



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

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April 6, 2021

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From: Bobby D. Cagle  
Director

*Cynthia May Miller for*

**HILLSIDES**  
**SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM**  
**CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Hillside Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in September 2020. The Contractor has an office located in the Fifth Supervisorial District. This site provides services to the County of Los Angeles DCFS-placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents (NMDs).

**Key Outcomes**

| NUMBER OF<br>PRIORITY FINDINGS |
|--------------------------------|
| PRIORITY 1<br>7                |
| PRIORITY 2<br>4                |
| PRIORITY 3<br>0                |

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights

*"To Enrich Lives Through Effective and Caring Service"*

and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 5 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Engagement and Teamwork; Permanency and Transition Services; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

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

CAD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff. To assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted virtual site visits.

CAD noted findings in the areas of:

#### Priority 1

- General Contract Requirements
  - Sign in/out logs did not document visits properly; and
  - Special Incident Reports were not properly documented and cross-reported.
- Needs and Services Plans (NSP)
  - NSPs were not comprehensive or accurate, and did not include the Children's Social Worker/Deputy Probation Office signatures.
- Education and Independent Living Program Services
  - Children were not enrolled in school immediately.
- Health and Medical Needs
  - Initial medical examinations were not conducted timely; and
  - Follow-up dental examinations were not conducted timely.
- Personnel Files
  - Personnel did not receive initial training and orientation.

#### Priority 2

- Education and Independent Living Program Services
  - The children report cards/progress reports, and if applicable, current copies of Individualized Education Programs were not maintained in their file.

- Health and Medical Needs
  - Initial dental examinations were not conducted timely.
- Personnel Files
  - Personnel did not meet employee eligibility verification, experience and/or qualifications requirements and exemptions in accordance with the agency's program statement & governing regulations; and
  - Personnel did not receive annual ongoing trainings.

On October 13, 2020, the DCFS CAD Children Services Administrator I 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  
Stacey R. Roth, LCSW, President and Chief Executive Officer, Hillside  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

December 7, 2020

Department of Children and Family Services  
Contracts Administration Division - Contracts Compliance Section  
Attention: Sherry L. Rolls, Children Services Administrator I  
3530 Wilshire Boulevard, 4th Floor  
Los Angeles, California 90010  
(213) 925-2981  
[rollss@dcfs.lacounty.gov](mailto:rollss@dcfs.lacounty.gov)

Regarding: STRTP Monitoring Review Exit Summary Findings 2019/2020 Amended

Dear Ms. Rolls:

Thank you for the opportunity in being able to address concerns brought up during our 2019/2020 STRTP Monitoring Review. Please see below for a section-by-section summary of how each finding will be promptly addressed.

**I. General Contract Requirements**

- a. Detailed sign in/out logs are maintained
  - i. **Action Plan:** During a team meeting on 11/18/2020 with staff who are responsible for signing in and out visitors an updated Client Visit Sign and Out Process and Log were reviewed (see attachments #1, #1a and #2). This process was then implemented on 11/18/2020. Client visit logs will be recorded for each client and stored in the client electronic health record on a monthly basis.
- b. Special Incident Reports (SIRs) are properly documented and cross-reported in the iTrack System
  - i. **Action Plan:** During a team meeting on 11/12/2020 SIR reporting and cross reporting expectations, timelines, and internal workflow were reviewed with Cottage Supervisors and Lead Child Care Counselor who are responsible for completing and submitting SIRs (see attachment #3 and #4). This workflow has been revised to include an additional review of all submitted SIRs to ensure that cross reporting requirements are met and follow up action when required cross reports are left out from submitted SIRs. Program Assistant reviewed with Division Chief and Crisis Prevention Coordinator cross reporting requirements and timelines. Director of Cottage Services will review on a regular basis submitted SIRs and SIR internal workflow with Cottage Supervisors. The workflow is designed to ensure the completion of the SIRs are completed in the required time frame and cross reported to the required parties.

