



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

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

GINGER PRYOR
Acting Director

DAWNA YOKOYAMA
Interim Chief Deputy
Director

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March 1, 2022

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

From: *Cynthia McCoy Miller for*
Ginger Pryor
Acting Director

**HILLSIDES
FOSTER FAMILY AGENCY
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 Hillside Foster Family Agency (the Contractor) in July 2021. The Contractor has three offices: one located in the First Supervisorial District, one located in the Fifth Supervisorial District, and one located in San Bernardino County. The offices 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 1
PRIORITY 2 8
PRIORITY 3 1

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource

"To Enrich Lives Through Effective and Caring Service"

Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; 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 3 of 11 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; Permanency; and Health and Medical Needs.

For the purpose of this review, ten DCFS placed children were selected for the sample. CAD reviewed the files of the ten selected children and virtually interviewed seven children to assess the level of care and services they received, two children (ages 15 and 16 years old) were on an extended visit outside of the State. One child whose file had been reviewed was discharged on August 13, 2021, prior to the interviews being conducted. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed three RFH files and five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff and the Resource Family Parents (RFPs). To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the Contractor's location and the RFHs.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Common areas were not safe and well maintained; there was a discrepancy in the reporting and documentation of an air gun in the resource foster home.

Priority 2

- General Contract Requirements
 - Special Incident Reports were not properly reported timely in the iTrack system.
- Resource Family Home Requirements
 - The alternative caregiver in the home had not received the required tuberculosis screening.
- Education and Independent Living Plan Services
 - The FFA did not document its efforts to provide eligible children with Youth Development Services (YDS)/Independent Living Program Services (ILP)/or vocational training programs, if appropriate, nor did it document barriers to acquiring services.

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- Personal Rights and Social/Emotional Well-Being
 - Children were not offered to participate in mentorship programs when applicable.

- Personal Needs/Survival and Economic Well-Being
 - The FFA did not ensure that children were encouraged and supported by the RFPs in keeping a life-book

 - Not all children received all weekly allowances timely.

 - One child was not free to spend allowances on appropriate purchases.

- Personnel Files
 - One employee did not complete one of the required annual trainings.

Priority 3

- Needs and Services Plans (NSPs)
 - NSPs were not completed accurately and comprehensively.

On September 2, 2021, 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.

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.

GP:KDR
LTI:amt

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office
Audit Committee
Stacey R. Roth, LCSW, President and Chief Executive Officer
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY HILLSIDES (FFA)



Corrective Action Plan

2021

General Contract

Special Incident Reports are properly documented.

Properly cross-reported in the I-Track system(Contract, Exhibit A-5, SOW, Part B, Section 10.4)

Facility

Site 628

Site 631

Site 631

1. Explain the Cause.

Resource parent failed to report incident within twenty four hours.

2. Corrective Action Taken.

Resource parents were reminded that all incidents need to be reported as soon as possible and within 24 hours, even if minor incident. The agency sent out a letter to remind resource parents of the SIR reporting protocol on October 6 , 2021 reminding them to report serious incidents in a timely manner. The letter will include the After-Hours and Supervisor’s phone numbers. Resource Parents will be asked to add important phone numbers to personal cell phones for accessibility and timely reporting of incidents.

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

The agency will be completing a quarterly review of all SIR's to ensure all serious incidents are reported in a timely manner.

Resource Family Home Requirements

Resource Family Homes received tuberculosis screenings for all additional adults in the home prior to approval

Facility

Site 629

1. Explain the Cause.

TB clearance was not provided and there was no follow up by FCSW to submit TB Clearance.

2. Corrective Action Taken.

The agency will ensure when approving a resource family, the alternative caregiver identified by the resource family will provide a copy of the TB Clearance before the alternative caregivers can have contact with the children.

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

Assessor will review supporting documents when completing home evaluation which will include TB Clearance for identified alternative caregivers. Agency will use Extended Reach to maintain TB clearance on file for each resource family home.

Facility And Environment

15. Common areas were safe and well-maintained

15k. Disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible to children [Title 22 80087\(g\), 84067](#)

Facility

Site 629

1. Explain the Cause.

During home inspections, Resource Parent did not disclose to assigned FCSW that they had an air gun in the home. Resource family did not identify the air gun as a weapon.

