



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 7, 2020

To: Supervisor Kathryn Barger, Chair
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From: *Cynthia McCoy Miller for*
Bobby D. Cagle
Director

**DAVID AND MARGARET HOME
INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY
FOR CHILDREN WITH SERIOUS EMOTIONAL AND BEHAVIORAL NEEDS
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 Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) for Children with Serious Emotional and Behavioral Needs (SEBN) (the Contractor) in July 2019. The Contractor has one office located in the Fifth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

Key Outcomes

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

CAD conducted an on-site Contract Compliance review of the Contractor's compliance within the following applicable areas of their ISFC-FFA SEBN contract: General Contract Requirements; ISFC Homes and Resources Parents; Needs and Services Plans; Child and Family and ISFC Team Meetings; Safety; Core Services; Personal Rights and Needs/Well-Being; Discharge Planning; Staff Qualifications and Requirements; Facility and Environment; and Vehicles.

"To Enrich Lives Through Effective and Caring Service"

The Contractor was in full compliance with 7 of 11 applicable areas of CAD's Contract Compliance Review: Needs and Services Plan; Child and Family and ISFC Team Meetings; Core Services; Personal Rights and Needs/Well Being; Discharge Planning; Staff Qualifications and Requirements; and Facility and Environment.

For the purpose of this review, two DCFS placed children's files were selected for the sample. CAD reviewed the two files and interviewed the children to assess the level of care and services they received. Additionally, one discharged child's file was reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed five Resource Family Homes (RFHs) files and three staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted interviews with staff and the Resource Family Parents (RFP). To assess the quality of care and supervision provided to the placed children, DCFS conducted site visits at the Contractor's location and the RFHs.

CAD noted findings in the areas of:

Priority 1

- General Requirements
 - The required staffing based on the child's medical necessity accordance with the contractual requirements was not provided. The file reviewed exceeded the limits on dual ratio staff to child.

Priority 2

- ISFC Homes & Resource Parents
 - Tuberculosis health clearance for additional adult living in the home was not on file.
- Safety
 - Special Incident Reports were not reported timely or appropriately.
- Vehicles
 - A vehicle used to transport children had a tire without proper tread/groves.

On August 29, 2019, DCFS CAD Children Services Administrator I, Out-of-Home Care Management Division Quality Assurance Specialist and Quality Assurance Manager with the Bureau of Clinical Resources and Services 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.

Each Supervisor
July 7, 2020
Page 3

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

BDC:KR
LTI:bm

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Michael Miller, Interim Chief Executive Officer, David and Margaret Home
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



David & Margaret
Youth and Family Services

Foster Care and Adoption Services

1350 Third Street, La Verne, CA 91750 (909) 593-0089 Fax: 909 596-7583

David and Margaret ISFC Monitoring Review Exit Summary 8/29/19, Amended 9/23/19
Corrective Action Plan Response (9/30/19)

To Whom It May Concern,

From: Cynthia Yanez, LCSW ISFC Program Supervisor

1. General Requirements

QE6: The agency provided the required staffing based on the child's ISFC medical necessity and in accordance with the contract requirements.

Finding: Employee 2 has 10 case files (3 ISFC plus 7 more), which exceeds the limits on dual ratio staff to child.

Solution: ISFC cases were transferred from existing social worker to ISFC supervisor as of 8/12/19. Going forward, ISFC social worker will comply with the approved caseload, which will be monitored by their supervisor.

2. ISFC Homes and Resource Parents

QE8: All health clearances were completed. (Included in FFA CAP)

Finding: At the time of the review, ISFC #2 had an adult daughter living in the home without a TB health screening. On 8/8/19, the FFA provided documentation to verify that the adult biological child had gone to the doctor for a TB screening test on 7/26/19.

Solution: Quality assurance will audit all FP files to ensure that all adult family members living in any approved resource home have a TB test on file by 10/15/19 and ongoing with new approvals.

3. Safety

QE15: The agency notified required parties of a threat or serious incident (or sign of either) within 24 hours and as per SIR guidelines.



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Finding: Out of 12 SIRs reviewed, 1 was not reported timely (645406), 5 were not reported to ITFC/ISFC Manager, 8 were not reported to OHCMD, and 1 was not reported to CCLD.

Solution: New staff will be closely supervised to ensure that all SIRs are reported in a timely manner and to the required parties (ISFC/ITFC Manager, OHC, CCL, DCFS) by contacting the on-call supervisor for review within 24 hours.

4. Vehicles

QE49: The vehicles used to transport the children met all safety requirements. (Included in FFA CAP)

Finding: ISFC #1 had the left/rear tire without proper tread/grooves.

Solution: Our procedure for quality assurance checks will now include the resource parents performing a penny/quarter check of the tires as part of the QA review. A review of this process was sent to resource parents in an FFA newsletter and FFA staff were trained on the process on 9/4/19.

Respectfully submitted by:

Cynthia Yanez, LCSW

David and Margaret ISFC Program Supervisor

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