



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

GINGER PRYOR
Acting Director

DAWNA YOKOYAMA
Interim Chief Deputy
Director

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

March 30, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: 
Ginger Pryor
Acting Director

FIRST PLACE FOR YOUTH TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS (THPP-NMDS) CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the First Place for Youth Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMDS) (the Contractor) in November 2021. The Contractor has one licensed site located in the Second Supervisorial District. The site provides services to the County of Los Angeles DCFS and Probation placed NMDs between the ages of 18-21 and their children.

Key Outcomes

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

"To Enrich Lives Through Effective and Caring Service"

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: Licensure and Certification of Compliance; Personnel/Staffing/Training; Agency Reports; THPP-NMD Participant Record Folder/Case File; Education and Employment; THPP-NMD Training; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

The Contractor was in full compliance with 3 of 8 applicable areas of CAD's Contract Compliance Review: Licensure and Certificate of Compliance; Education and Employment; and Medical and Dental.

For the purpose of this review, five DCFS placed NMDs were selected for the sample. CAD reviewed the files of the five selected NMDs to assess the level of care and services they received. Five additional discharged NMD'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 noted findings in the areas of:

Priority 1

- Personnel/Staffing/Training
 - Staff did not receive CPR/First Aid training and 20-hours of annual in-service trainings, as required.
 - THPP-NMD Participant Record Folder/Case Files did not have all the required daily contacts/weekly case management visits made with NMDs and no documentation in case files.

Priority 2

- Agency Reports
 - Contractor did not complete and maintain all reports, as required.
- THPP-NMD Trainings
 - NMDs did not receive 240 minutes of life skills training per month, as required.

Priority 3

- THPP-NMD Participant Record Folder/Case File
 - THPP-NMD Participant Record Folder/Case Files did not have all completed forms/plans, as required.

Each Supervisor
March 30, 2022
Page 3

- Program Exit/Aftercare Follow-up and Tracking
 - Exit Assessment was not completed timely for exiting NMD.

On January 13, 2022, the Children Services Administrator teams from DCFS' CAD and the THPP-NMD County Program Manager – Supportive Housing Division held an exit conference with the Contractor's representative.

The Contractor's representative agreed with the review findings and recommendations and was 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 findings in this compliance report.

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

GP:KDR
LTI:ra

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office Audit Committee
Thomas Lee, Chief Executive Officer, First Place for Youth
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



FIRSTPLACEFORYOUTH.ORG

SAN FRANCISCO BAY AREA

ALAMEDA COUNTY (HQ)
426 17th Street, Suite 100
Oakland, CA 94612
510.272.0979

CONTRA COSTA COUNTY
925.771.3100

SAN FRANCISCO COUNTY
415.230.3980

SANTA CLARA COUNTY
408.500.5162

SOLANO COUNTY
707.430.4360

SOUTHERN CALIFORNIA

LOS ANGELES
213.835.2700

SOUTH LOS ANGELES
213.279.2785

MISSISSIPPI

JACKSON
601.460.4436

Correction Action Plan Addendum

Rosalind Arrington
Department of Children & Family Services
Contract Compliance
425 Shatto Pl 4th Floor
Los Angeles, CA 90010

February 28, 2022

First Place for Youth is submitting this corrective action plan addendum to address the findings cited on First Place for Youth THPP-NMD Contract Compliance Review Exit Summary Addendum dated 1/26/22.

Finding

Section B:

3) - S5: CPR/First Aid Expired 10/8/21 and renewed on 1/6/22

Root Cause:

First Place failed to re-enforce staff to comply with renewal of their CPR certifications by the specified deadline.

Corrective Action:

On 2/1/2022 First Place Management ensured all staff CPR certification trainings are up to date. First Place Administrator will continue to follow up quarterly on keeping staff informed when they're CPR certifications are due for renewal.

QA Plan:

- First Place will instruct staff individually and, in a group, to follow through on completing their CPR Certifications prior to deadline.
- Our Los Angeles office Administrator will create a calendar alert system to remind staff when they're CPR certifications are up for renewal.
- First Place Clinical County Program Managers will review deadlines as they approach with their individual staff person as well as remind staff during their Clinical Group Supervision.
- First Place's Office Administrator will ensure that all personnel files are up to date and any staff not compliant with renewing their CPR certifications by deadline will result in receiving a Staff Improvement Plan.
- First Place for Youth will add CPR Certification to our Internal Quality

Assurance checklist for personnel files

Finding

Section B:

S3 & S4: Direct care staff did not receive at least 20-hours annual In- Service trainings and/or the trainings weren't properly documented and maintained in the files.