**IV. Needs and Services Plan**

- a. NSPs were comprehensive and accurate
  - i. **Action Plan:** During a team meeting on 9/22/2020, 10/5/2020, and 10/20/2020 NSP expectations, timelines, and the revised workflow were reviewed with Individual Rehab Specialist (IRS) who are responsible for

completing the NSPs (see attachment #5-#8). The revised workflow is designed to ensure the completion of the NSP is collaborative and routinely being reviewed and edited to accurately reflect services being provided. Changes represented in this workflow include adjusted timelines to ensure supervisor review and tracking for completeness. Additionally, as of September 30, 2020 we have hired another Clinical Program Manager who will share NSP oversight responsibilities with our current Clinical Program Manager. Some of the gaps were a result in changes with leadership and a training of expectations and processes will help to ensure gaps don't continue to occur. The additional Program Manager will also assist with increased capacity for thorough reviews and routine staff (re)training. The first two weeks of October included several comprehensive reviews for both program managers during individual supervisions of NSP requirements, including ensuring each section is thoroughly completed. Specifically, reviewing timelines, dates of reports, goals, and modified goals was reviewed. To assist with continued training and alignment, through the end of the calendar year all NSP edits and reviews will be shared with the Senior Clinical Director and both Program Managers. This will provide additional opportunities to have multiple reviewers for each NSP as well as ensuring feedback and support is aligned through all members of our clinical leadership team.

- b. The CSW/DPO signed the NSPs
  - i. **Action Plan:** The revised workflow and signature expectation was reviewed with all members of the NSP process as there has been several changes in personnel managing this during this past year. On October 15, 2020 the Senior Clinical Director reviewed the expectations and workflow with the residential QA support and two program managers for obtaining necessary placement worker (CSW/DPO) signatures on all NSPs (see attachment #9). This included sharing the "For Your Information: Timely Approval of Needs and Services Plan (NSP)" (revised 1/2019) document from DCFS with clear timelines and regional center email contacts for support with obtaining the necessary signature back. The expectation was shared that the initial two attempts to both the assigned worker and the general regional center email would occur within the first 14-days following the due date. A third and final attempt would occur during the next month's submission, as NSPs are due every 30-days. This will ensure multiple attempts are made immediately following the due date of the NSP, as well as a continued and final attempt when the next NSP is due. It was also reviewed to utilize regularly scheduled CFTs and placement worker visits to obtain necessary signatures when applicable.

## VI. Education and Independent Living Program Services

- a. Children are enrolled in school immediately upon placement
  - i. **Action Plan:** The following procedures from our school and educational policy was reviewed with the school liaison team (10/16/2020), facilitators (10/12/2020), therapists (10/22/2020) and IRS staff (10/20/2020) as a refresher for our standard of care for school enrollment (see attachments



#10-#12 and #7). This review focused on how to document in the NSP's to indicate change of school placement and PUSD triage for school placement. With this discussion there was a reminder on where to find important information to ensure enrollment dates and any delays are clearly documented in the NSP. The procedures reviewed included proactive engagement of the CSW and Ed Rights Holder to determine if client will stay at school of origin or will need to change schools. If client comes to our care and stays at school of origin, we will work with CSW to have client come to placement with their laptop, school login information, and password. If client stays at school of origin, they should be able to begin school right away if they have a computer (we may be able to provide one if needed), school login information, and password. For clients that we are enrolling in Pasadena Unified School District (PUSD) they must go through the PUSD triage process. Regarding immediate school enrollment in PUSD. PUSD school district triage meeting occurs one time a week every Tuesday. A client cannot be placed in PUSD School until they are presented at the Triage meeting. CSW and DCFS Education Specialist that are assigned to each client will be contacted immediately for any missing information required for appropriate placement. Dates of enrollment in PUSD School of clients may be reflective of this process. Lastly, the school liaison team is in the process of revising our current tracking system to more specifically identify date of placement at agency, triage date, school enrollment date, first day of school, school name and grade in order to monitor and track immediate school placement.

- b. The children's report cards/progress reports, and if applicable, current copies of IEPs are maintained in their files
  - i. **Action Plan:** The school liaison team has designated an area in our electronic health record system to store IEP's and report cards/progress reports. We have identified our two school liaison staff who will input as well as track this information in our electronic system. We will engage CSW during intake to provide school information for incoming clients. In addition, we will engage LACOE, DCFS, as well as School District in obtaining school records. On 11/17/2020, the school liaison team will be training IRS staff who complete NSP's as to where information can be found in our electronic system. This training will be supported with a handout that identifies key educational documentation and resources and where to find this information.

