



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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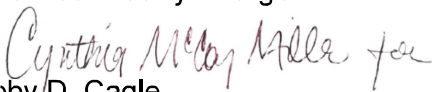
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Director

GINGER PRYOR
Chief Deputy Director

March 12, 2021

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From: 
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Director

MCKINLEY CHILDREN'S CENTER
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 McKinley Children's Center Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) for Children with Serious Emotional and Behavioral Needs (SEBN) (the Contractor) in July 2020. The Contractor has three offices: two located in the Fifth Supervisorial District and one in Orange County. All 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 5
PRIORITY 2 2
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

CAD conducted a virtual Contract Compliance review of the Contractor's compliance within the following applicable areas of their ISFC-FFA SEBN contract: General Contract Requirements;

Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans (NSPs); Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

The Contractor was in full compliance with 6 of 11 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Safety; Permanency; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

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

CAD reviewed three RFH files and three staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephone interviews with staff and the Resource Families. 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 not properly documented.
- RFH Requirements
 - ISFC RFP did not complete all required training.
- Engagement and Teamwork
 - The Child and Family Team meetings did not take place as required;
 - The ISFC team meetings did not take place as required.
- Needs & Services Plans
 - Contractor did not ensure appropriate respite care was provided.

Priority 2

- Needs & Services Plans (NSPs)
 - NSPs were not comprehensive, complete and in compliance with all requirements.
- Support Services
 - Children did not receive instruction on sexual health, sexually transmitted infection prevention and preventing unwanted pregnancy, within the required timeframe.

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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, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Adolfo Gonzales, 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 13, 2020



RE:FFA ISFC-SEBN 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 ISFC-SEBN Program. This was our very first review of the program and although we recognize we have some improvements to focus on, we were happy to know you found the children and families we serve are treated well while ensuring their safety and welfare by our team members. We look forward to the continued collaboration to assist with increasing our scores. Below is our plan of corrections.

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 an effort to improve 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

8. The required parties were notified of a threat or serious incident (or sign of either) within 24 hours and in accordance with SIR guidelines.

RESPONSE: There was one Special Incident (SIR) not reported timely by the foster resource parent. Three other SIRs were not cross reported properly.

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 ISFC submission process was reviewed to ensure correct cross reporting was entered into the Itrack system. Scenarios were provided to all staff to address the cross reporting

differences with the ISFC program, and the need to always cross report to ISFC on Itrack. 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 II. RESOURCE FAMILY HOME REQUIREMENTS

12f. ISFC Resource Parent completed all required training.

RESPONSE: A single parent had been approved as ISFC parent since November 20, 2019. Two youth were in placement for over a year, and were later elevated to ISFC. Resource parent married and the second parent did not complete the required training prior to children being placed because they were already in placement. The resource parent had both youth in placement prior to them being elevated to qualify for ISFC, and the youth were in placement prior to the spouse moving into the home as an approved Resource parent.

CORRECTIVE ACTION PLAN: The ISFC Recruiter was re-trained on September 28th, 2020 on the training requirements for ISFC Approved Families. It is understood in a two parent household where the first parent completed the required 40 hours of training, the second ISFC RFP will complete a minimum of 20-pre-placement hours prior to accepting the first ISFC placement. When a single parent is no longer a single parent and has a spouse the agency will not approve the second parent as an ISFC parent until all ISFC Training hours are completed. The spouse will be an adult in the home, and not an approved resource ISFC parent. All Resource Parent Advocates and Administrators have been advised of the expectations related to ISFC Resource Parent Training, as well as our operations team in a training meeting on September 28, 2020, led by VP of FFA. 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 IV. ENGAGEMENT & TEAMWORK

22. The Child and Family team meetings took place as required.

22a. CFT meeting was held prior to formal ISFC program Intake or no later than 7 days after intake. (SOW, Part B, 3.2.1)

22b. CFT meetings were held at least once a month or more frequently if needed. (SOW, Part B, 3.2.1)

22e. Agency ensured ISFC team made attempts to engage informal supports in CFT Meetings when appropriate. (SOW Part D, 3.3)

23a. ISFC team members held face-to-face meetings, at a minimum once a week to review, track, and adapt as necessary the plans for the child (ISFC)/NMD. (SOW, PART D, 3.1)

23b. ISFC RFP participated with the ISFC team (Social Worker, Case Manager, IHSC, Mental Health Clinician and other relevant professionals) in meetings at least once per month (SOW, Part D, 3.2)

RESPONSE: Two children did not have Child and Family team meetings within the required time frame. One child had his first CFT at 30 days of placement, and the second child had the first CFT within 3 weeks

of placement. ISFC team members held face-to-face meetings at a minimum but were not properly documented in the FFA Files.

