



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

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

BOBBY D. CAGLE  
Director

GINGER PRYOR  
Chief Deputy Director

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April 13, 2021

To: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From:   
Bobby D. Cagle  
Director

**VISTA DEL MAR CHILD AND FAMILY SERVICES  
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 virtual Contract Compliance Review of Vista Del Mar Child and Family Services Short-Term Residential Therapeutic Program (the Contractor) in October 2020. The Contractor has a licensed site located in the Second Supervisorial District. The site 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 4
PRIORITY 2 5
PRIORITY 3 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 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; Permanency and Transition Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

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

CAD reviewed five 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.
- Engagement and Teamwork
  - Child and Family Team (CFT) meeting team members were not identified and documented in the Needs and Services Plans (NSPs).
- NSPs
  - NSPs were not comprehensive and accurate.
- Education and Independent Living Program Services
  - Children were not enrolled in school immediately.

#### Priority 2

- General Contract Requirements
  - Special Incident Reports were not timely, properly documented and cross-reported.
- Education and Independent Living Program Services
  - Collaborative efforts with the educational rights holder to enroll the child in appropriate classes were not documented; and

- Collaborative efforts with the educational rights holder and the school district to provide the child with educational needs and support services were not documented.
- Personnel Files
  - Personnel did not receive all initial trainings; and
  - Personnel did not receive all on-going annual trainings.

On December 9, 2020, the DCFS CAD Children Services Administrators 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 Gonzalez, Chief Probation Officer  
Brandon Nichols, Chief Deputy Probation Officer  
Public Information Office  
Audit Committee  
Lena Wilson J.D., President & Chief Executive Officer, Vista Del Mar  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

Laurie Konheim  
Chair, Board of Directors

Lena Wilson, J.D.  
President/Chief Executive Officer



VISTA DEL MAR  
CHILD AND FAMILY SERVICES

January 11, 2021

Sherry Rolls, CSA I  
Department of Children and Family Services  
Contracts Administration Division  
3530 Wilshire Blvd. 4<sup>th</sup> Floor  
Los Angeles, California 90010

**RE: Review Date: 10/2020**  
**Exit interview Date: 12/09/2020**  
**CORRECTIVE ACTION PLAN, STRTP (Handler Unit)**  
**AMENDED 02-24-2021**

Dear Ms. Rolls:

I am providing the Contracts Administration Division with a Corrective Action Plan (CAP) as requested, regarding the finding identified during the monitoring of our Short Term Residential Therapeutic Program (STRTP), by our DCFS' Contract Compliance Reviewer.

**FINAL MONITORING REVIEW FIELD EXIT SUMMARY 01-16-2021**

**1. General Contract Requirements**

**#4-Detailed sign in/sign out logs are maintained**

There were 4 visitors who did not sign out in log book although all signed in.

**Plan for Correction:**

STRTP Unit Director reviewed the sign in and sign out process with her direct care staff on 01/06/2021. In addition, Section 13 of the STRTP Program Statement (Family Visitation) revised to specifically note that direct care staff shall seek out visitors directly as needed, to sign the visitation log at the beginning and end of each visit. Please see attached email to all unit staff. Staff are to remind visitors that they must sign out when the visit is over. Staff to bring the sign in/sign out book to visitors for signature if they choose not to enter the building and remain outside for their visit. STRTP Direct Care Supervisors to monitor visitation log in books on a weekly basis to ensure that protocol is being adhered to. They will follow up as indicated with specific staff for correction as needed. This process began 01/06/2021.

## **#5-Special Incident Reports (SIRs) are properly documented**

- 1 SIR was not cross reported to CSW.
- 1 SIR was not reported to CCLD
- 1 SIR was not submitted a per regulatory time frame.

### **Plan for Correction:**

A training/review utilizing the DCFS Special Incident Report (SIR) Guide (EXHIBIT A-5) was conducted on 01/06/2021 by STRTP Unit Director with the Supervisors who are responsible for submitting the Itracks. Vista Del Mar's Direct Care Manual has also been updated to reflect the importance of ensuring the all cross reports are initiated on Itrack system and if, error occurs, addendum to be submitted immediately in system. Unit Director to review submitted Itrack within 24 hours of submission to ensure that required cross reports and corrections if applicable occurred. This process started occurring on 01/06/2021. Please see attached sign in sheet and training outline.

