



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

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March 30, 2022

To: Supervisor Holly J. Mitchell, Chair
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Supervisor Janice Hahn
Supervisor Kathryn Barger

From: 
Ginger Pryor
Acting Director

**CHILDHELP
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 the Childhelp Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in August 2021. The Contractor has one office in Orange County and one office in San Bernardino County. The site provided services to the County of Los Angeles DCFS-placed children, children placed by other counties, and Non-Minor Dependents. DCFS completed the transition of the placed children the week ending November 12, 2021. This STRTP was placed on Termination Hold effective December 12, 2021, and the Notice of Termination of the STRTP contract will be effective March 31, 2022.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 9
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

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 4 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; 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, four DCFS placed children were selected for the sample. CAD reviewed the files of the four selected children and virtually interviewed three children to assess the level of care and services they received, one child refused to be interviewed. An additional three discharged children files were also 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

- Personnel Files
 - Personnel did not receive annual on-going training.
- General Contract Requirements
 - Special Incident Reports (SIRs) were not adequately documented in the Needs and Services Plan (NSP); and SIRs were not properly cross-reported in the iTrack system.

Priority 2

- Engagement and Teamwork
 - The child's Child and Family Team (CFT) members were not identified and documented in the NSPs.
 - The child's CFT meetings and collaboration were not documented and maintained.
 - The CFT notes did not document each adult participant's role in assisting children with each NSP goal.

- Needs and Services Plans (NSPs)
 - NSPs were not comprehensive or accurate.

- Education and Independent Living Plan Services
 - The children report cards/progress reports were not maintained in their files.
 - Collaborative efforts with educational rights holder to enroll the child in appropriate classes were not documented.
 - Collaborative efforts with educational rights holder and the school district to provide the child with educational needs and support services were not documented.

- Permanency and Transition Services
 - The NSP permanency section did not document the child's case plan goals.

- Personnel Files
 - Personnel did not receive an initial training and orientation.

On January 4, 2022, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

DCFS has completed the transition of the placed children and placed this STRTP on a Termination Hold. On March 3, 2022, DCFS issued the Contract Termination Notice and a Corrective Action Plan was entered into the Contract Monitoring Reporting System by the STRTP to close out the review.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530.

GP:KDR
LTI:yw

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office
Audit Committee
Chris Ruble, Chief Program Officer, Childhelp
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY
CHILDHELP, INC. (STRTP)



Corrective Action Plan

2021

GENERAL CONTRACT REQUIREMENTS

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

5.1 SIR Documentation is in the Needs and Services Plans (NSPs) [Master Contract §§19.2 & 19.6; ILS §87068.3(c)].

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5.2 SIRs were properly cross-reported in the I-Track System [ILS §87061(j); Master Contract, Exhibit A-VIII; SOW, Part B §10.4].

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1. Explain the Cause.

No consistency in how clinical managers approved reports and human error. There was minimal oversight in regards to SIR submission.

2. Corrective Action Taken.

We have updated our NSP template to reflect significant events including SIRS to ensure they are included. Training for therapists will occur the week of 1/24/22. In addition, the clinical supervisor will ensure this is present when reviewing and signing NSPs. SIRs were reported to licensing and delegates via encrypted email. In the future, should a SIR need to be reported via I-Track they will be cross reported using the electronic system.

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

The NSP template has been updated to ensure the SIRs are documented correctly and in a timely manner in the NSPs. There is a new protocol regarding Itrack and SIR reporting process. The project manager is now responsible for these. In addition, the clinical supervisor will ensure this is present when reviewing and signing NSPs.

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

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1. Explain the Cause.

There was minimal oversight and no one designated to ensure this was completed properly.

2. Corrective Action Taken.

Training to be provided to therapists the week of 1/24/22 regarding CFTM frequency, collaboration with external entities and reviewing goals.

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

In addition, quality coordinator is now collecting CFTM notes and ensuring a mental health provider note is done and it consistent with the CFTM notes.

14. The child's CFT meetings & collaboration are documented and maintained.

Facility

Site 717

1. Explain the Cause.

There was minimal oversight to ensure this was completed properly.

2. Corrective Action Taken.

Training to be provided to therapists the week of 1/24/22 regarding CFTM frequency, collaboration with external entities and reviewing goals. In addition, quality coordinator is now collecting CFTM notes and ensuring a mental health provider note is done and it consistent with the CFTM notes.

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

QA tracks the CFTMs and reviews them for continuity and reviews the mental health service connected with the meeting.

15. The CFT notes documented each adult participant's role in assisting children with each NSP goal NEW [Title 22 §84268.3(c)(3); ILS §87068.3(a)(3); SOW, Part C §19.10].