## VII. Health and Medical Needs

- a. Initial medical and dental as well as required follow-up dental examinations are conducted timely
  - i. **Action Plan:** The following procedure was reviewed with administrative assistant on 11/9/2020. This is a new administrative assistant hired within the last year, and so the gaps in this review account for the training curve with personnel, this paired with the shift to virtual/paperless as a result of COVID led to some gaps in timely appointments. The review



covered the need to have initial medical screenings done in a timely manner. Initial medical examinations are done within the first 30 days of placement unless client comes with a 561a form (current medical examination). Administrative assistant to check the eligibility of insurance. The appointment is scheduled and put on the calendar, the cottage supervisor and a driver are identified for that specific date and time. If client refuses appointment it is documented on their chart and a copy of the refusal is filled and scanned to Welligent. All appointments are now being scanned into Welligent to be viewed by therapist for easier access and monitoring.

- ii. **Action Plan:** Dental examinations will be scheduled within the first 30 days of placement unless client came in with a 561b form (current dental examination). The administrative assistant is now aware of procedure as discussed above. Additionally, this process and where to find the appointment information was reviewed with IRS (10/20/2020) and therapists (10/22/2020) to ensure it is updated appropriately within the Needs and Services Plan.
- iii. **Action Plan:** The Director of Nursing Services reviewed with the new administrative assistant a process for tracking follow-up dental appointments, including the addition of creating outlook invitation reminders for herself and the Director in order to have additional reminders. Some of the gaps identified in this reporting period were not because of missed appointments, rather were because of COVID restrictions only essential appointments were being taken for several months and this explanation wasn't clear on the NSP. As a result, both nursing services and the IRS staff who complete NSPs were spoken to about where to find information and how to explain gaps that are justified by the pandemic.

#### X. **Personnel Files**

- a. Personnel had employment requirements on file and current, in accordance with program statement and governing regulations
  - i. **Action Plan:** After reviewing staff 1's resume it was discovered that staff met minimum requirement (ILS 87065(g)(1)(A)) of a bachelor's degree for a direct care staff as evidence of resume (see attachment #130).
  - ii. **Action Plan:** Although the staff 1's resume was filed correctly, the delay in retrieving an updated one was due to miscommunication between staff and supervisor. Hiring supervisors will thoroughly vet resumes to ensure they meet requirements prior to hire and filing allowing timely access for review.
- b. Personnel received initial training and annual training (including: initial and annual emergency intervention training (e.g., Pro-ACT), initial and ongoing Child Abuse Identification and Reporting Training, CSEC training, LGBTQ training, reproductive and sexual health training, developmentally disabled children.
  - i. **Action Plan:** As a result of the Corrective Action Plan from the STRTP Monitoring Review, the Hillside's Professional Development Department is creating a training plan for the STRTP program. This training plan will





include monthly live training as well as on-going online training assignments. Live training sessions will offer specific topics twice monthly to STRTP staff, allowing for flexibility in attendance. The Professional Development Department will track attendance of training through Relias, our online training database. Staff who are unable to attend either session, will be assigned the recorded training in Relias in order to gain the information and fulfill the requirement. On a quarterly basis, Supervisors in the program will receive training completion reports for their staff through Relias. This will allow supervisors to monitor training completion for their staff. Supervisors will be responsible to follow up with staff who are pending completion of training requirements.

- ii. **Action Plan:** Staff are required to complete a 3-week New Hire Orientation process. The onboarding of staff is complete within the first month of hire. During this orientation staff complete required initial training to meet requirements. Required courses are also offered throughout the year, allowing staff to complete all initial training requirements within the first year of hire.
- iii. **Action Plan:** As mentioned above monthly live training is offered to STRTP staff covering required courses throughout the year. Staff are also enrolled in Relias online training plans quarterly, ensuring that between live training and online training, the annual requirements are made.
- iv. **Action Plan:** For the identified staff in the CAP, they have been assigned missing courses through the Relias system to complete these requirements. These 4 staff have been given the deadline of December 31st to complete these trainings, with the exception of Reproductive Health, which will be done as a live training early next year.

Please see the additional document added for the upcoming calendar of training events for all STRTP staff over the next 7 months.

Hillsides remains committed to its partnership with DCFS and is dedicated to providing a safety environment for our clients. If you have any additional questions or concerns, please do not hesitate to reach out to me at (323) 254-2274, ext. 11225 or [acousineau@hillsides.org](mailto:acousineau@hillsides.org)

Respectfully,

*Amy Cousineau, PhD*

Amy Cousineau, PhD  
Division Chief, Campus Based Services  
Hillsides

