



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

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December 24, 2020

To: Supervisor Hilda L. Solis, Chair
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From: *Cynthia McRay Miller for*
Bobby D. Cagle
Director

**ST. ANNE'S MATERNITY HOME
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the St. Anne's Maternity Home Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in June 2020. The Contractor has one licensed site located in the First Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 3
PRIORITY 3 1

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

"To Enrich Lives Through Effective and Caring Service"

The Contractor was in full compliance with 4 of 10 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Engagement and Teamwork; Permanency and Transition Services; and Health and Medical Needs.

For the purpose of this review, five DCFS placed children and two Dual supervision foster youth were selected for the sample. CAD reviewed the files of the seven selected children and telephonically interviewed three children to assess the level of care and services they received. An additional three discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff. To assess the quality of care and supervision provided to the placed children and foster youth, DCFS conducted virtual site visits.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - There was no documentation that the vehicles used to transport children were maintained in good repair; and
 - Three vehicles were not made available for the walk-through inspection by CAD Compliance.
- Personal Needs/Survival and Economic Well-Being
 - Children reported not receiving enough food and not liking the food choices.
- Personnel Files
 - There was no documentation of completion of the Megan's Law checks until the day after this Compliance Review Entrance Conference.

Priority 2

- Education and Independent Living Program Services
 - Children were not enrolled in school immediately;
- Personal Rights and Social/Emotional Well-Being
 - Children reported that the consequences for not following rules were not fair.

- Personnel Files
 - Multiple staff did not receive the required initial training and orientation within the first year of employment.

Priority 3

- Needs and Services Plans (NSPs)
 - NSPs were not signed by the DCFS Children's Social Worker/Deputy Probation Officer

On August 13, 2020, DCFS CAD Children Services Administrator I and II, and DCFS Out-of-Home Care Management Division Quality Assurance Specialist held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted deficiencies in this compliance report.

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

BDC:KDR
LTI:tc

Attachments

c: Fesia Davenport, Acting Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Lorna Little, Chief Executive Officer, St. Anne's Maternity Home
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



St Anne's

Thriving families. Brighter futures.

September 22, 2020

Joanne Orquiola
Children Services Administrator
Department of Children & Family Services
Contract Compliance Section
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: DCFS STRTP Contract Compliance Monitoring Review
Corrective Action Plan Addendum – Contract Number 19-05-11

Dear Ms. Orquiola:

The St. Anne's Short-Term Residential Therapeutic Program (STRTP) is dedicated to positive outcomes for all youth we serve. Your collaboration and effort is integral in making this possible. In an effort to best reflect these efforts we would like to submit a corrective action plan in response to recent findings shared during the 8/13/20 exit conference:

I. Facility and Environment

- a. #6 – Vehicles used to transport children are maintained in good repair
1. 6.3 Finding: No regular inspections by a certified mechanic.
2. 6.4-18 Finding – On 7/21/20 conducted virtual reviews and walk-throughs of 4 out of 7 vehicles on file. Per agency reports, Vehicles #4 and #5 were getting serviced at the mechanics at the time of the virtual walk-through. Vehicle #7 was off site and not available at the time of the virtual walk-through.
b. Finding Explanation: St. Anne's fleet vans are regularly inspected by the Facilities personnel. Vans are regularly serviced and maintained by a certified mechanic. Due to turnover of two leadership roles in the Facilities Department, the documentation of services and vehicle maintenance had not been centralized.
c. Corrective Action
Although our practice has been to consistently conduct and document vehicle inspections at a minimum three times per week, the following additional measures will be taken:
1. Hereafter, every fleet van will have its own binder with a label indicating its vehicle number, make, model and VIN number. The binder will contain the following:
2. Copies of the weekly vehicle inspections log (the inspections performed on each weekday).
3. Log sheet of every service performed including date, mileage and next scheduled service date.

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Lorna Little, MSW



4. Log sheet of "out of service" dates per vehicle. Log sheet will indicate the dates a specific vehicle is out of service and the reason it was out of service.
5. All services and repair work will be completed by a certified mechanic.
6. Documentation will be stored in aforementioned binders.

Implementation Date: October 1st, 2020
Staff Responsible: Facilities Director/STRTP Assistant Director
Quality Assurance: STRTP Program Director will ensure full implementation of internal review findings. Quality Assurance and Quality Improvement staff will ensure full implementation of internal review findings through quarterly review/submission of vehicle maintenance logs.

