the DCFS CSW/DPO or resident has any concerns or requests changes to the NSP, the ECL will make the changes and the NSP will be re-submitted to the CSW or DPO for authorization.
c) If no changes are necessary, the ECL will request that the DCFS CSW/DPO and resident to sign and date the signature page of the NSP

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and return it via fax or mail. The ECL will document all efforts made to obtain the DCFS CSW's of DPO's authorization to implement NSP's.

d) The signature page of the NSP will no longer include pre-printed date, which will allow for the resident and parties responsible to sign and date the NSP.

Implementation Date:	03/24/15 and Ongoing
Person Responsible:	Residential Treatment Program Director Residential Program Assistant Directors Education Case Liaisons
Quality Assurance:	Quality Assurance Director

IV. EDUCATION AND WORKFORCE READINESS

No findings noted in this area during this review.

V. HEALTH AND MEDICAL NEEDS

Element #31

Finding: No follow up medical examinations for resident Desiree R.

Corrective Action Plan:

On 03/16/15, Mr. Anthony Curry was provided with supporting documents to show that resident Desiree R., attended follow up schedule appointments while at St. Anne's. Please see attached documents for Desiree's follow up medical appointments.

VI. PSYCHOTROPIC MEDICATION

No findings noted in this area during this review.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

No findings noted in this area during this review.

VIII. PERSONAL NEEDS/SIRVOVAL AND ECONOMIC WELL-BEING

No Findings noted in this area during this review.

IX. DISCHARGED CHILDREN

No Finding noted in this area during this review.

X. PERSONNEL RECORDS

No Finding noted in this area during this review.

If you have any questions, please don't hesitate to contact me directly at (213) 381-2931 ext. 264 or Carlos Tobar, Quality Assurance Director at ext. 500.

Sincerely,

Maryam Sesay, MSHA
Residential Treatment Program Director

cc: Tony Walker, President and Chief Executive Officer
Sharon Spira-Cushnir, Chief Operating Officer
Lauri Collier, Senior Director of Residential Programs & Support Services
Carlos Tobar, Quality Assurance Director