



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 12, 2024

To: Supervisor Kathryn Barger, Chair
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Supervisor Lindsey P. Horvath
Supervisor Janice Hahn
From: *Cynthia McCarroll Miller for*
Brandon T. Nichols
Director

DAISY'S HOUSE TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of Daisy's House Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) (the Contractor) in April 2024. The Contractor has one licensed site located in the Third Supervisorial District. The site provides services to the County of Los Angeles DCFS and Probation NMDs between the ages of 18-21 and their children.

Key Outcomes

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

"To Enrich Lives Through Effective and Caring Service"

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

The Contractor was in full compliance with 3 of 8 applicable areas of the CCD's Contract Compliance Review: Personnel/Staffing Training; Education and Employment; and Medical and Dental.

For the purpose of this review, four DCFS NMDs were selected for the sample. The CCD reviewed the records and files of the four selected NMDs to assess the level of care and services they received. An additional two discharged NMD files were reviewed to assess the Contractor's compliance with permanency efforts. The CCD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements.

The CCD noted findings in the areas of:

Priority 1

- Licensure and Certificate of Compliance (1 Finding)
 - Specials Incident Reports were not completed timely and/or cross-reported to the appropriate parties in the iTrack System for four NMDs.
- Record Folder/Case File (1 Finding)
 - The case files for four NMDs did not have all required daily contact made with the NMDs and was not documented in the case files.

Priority 2

- Contractor/Agency Reports (1 Finding)
 - Contractor did not complete and maintain the Monthly Reports, Monthly Census Reports and Referral Logs as required.
- Record Folder/Case File (1 Finding)
 - Contractor did not complete and maintain the Progress Reports in four NMD folders/case files as required.
- Training (1 Finding)
 - Three NMDs did not receive the required 240 minutes Life Skills training monthly.

- Program Exit/Aftercare Follow-Up and Tracking (4 Findings)
 - Exit Assessments were not completed on time for two exiting NMDs.
 - Contractor did not provide 30-day follow-up services/attempts timely.
 - Contractor did not provide 90-day follow up services/attempts timely.
 - Contractor did not provide 6-month follow up services/attempts timely.

Priority 3

- Record Folder/Case File (2 Findings)
 - Four NMDs Needs and Services Plans were not signed by the Children's Social Workers.
 - One NMD's quarterly Clothing Inventory form was not on file.

On May 30, 2024, DCFS' CCD Children Services Administrator team and Supportive Housing Division THPP-NMD County Program Manager 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 deficiencies in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:CMM
RW:DF:gt

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
David Egans, Chief Executive Officer, Daisy's House
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Kellee Coleman, Assistant Program Administrator LA Region, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, CDSS Bureau Chief Fiscal & Performance Audits



Daisy's House

Transitional House Placement Program

28422 Constellation Road Ste 115 Valencia, CA 91355

Monday, July 8, 2024

Grace Tamase, CSA I
Department of Children and Family Services
Contract Compliance Division
510 S. Vermont St
Los Angeles, CA 90020

Re: Daisy's House Corrective Action Plan

Daisy's House Transitional Housing Placement Program for Non-Minor Dependents is submitting the corrective action plan to address the deficiencies cited on the Daisy's House THPP-NMD Contract Compliance Review Exit Summary dated 6/7/24.

A) LICENSURE AND CERTIFICATE OF COMPLIANCE

Finding

3. Special Incident Reports are completed on time and cross-reported via I-Track

- Explain the Cause: Insufficient compliance with timely reporting and cross reporting of Special Incident Reports (SIRs) is due to lack of staff training and limited staff using the PMIS/iTrack system. Due to lack of training and the utilization of PMIS/iTrack by Case Managers, Daisy's House relies on Case Managers and other staff to report incidents to Administrators and Administrators then complete and submit SIRs. This step requires information to be relayed to staff that do not have first or second hand knowledge about the incident and often leads to delays in the reporting and submission of SIRs.
- Corrective Action Taken: By August of 2024, all Daisy's House staff members will be trained on how to use PMIS/iTrack to report special incidents. The Co Administrator will train all employees on how to use the PMIS/iTrack system and submit User Access Forms to DCFS so that Daisy's House staff can submit timely SIRs as applicable. Staff will also be trained on how to cross report to all required entities using the platform to disseminate SIR information efficiently.
- Explain what the Quality Assurance (QA) Plan is to maintain Compliance: Daisy's House will ensure quality control by adding SIRs as a standing topic to our staff meeting agendas by the Administrator and revisiting SIR submissions monthly during this time. During our monthly staff meetings, the Social Work Supervisor will review criteria for submitting an SIR as described in the LA County SOW, discuss any incidents that rose to the SIR criteria, and review dates that they were submitted and cross referenced in comparison to the incident date