CORRECTIVE ACTION PLAN: An all staff training meeting was held on September 24th for four hours. ISFC Program Coordinator/FFA Administrator led the ISFC Training in which all social workers were engaged in a dialogue about the ISFC Treatment Planning needs, and the role of teaming and engaging through the CFTM process. Scheduling conflicts will not be a reason to not have timelines met. The CFTM purpose and timelines were addressed by the ISFC Coordinator with all FFA Staff. The agency team meeting note has been updated to assist with planning for future meetings at every team meeting. The case file will include an initial CFT Meeting Note to meet specific CFTM timeline of the first meeting prior to 7 days of placement, and at least monthly or more frequently as necessary. Further, weekly, or more frequently, the ISFC team meets to discuss the case, review goals and engage in teaming in an effort to support the child and family in reaching treatment needs and those team meeting documentation will be provided in the case file. Finally, the VP of FFA and VP of MH, will be jointly providing training on roles and responsibilities related to the CFTM process to the multidisciplinary McKinley ISFC Team on October 28, 2020. The case file will be reviewed to ensure team meeting documentation exists in a timely manner meeting by the Quality Improvement specialist 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 V. NEEDS AND SERVICES PLANS

24. Individualized NSPs were comprehensive, complete and in compliance with all requirements including being timely, trauma informed, culturally relevant and age and developmentally appropriate.
24a. Individualized NSPs were comprehensive, complete and in compliance with all requirements including, timeliness, being trauma informed, culturally relevant and age and developmentally appropriate. [ILS 88268.2]

27. *The FFA ensured that, when applicable, appropriate respite care was provided.

27a. The agency established, maintained, and documented in the NSP or case file a RFP Support Plan for the ISFC RFP and respite caregiver (including continuous opportunities for self-care and personal breaks individual and group support activities, training, ISFC RFP warm-line, phone or face-to-face communication systems to collect feedback at least 3 to times a week).

[SOW Part B, 3.5 & 3.5.1; SOW, Part C, 2.3.8, 2.3.9 (b) , 5.4]

27c. Respite plan was documented within the first 30 days of placement in the initial NSP or case file. [SOW Part D 3.4]

27d. Respite Plan was reviewed quarterly by the child's ISFC team and CFT and documented in the NSP or case file. {SOW, Part D, 3.4 and 5.1.4 (4)}

RESPONSE: One Needs and services plan was found to be incorrectly updated and modified by not having appropriate goals identified correctly under achieved goals. All resource parents are advised of respite care options during our approval process. They can request respite care at any time through their social worker and intake team who assists with respite options for the children.

CORRECTIVE ACTION PLAN: The agency developed a new respite care plan to be incorporated into the case file during the review period and all families have a respite care plan on file as of September 3rd, 2020. An 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 our 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 Technical support offered to be a liaison between the CSW and the FFA if concurrent plans are not provided after documented follow ups with CSW. In order to emphasize the teaming and discussion on this topic, a section was added to the McKinley Team Meeting form to specify the case plan and concurrent plan and review it with the child and family team.

Additionally, the training consisted of 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 was made to include a section to address independent living, self sufficiency skills and needs that will incorporate referrals for TILP and ILP.

FFA Administrator & ISFC Coordinator provided additional training to the FFA team, reviewing the updated team meeting form and referring to the areas of attention mentioned above. The Administrator is responsible for implementation and the Vice President of FFA will ensure compliance. Additionally, the Quality Systems Department will review Needs and Services plans as part of the monthly chart review process to ensure compliance. Instances of non-compliance will be reported to the Vice President of FFA and administrators. A plan of correction will be immediately implemented.

A Respite Care Plan Form has been developed to be used to document the plan for self care for the family, or to offer alternative placement options to the child as necessary. The form will be completed within 30 days of placement and available in the case file. The McKinley Team meeting note has been modified to include discussing the possibility of respite care everytime a Child and Family Team Meeting takes place. In addition, the social worker will provide an opportunity to discuss respite plans during their weekly interactions with the family, and will document in their contact note.

FINDING: Section VIII. SUPPORT SERVICES

35. Educational services and supports were provided as required.

35c. Youths in middle school or junior high, and youths or NMDs in high school received instruction on sexual health, STI prevention and preventing unwanted pregnancy, within the required timeframe. [W&IC section 16501.1. (g) (20), (21); FFA MC, SOW, Part C, 15.3.10.3]

35d. Children ages 10 or older were informed of their right to access services related to sexual health [W&IC 16501.1(g)(20), (21)]

RESPONSE: One child refused to acknowledge training and access to sexual reproductive health that had been provided by the foster care social worker. The child refused to be interviewed by the reviewer to ascertain the information.

CORRECTIVE ACTION PLAN: To ensure compliance of support services related to educational services and supports, FFA Administrator, led a discussion during a four hour training held on September 24th, 2020 with all FFA staff. Health and Medical needs were a training topic this day at our general all FFA staff

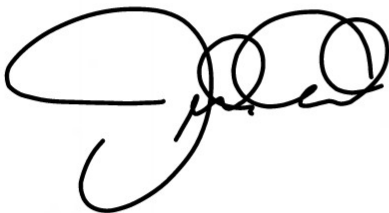
meeting. OHC Technical Support discussed training needs for youth over 10 years of age to be conducted at the time they turn 10, and every six months thereafter. Following OHC training, FFA Administrator, conducted additional training for all social workers to review medical forms, dependent's packet to include a hand out on access and training on Sexual and Reproductive Rights, and the process to be added at placement when reviewing policies and procedures with caregivers and youth. 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.

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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,

Julissa Castillo,
Vice President of FFA and Adoptions

A handwritten signature in black ink, appearing to read 'Julissa', with a large, stylized initial 'J' and a flourish at the end.

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