## **III. Engagement and Treatment**

### **13. The child's CFT team members are identified and documented in the NSPs**

There were 4 NSPs where the CFT team members were not identified.

### **Plan for Correction:**

On 12/21/2020, STRTP Unit Director met with unit clinicians to inform them of this required protocol. Section 6 (Development, Review, Implementation and Modification of Needs and Services Plan) of the STRTP Program Statement was revised to include the requirement that the child's CFT team members are identified and documented in the NSPs. In addition, a field has been added to the NSP template on Vista Del Mar's Electronic Health Record system, where CTF Team members are to be delineated. See attached updated template. For checks and balances, clinical case coordinator to review all NSPs to ensure that the CFT team members section on the NSP have been completed and will follow up with assigned clinician for correction as indicated. This change was effective on 12/21/2020.

## **IV. Needs and Services Plan**

### **16. NSP were comprehensive and accurate.**

There were 3 NSPs which did not reflect individualized reasons for goal modifications. In addition, no adjustments had been made to the goal itself (i.e. The frequency remained the same since placement). Also, the wording for goals were the same and therefore were not comprehensive nor accurate as they did not clearly explain the reason for modifying and extending the goals for each child.

### **Plan for Correction:**

On 12/21/2020, STRTP Unit Director met with unit clinicians to review with them the importance of individualizing reasons for goal modifications when completing NSPs. Section 6 of the STRTP Program Statement was specifically

reviewed with the clinicians as well. Please see attached training outline and sign in sheet. For checks and balances, clinical case coordinator to review NSPs prior to filing to ensure that the goals/objectives are comprehensive and accurate and will alter STRTP Unit Director and assigned clinician for correction as indicated. This change was implemented effective 12/21/2020.

## **VI. Education and Independent Living Program Services**

### **27. Children are enrolled in school immediately upon placement.**

1 child was not enrolled immediately upon placement.

#### **Plan for Correction:**

STRTP Unit Director met with Vista Del Mar School Liaison on 12/21/2020 to remind him of this protocol and to offer support as needed if there is a glitch. Section 15.3.3 of STRTP Statement of Work, Immediate Enrollment of Children in School, was specifically reviewed. Please see attached training outline and sign in sheet. This procedure became effective on 12/21/2020. For checks and balances, STRTP Unit Director to follow up with School Liaison, 24 hours after admittance to ensure that the youth has been enrolled and attempts made, are clearly documented.

### **30. Collaborative efforts with the educational rights holder to enroll the child in appropriate classes are documented.**

There was one instance where clear documentation did not exist as to efforts to collaborate with the educational rights holder. These efforts should have been reflected in case file documents and/or in the youth's initial and/or first monthly NSP.

#### **Plan for Correction:**

STRTP Unit Director met with unit clinicians on 12/21/20 to review documentation protocol related to efforts to engage the youth's educational rights holder in CFT meetings. For checks and balances, unit director to review list of attendees prior to CFT meeting and to ensure that documentation has been completed to verify that educational rights holder has been invited and/or reasons why the educational rights holder is not able to attend. This updated protocol became effective on 12/21/2020.

### **31. Collaborative efforts with the educational rights holder and the school district to provide the child with educational needs and support services are documented.**

There was one instance where there was not documentation of communication with the child's education rights holder nor is this person documented as attending the child's CFTs.

**Plan for Correction:**

STRTP Unit Director met with unit clinicians on 12/21/2020 to review documentation requirements to reflect efforts to engage the youth's educational rights holder in CFT meetings and/or other communication attempts. Please see attached training outline and sign in sheet. For checks and balances, STRTP Unit Director to review CFT Matrix following CFT meeting to ensure that required documentation is reflected. This updated protocol became effective on 12/21/2020.

**X. Personnel Files**

**83. Personnel received initial training and orientation.**

One staff was delinquent in having completed 24 hours of training within 90 days of hire and was short by 5 hours.

**Plan of Correction:**

Senior Vice President 01/04/2021 met with Coordinator of Direct Care Staff Training, to review training timing and protocols. Coordinator of Direct Care Staff Training to review newly hired staff's training log prior to 90 days of hire to ensure that all 24 hours of required training has been met. Please see attached training sign in sheet and outline. This updated protocol became effective on 01/04/2021.

