



# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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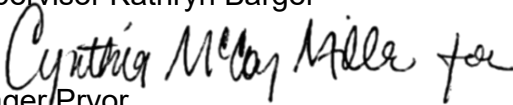
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March 14, 2022

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

From:   
Ginger Pryor  
Acting Director

## MARY'S SHELTER dba MARY'S PATH 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 virtual Contract Compliance Review of the Mary's Shelter dba Mary's Path Short-Term Residential Therapeutic Program (the Contractor) in November 2021. The Contractor has an office located in Orange County. The site provides services to the County of Los Angeles DCFS placed children that are pregnant or parenting, children placed by other counties that are pregnant or parenting, and Non-Minor Dependents (NMDs) that are pregnant or parenting.

### Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 7
PRIORITY 3 0

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

*"To Enrich Lives Through Effective and Caring Service"*

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.

The Contractor was in full compliance with 4 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, four DCFS placed children were selected for the sample. CAD reviewed the files of the four selected children and virtually interviewed three children to assess the level of care and services they received; one child refused to be interviewed. An additional two discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed three 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 also conducted virtual site visits of the Contractor's location.

CAD noted findings in the areas of:

Priority 1

- Engagement and Teamwork
  - The child's Child and Family Team (CFT) members were not identified or documented in the Needs and Services Plans (NSPs).
  - The child's CFT meetings and collaboration were not documented and maintained.
- Needs and Services Plans
  - The NSPs were not completed accurately and timely.

Priority 2

- General Contract Requirements
  - Special Incident Reports were not properly documented in the NSPs and not properly cross-reported in the iTrack System.
- Needs and Services Plans (NSPs)
  - Supportive services and core services were not provided to assist the child in making progress towards his/her NSP goals (trauma informed and culturally sensitive).

- Permanency and Transition Services
  - The NSP Permanency Section did not document the child's case plan goals (i.e. concurrent plan, progress made, barriers).
  - Placement transition services were not identified.
  
- Education and Independent Living Program Services
  - Children were not enrolled in school immediately upon placement.
  - Efforts to maintain children at school of origin were not documented.
  
- Health and Medical Needs
  - Initial dental examinations were not conducted timely.

On January 12, 2022, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division 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 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:ms

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Dr. Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Jill Dominguez, Executive Director, Mary's Shelter dba Mary's Path STRTP  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY  
MARY'S SHELTER (STRTP)



Corrective Action Plan

2021

## GENERAL CONTRACT REQUIREMENTS

5. Special Incident Reports (SIRs) are properly documented.

5.1 SIR Documentation is in the Needs and Services Plans (NSPs) [Master Contract §§19.2 & 19.6; ILS §87068.3(c)].

Facility

Site 800

Site 799

5.2 SIRs were properly cross-reported in the I-Track System [ILS §87061(j); Master Contract, Exhibit A-VIII; SOW, Part B §10.4].

Facility

Site 799

### 1. Explain the Cause.

This deficiency occurred due to lack of adherence to agency policy by separate staff, and lack of adequate oversight.

### 2. Corrective Action Taken.

In response, the agency recently hired a new Quality Assurance Specialist, Iman Farooqui. She has been assigned to a daily review, before 10:00 a.m., of the previous day to determine if any incidents occurred that require an SIR to be submitted. If incidents occurred that necessitate an SIR be filed, it will be the responsibility of the Quality Assurance Specialist to track the completion of the SIR(s) on a daily basis.

### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

To ensure compliance with contract standards for timely submission, the Operations Director, Clete Menke, will do a weekly review of submitted SIR's, looking specifically at the timeliness of SIR submission. Any late SIR's will be addressed with the reporting staff and reported to his/her supervisor to determine steps necessary to ensure compliance.