2. Corrective Action Taken.

Home Inspection was completed on 8/20/21. FCSW verified that the air gun was no longer in the home. Resource family completed a new Weapons Agreement form. Resource family agreed in the future to report any air gun, bb gun or weapon like objects to FCSW. Training Coordinator will review the Weapon Safety Agreement and Home Inspection during CAP training by October 29, 2021. The Training Coordinator will specifically address weapons and weapon like objects such as air guns, and bb guns.

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

Quality Assurance will internally audit Weapon Safety Agreements and Home Inspections Forms for compliance.

Needs & Services

23. The NSPs were completed accurately and on time

23b. Are comprehensive and accurate

Facility
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Site 629

23c. Included Case Plans and Concurrent Case Plan

Facility
Site 628
Site 628

1. Explain the Cause.

23b.FCSW's did not properly document barriers to reaching identified goals and reason for keeping the same goal. FCSW's did not develop comprehensive SMART goals. 23.c.FCSW did not document Concurrent Case Plan goal. FCSW did not follow up with request from CSW to include in the NSP.

2. Corrective Action Taken.

The agency social workers will be trained on developing individualized, SMART goals that are comprehensive and document progress or barriers when a previously identified goals needs to be extended. NSP training will include documenting CASE Plans and Concurrent Case Plans with information pertaining to to the consultation including the date and method of communication. The Training Coordinator and FFA Supervisor will review SMART objectives and provide examples of SMART goals. Trainings will be completed by October 29, 2021 for both findings.

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

Supervisors will review and approve NSP's that are individualized, SMART goals that are comprehensive and include barriers to meeting identified goals. Supervisor will provide feedback and required FCSW's to revise NSP's that are not comprehensive. Supervisors will ensure that Concurrent Case Plan is included in the NSP submitted for each child/youth.

27. NSPs for non-minor dependents are consistent with the Transitional Independent Living Program (TILP) plan, or the FFA has documented efforts to obtain the TILP

Facility

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1. Explain the Cause.

FCSW's did not consistently request TILP plan from CSW therefore information was not documented nor included in the NSP's even though youth was 14 years old.

2. Corrective Action Taken.

Agency social workers will be trained by October 29, 2021 on requesting copies of the DCFS Transition Independent Living Plan for each youth 14 years and older. They will be provided with training on the importance of TILP agreement. Supervisor's will review all NSP's and ensure TILP information is included in youth's NSP's. A copy of the TILP from the county will be kept in the youth's file. On August 31, 2021 and Sept 29, 2021, Delman Williams, Peer Recovery Support Specialist from Youth Moving On Program provided agency social workers a presentation on Independent Living Programs that include job readiness, housing, accessibility to resources such as computer labs for resume building and access to laundry facility and food pantries. Youth Moving On is a free program through Hillside for Transition Age Youth. Agency social workers will be trained by October 29, 2021 on requesting copies of Transition Independent Living Plan for each youth 14 years and older. They will be provided with training on the importance of TILP agreement. Supervisor's will review all NSP's and ensure TILP information is included in youth's NSP's. A copy of the TILP from the county will be kept in the youth's file.

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

Supervisors will review NSP's to ensure that TILP agreement are included in NSP's. If TILP agreement is not included, Supervisor will require FCSW to follow up and document efforts to obtain copy of TILP.

Education and Independent Living Plan Services

40. The FFA documented its efforts to provide eligible children with Youth Development Services (YDS)/Independent Living Program Services (ILP)/or vocational training programs, if appropriate, or documented barriers to acquiring services

Facility

Site 628

Site 628

1. Explain the Cause.

FCSW did not facilitate or document efforts in facilitating youth's participating in YDS/ILP for youth 16 years and older. FCSW did not document efforts in ensuring youth have an individualized plan to learn basic living skills. FCSW did not request a copy of TILP.

2. Corrective Action Taken.

On August 31, 2021 and Sept 29, 2021, Delman Williams, Peer Recovery Support Specialist from Youth Moving On Program provided agency social workers a presentation on Independent Living Programs that include job readiness, housing, accessibility to resources such as computer labs for resume building and access to laundry facility and food pantries. Youth Moving On is a free program through Hillside for Transition Age Youth. Agency social workers will be trained by October 29, 2021 on requesting copies of TILP. Agency social workers will be provided with training on the importance of ILP/YDS services. They will also be provided with a copy of the ILP Coordinator's contact list as an additional resource. Supervisor's will review all NSP's and ensure county's TILP/YDS information is included in youth's NSP.

