



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

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



**BOBBY D. CAGLE**  
Director

**BRANDON T. NICHOLS**  
Chief Deputy Director

**Board of Supervisors**  
HILDA L. SOLIS  
First District  
MARK RIDLEY-THOMAS  
Second District  
SHEILA KUEHL  
Third District  
JANICE HAHN  
Fourth District  
KATHRYN BARGER  
Fifth District

September 23, 2019

To: Supervisor Janice Hahn, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Kathryn Barger

From: *Cynthia McCoy Miller for*  
Bobby D. Cagle  
Director

**VICTOR TREATMENT CENTERS FOSTER FAMILY AGENCY 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 Victor Treatment Centers Foster Family Agency (the FFA) in March 2019. The FFA has three offices: one located in the First Supervisorial District; one in San Bernardino County; and one in Riverside County. All offices provide services to the County of Los Angeles DCFS placed children, children placed by other counties, and Non-Minor Dependents (NMDs).

**Key Outcomes**

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

CAD conducted an on-site Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; 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 FFA was in full compliance with 9 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Resource Family Home Requirements; Engagement and Teamwork;

Each Supervisor  
September 23, 2019  
Page 2

Permanency; 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.

For the purpose of this review, 12 DCFS placed children were selected for the sample. CAD reviewed the 12 children's files to assess the level of care and services they received. CAD interviewed 8 children, as 4 were pre-verbal. Additionally, 5 discharged children's files were reviewed to assess the FFA's compliance with permanency efforts.

CAD reviewed 4 Resource Family Home (RFH) files and 5 staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted interviews with staff and the Resource Family Parents (RFPs). Site visits were conducted at the FFA and the RFH to assess the quality of care and supervision provided to the placed children.

CAD noted deficiencies in the areas of: Facility and Environment, related to one RFH which did not have a functioning smoke detector; and another RFH was observed to have dangerous items, such as packaging gel capsules, accessible to the children. Needs and Services Plans (NSP), related to 5 of the children/NMD's NSPs were found to not be comprehensive and accurate; and case plan, goals, and concurrent plan were not included.

On April 16, 2019, DCFS CAD Children Services Administrator Is and Probation's Deputy Probation Officer II held an exit conference with the FFA's Executive Director, Regional Director, Program Managers, and a Resource Family Quality Assurance Manager.

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

The FFA 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:KR  
LTI:gt

#### Attachments

c: Sachi A. Hamai, Chief Executive Officer  
Arlene Barrera, Acting Auditor-Controller  
Terri L. McDonald, Chief Probation Officer  
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Lorraine Romero, Executive Director, Victor Treatment Centers FFA  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



Originally submitted May 7, 2019  
Revised submittal date May 14, 2019

DCFS Contracts Compliance Unit  
3530 Wilshire Blvd., 5<sup>th</sup> Floor  
Los Angeles, CA 90010  
Attn: Grace Tamase, CSA 1

**Victor Treatment  
Centers**

**Victor Community  
Support Services**

**Administration**  
1360 East Lassen Avenue  
Chico, CA 95973  
530.893.0758  
Fax 530.893.0502  
www.victor.org

To: Ms. Grace Tamase, CSA 1  
From: Erin Ellis, RFQA Manager, Victor Treatment Centers, Inc.  
Subject: Corrective Action Plan for the Contracts Administration Division  
(CAD) Contract Compliance Monitoring Review of Victor Treatment Centers  
(VTC) Foster Family Agency for 2018-2019

### III. Facility and Environment:

**Two of the Resource Family Homes (RFH) were found to not have their common quarters safe and well maintained. One of the RFHs did not have a functioning smoke detector in the Resource Parent's bedroom. One of the RFHs was observed to have multiple packaging gel capsules inside a sealed bag and several dried hot chili peppers in a kitchen drawer that was accessible to the foster children. In both cases CAD was able to confirm these items were corrected at the time of their site visit.**

**VTC Response:** VTC Foster Care Social Workers (FCSWs) are responsible for ensuring that the RFHs are in compliance with Title XXII/ILS Building and Grounds regulations, which includes ensuring that there is nothing that would jeopardize the health or safety of the foster children. The Resource Parents are responsible for adhering to these regulations at all times. It is the FCSWs responsibility to conduct mini weekly home inspections, and to conduct thorough bimonthly home inspections of the RFHs. The forms for both of these contain specific language regarding checking that the medications are locked and stored properly (see attached forms). On both forms used to conduct these inspections it states "All medication, including vitamins, OTC and pet meds must be 5' high and locked". The bimonthly form has specific language regarding checking smoke detectors to ensure they are functioning. The form specifically states, "Are smoke detectors and carbon monoxide detectors or sprinklers approved, commercially manufactured, functioning and installed in hallways in each sleeping area?" The FCSWs are to check compliance weekly with the Resource Parents and both sign the form acknowledging that the home meets the standard. The proof of the completed weekly and bi-monthly home inspections are kept at each FFA office location.