Root Cause:

First Place failed to comply with ensuring trainings are properly documented/completed. First Place did not document the number of hours achieved when staff completed their in-service trainings.

Corrective Action:

By 3/1/2022 First Place for Youth's Administrator and Regional Director will conduct a thorough review of staff files and determine when staff certifications are due for renewal as well as receive/develop/maintain proper documentation that will accurately reflect the information needed to satisfy staff annual trainings.

QA Plan:

- Regional Director will work with Office Administrator to develop a comprehensive system that will support staff being alerted when their annual trainings are due.
- Regional Director will disseminate the tracking system that will ensure staff is completing their required annual trainings to Clinical Program Managers and Supervisors.
- Clinical Program Managers will provide this new procedure to their staff and will outline the required documentation needed to satisfy this finding.
- Regional Director will work with First Place for Youth Practice and Development Department to ensure that staff are provided with certificates, materials, and number of hours completed to ensure staff is receiving properly documented 20-hour annual training/certifications.
- Regional Director in conjunction with Clinical Program Managers and supervisors will also identify external trainings that will support First Place staff receiving and the required documentation needed to maintain satisfactory standing.

Finding:

Section C:

Exhibit A-32 reports not in file for Oct-Dec 2020.

Root Cause:

First Place for Youth failed to provide CPM with Monthly Census Reports for Oct-Dec 2020. There was a change in management that resulted in required monthly documents not being sent to CPM.

Corrective Action:

By 2/1/2022 Clinical Program Managers will monitor and certify that documents such as the

A-32 Reports are completed and submitted timely each month to CPM.

QA Plan:

- Clinical program managers will place calendar holds on their calendars to determine when reports are due.
- Once Clinical Program Managers send over emailed reports to CPM Clinical Program Managers will print out the email for verification and maintain in file for future reference.
- Clinical Program Managers will also create a digital file containing the specified reports and receive confirmation.
- Clinical Program Managers will review all current reports and ensure that they have been sent to CPM timely and will continue to follow the new outline procedure as stated above.

Finding

Section C:

Exhibit A-35 was submitted monthly; however, they weren't submitted on the 2nd and last Monday of each month, per the SOW.

Root Cause:

First Place for Youth failed to submit Exhibit A-35 on the second and last Monday of each month as outlined in SOW.

Corrective Action:

On 2/1/2022 First Place's Regional Director and Intake Specialist implemented a new procedure whereas the Intake Department submits Exhibits A-35 timely on the 2nd and last Monday of each month. Failure to meet this obligation will result in staff being placed on a Staff Improvement Plan.

QA Plan:

- Regional Director will work with Intake department and develop a new system that alerts the Intake Department when Exhibit A-35 is due.
- Intake department will create a digital folder that will hold these Exhibits when emails are sent.
- Intake department will meet with Regional Director bi-weekly to certify that Exhibit A-35 has been submitted timely to CPM on the required 2nd and last Monday of each month. Email verification will be maintained in a file
- Regional Director will have regular weekly check-ins to determine that
- Referral Logs are being completed each week.

Finding**Section D:****1) Exhibit A-1 No documented efforts in file to obtain updated TILP for NMDs 1 - 3 & 5****Root Cause:**

First Place for Youth failed to meet the threshold of obtaining TILPs timely for NMDs / documented efforts to obtain from CSW/DPO. First Place failed to train staff properly on the process of requesting initial/updated TILPs and how to properly track when a TILP is needed.

Corrective Action:

By 3/1/2022 First Place's Clinical Program Managers and Youth Advocate staff will develop systems to track and monitor when updated TILPs are needed and will ensure that the said documents are maintained and secured properly in the NMD's digital and physical file.

QA Plan:

- Clinical Program Managers and Supervisors will coach staff on the appropriate protocol on when to request an updated TILP and how to track the process.
- Youth Advocates will create digital alerts on their respective calendars of when updated TILPs are due. Youth Advocates will also place the secured document in the NMD's digital and physical file. If for any reason, staff are unsuccessful in obtaining an updated TILP they will need to provide documentation of their due diligence.
- Clinical Program Managers and Supervisors will meet with their team weekly to review any outstanding or upcoming TILPs.

Finding**Section D:****Exhibit A-3 not in file for NMDs 5****Root Cause:**

First Place for Youth failed to obtain Exhibit A-3 and secure it in the NMD's file.