II. Needs and Service Plans

- a. #16 - The NSP's were not completed accurately and on-time.
 1. 16.5 - The CSW/DPO signed the NSPs.
 2. Findings: Youth's NSPs dated 1/24/20, 3/15/20 missing DPO signature, only one documented attempt to obtain signature. NSPs dated 5/20/19, 2/20/20 missing CSW signature, only one documented attempt to obtain signature. NSPs dated 9/25/19, 11/25/19, 1/25/20, 2/25/20 missing CSW signature, only one documented attempt to obtain signature. NSPs dated 2/5/20, 4/5/20 missing CSW signature, only one documented attempt to obtain signature.
- b. **Corrective Action**
 1. As has been our practice, we will continue to invite CSW and/or DPO to Child and Family Teaming and NSP planning/development meetings by St. Anne's STRTP team. If the CSW or DPO are not present at the NSP planning/development meeting, the reason why they were not present and how their input was obtained and incorporated into the NSP will be documented and attached to the NSP by the respective case manager/therapist.
 2. A copy of the completed NSP will be submitted to the CSW or DPO for signature and approval via encrypted email by the due date. (This will count as the first email attempt/request.)
 3. An additional 5 days will be allotted to obtain the CSW/DPO's authorization signature to implement. (i.e. 35th day for Initial NSPs and 95th day for Updated NSPs).
 4. At least three email attempts will be made to obtain the CSW or DPO's signature. Case Manager/therapists will follow an escalation process to supervisors on three different days and times as listed below:
 - a. Initial signature request is sent via email with the NSP attached to the CSW/DPO.

- b. Second signature request is sent via email with the NSP attached to the CSW/DPO with a CC to the SCSW or Supervisor and includes the details of the initial attempt.
 - c. Third attempt is sent via email with the NSP attached to the CSW/DPO with a CC to the SCSW/Supervisor and ARA/Director and includes the details of the initial and 2nd attempt/requests.
 5. Case Management team will be retrained on NSP requirement by STRTP Program Director.

Implementation Date: September 15, 2020

Staff Responsible: STRTP Assistant Director; Case Managers; Therapists

Quality Assurance: Quality Assurance staff will ensure full implementation of internal review findings.

III. Education and Independent Living Program Services

- a. #27 – Children are enrolled in school immediately upon placement
 - a. Youth was placed on 1/8/20 and enrolled in school on 2/14/20. Youth was placed on 1/15/20 and enrolled in school on 2/13/20.
- b. **Corrective Action Plan**
 1. Intake Coordinator will complete school enrollment immediately upon placement.
 2. Intake Coordinator will continue to request school related information from placement CSW/DPO during the intake interview and initiate school enrollment process.
 3. Any barriers will be discussed with placement CSW/DPO within 72 hours of placement during the initial Treatment Team Meeting and documented in youth's Needs and Services Plan.

Implementation Date: July, 2020

Staff Responsible: Intake Coordinator/STRTP Assistant Director

Quality Assurance: Intake Coordinator, STRTP Assistant Director, Quality Assurance staff will ensure full implementation of internal review findings.

IV. Personal Rights and Social/Emotional Well-being

- a. #39 - Resident stated they do not feel like the rules are fair.
 1. Resident stated "giving out holds is not fair. It doesn't stop anything." Resident clarified that the reason for not thinking the rules were fair was due to believing the consequences did not have an impact on her behavior and she didn't like to face consequences.
- b. **Corrective Action**

Although the resident responded to this question by indicating that our practice of issuing Safety Holds does not deter unsafe behaviors, we will continue our practice of ensuring

our guidelines and expectations are trauma-informed and align with county and licensing standards. With that said, we will integrate the following:

1. As an ongoing approach to treatment, a Safety Hold Form is completed with the youth if the youth demonstrates a behavior that is deemed unsafe or unhealthy. Staff members will discuss this concern, and the youth will be given an opportunity to come up with up to three new treatment objectives for the staff member and resident to focus on during a minimum of 24 hours.
2. Quarterly town hall meetings will be held in addition to monthly Resident Council meetings to discuss Safety Holds, treatment plans and receive suggestions from youth on ways to reduce unsafe/negative behaviors and work toward achieving treatment/transition goals.
3. New approach will be applied to Safety Holds:
 - a. Youth who do not receive any Safety Hold contracts for a week – meaning they did not engage in any unsafe or unhealthy behaviors, will enter a raffle and win a prize or an experience.

Implementation Date: August, 2020

Staff Responsible: STRTP Assistant Directors, Activities Coordinator, Milieu Managers

Quality Assurance: Quality Assurance/Quality Improvement staff will assess residents' engagement/involvement/program feedback through quarterly surveys and will assess the use of Safety Hold Forms through ongoing monthly chart reviews.

V. Personal Needs/Survival and Economic Well-being

- a. #70 – Children report being provided with enough food
 1. Youth stated she did not get enough food. "The food here is disgusting so no. It's just not good." Youth also stated that the food was not good.

b. **Corrective Action**

Our program has consistently worked to ensure we are providing adequate, nutritious, tasty, and culturally-diverse food. Although the statement made was related to food preference as opposed to adequate food being provided, we will take the following additional measures:

1. In order to create a more home-like environment for youth, a "Community Pantry" is created in the STRTP kitchen where basic kitchen staples such as fruit, vegetables, grains and protein are stored. Residents are able to sign up to cook in the kitchen if they do not like what is offered on the Cafeteria menu.
2. Leftover food from hot meals served in the cafeteria will be saved as another back-up option for dinner.
3. The Community Pantry will be stocked with fruit and other appropriate snack options for residents and their children.
4. The residents will be regularly surveyed by the Activities team and Program Assistants to see what items residents would like present in the pantry.