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

Supervisors will review NSP's to ensure that DCFS TILP/YDS/ILP services are included in NSP's. If TILP/YDS services are not included, Supervisor will require FCSW to follow up and document efforts to receive copy of of services.

Personal Rights

56. Children are offered to participate in mentorship programs when applicable

Facility

Site 628

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1. Explain the Cause.

FCSW failed to document discussions with youth regarding identifying and maintain important relationships biological or non-related family members to support lifelong connections and/or linkage to mentoring services.

2. Corrective Action Taken.

The foster care social workers attended a training on Promoting Placement Stability by the Los Angeles Department of Mental Health regarding the importance of supporting caregivers/children/youth with a trauma informed approach on maintaining placement stability and integrating community resources to aide in the process. The foster care social workers will continue to collaborate with the county, through CFT meetings, to assist the child with identifying, developing, and maintaining important relationships with immediate/extended family/non related family members. Social workers will obtain additional training on documenting efforts to identify biological or non-related family members to support lifelong connections and offer linkage to mentorship in the community that will help youth prepare for transition from foster care to independent living by October 29, 2021.

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

Supervisors will discuss identified adults with FCSW and/or linkage to mentorship services for youth during individual supervision with FCSW.

Personal Needs

63. The FFA ensures that children are encouraged and supported by the RFPs in keeping a life-book

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1. Explain the Cause.

Each resource family is provided with a starter Life Book that has coloring books and questions for the child/youth to complete together. Resource Parents did not keep up or maintain the life book provided to them by the agency documenting child/youth's milestones with pictures or certificates important to the child.

2. Corrective Action Taken.

FCSW's will meet with Resource Parents and review the importance of maintaining a life book for each child to document their milestones with pictures, drawings, certificates or memorabilia important to the child. FCSW's will have resource parents sign agreement to complete a life book for each child under their care by October 29, 2021.

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

Supervisors to inquire during individual supervision regarding the progress of life books for each child on FCSW's case loads.

69. Children reported receiving all allowances

69a. Children reported receiving the minimum weekly allowances

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69b. Children are free to spend allowances on appropriate purchases

Facility
Site 628

1. Explain the Cause.

A lump sum was given to youth when they requested a monthly allowance in place of a weekly allowance. FCSW did not document appropriately when youth requested to save for a special hair cut.

2. Corrective Action Taken.

Agency will train social workers on ensuring youth get full amount of allowance when youth requests weekly allowance in a lump sum and document differences between 4-week and 5-week monthly allowance amounts. Agency social workers will document specific requests by youth and ensure full allowance amount is distributed to youth. Agency social workers will be retrained on appropriately documenting when a youth would like to save money for special clothing items, tools, and other individual property above the basic services to be provided by the Resource Parents. Agency social workers will review allowance protocols and documentation in training by October 29, 2021. Allowance was reimbursed to the following youth: Child # 7 \$ 30.40, Child # 8 \$78.00, Child # 6 \$78.00, Child # 5 \$78.00, Child # 1 \$108.00, Child # 4 \$108.00, Child # 9 \$78.00, Child # 10 \$65.00, Child # 3 \$65.00 on October 14, 2021. Child # 2 was issued a check for \$65.00 and FCSW is awaiting for CSW to provide address for check to be mailed out as child has been discharged from foster care. Agency social worker utilized this opportunity to facilitate a discussion about the youth opening a bank account and saving money for the future.

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

Supervisor will review documentation when youth expresses wanting to receive a monthly lump sum in place of a weekly sum. Supervisor will review monthly log to ensure details of week by week amount is included in the lump sum.

Personnel Files

78. Personnel are receiving annual on-going trainings as defined in the SOW and ILS

78e. Reduction of Law Enforcement Involvement [SOW, Part B, Section 9.4](#)

Facility

Site 631

1. Explain the Cause.

Employee was out on the day of training and did not follow up to complete the Reduction of Law Enforcement.

2. Corrective Action Taken.

Employee #2 completed the Reduction of Law Enforcement Involvement Training on October 15, 2021. The agency Training Coordinator will conduct quarterly reviews of FFA staff's sign-in sheets and training certificates to monitor on-going training compliance. The agency will coordinate monthly training for staff. Staff missing training will be required to complete training assigned by training coordinator to ensure all staff meet training annual requirements.

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

The agency Training Coordinator will conduct quarterly reviews of FFA staff's sign-in sheets and training certificates to monitor on-going training compliance.