Corrective Action:

By 3/1/2022 First Place Regional Director and Intake Specialist will undergo an extensive review of Exhibit A-3 and ensure that there is an A-3 in each NMD's file and that they are/were signed prior to DOP. First Place for Youth will also request that the Intake Department upload signed documents to SharePoint.

QA Plan:

- Regional Director met with Intake department to inform of new protocols in which Exhibit A-3 are collected and signed prior to DOP.
- Regional Director will continue to meet with Intake Department weekly to ensure that all files are being reviewed to regulate that an Exhibit A-3 exists and that they are signed.
- Intake Department will comply with obtaining signed Exhibit A-3 prior to DOP. Failure to do so can and will result in Staff being placed on a Staff Improvement Plan.

Finding**Section D:****Exhibit A-9 (quarterly) not in file for NMDs 3 & 4****Root Cause:**

First Place for Youth failed to submit Exhibit A-9 quarterly.

Corrective Action:

On 2/1/2022 First Place Management developed a coverage plan to support staff with completing Exhibit A-9 and placing in file when an assigned staff is unable to perform a quarterly inventory inspection.

QA Plan:

- Clinical Program Managers and Supervisors will explore alternative ways to support staff in completing required documents.
- Clinical Program Managers and Supervisors will utilize zoom and other social platforms that offer video capability to inspect NMD unit.
- Clinical Program Managers and Supervisors will also enforce that quarterly Exhibit A-9 is completed regardless.
- Staff will ensure that a completed quarterly Exhibit A-9 is placed in NMD's file.
- First Place for Youth will request that the Internal Quality Assurance Department will monitor and review that Exhibit A-9 is in file

Finding**Section D:****Exhibits A-17 & A-18 not in file for NMDs 1 – 5****Root Cause:**

First Place for Youth failed to complete Exhibits A-17 & A-18.

Corrective Action:

By 3/15/2022 First Place for Youth Management will develop a process in which Exhibits A-17 & A-18 are completed during intake. First Place for Youth Intake Specialists and Youth Advocates will ensure that all NMD's discuss and complete Exhibits A-17 & A-18 when being placed at Intake.

QA Plan:

- Regional Director will coach and provide examples of how the form should be completed to management team.
- First Place for Youth will implement a train the trainer model in which Exhibits A-17 & A-18 are completed at Intake.
- The Clinical Program Managers and Supervisors will be responsible for training their respective teams on this new protocol and provide staff with form and example.

- Clinical Program Managers and Supervisors will add to file checklist
- Regional Director will also inform Internal Quality Assurance Department of reviewing and monitoring Exhibits A-17 & A-18

Finding

Section D:

Exhibit A-20 Progress Notes and NSPs not in file for NMDs 1 – 5

Root Cause:

First Place for Youth failed to complete Exhibit A-20 NSP and Progress Reports

Corrective Action:

On 1/15/2022 First Place Management had a discussion with all staff regarding the completion of Progress Reports and NSPs. By 3/15/2022 First Place for youth will implement an NSP protocol for completing the NSP document. It will be initiated at Intake and will then be completed by the Youth Advocate after 30 days of placement. NSPs will be reviewed every six months with CSW/DPO, NMD and Youth Advocate. By 3/15/2022 First Place will ensure staff complete Exhibit -20 Progress Reports timely and will monitor this process monthly.

QA Plan:

- Clinical Program Managers and Supervisors will update the file checklist.
- Clinical Program Managers and Supervisors will ensure that staff are obtaining signatures and placing completed Exhibit A-20 NSP and Progress Reports in the NMD's digital and physical file.
- Regional Director will check with Management team weekly to assess the flow of the processes outlined above and any identified challenges.

Finding

Section D:

Exhibit A-22 not in file for NMDs 1 – 5

Root Cause:

First Place for Youth failed to ensure all NMDs received Exhibit A-22 at Intake.

Corrective Action:

On 2/1/2022 First Place's Intake Specialist implemented a new protocol regarding the discussion and distribution of Exhibit A-22 at intake with NMD. First Place will also add this form to the filechecklist and Mandatory Orientation list.

QA Plan:

- Intake Department will discuss with NMD Exhibit A-22 and provide NMD with a copy
- Intake will create a signature page for NMD to sign and will maintain in NMD's physical and digital file.

- Intake Department will also inform NMD CSW/DPO and provide information at Program Day.

