



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 29, 2020

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From: 
Bobby D. Cagle
Director

MCKINLEY CHILDREN'S CENTER
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 McKinley Children's Center Foster Family Agency (FFA) (the Contractor) in July 2020. The Contractor has three offices: two located in the Fifth Supervisorial District; and one in Orange County. The offices provide services to the County of Los Angeles DCFS placed children, Non-Minor Dependents, and Probation Youth.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 6
PRIORITY 2 2
PRIORITY 3 1

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans (NSPs); Permanency; Education and Independent Living Plan Services; Health

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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 7 of 11 applicable areas of CAD's Contract Compliance Review: Resource Family Home Requirements; Facility and Environment; Engagement and Teamwork; Permanency; Education and Independent Living Program Services; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

For the purpose of this review, twelve DCFS placed children were selected for the sample. CAD reviewed the files of the twelve selected children and interviewed eight of the children to assess the level of care and services they received, two were pre-verbal, and two refused to be interviewed. An additional five discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

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

CAD noted findings in the areas of:

Priority 1

- General Contract Requirements
 - Special Incident Reports were not properly documented.
- Needs and Services Plans
 - NSPs were not comprehensive or accurate; and
 - NSPs for Non-Minor Dependents are not consistent with the Transitional Independent Living Plan (TILP) or the FFA has not documented efforts to obtain the TILP.
- Health and Medical Needs
 - Required follow-up medical examinations were not conducted on time.
- Personnel Files
 - Personnel did not meet employment requirements; and
 - Personnel did not receive all initial training.

Priority 2

- Health and Medical Needs
 - Initial medical examinations are not conducted on time.
- Personnel Files
 - Personnel did not receive annual on-going trainings as defined in the Statement of Work and Interim Licensing Standards.

Priority 3

- Needs and Services Plans
 - Children are not receiving trauma-informed and culturally sensitive services, ensuring progress toward meeting case plan goals.

On August 27, 2020, the DCFS CAD Children Services Administrator I and II and the Out-of-Home Care Management Division Quality Assurance Specialist 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.

BDC:KDR
LTI:slr

Attachments

c: Fesia Davenport, Acting Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Brandon Nichols, Chief Deputy Probation Officer
Public Information Office
Audit Committee
Anil Vadaparty, Chief Executive Officer, McKinley Children's Center
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

Sherry L. Rolls, CSA I
Contracts Administration Division
3530 Wilshire Boulevard, 4th floor
Los Angeles, California 90010



October 6, 2020

RE:FFA Contract Compliance Review Plan of Correction (September 2020) Amended

Dear Ms. Rolls,

Thank you for the collaboration and feedback with your recent review of the Foster Family Program. We strive to ensure the children and families we serve are treated well while ensuring their safety and welfare. We are pleased you found this to be the case. We also understand there are areas we can continue to develop in, and we are providing our plan of corrections below.

The FFA Administrators and Supervisors reviewed the complete FFA Monitoring Exit Summary as a team on September 22, 2020. A plan of correction was discussed as a team in hopes of improving our processes and procedures, which may result in overall improved results in the future. A secondary meeting was held with OHC Technical Support, on September 23rd with the FFA Administrators to once again review the findings while engaging in dialogue to better understand contract compliance expectations and actionable ways to rectify the findings. The end result was an agenda for training all team members for four hours on September 24th by OHC Technical Support, FFA administrators, and VP of FFA. The training topics specifically highlighted the areas of non compliance. The sign in sheet and materials are attached for your reference.

FINDING: Section I. GENERAL CONTRACT REQUIREMENTS

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

6b. Properly cross-reported in the I-Track System.

RESPONSE: There were four Special Incidents (SIRs) not reported timely; two not reported timely by resource parents and two not reported timely by the social worker. There were two additional SIRs not cross reported properly by the social worker.

CORRECTIVE ACTION PLAN: A two hour training meeting took place on September 23, 2020 with the FFA Administrators and Out of Home Care for technical support with compliance findings and development of corrective action plan. SIR reporting guidelines were reviewed, and training needs identified to train the entire FFA team. An all staff training meeting took place on September 24th for four hours in which the SIR reporting timelines and submission process was reviewed, along with a situational discussion on meeting timelines, by teaming to support each other. All foster care social workers will provide a 30 minute training on SIR Timelines by reviewing the reportable incidents form with resource parents, and a certificate of completion will be filed in the resource parent chart by October 31st, 2020. A letter will be sent to all resource parents with timelines on reporting SIRs by October 1st, 2020. The Administrator is responsible for implementation and Quality Systems Specialists will ensure this procedure is taking place. Additionally, the Quality Systems Specialist reviews all SIRs for accuracy and timely reporting to ensure compliance. All review findings are immediately communicated to Administrators, and a plan of correction is immediately implemented. All instances of non-compliance will be reported to the Vice President of FFA to address.

FINDING: Section V. NEEDS AND SERVICES PLANS

23b. Are comprehensive and accurate

23c. Included Case Plans and Concurrent Case Plan

25. Children are receiving trauma-informed care and culturally sensitive services to ensure progress is made toward meeting each child's case plan goals.

27. NSPs for non-minor dependents are consistent with the Transitional Independent Living Program (TILP) plan, or FFA has documented efforts to obtain the TILP.