C) CONTRACTOR/AGENCY REPORTS

Finding

1. Contractor completed and maintained all reports in files as Required.

- Explain the Cause: Inconsistent submission of timely reports including the monthly report, census report, and referral logs are due to the Agency's lack of a structured protocol for ensuring reports are submitted by their due date. The current system relies on Daisy's House staff members remembering to submit reports alongside other duties required of that day.
- Corrective Action Taken: By August of 2024, the Daisy's House Administrator will implement a staff wide Google calendar with SOW reports due dates. The Google calendar will include reminder notifications 2 days before a report is due to ensure all reports are submitted in a timely manner.
- Explain what the Quality Assurance (QA) Plan is to maintain Compliance: All Daisy's House staff members will have access to the shared Google calendar and will have notification alerts on their work devices, ex. Work cell phone and/or laptop with a reminder notification set for 2 days before the due date. This will give identified persons responsible for submitting each report 48 hours to complete and submit any required Agency reports. Persons responsible for submitting reports will cc the Social Work Supervisor and Administrators via email for greater transparency. In the event that the person responsible for submitting a report is absent or on vacation, the Administrator or Social Work Supervisor will be responsible for submitting reports that are due.

D) THPP-NMD PARTICIPANT RECORD FOLDER/CASE FILE

Finding

1. All Plans/Assessments are completed and maintained in THPP-NMD Participants Folders/case files as required?

- Explain the Cause: Incomplete NSPs and progress reports are due to lack of the Agencies consideration for sending and receiving reports to CSWs for required signatures. The current practice is that the Agency's Case Manager and NMD collaborate to develop the NSP and progress report with guidance from the Social Work Supervisor. Reports are then submitted to CSWs for input and signatures, but may be placed in an NMDs file without securing a signature if the turn around time is lengthy or a CSW does not return the submitted report.
- Corrective Action Taken: By July 2024, Daisy's House Co Administrator will provide staff training at the July staff meeting on NSP and progress report timelines and add due dates to the staff calendar. NSP and progress reports must be completed at least one week before the due date in order to provide time for CSW feedback and signatures.
- Explain what the Quality Assurance (QA) Plan is to maintain Compliance: Daisy's House's Co Administrator will develop a reports protocol for staff members to refer to that outlines the due dates for all reports, required signatures, and protocol for who should submit the NSP and progress report(s) to the CSW and DCFS. Staff will be trained in the protocol by July 2024, with implementation starting in August 2024. The report protocol reference sheet will be housed in the Daisy's House shared Google drive. Reports submission will be reviewed by the Social Work Supervisor quarterly and discussed and documented at the Case Manager supervisor monthly meetings as a part of Case Manager evaluations. Case Managers will be required to email CSWs prior to the start of developing a NSP or progress report in order to coordinate feedback and signatures in a timely manner.

2. All completed forms are maintained in THPP-NMD Participants Folders/case files?

- Explain the Cause: Inconsistent documentation of quarterly reports for clothing is due to the Agency's lack of a definitive process for ensuring inventory reports are conducted consistently with all NMDs in placement. Currently, there is a definitive system in place for initial clothing reports during intake, but the Agency has relied on Case Managers remembering to administer quarterly reports without establishing a definitive date and time aligned with the LA County SOW to ensure reports are completed and that there is no gap in time in the reporting.
- Corrective Action Taken: By July 2024, Daisy's House Co Administrator will update its agency's Independent Living Skills (ILS) calendar to include quarterly inventory reports to be conducted in conjunction with money management and budgeting during life skills meetings. Hyperlinks to the clothing inventory will be included in the document so Case Manager can print the document for distribution when preparing for the ILS meeting that week. Each NMD will be required to complete both inventory reports as a part of their ILS training for the week it is due.
- Explain what the Quality Assurance (QA) Plan is to maintain Compliance: Daisy's House Case Manager will integrate quarterly inventory reports as part of ILS training for budgeting and money management. NMDs will complete the clothing and furniture inventory and discuss the impact that replacing items has on their existing budget. Daisy's House Case Managers will be required to upload reports to the shared Google drive after they are completed and notify the Social Work Supervisor once the documents are present for her review.

3. All required daily/weekly/monthly case management contacts/visits with the THPP-NMD Participants are documented in case files?