Finding

Section D:

Exhibit A-30 updated CASEY not in file for NMD 5

Root Cause:

First Place failed to complete updated CASEY Life-Skills Assessment timely

Corrective Action:

By 2/1/2022 First Place for Youth Managers and Youth Advocates reviewed Casey Assessments database to ensure all NMD's Casey Assessments were complete. First Place will continue to monitor monthly when such assessments are up for renewal.

QA Plan:

- Program Managers and Supervisors will identify and monitor Casey Life-Skill Assessments
- Clinical Program Managers and Supervisors will work with Youth Advocates and determine which youth on their respective caseload need to receive an updated Casey Life-skills Assessment.
- Youth Advocates will create an alert system using their calendars that will notify them when the updated/annual assessments are due.
- Clinical Program Managers and Supervisors will review this list each week in individual and group Clinical supervisions.

Finding

Section D:

- 1) **Daily contacts not accurately documented in files for NMDs 1 - 5 and reduction authorization documentation not in file for NMDs 4 & NMD 5**
- 2) **Oct & Nov 2020 weekly visits documentation not in file for NMD**
- 3) **Some notes do not have accurate documentation; brief details; and/or have general statements (per NMDs 3 & 5 progress notes**

Root Cause:

First Place failed to provide adequate documentation of Daily contacts and weekly visits. First Place failed to properly train staff on how to effectively document weekly progress notes.

Corrective Action:

By 2/1/2022 First Place for Youth Management supported staff in utilizing a daily contact system that will assist staff in accurately documenting daily contact with NMDs.

By 2/1/2022 First Place Clinical Managers and Supervisors will coach staff on how to appropriately document weekly efforts.

QA Plan:

- Regional Director and Clinical Program Managers and Supervisors will coach staff on how to complete weekly efforts and how to effectively document the efforts.
- Clinical Program Managers and Supervisors will support staff in incorporating detailed notes that match what occurred in the session with the NMD.
- Clinical Program Managers and Supervisors will review the DAP note format with staff to ensure proper documentation of each youth session.
- Regional Director, Clinical Program Managers and Supervisors will spot check and monitor weekly visits documentation to ensure quality and efficiency of notes entered.
- Staff will also be required to update the E-Z text system to ensure youth are receiving daily contact

Finding

Section F:

1). NMDs did not receive 240 minutes of life skills trainings for the following months:

NMD 1 May 230 min., Jun 170 min., Aug 180 min

NMD 2: Mar 180 min., Jun 180 min

NMD 4: May 2021-Oct 2021

NMD 5: Oct 2020-Oct 2021

Root Cause:

First Place for Youth failed to ensure NMDs received the required trainings minutes monthly.

Corrective Action:

By 3/1/2022 First Place for Youth Clinical Program Managers will closely monitor and track that each youth is receiving 240 minutes of training each month as outlined in the Statement of Work. Also, First Place's Youth Advocates will continue to ensure that proper authorized documentation from CSW/DPO is secured if an NMD qualifies for reduced training minutes no less than 120 minutes each month.

QA Plan:

- Clinical Program Managers and Supervisors will coach their respective teams in individual supervision and review training minutes with NMDs.
- Staff will work with First Place's Youth Enhancement Services (YES) team and ensure that workshops youth attend are appropriately documented.
- Regional Director will check in with Managers and Supervisors weekly to ensure training minutes are being completed, accurately tracked, and documented.
- Managers and Supervisors will review the protocols for Training minutes and comply with seeking reduce training minutes only when an NMD has been assessed to have met the threshold of life skill development.

Finding

Section H:

1) - Exhibits A-20 & A-31 not in file for D5. Emails not in the file for D1, D2, D3, D4, & D5 to verify that Exhibits A-20 & A-31 were sent to CPM timely

Root Cause:

First Place for Youth failed to complete (Exhibits A-20 & A-31) / did not maintain documentation that verifies Exhibit A-20 & A-31 documents were sent to CPM timely

Corrective Action:

2/1/2022 First Place for Youth Clinical Program Managers will ensure that Exhibits A-20 and A-31 are in NMD files and will implement a tracking system that will warrant emails being sent timely to CPM.

QA Plan:

- Regional Director will work with Program Managers and Supervisors to ensure that all exit Exhibits are completed timely and secured in the NMD's digital and physical file.
- Program Managers and Supervisors will meet with their teams individually and in Group Clinical Supervisions enforcing that exit documentation Exhibits A-20 & A-31 are completed.
- Clinical Program Managers will be responsible for submitting discharge paperwork to CPM timely.

Respectfully,

DocuSigned by:



C7903E448258446...

LaMont Walker, MPA, MA

Regional Director of Programs, SoCal

2/28/2022