



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 29, 2021

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

From: 
Bobby D. Cagle
Director

HERITAGE GROUP HOMES 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 Heritage Group Homes Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in August 2021. The Contractor has six licensed sites: three offices located in the First Supervisorial District, one office located in the Fourth Supervisorial District, and two offices located in the Fifth Supervisorial District. These sites provide 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 2
PRIORITY 2 0
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 8 of 10 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Facility and Environment; 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.

For the purpose of this review, seven DCFS placed children were selected for the sample. CAD reviewed the files of the seven selected children and telephonically interviewed four of the children to assess the level of care and services they received; two children declined to be interviewed, and one child had been absent without approval from the STRTP.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephone 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 of the Contractor's locations.

CAD noted findings in the areas of:

Priority 1

- Engagement and Teamwork
 - Child and Family Team (CFT) meeting participants were not identified in the Needs and Services Plans (NSPs).
- NSPs
 - NSPs were not comprehensive or completed accurately.

On September 30, 2021, the Children Services Administrator teams from DCFS CAD and the Out-of-Home Care Management Division Quality Assurance and Investigations Section 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.

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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

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzalez, Chief Probation Officer
Public Information Office
Audit Committee
Sandi Heyer, Executive Director, Heritage Group Homes
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

CORRECTION ACTION PLAN

ENGAGEMENT AND TEAMWORK

13. The child's CFT team members are identified and documented in the NSPs NEW [Title 22 §84268.3(c)(2)].

Facility	Comment
Site 699	Child 6 - NO: Same note as Child 1.
Site 699	Child 5 - NO: Same note as Child 1.
Site 700	Child 7 - NO: Same note as Child 1.
Site 698	Child 4 - NO: Same note as Child 1.
Site 696	Child 2 - NO: Same note as Child 1.
Site 697	Child 3 - NO: Same note as Child 1.
Site 696	Child 1 - NO: CFT team members are not identified in the NSPs. UPDATE: Through email correspondence and telephone calls, DCFS has discussed this contract requirement with the Contractor. This remains a finding.

1. Explain the Cause.

During the review, it was noted that the NSP's did not contain a list of names of the CFT members. The NSP's did have signatures of the NSP members and the CFT's did have signatures of the CFT members and are considered an addendum to the NSP's, therefore, Heritage was not adding a separate attachment listing the names of the CFT members on the NSP's as we thought this was duplicative. Going forward, the CFT members will be listed on the last page or addendum page on the NSP by the Therapist and the same procedure as described above will be followed to ensure ongoing compliance.

2. Corrective Action Taken.

In order to ensure compliance with this area in the future, a 2-hour leadership was held on 10/21/2021 that included the Executive Director, Program Director, Quality Assurance Manager, Intake Coordinator, Heads of Service and STRTP Administrators from all site locations. The NSP related findings of the DCFS Exit Summary was discussed and the following steps were put in place for future NSP completion and review: • The Therapist will complete the NSP and list the names of the CFT treatment team as at the end of the document. • The Head of Service will ensure accuracy of above information prior to signing NSPs. • The Quality Assurance Manager will randomly review 5 NSP's per month from each site location to ensure on-going compliance and report to the HOS and program director of any missing or incomplete information for correction and compliance.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Person/position responsible for ongoing monitoring and quality assurance to prevent future finding: Heads of Service at each site location will review all NSP's and provide individual and group training to the treatment team, as needed, to ensure on-going compliance. The Quality Assurance Manager will review random selection of 5 NSP's monthly from each site to ensure compliance in this area and report any areas out of compliance to the program director for further action such as retraining or revision/addendum to NSP

Reviewer Comment

NEEDS AND SERVICES PLANS

16. The NSPs were completed accurately and on time.

16.2 NSPs were comprehensive & accurate.

Facility	Comment
Site 699	Child 5 - NO: No concurrent case plan goal in 7/6/21 NSP. Goals 1 and 3 in this NSP have no start and projected completion dates. Goals in 8/9/21 NSP are 3 new goals. The 3 goals listed in the 7/6/21 NSP were not listed anymore nor listed as achieved. CAD cannot ascertain what happened with these goals. No dates of therapy included in 7/6/21 NSP.
Site 700	Child 7 - NO: No concurrent case plans in NSPs.
Site 697	Child 3 - NO: NSPs did not include dates of all medical and dental exams. Goal 3 has no start and projected completion dates. Initial NSP is marked as the quarterly.
Site 696	Child 2 - NO: No concurrent case plan goal in 7/21/21 NSP.

1. Explain the Cause.

During the review, it was noted that 4 youth did not have comprehensive and detailed NSP's with main finding being no concurrent case plans and some goals were missing start and projected completion dates. One youth's NSP was missing dates of their medical and dental exams, although exams were completed timely. The main cause for this was due to increased turnover in MH staff and extensive degree of detail expected in NSP reports.

2. Corrective Action Taken.

In order to ensure compliance with this area in the future, a 2-hour leadership was held on 10/21/2021 that included the Executive Director, Program Director, Quality Assurance Manager, Intake Coordinator, Heads of Service and STRTP Administrators from all site locations. The NSP related findings of the DCFS Exit Summary was discussed and the following steps were put in place for future NSP completion and review: • The Therapist will complete the NSP and list the names of the CFT treatment team as at the end of the document and ensure that NSP's have all medical and dental appointments listed as well as detailed concurrent case plans with start and projected completion dates of Goals. Therapist will also add more details regarding goals and progress in each area. • The Head of Service will ensure accuracy of above information prior to signing NSPs. • The Quality Assurance Manager will randomly review 5 NSP's per month from each site location to ensure on-going compliance and report to the HOS and program director of any missing or incomplete information for correction and compliance.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

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Reviewer Comment

Attach Documents

No file chosen