If deficiencies are found during the mini weekly or bimonthly home inspections of the RFH the FCSW gives the Resource Parent a Corrective Action Plan (CAP) to make the necessary repairs/corrections. The CAP is documented on the RFA 809: Resource Family Visit Record form (see attached), this is a duplicate form, and the FCSW maintains the original copy and the yellow copy is given to the Resource Parent. The timeline for the corrections/repairs to be made depends on the nature and safety risk of the deficiencies that are found. The timeframes are: Immediate, 24 hours, one week or more. For instance, if a cleaning supply or a knife is found not to be accessible, then the FCSW would



have the resource parent immediately put it in the designated inaccessible locked area. However, if it was something such as debris in the backyard, the FCSW would give the resource parent one week to correct it. The FCSW is responsible for ensuring that the repairs/corrections occur, and for documenting as such in the resource parent file using the RFA 809 form.

The Foster Care Program Managers retrained all FCSWs on their responsibility regarding ensuring adherence to Title XXII/ILS Building and Grounds regulations of their RFHs, and specifically that they must open up every drawer and cabinet when inspecting the RFHs to ensure there is nothing that could pose a safety risk to children. The FCSWs were also retrained on ensuring that each smoke/carbon monoxide detector in the home is functioning by pressing the button for the confirming beep. These were reviewed at the FFA Staff Meetings on April 22, 2019 and May 7, 2019 (see attached sign in sheets and training material).

Ongoing, the Foster Care Program Managers will also be discussing potential Building and Grounds concerns during each of their individual supervision meetings with the FCSWs. In addition to the weekly and bi-monthly home inspections completed by the FCSWs, on an annual basis the Resource Family Social Worker inspects the RFHs to ensure compliance with Title XXII/ILS regulations. The proof of this home inspection is kept in the Resource Parent's agency file. Resource parents will also receive training on Building and Grounds regulations annually; this is currently scheduled for August 2019. The proof of this training will be kept in the Resource Parent's agency file.

#### **V. Needs and Services Plans**

**Five of the children/non minor dependent's NSPs were found to not be comprehensive and accurate. Five of the children/non minor dependent's NSPs did not include the correct Case Plan or Concurrent Case Plan.**

**VTC Response:** Through the CAD review some training issues were identified for staff regarding the Quarterly/NSP reports that were reviewed. The findings included: missing quarterly or updated information on Education and/or Life Skills goals, the same goals being used for several NSP reports, no education goals for a child that was in tutoring, no tutoring for a child that was failing classes and no record of tutoring for a child that had an IEP and was below grade level. In the adjustment to placement section one child did not have current information based on the child's adjustment during each quarter. It was also identified that some of the children/non minor dependents had discrepancies in their Case Plan and Concurrent Case Plan Goals which included family reunification being listed as the case plan goals when family reunification services had been terminated or other suitable placement/PP services was ordered.

VTC places a high priority on ensuring that staff members are properly trained regarding writing Quarterly/NSP reports that meet the standards of on time completion, accuracy and thoroughness. Prior to the exit interview for the CAD review the process of additional training with all staff personnel responsible for

**Victor Treatment  
Centers**

**Victor Community  
Support Services**

**Administration**  
1360 East Lassen Avenue  
Chico, CA 95973  
530.893.0758  
Fax 530.893.0502  
www.victor.org



**Victor Treatment  
Centers**

**Victor Community  
Support Services**

**Administration**  
1360 East Lassen Avenue  
Chico, CA 95973  
530.893.0758  
Fax 530.893.0502  
[www.victor.org](http://www.victor.org)

writing and reviewing Needs and Services Plans was begun. On March 25, 2019 and March 27, 2019 (see attached sign in sheets) the Resource Family Quality Assurance Manager completed a one on one in depth review of the LA County Quarterly/Needs and Services Plan reports and what needs to be included in each area to ensure the reports are comprehensive, accurate, individualized and complete with each of the Foster Care Program Managers. Samples were given out to use as references when retraining staff. The training also emphasized the need to ensure Case Plan and Concurrent Case Plan goals are accurate and up to date with the court orders