RESPONSE: Eleven needs and services plans were reviewed and found to be in need of addressing comprehensive and accurate information. A total of nine NSPs did not have concurrent case plans indicated in the report. One NSP had differing needs for placement, and identified needs were not incorporated in treatment planning. Another NSP included a sibling's name in the report in error, and has been corrected. Needs and services plans addressed goals in the wrong area of report once met, and were not modified and updated to reflect progress or needs within the reporting period. One NSP for an 18 year old, non minor dependent, did not reflect progress made with the Transitional Independent Living program.

CORRECTIVE ACTION PLAN: A FFA all staff training was held on September 24th, 2020 for four hours in which OHC Technical Support provided detailed training on the development and writing of Needs and Services Plans. The team engaged with the trainer, who provided specific guidance on the items needing correction when developing and writing future NSPs. The Supervisors will thoroughly review at least one complete NSP with the Social Worker, in a joint collaborative effort, to ensure training is applied, by October 31st. A review of documents when preparing the Needs and Services Plan, such as Intake Form for Reasons for Placement, matching the Placing County's DCFS 709, and Permanency plans were addressed in relation to developing concurrent plans and including those plans in the NSP when CSWs confirm them. OHC Support offered to be a liaison between the CSW and the FFA if concurrent plans are not provided after documented follow ups with CSW. The training consisted in focusing on the detail of treatment goal development time frames, to ensure dates are clearly identified and time frames understood by all team members and the child. Clarification was provided with technical support for

documenting achieved goals during the reporting period, and when a goal is considered to be a modification with updated dates. In an effort to ensure Transitional Independent Living Program (TILP) Plans are consistent with the NSP, a change to the agency team meeting form will be made to include a section to address independent living, self sufficiency skills and needs that will incorporate referrals for TILP and ILP. The Administrator is responsible for implementation and the Vice President of FFA will ensure compliance. This process will be added to the Quality Improvement process, and will be reviewed monthly during internal reviews conducted by the Quality Systems Department. All areas of non compliance will be reported to Administrators, and a plan of correction will be immediately implemented.

FINDING: Section VIII. HEALTH & MEDICAL NEEDS

41. Initial Medical Examinations were conducted timely.

43. Required follow-up medical examinations were conducted timely.

RESPONSE: One resource parent did not take the child to be examined within thirty days of placement. The family in question was addressed at the time the medical examination was not provided timely. There was a second medical visit for another child, in care of another resource family, who did not complete the follow up indicated in the medical form as prescribed. The social worker did not follow up timely to ensure follow up was adhered to. Resource parent indicated she was told to follow up if needed by the physician.

CORRECTIVE ACTION PLAN: To ensure compliance Health and Medical needs were a training topic on September 24, at our general all FFA staff meeting. OHC Technical support, discussed medical & health needs in relation to the development of the Needs and Services Plan. Following OHC training, FFA Administrator, conducted additional training for all social workers to review medical forms and calendar any follow up for foster parents to ensure timely compliance. In addition, a letter was sent out to all resource families on October 1st with timelines for medicals, dentals, and the need to ensure all follow up medical appointments are adhered to timely. The resource families in question have been invited to an administrative meeting to address the lack of compliance, provide training, and support. This process will be added to the Quality Improvement process, and will be reviewed monthly during internal reviews conducted by the Quality Systems Department. All areas of non compliance will be reported to Administrators, and a plan of correction will be immediately implemented.

FINDING: Section XI. PERSONNEL FILES

75. Personnel meet employment requirements in accordance with the FFA's program statement and governing regulations.

75a. Personnel meet educational and/or experience requirements in accordance with the FFA's Program Statement and Title requirements.

77a. Minimum of one (1) hour training of Child Abuse Identification & Reporting training.

78b. Implicit Bias.

78c. Cultural Competency.

Response: A Social Worker in question has over 8 years of experience in Child Welfare, and a master's degree in Chicano Studies. The second staff is a Supervising Social Worker with a Masters in Humanity with a Bachelors in Social Work and over 10 years of experience in Child Welfare, as well as supervisory experience. Exception requests were submitted to CCL and exceptions were approved and provided to

the reviewer prior to the review period ending. Orientation training includes one hour child abuse training for all new hires. Tracking training hours and proper documentation according to date hire was a barrier to meeting this need.

CORRECTIVE ACTION PLAN: The Human Resources Department has been provided Interim Licensing Standards Personnel requirements. All future FFA Recruitment efforts will include the specific degrees outlined in accordance with Title 22 and governing regulations. In the event a prospective employee meets the experience requirements and degree is not specifically listed, a professional exception will be requested from Community Care Licensing prior to being hired as an FFA Employee. The Human Resources department will be responsible for tracking all training requirements from date of hire, and ongoing training such as implicit bias, cultural competency, and child abuse reporting. The Vice President of the program will be responsible for implementation. Additionally, the Quality Systems Specialist will review on a random basis Personnel Files for compliance. Instances of non-compliance will be reported to the Vice President of FFA for further action as necessary.

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Please feel free to contact me if you have any questions. I greatly appreciate your input and collaboration in improving our services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Julissa Castillo', with a large, stylized initial 'J'.

Julissa Castillo,
Vice President of FFA and Adoptions

CC: Dustin Vander Haar, *SVP Human Services*
Anil Vadaparty, *Chief Executive Officer*