



# County of Los Angeles

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 14, 2025

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

From: Brandon T. Nichols  
Director

### PENNY LANE CENTERS 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 Penny Lane Centers Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) (the Contractor) in September 2024. The Contractor has seven licensed sites: four located in the Third Supervisorial District; and three located in the Fifth Supervisorial District. The sites provide 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 4
PRIORITY 2 3
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 4 of 8 applicable areas of the CCD's Contract Compliance Review: Personnel/Staffing Training; Education and Employment; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

For the purpose of this review, six DCFS NMDs were selected for the sample. The CCD reviewed the records and files of the six selected NMDs to assess the level of care and services they received. An additional five discharged NMD files were reviewed to assess the Contractor's compliance with permanency efforts. The CCD reviewed five 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)
  - Five NMDs Special Incident Reports were not completed timely and cross-reported to the appropriate parties in the iTrack System.
- Record Folder/Case File (3 Findings)
  - The initial Needs and Services Plans (NSPs) in the case files for six NMDs were not completed timely, did not meet the documentation requirements and were not reviewed every six months.
  - Six NMDs case files did not have an Advocacy Review Form on file.
  - Six NMDs case files did not have all required daily contacts made with the NMDs and the contacts were not documented in the case files.

### ***Priority 2***

- Contractor/Agency Reports (1 Finding)
  - Contractor did not complete and maintain the Monthly Reports, the Monthly Census Reports and the Referral Logs as required.
- Record Folder/Case File (1 Finding)
  - Contractor did not complete and maintain the Progress Reports in six NMDs files as required.
- Training (1 Finding)

- Six NMDs did not receive the required 240 minutes of Life Skills training monthly.

### **Priority 3**

- Record Folder/Case File (2 Findings)
  - Six NMDs NSPs were not signed by the NMDs, Contractor and the Children's Social Workers.
  - Six NMDs 2-Way Authorization for Sharing Information forms were not on file.

On November 21, 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  
Wendy Carpenter, Chief Executive Officer, Penny Lane Centers  
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



December 30, 2024

Revised Copy

[REDACTED]  
Children Services Administrator I  
Dept of Children and Family Services  
Contract Compliance Division  
[REDACTED]

RE: Corrective Action Plan for the Penny Lane Centers (PLC) THPP-NMD Contract Compliance Review

Dear [REDACTED]

The following is Penny Lane's Correction Action Plan (CAP) regarding the THPP-NMD Contract Compliance Review findings:

A) Licensure and Certificate of Compliance Finding

3.) Special Incident Reports are completed on time and cross-reported via I-Track (SOW 8.4.5, 8.4.5.1, 8.4.5.2; 9.10.7.1, 9.10.7.2, 9.10.7.5 (c) (d) (e))

1. Cause: During the transition time, the position of QI Specialist was closed, and the responsibility of reporting fell on the Program Manager. As such, in addition to his other duties, it caused a delay in reporting responsibilities.
2. Corrective Action Taken: Some of the Program Manager's duties were delegated to other team members; subsequently, all SIRs will be reported and cross reported to all appropriate parties in a required reporting timeframe per SOW. This procedure is effective as of 11/21/24
3. QA Plan to Maintain Compliance: The Director will conduct bi-weekly audits to review compliance with timeliness and reporting accuracy. The Director will be copied on all SIRs that are to be I-Tracked.

C) Contractor/Agency Reports

1.) Agency Monthly Reports, Monthly Census Reports and Referral logs were not submitted timely. Agency Monthly Report (Exhibit A-27) (SOW 9.11.4); Monthly Census Report (Exhibit A-32) (SOW 9.11.4); THPP-NMD Referral Log (Exhibit A-35) (SOW 9.11.2)

1. Cause: Due to an upgrade agencywide by IT department, most of our emails showing that the reports were submitted on time were lost.
2. Corrective Action Taken: All emails as proof of submission will be saved and printed and kept in the NMD log report.
3. QA Plan to Maintain Compliance: The Director will conduct Monthly audits to verify that reports were submitted on time and printed in the NMD log report. In the Director's absence, the Sr. Program Manager will conduct the audits

D) THPP-NMD Participant Record Folder/Case File

1.) Needs and Services Plans (SOW 9.10.6; 9.10.6.1; 9.10.6.2; 9.10.6.3);