**84. Personnel received annual on-going trainings.**

One staff did not complete the annual Child Abuse Identification and Reporting training within the required time frame.

**Plan of Correction:**

Senior VP met with Coordinator of Direct Care Staff Training on 01/04/2021 to review training timing and protocols. Coordinator of Direct Care Staff training to review the master training check list monthly to ensure that all staff are up to date with required trainings and to orchestrate immediate correction as needed. Please see attached training sign in sheet and outline. This updated protocol became effective on 01/04/2021.

Please let me know if additional information is needed.

Thank you again for your collaborative and supportive approach.

Sincerely,



Amy Jaffe, LCSW  
Senior Vice President of Intensive Intervention Programs

Cc: Manyahlal Adenow, DCFS Quality Assurance/OHCMD  
Suzie Jeon, LCSW, Handler Unit Director  
Maricela Morales, Quality Assurance and EHRM Manager  
Joan Gregory, Coordinator of Direct Care Staff Training  
Ali Bhatti, CSA II



**From:** Suzie Jeon <SuzieJeon@vistadelmar.org>  
**Sent:** Wednesday, January 6, 2021 10:33 AM  
**To:** Handler Unit <HandlerUnit@vistadelmar.org>  
**Subject:** Visitor sign in and out protocol

Hello team,

Our STRTP was recently reviewed by DCFS and one of the findings was that visitors were not signing in and out for each every visit.

Moving forward, please be sure to bring out the visitor log for visitors to sign in and make sure to retrieve a sign out signature. The logs are kept in the unit cabinets.

Thank you,

Suzie Jeon, LCSW  
LCSW#85560  
Handler Unit Director  
Vista Del Mar Child and Family Services

3200 Motor Avenue  
Los Angeles, CA 90034  
Email: [suziejeon@vistadelmar.org](mailto:suziejeon@vistadelmar.org)  
T: 310-836-1223 ext. 244  
FAX: 310-836-2162

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**VISTA DEL MAR IN-SERVICE TRAINING ROSTER**

Date: 1/6/2011

Time: 1:00 - 2:00 pm

Title: Special incident reports

Synopsis of Course: See attached Proper, timely documentation & post reporting

Instructor: *Suzie Jean*  
 Print and Sign Name: *[Signature]*

**EMPLOYEE MUST SIGN-IN AND ATTEND ENTIRE TRAINING TO RECEIVE CREDIT**

Name (please print)	Signature	Title	Unit/Department
1. Jonathan Ams	<i>[Signature]</i>	Supervisor	Harvester
2. Jimmie Tyler	<i>[Signature]</i>	Sop	Harvester
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PLEASE SIGN ONLY ONE TIME PER TRAINING

\*40 hours in-service training per year required

## **STRTP Training Review-**

### **Special Incident Reporting Documentation**

- Itracks to be input and submitted within 24 hours of incident.
- CSW and CCLD must be included in cross reports. Supervisor must remember to ensure that they double check these contacts have been checked off.
- For checks and balances, unit director to review all submitted Itracks to ensure that required cross reports have been made. If error has occurred, addendum shall be completed/submitted immediately upon review and emailed to the missing department.

**VISTA DEL MAR IN-SERVICE TRAINING ROSTER**

Date: 12/21/2020

Time: 1-2:00 PM.

Title: Education & Independent Living Program Services

Synopsis of Course: See attached Enrolling youth into school immediately upon placement

Instructor: Steve Jean, LICSW

**EMPLOYEE MUST SIGN-IN AND ATTEND ENTIRE TRAINING TO RECEIVE CREDIT**

Name (please print)	Signature	Title	Unit/Department
1. Erik Mayer	<i>Erik Mayer</i>	School Liaison	Handler
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\*40 hours in-service training per year required

## **STRTP Training Review-**

### **Education and Independent Living Program Services**

- Youth to be enrolled by Vista Del Mar School Liaison immediately upon placement
- Unit Director to follow up with school liaison within 24 hours of placement to ensure that this occurred.
- If enrollment glitches occur, despite Vista Del Mar's best efforts, school liaison to ensure that this is clearly documented via email communication. This email to be copied to clinical case coordinator for filing in chart. CFT shall confer regarding further support in this area as indicated.
- Initial NSP to reflect educational enrollment glitches that have occurred and actions as applicable.