- Explain the Cause: Inconsistent documentation of daily, weekly, and monthly case management contact/visits is due to lack of training of Daisy's House staff. The reporting method for documenting each kind of contact was not clearly discussed with Daisy's House staff and staff members were reporting visits and contacts for ILS and case management in the case notes as opposed to a separate document for just daily contact. Daisy's House has not yet implemented the LA County SOW protocol for requesting a reduction in contact, although as a staff we evaluate and discuss which NMDs are operating proficiently enough in the THPP program for a reduction in contact.
- Corrective Action Taken: By July 2024, Daisy's House Social Work Supervisor will get contact reduction letters signed by CSWs, NMDs, and the County Program Manager for NMDs in the program that have demonstrated the ability to live and operate independently with minor Agency support. This letter reduces contact to twice per month for NMDs who are acclimated to the program and have been successful in meeting Daisy's House expectations and their TILP goals. Daisy's House staff will continue to record all daily, weekly, and monthly contact with NMDs using an agency developed Google form separating the type of contact from daily, weekly, or monthly.
- Explain what the Quality Assurance (QA) Plan is to maintain Compliance: Daisy's House's Administrators, Social Work Supervisor, and Case manager will conduct NMD evaluations for all NMDs that have been in the program at least three months. The evaluation discussion will take place at Daisy's House monthly staff meetings and include all Daisy's House staff. During this time the staff will determine if a NMD should be recommended to reduce contact. Daisy's House Social Work Supervisor will review all contact logs monthly before the staff meeting and

report out the consistency at the staff meeting to ensure fidelity of the entries. Social Work Supervisor will also use completion and submission of contact as an evaluation measure for Case Managers. NMDs that were not recommended for reduced contact will be reevaluated every 3 months.

E) THPP-NMD PARTICIPANT TRAINING

Finding

1. THPP-NMDs received 240 minutes Life Skills training monthly?

- Explain the Cause: Non compliance with meeting all weekly ILS meetings with all NMDs is due to lack of a consistent Agency measure of what constitutes reasonable attempts to reschedule ILS meetings. Difficulty meeting this measure is also due to NMDs not being required to have 100 percent participation in ILS meetings to maintain enrollment in the THPP-NMD program, however, Daisy's House has not yet implemented the reduction of ILS minutes per SOW recommendation for NMDs that require less ILS support and have a less flexible schedule.
- Corrective Action Taken: By July 2024, Daisy's House Case Manager will implement the ILS log from the LA County DCFS SOW and clarify what reasonable attempts to reschedule ILS meetings are with the NMDs. Furthermore, Daisy's House Social Work Supervisor will review Life Skills fines and expectations with NMDs during their monthly Case Management meetings and submit the ILS reduction letter for NMDs that have less life skills needs to LA County DCFS.
- Explain what the Quality Assurance (QA) Plan is to maintain Compliance: Revisit Daisy's House ILS calendar during monthly staff meetings. Case Managers will submit signed ILS logs by NMDs at the monthly meeting to the Social Work Supervisor for her review to ensure all NMDs are receiving adequate minutes for ILS and Case Management. The Social Work Supervisor will upload all signed reduction in minutes letters to the shared Google drive with all required signatures and email copies to DCFS and CSWs. Additionally, a copy will be placed in each NMD's case files.

H) PROGRAM EXIT/AFTERCARE FOLLOW-UP AND TRACKING

Finding

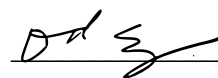
1. Exit Assessments are completed on time for exiting THPP-NMD Yes Participants?

- Explain the Cause: Lack of compliance for exit assessments and aftercare follow up is due to not being able to require NMDs to sign exit assessments and an unclear interpretation of the SOW aftercare instructions. Daisy's House was not able to secure exit assessments signatures from NMDs that were discharged or terminated from the program since they declined to fill out the documents. Furthermore, Daisy's House interpreted the aftercare follow up as additional support for NMDs that have transitioned from THPP-NMD program as follow up for terminated/discharged NMDs could result in multiple agencies providing follow up tracking to an NMD that is already under the care of another agency.
- Corrective Action Taken: By July of 2024, the Daisy's House Social Work Supervisor will review LA County SOW aftercare and follow up expectations with all Daisy's House staff and discuss aftercare with NMDs that are 20.5 years old as a part of their transition report. By July 2024, Daisy's House will also develop a protocol and train staff for how to encourage and/or make reasonable attempts via cell phone, text message, and/or email to have terminated NMDs fill out and sign the exit assessment with implementation starting August 2024. For example, attempts via cell phone, text message, and/or email can be made during the coordinating of and dispersal of the NMD savings check if the NMD is a runaway, are terminated, or leave unexpectedly.

- Explain what the Quality Assurance (QA) Plan is to maintain Compliance: Daisy's House Administrator will discuss the exit assessment and follow up contact with CSWs during the intake process for new NMDs and during transition or termination. Daisy's House Social Work Supervisor will share the details of exit assessments and aftercare via email with CSWs at the initial intake and at anytime during the placement where the NMD may be terminated or has been classified as a runaway.

I, David Egans, certify that all of the information above is complete and accurate. Please contact me at admin@daisyshouse.net with any questions that you may have.

Respectfully,

 7/8/24

David Egans,
Daisy's House Administrator