5. Residents will also be surveyed at intake to assess food preferences. This information will be used to expand Cafeteria menu.
6. On August 12th 2020, St. Anne's completed training on the following:
 - a. Meal options.
 - b. Exploring and encouraging healthy food options.
7. To increase resident's knowledge and practice in preparing food and general life skills development, staff host weekend cooking classes. Residents sign up to cook a recipe of their choice with staff. Additionally, residents can request one-on-one cooking classes with Child and Family Specialists to cook a special meal of their choice.
8. Your Choice Thursdays will serve as a day for residents to choose what is served for dinner on Thursdays. Circles will be rotating and voting on dinner options.
9. Youth also participate in cooking classes with St. Anne's Cafeteria chefs to learn more about food preparation and nutrition.

Implementation Date: August, 2020

Staff Responsible: Assistant Directors, Milieu Managers, Activities Team, Food Services Director and STRTP Program Director

Quality Assurance: Quality Improvement will adapt the quarterly food survey to regularly assess

VI. Personnel Files

- a. #80.2 – Personnel received criminal clearance from CCLD prior to hire date
- b. No- Megan's Law check for staff 1-5 were all conducted during the review. The date on all of the Megan's Law clearances provide to CAD was 5/27/20. None provided were prior to hire date. SOW listed Megan's Law Clearances as part of criminal background check and specifies it should be completed prior to hire date.
- c. Finding Explanation: Due to staff transitions in HR leadership, this expected additional clearance check was not communicated to newer staff which caused relevant staff to be unaware of this requirement.
- d. **Corrective Action**

Our agency conducts thorough criminal background checks for all employees prior to hiring through live scan fingerprinting — this process includes the California Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and also the Child Abuse Central Index. As has always been our policy, an individual cannot begin employment with St. Anne's until they have cleared their background check and been cleared by the California Department of Social Services (CDSS) – Community Care Licensing Division (CCLD). Moving forward, we will take the additional measures:

 1. Human Resources Generalists will conduct Megan's Law checks during pre-hire background clearance process. Staff will not be able to start employment unless they pass all required background clearances.
 2. STRTP Assistant Directors will receive monthly updates of staff clearance and readiness to start employment.

Implementation Date: July, 2020
Staff Responsible: HR Department, STRTP Assistant Directors
Quality Assurance: Quality Assurance staff will ensure full implementation of internal review findings. In addition, QA/QI staff will review all changes to SOW/Interim Licensing guidelines and ensure necessary updates are being made to policies and procedures.

VII. CSEC Training

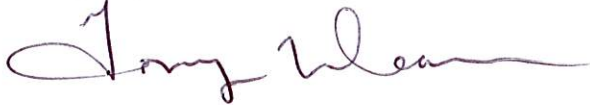
- a. 80.4 - Personnel received CSEC training No- Staff 1 and Staff 3 have not received CSEC training.
- b. Finding Explanation: Although, CSEC training is embedded in St. Anne's overall New Hire Training and specifically STRTP Program New Hire training, Staff 1 and Staff 3 did not receive a CSEC training refresher.
- c. **Corrective Action:** In collaboration with the Department of Probation, all STRTP Staff are registered for CSEC webinars in September, October and November, 2020. Topics as follows:
 1. Harm Reduction
 2. The Commercial Sexual Exploitation of Gay Cis-Males and Transgender Males
 3. Applying the Stages of Change when working with CSEC/TAY
 4. CSEC 101: Awareness
 5. CSEC 102: Engagement Skills for working with CSEC/TAY
 6. Peer Recruitment
 7. Social Media and Youth
 8. Strategies for Supporting CSEC/TAY

Implementation Date: September, 2020
Staff Responsible: HR Department, STRTP Assistant Directors, STRTP Directors
Quality Assurance: Monthly training reports will be generated by HR to assess for training needs. This report will also reflect deadlines for completing recurring training requirements. STRTP Assistant Directors will assure staff receive the required trainings.

Joanne Orquiola
DCFS STRTP Contract Compliance Monitoring Review – Corrective Action Plan Addendum
September 22, 2020
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We value our partnership with the Department of Children and Family Services and are dedicated to providing quality, culturally and trauma informed services to our residents. If you have any additional questions, please feel free to contact me at (213) 381-2931 x280.

Regards,

A handwritten signature in black ink, appearing to read "Tony Weaver". The signature is fluid and cursive, with a long horizontal stroke at the end.

Tony Weaver, LCSW
Vice President, Housing Programs

CC: Lorna Little, President and Chief Executive Officer
Amber Rivas, Chief Operating Officer
Carlos Tobar, Quality Assurance Director
Araksi Simidyan, Director, Residential Program Services
Milena Melkonyan, Director, Residential Clinical Services