Facility

Site 717

1. Explain the Cause.

Oversight of these reports was not consistent and was not provided by the former Clinical Director.

2. Corrective Action Taken.

Training to be provided to therapists the week of 1/24/22 regarding CFTM frequency, collaboration with external entities and reviewing goals. In addition, quality coordinator is now collecting CFTM notes and ensuring a mental health provider note is done and it consistent with the CFTM notes.

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

QA tracks the CFTMs and reviews them for continuity and reviews the mental health service connected with the meeting. QA will audit to ensure standard is met. In addition, the clinical supervisor will ensure this is present when reviewing and signing NSPs.

NEEDS AND SERVICES PLANS

16. The NSPs were completed accurately and on time.

16.2 NSPs were comprehensive & accurate. [Title 22 §84268.3(c); SOW Part C §§19.2, & 19.6; ILS §§87068.22(c) & 87068.3(a)].

Facility

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1. Explain the Cause.

There was minimal oversight to ensure this was completed properly.

2. Corrective Action Taken.

Training to be provided to therapists the week of 1/24/22 regarding NSP templates to include case plan goals and permanency plan are updated monthly. In addition, the clinical supervisor will ensure this is present when reviewing and signing NSPs.

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

QA and Clinical Director will partner to ensure standard is met through review of NSPs and chart audits.

PERMANENCY & TRANSITION SERVICES

20. The NSP Permanency section documented the child's case plan goals (i.e. concurrent plan, progress made, barriers).

Facility

Site 717

Site 717

1. Explain the Cause.

There was minimal oversight to ensure this was completed properly.

2. Corrective Action Taken.

Training to be provided to therapists the week of 1/24/22 regarding NSP templates to include case plan goals and permanency plan are updated monthly. In addition, the clinical supervisor will ensure this is present when reviewing and signing NSPs.

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

QA and Clinical Director will partner to ensure standard is met through review of NSPS and chart audits.

EDUCATION AND INDEPENDENT LIVING PROGRAM SERVICES

29. The children's report cards/progress reports, and if applicable, current copies of IEPs are maintained in their files.

Facility

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1. Explain the Cause.

Due to restructuring this task was never reassigned.

2. Corrective Action Taken.

An administrative staff will log into the BUSD system to ensure education documentation is printed and filed.

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

Residential Director will ensure there is consistent communication with the schools via the Cottage Managers. Clinical Director will ensure there is consistent communication with the schools via the Case Manager.

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

Facility

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Site 717

1. Explain the Cause.

Due to restructuring this task was never reassigned and no one was designated for this role.

2. Corrective Action Taken.

If the educational rights holder is identified at intake, the intake coordinator will invite them to the school enrollment meeting and document these efforts in the record.

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

The Residential Director and QA will audit charts on a quarterly basis to ensure compliance. Residential Director will ensure there is consistent communication with the schools via the Cottage Managers. Clinical Director will ensure there is consistent communication with the schools via the Case Manager.

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

Facility

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Site 717

1. Explain the Cause.

There was minimal oversight to ensure this was completed properly.

2. Corrective Action Taken.

Routine Coordination with Ed Rights Holder and the school district regarding child's educational needs and support services and documented in the client record

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

The Residential Director and QA will audit charts on a quarterly basis to ensure compliance.

PERSONNEL FILES

83. Personnel received initial training & orientation.

83.6 Personnel received 8 hours of reproductive and sexual health training [SB 89 §51; SOW, Part B, §9.3].

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1. Explain the Cause.

This was an oversight by the training department and quality department.

2. Corrective Action Taken.

This has been incorporated into the 2022 Master Training Calendar

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

The training department will run quarterly reports and submit them to Residential Director, QA and HR to ensure employees are in compliance with training requirements.

84. Personnel received annual on-going training.

84.1 Personnel has received current emergency intervention training (e.g. Pro-ACT). [Title 22 §84165(f)(2)(A)].

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84.2 Personnel has current emergency intervention training on file with the provider. [Title 22 §84165(f)(1)(C)].

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84.5 Personnel received on-going CSEC training. [Title 22 §§87065.1(d)(4)(N) & (c)(3)(V)].

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84.6 Personnel received on-going LGBTQ training. [Title 22 §§84065(j)(3)(O) & (i)(3)(S) & (T); ILS §§87065.1(d)(4)(N) & (c)(3)(S)].

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84.7 Personnel received on-going reproductive and sexual health training. [SB 89 §51; SOW, Part B, §9.3].

Facility

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1. Explain the Cause.

This was an oversight by the training department and quality department.

2. Corrective Action Taken.

A report is generated quarterly by training department and sent to supervisors to ensure staff are scheduled to attend training in a timely manner.

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

Ensure the 2022 Master Training Calendar is completed as scheduled.