PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 27, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

MARY'S SHELTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Mary's Shelter Group Home (Mary's Shelter) in August 2011, at which time they had one six-bed site and one 12-bed site with 18 female DCFS placed children.

Both Mary's Shelter sites are located in Orange County and provide services to Los Angeles County DCFS foster children. According to their program statement, Mary's Shelter's stated goal is "to provide services to pregnant teenagers." Mary's Shelter is licensed to serve a capacity of 18 females, ages 12 through 18.

For the purpose of this review, five placed children were interviewed, and their case files were reviewed. The placed children's overall average length of placement was two months, and the average age was 17. Three discharged children's case files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Two children were prescribed psychotropic medication. We reviewed their case files to assess the timeliness of psychotropic medication authorizations (PMAs) and to confirm documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Mary's Shelter's compliance with the County contract and State regulations. The visit included a review of Mary's Shelter's program statement, administrative internal policies and procedures, five children's case files, and a random sampling of personnel files. A visit was made to the sites to assess the quality of care and supervision provided to the children, and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

Generally, the children interviewed reported feeling safe at Mary's Shelter. They were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity.

Through our review we determined that NSPs were not comprehensive. Three of five initial NSPs and none of the 27 updated NSPs reviewed were comprehensive or met all the required elements in accordance with the NSP template.

Mary's Shelter was receptive to implementing systemic changes to improve compliance with State regulations and the County contract. The Administrator stated that she understood the findings of the review and would develop a Corrective Action Plan (CAP) to address the deficiencies.

NOTABLE FINDING

The following is the notable finding of our review:

- NSPs were not comprehensive. Three of five initial NSPs and none of the 27 updated NSPs reviewed were comprehensive or met all the required elements in accordance with the NSP template. The Administrator planned to arrange for additional staff training to ensure future NSPs were comprehensive. Mary's Shelter's representatives also attended the NSP training conducted by the OHCMD in January 2012.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held September 20, 2011:

In attendance:

Barbara Nelson, Executive Director; Mary Kerr, Program Director; Sandy Ta, Program Coordinator; Brittney Natalo, Social Worker; Liz Mojica, Social Worker, Mary's Shelter Group Home; and Edward Preer, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations. She was open to suggestions to ensure future compliance and agreed to make the necessary corrections.

Mary's Shelter provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of recommendations during our next monitoring review.

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

PLB:RS:KR:
EAH:PBG:ep

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Barbara Nelson, Executive Director, Mary's Shelter Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

Main House
18221 E. 17th Street
Santa Ana, CA 92705
License Number: 306000793
Rate Classification Level: 12

Transition House
18241 E. 17th Street
Santa Ana, CA 92705
License Number: 300613291
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: August 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. Special Incident Reports 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement Needs and Services Plans (NSPs) 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. Group Home Encourage Children's Participation in Youth Development Services	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams 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** (15 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VIII	**Personal Needs/Survival and Economic Well-being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)

IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. Child Abuse Central Index's Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

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The following report is based on a "point in time" monitoring visit and addresses findings noted during the August 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of five children's files, three staff files and/or documentation from the provider, Mary's Shelter was in full compliance with nine of 10 sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; 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. The following report details the results of our review.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's files and/or documentation from the provider, Mary's Shelter fully complied with 11 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We found that the initial and updated NSPs were not comprehensive. Some goals in the initial and updated NSPs were not correctly identified, and some of the goal elements were confusing. One NSP did not document the child's and Mary's Shelter's staff participation in school-related activities, and one goal was unrealistic. The Administrator planned to arrange additional staff training to ensure future NSPs were comprehensive. Mary's Shelter representatives also attended the NSP training conducted by the OHCMD in January 2012.

Recommendations:

Mary's Shelter management shall ensure:

1. The treatment team develops comprehensive initial NSPs and addresses all the required elements in accordance with the NSP template.

2. The treatment team develops comprehensive updated NSPs and addresses all the required elements in accordance with the NSP template.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued May 20, 2010.

Results

The OHCMD's prior monitoring report contained three outstanding recommendations. Specifically, Mary's' Shelter was to ensure that initial and updated NSPs were comprehensive and addressed all the required elements in accordance with the NSP template and that group home sites were maintained in good repair, in accordance with Title 22 Regulations. Based on our follow-up of the recommendations, Mary's Shelter fully implemented one of the recommendations.

Recommendation:

Mary's Shelter management shall ensure:

3. Full implementation of the outstanding recommendations from the 2010 monitoring report, which are noted in this report as recommendations 1 and 2.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Mary's Shelter has not been posted by the A-C.

November 2, 2011

Out of Home Care Management Division
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(626) 569-6844

Attention: Edward Preer

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EIN# 33-0203768

RE: CORRECTIVE ACTION PLAN

We are providing the Out of Home Care Management Division (OHCMD) with a Corrective Action Plan (CAP) as requested on the monitoring of our facilities for the period June 15, 2010 to September 20, 2011.

Final Monitoring Review Field Exit Summary September 20, 2011:

III Maintenance of Required Documentation and Services Delivery

22/28 Did the treatment team develop comprehensive initial and updated Needs and Services Plans (NSP) with the children.

Findings: The treatment team did not develop comprehensive initial and updated Needs and Services Plans (NSP) with the children.

1) [redacted] NSPs did not document the child's and group homes participation in school-related activities.
2) Goal # nine is un-realistic: [redacted] will attend school 5 days per week 100% of the time.
3) Goal #1 and 2 should be combined: [redacted] wishes to placed with foster mother and [redacted] son needs Regional Center Assessment
4) Goals #10 is a behavioral goal: refrain from talking

CAP:

1) *The group home will document the Child and GH participation in school-related activities on the NSPs.*
2) *The group home will provide realist goal the child can achieve within the 30 and 90 day time frame of the NSP.*
3) *Emancipation plan and child's services to be combined*
4) *Educational goal to focus on academic progress; refrain from talking behavioral goal*

IN ADDITION

- *Facility Social Workers, [redacted] and [redacted] will attend L.A. County NSP training.*
- *The Facility Social Workers will provide a copy of the next NSP for review by monitor prior to submission to ensure standards are met.*
- *The Lead Social Worker, [redacted] will review NSPs prior to submission to ensure standards are met.*

IV Education and Workforce Readiness

29 Was the child enrolled in school within three days of after placement or did the GH document efforts.

FINDINGS: The GH did not adequately document the child's education and workforce readiness.

1) The GH did not enroll the child in school within three days of placement.

CAP:

1) *The group home will use the official school district enrollment form to document the child was enrolled in school within three days of placement.*
2) *The group home will have the school document on the official school district enrollment form why they will not accept the child.*

Sincerely,

M Kerr, MSW

Mary Kerr MSW,
Program Director Group Home Administrator
October 26, 2011