## ENGAGEMENT AND TEAMWORK

13. The child's CFT team members are identified and documented in the NSPs NEW [Title 22 §84268.3(c)(2)].

Facility

Site 800

**1. Explain the Cause.**

These deficiencies occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

**2. Corrective Action Taken.**

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

Also, the agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

14. The child's CFT meetings & collaboration are documented and maintained.

Facility

Site 800

**1. Explain the Cause.**

These deficiencies occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

**2. Corrective Action Taken.**

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

The agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

## NEEDS AND SERVICES PLANS

16. The NSPs were completed accurately and on time.

16.1 NSPs were developed timely. [SOW Part C §§19.2, 19.5, & 19.6; ILS §§87068.22(b)(2) & (e), & 87068.3(a)].

Facility

Site 799

Site 800

16.2 NSPs were comprehensive & accurate. [Title 22 §84268.3(c); SOW Part C §§19.2, & 19.6; ILS §§87068.22(c) & 87068.3(a)].

Facility

Site 799

Site 800

16.3 The child/NMD signed the NSPs. [SOW, Part C §19.7; ILS §§87068.2(e), 87068.22(d), 87070(c)(1) & (4), & 87070.1(a)].

Facility

Site 799

Site 800

16.4 If applicable, the child's parent(s) signed the NSP. [SOW, Part C §19.7].

Facility

Site 799

16.5 The CSW/DPO signed the NSPs. [SOW, Part C §19.7; ILS §§87068.2(e), & 87070(c)(1) & (4)].

Facility

Site 799

Site 800

16.6 The required staff signed the NSPs, [SOW, Part C §§19.3 & 19.7].

Facility

Site 799

Site 800

### 1. Explain the Cause.

These deficiencies occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

### 2. Corrective Action Taken.

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

17. Support services and core services were provided to assist the child in making progress towards his/her NSP goals (trauma informed & culturally sensitive).

Facility

Site 799

Site 800

**1. Explain the Cause.**

These deficiencies occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

**2. Corrective Action Taken.**

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

The agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

## PERMANENCY & TRANSITION SERVICES

20. The NSP Permanency section documented the child's case plan goals (i.e. concurrent plan, progress made, barriers).

Facility

Site 800

Site 799

**1. Explain the Cause.**

These deficiencies occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

**2. Corrective Action Taken.**

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

The agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

21. Placement transition services are being identified.

Facility

Site 800

Site 799

### 1. Explain the Cause.

These deficiencies occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

### 2. Corrective Action Taken.

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

## EDUCATION AND INDEPENDENT LIVING PROGRAM SERVICES

27. Children are enrolled in school immediately upon placement.

Facility

Site 800

### 1. Explain the Cause.

This deficiency occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

### 2. Corrective Action Taken.

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

28. Efforts to maintain children at school of origin are documented.



Facility

Site 800

**1. Explain the Cause.**

This deficiency occurred due to lack of performance by an individual Case Manager, and adequate oversight by the agency. These causes led to NSP's not being submitted and the documentation for these deficiencies not being available.

**2. Corrective Action Taken.**

That Case Manager left the agency in November 2021. A new Case Manager was hired prior to the Exit Summary being presented, and is complying with this standard.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

The agency put in place a more responsive and comprehensive mechanism to ensure NSP's are scheduled and completed in a timely manner. The agency's Clinical Director (Head of Service) meets weekly with each Case Manager, who is responsible for the development and implementation of NSP's. Prior to that meeting, the Case Manager is responsible for completing a "Weekly Case Listing," which includes a due date for the next NSP for each of her assigned youth. A copy of a blank Weekly Case Listing is attached to this Corrective Action Plan. Since this process is already in place, however, I have also attached a completed Weekly Case Listing from one of our Case Managers. This demonstrates the extent of planning and oversight now being given to ensuring CFT's are conducted regularly and in a timely manner.

## HEALTH AND MEDICAL NEEDS

**34. Initial dental examinations are conducted timely.**

Facility

Site 800

**1. Explain the Cause.**

This deficiency occurred due to lack of staff performance and adequate oversight. The agency's Medical Services Coordinator left the agency in 2021 rather than comply with a board-implemented mandatory vaccination policy that does not allow for optional testing.

**2. Corrective Action Taken.**

A temporary Medical Services Coordinator has been assigned, and the agency is currently interviewing internal and external candidates for the permanent position.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

Moving forward, it will be the responsibility of the Operations Director to meet with the Medical Services Coordinator weekly to review the medical appointments for all youth, ensuring that all required medical appointments are scheduled and completed. The Operations Director will review Medical Examination Forms (DCFS 561(a)), and document that all medical appointments are up to date.