1. Cause: The contractor's interpretation of NSP and progress report was that both forms were the same as they were labeled A-20.
2. Corrective Action Taken: Training on how to complete the Needs and Services Plan was provided to all case managers on 11/22/24. The case managers will complete a report with the required elements as specified in the SOW and label it as NSP. In addition, the Program Manager will ensure that the reports have the required elements as noted in the SOW prior to approving.
3. QA Plan to Maintain Compliance: The Program Manager will ensure that these reports are completed and submitted by their respective deadlines. The Program Manager will audit the files one week prior to submitting them to ensure compliance. If any information is missing, the documents will be returned to the case manager to be edited. Moreover, the Program Manager must approve the reports prior to submission to the appropriate parties.

2.) Progress Reports (9.10; 9.10.1; 9.10.2; 9.10.4; 9.10.4.1)

1. Cause: The new case manager failed to report on the required Casey Life Skills in detail in the progress report.
2. Corrective Action Taken: The contractor will continue to complete a report with the required elements as specified in the SOW and label it as Progress Report. In addition, the Program Manager will ensure that the reports have the required elements as noted in the SOW prior to approving.



3. **QA Plan to Maintain Compliance:** The Program Manager will ensure that these reports are completed and submitted in a timely manner. The Program Manager will audit the files 7 days prior to their deadline to ensure compliance and for any necessary revisions to be made in time. Moreover, the Program Manager will approve the reports prior to submission to the appropriate parties.

## D-1

### 1.) A-3/3a Authorization form (SOW 8.3.8)

1. **Cause:** A-3s for the NMDs were not on file because they have not needed to speak with any outside agencies that required a release of information and advocacy review forms were not on file because an advocacy review has not been requested by NMDs.
2. **Corrective Action Taken:** The Authorization form will be completed upon enrollment and forwarded to the NMD's case worker for signature.
3. **QA Plan to Maintain Compliance:** The Program Manager will review the intake packet, and should there be any deficiencies, the Program Manager will contact the NMD's case worker for the authorization form via email and print the email as proof and file in the NMD's file.

### 2.) A-22 Advocacy form (SOW 8.3.8)

1. **Cause:** The contractor did not provide the A-22 form as none of the NMDs had requested it; however, the contractor would have provided it if one was requested.
2. **Corrective Action Taken:** The Advocacy form (Exhibit A-22) is added to the Welcome Packet as of 12/2024; accordingly, upon enrollment/intake, the NMD will be provided with the Advocacy form as part of the Welcome Packet and will acknowledge receipt.
3. **QA Plan to Maintain Compliance:** The Program Manager will review the intake forms upon enrollment to ensure that all forms are provided, and acknowledgment is documented within the first week of enrollment.

## D-2

### 3.) Daily Contact with NMDs (SOW 8.4.1, 8.4.1.1, 8.4.2)





1. Cause: The case manager failed to document daily contact with the participants after each contact.
2. Corrective Action Taken: The Program Manager will ensure that case managers document daily contact with each participant and a report will be provided to the program manager daily.
3. QA Plan to Maintain Compliance: The Program Manager and the Director will review end of shift reports daily to ensure that all daily contacts are made. If the information is not present, the Program Manager will follow up with case managers to ensure information is added. In addition, the Program Manager will review the entries for case notes Monthly to ensure that they contain the daily contact log.

E) Required Life Skills Training (THPP-NMD SOW 8.6.4.3)

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

1. Cause: The Contractor failed to document the case managers' efforts in ensuring that the participants attend 240 minutes.
2. Corrective Action Taken: The contractor will continue to provide 3 weekly group sessions for Life Skills training. Also, the case managers will offer individual Life Skills training session should an NMD miss any of the weekly sessions. The case managers will document their efforts in encouraging and ensuring that the participants attend weekly life skills totaling 240 minutes per month.
3. QA Plan to Maintain Compliance: The Program Manager will review the case managers' documentation monthly to ensure compliance with SOW. If the information is not present, the Program Manager will follow up with case managers to ensure information is present and provide the necessary training.

As always, we appreciate your feedback and take this opportunity to further improve our services in the THPP-NMD program.

[Redacted]

[Redacted]