At the FFA Staff Meetings on April 1, 2019 and April 2, 2019 (see attached sign in sheets and training material) the Foster Care Program Managers retrained each of the FCSWs on what needed to be included in a Quarterly/Needs and Services Plan report to ensure the reports were written in a thorough manner including areas of:

- Adjustment to Placement
- Case Plan and Concurrent Case Plan Goals
- Medical/Physical and Dental Health
- Mental Health Services and Occupational Therapy
- Education including the need for Tutoring, Education Goals and/or Individualized Education Plans
- Visitation and FCSW Contact with Child and Resource Family
- Life Skills Training and Youth Development Preparation including TILPs
- Outcome Goals
- SMART NSP goals
- Signature Pages and Policies regarding timeliness of Signatures

Each FCSW was given several examples of Quarterly/NSP reports that were written in a thorough and comprehensive manner. The Foster Care Program Managers retrained each of the FCSWs on what needed to occur in order to ensure the Case Plan and Concurrent Case Plan Goals written in the Quarterly/NSP report contains accurate information regarding the permanency plan whether it is: family reunification, relative placement, adoption, legal guardianship, planned placement living arrangement, or transitional independent living.

The following system is in place to ensure that quality, comprehensive and accurate Quarterly/Needs and Services Plan reports is maintained:

- 1) The FCSW will gather all of the data needed for the report and write the Quarterly/NSP report. The FCSW will then review the Quarterly/NSP report and submit the report to the Foster Care Program Manager at least 5 business days prior to the report being sent out to the respective County Social Worker.
- 2) The Foster Care Program Manager will review the Quarterly/NSP report for thoroughness and accuracy. If corrections need to be made, the



Quarterly/NSP report will be sent back to the FCSW with specific guidance on the corrections that need to be made.

- 3) The FCSW will make the corrections within 24 hours and resubmit the completed and corrected Quarterly/NSP report for a final review by the Foster Care Program Manager.
- 4) Once the final review has been completed by the Foster Care Program Manager the report will be returned to the FCSW for submission to the County Social Worker.
- 5) The Resource Family Quality Assurance Manager will also complete periodic reviews of the Quarterly/NSP reports to ensure the reports meet agency standards.
- 6) The Foster Care Program Managers conduct training on Quarterly/NSPs with the FCSWs at the FFA Staff Meeting at least annually. Thus, it will be conducted again in April 2020.

**Victor Treatment Centers**

**Victor Community Support Services**

**Administration**  
1360 East Lassen Avenue  
Chico, CA 95973  
530.893.0758  
Fax 530.893.0502  
www.victor.org

Victor Treatment Centers, Inc. places a high priority on ensuring that staff members maintain consistent communication with community partners/stakeholders to ensure appropriate collaboration occurs regarding permanency planning for the children in care.

The following system is in place to ensure the Case Plan and Concurrent Case Plan goals are accurate at all times:

- 1) When a foster child is placed with VTC Foster Family Agency the Intake worker will ask the County Social Worker what the Current Case Plan is and will give that information to the FCSW.
- 2) The FCSW will maintain the information in their case notes as to the permanency plans making sure to note any changes that occur either through court order or other means. The FCSW will request the review hearing and other court dates and copies of the minute orders to make sure that no changes were made to the Case Plan and Concurrent Case Plan goals.
- 3) The FCSW will include the current and updated Case Plan and Concurrent Case Plan goals on each Quarterly/NSP report that is completed.
- 4) The Foster Care Program Manager will discuss Case Plan goals with the FCSWs during their weekly individual supervision meetings. When reviewing the Quarterly/NSPs the Foster Care Program Managers will ensure that the identified Case Plan and Concurrent Case Plan goals are in alignment.



The Executive Directors of Victor Treatment Centers Foster Family Agency will be responsible for ensuring that this CAP is fully implemented. If you have any questions, please feel free to contact me at (909) 763-5506

Sincerely,

Erin Ellis, MA  
Resource Family Quality Assurance Manager  
Victor Treatment Centers

**Victor Treatment  
Centers**

**Victor Community  
Support Services**

**Administration**  
1360 East Lassen Avenue  
Chico, CA 95973  
530.893.0758  
Fax 530.893.0502  
[www.victor.org](http://www.victor.org)