**VISTA DEL MAR IN-SERVICE TRAINING ROSTER**

Date: 12/21/2020

Time: 1-2 PM

Title: Needs to service (NSP) CAP to Review

Synopsis of Course: See attached

Instructor: *Swire Jean*

Print and Sign Name

**EMPLOYEE MUST SIGN-IN AND ATTEND ENTIRE TRAINING TO RECEIVE CREDIT**

Name (please print)	Signature	Title	Unit/Department
1. Swire Jean	<i>[Signature]</i>	LCSW	Handler
2. Emily Fittetara	<i>[Signature]</i>	ACSW	Handler
3. Noelle Heelberg	<i>[Signature]</i>	ACSW	Handler
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### **Needs and Service Plan Review**

- NSPs to be comprehensive and accurate
- Goals to reflect individualized reasons for goal modifications and adjustments
- Clearly identify reason for change in frequency
- Modifying goals when indicated with up to date/new comprehensive and clear language
- Clinician to document Child and Family Team Members on NSP (a field has been added to NSP template)
- Signatures required (even during pandemic)

### **Collaborative Educational Documentation**

- Clinician to clearly document their efforts to engage the youth educational rights Holder in child and family team meetings and or other communication attempts
- STRTP Unit Director to review list of attendees prior to CFT meetings and to ensure that documentation has been completed to verify the educational rights Holder has been invited and/or reasons why the educational rights Holder is not able to attend .

### Los Angeles County Provider Needs and Services Plan / Quarterly Report

Group Home  
  FFA  
  CTF (Check all that are applicable)  
  DCFS  
  Probation  
 Date of Report 12/04/2020

Child's Name: [REDACTED]		D.O.B. [REDACTED]		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
PDJ/Court Case #: [REDACTED]					
Has Medical # been received?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Medical #: [REDACTED]	
Attorney Name: [REDACTED]		Phone #: [REDACTED]		Fax #: [REDACTED]	
Email Address: [REDACTED]		Phone #: [REDACTED]		Fax #: [REDACTED]	
DPO/CSW Name: [REDACTED]		Phone #: [REDACTED]		Fax #: [REDACTED]	
Email Address: [REDACTED]		Date of Admission		[REDACTED]	
FFA/GH Name: [REDACTED]		Address: [REDACTED]		Phone #: [REDACTED]	
GH/FFA/CTF Social Worker: [REDACTED]		Phone #: [REDACTED]		Email Address: [REDACTED]	
Certified Foster Parent's Name: Address (if confidential, state)					
<input checked="" type="checkbox"/> Initial Plan		<input type="checkbox"/> Monthly / Quarterly		period from <u>11/24/2020</u> To <u>12/04/2020</u>	
Date Agency Received Probation 1385 or DCFS 709: <u>11/24/2020</u>		Date of Next NSP:		<u>12/24/2020</u>	

**CFT Team Members**

test



**VISTA DEL MAR IN-SERVICE TRAINING ROSTER**

Date: **January 4, 2021**

Time: **9:00am – 10:00am**

Title: **"Personnel Training Requirements"**      *STRP*

Synopsis of Course: *See attached*

Instructor(s) Names & Signatures: **Amy Jaffe, S-VP of Intensive Intervention Programs**

*Amy Jaffe*

	<b>Name (please print)</b>	<b>Signature</b>	<b>Title</b>	<b>Unit/Department</b>
1.	<b>Joan Gregory</b>	<i>Joan Gregory</i>	<i>Training Coordinator - Admin.</i>	
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**PLEASE SIGN ONLY ONE TIME PER TRAINING**

\*40 hours in-service training per year required

## Training Outline

### Personnel Files:

#### Training timing and protocols reviewed

- Training coordinator to review newly hired staff's training log prior to 90 days of hire to ensure that all 24 hours of required training has been met .
- Training Coordinator to review the master training checklist monthly to ensure that all staff are up-to-date with required trainings and to orchestrate immediate correction as needed