



BRANDON T. NICHOLS
Director

County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

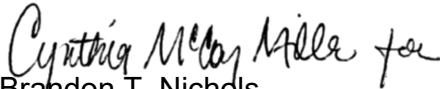
510 S. Vermont Avenue, Los Angeles, California 90020
(213) 351-5602



Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
LINDSEY P. HORVATH
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

September 29, 2023

To: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Kathryn Barger

From: 
Brandon T. Nichols
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 Hillside's Foster Family Agency (FFA) (the Contractor) in August 2022. The Contractor has two offices: 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, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 30
PRIORITY 3 0

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

"To Enrich Lives Through Effective and Caring Service"

Resource Family Home (RFH) 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 7 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Facility and Environment; 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, 12 DCFS placed children were selected for the sample. CAD reviewed the files of the 12 children, six of the children were virtually interviewed to assess the level of care and services they received, and the other six children (ages 3 to 5 years) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional five discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed two RFH files and five staff files for compliance with Title 22 Regulations and County contracting requirements. CAD also conducted telephonic interviews with staff and Resource Family Parents. 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 RFHs.

CAD noted findings in the areas of:

Priority 1

- General Contract Requirements (4 findings)
 - Special Incident Reports for four children were submitted late in the iTrack system and were not appropriately cross-reported.

Priority 2

- Engagement and Teamwork (15 findings)
 - The Child and Family Team (CFT) members/participants for five children were not identified and documented in the Needs and Services Plans (NSPs) and the Foster Family Agency (FFA) did not document efforts to obtain the information.
 - The FFA did not document efforts to collaborate in the five children's CFT meetings and the FFA has not obtained copies of the CFT meeting notes.

- Five children NSPs were not in alignment with services identified in the CFT notes.
- Needs and Services Plans (NSPs) (10 findings)
 - Six children NSPs were not completed accurately and on time.
 - Support services for four children were not in place to meet the children overall well-being and efforts to obtain support services were not documented.
- Permanency and Transition Services (5 findings)
 - The NSPs Permanency section for five children did not document the child's case plan goals.

On October 25, 2022, the Children Services Administrators teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor representatives.

The Contractor 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) 371-6052.

BTN:CMM
LTI:ms

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Interim Chief Probation Officer
Public Information Office
Audit Committee
Stacey Roth, President/CEO, HillSides
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
2022**

GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system Contract, Exhibit A-5, SOW, Part B, Section 10.4(Contract, Exhibit A-5, SOW, Part B, Section 10.4)

Facility
Site 977
Site 974
Site 970
Site 970

1. Explain the Cause.

Resource Family submitted SIR late. New Supervisor did not cross report SIR to include OHCMD.

2. Corrective Action Taken.

Resource Families were sent letters reminding them of SIR protocols including phone numbers to call. FCSW reviewed letters and RF signed SIR acknowledgements to ensure RF report all incidents as soon as possible and no later than 24 hours. FCSW's and Supervisors were retrained on submitting SIR's and cross reporting on Nov. 15, 2022.

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

Supervisors will review to ensure SIR's are complete and cross reported before submitting to I Track.

ENGAGEMENT AND TEAMWORK

20. The child's CFT team members/participants are identified and documented in the NSP OR the FFA has documented efforts to obtain the information SOW, Part C, Sections 14.0, 15.5, 19.2, 20.3

Facility
Site 975
Site 971
Site 971
Site 971
Site 974

1. Explain the Cause.

FCSW's made multiple requests via email to assigned CSW requesting CFT to be scheduled. Evidence of request were submitted. CSW did not hold CFT.

2. Corrective Action Taken.

FCSW's were trained to request CFT within 30 days of placement and every quarter. If they do not receive a response to schedule a CFT by assigned CSW, FCSW will follow chain of command and email CSW and SCSW. If no response, FCSW will engage DCFS Technical Assistance to ensure CFT takes place. All requests will be documented.

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

Supervisor will discuss CFT for each child/youth with FCSW during individual supervision. Quality Assurance will include CFT reviews during chart reviews to ensure compliance.

21. The FFA documented efforts to collaborate and participate in the child's CFT meetings OR the FFA obtained copies of the CFT meeting notes SOW, Part C, Sections 14.0

Facility
Site 975
Site 971
Site 971
Site 971
Site 974

1. Explain the Cause.

FCSW's requested CFT meeting and requested CFT's notes, however CFT's did not take place.

2. Corrective Action Taken.

FCSW's were trained to request CFT within 30 days of placement and every quarter. They were trained on taking CFT notes and requesting minutes. If they do not receive a response to schedule a CFT by assigned CSW, FCSW will follow chain of command and email CSW and SCSW. If no response, FCSW will engage DCFS Technical Assistance to ensure CFT takes place.

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

Chart reviews will take place quarterly. QA will report any patterns of missing documentation regarding CFT and CFT minutes for retraining of FCSW.

22. The child's NSPs are in alignment with services as identified in the CFT notes. [SOW, Part C, Sections 14.0, 19.1.2 and Master Contract, Exhibit A, Title 22, 80068.2; 80069.8(k), 88068.2; FFA ILS Chapter 8.8 Section 88289.1; SOW Part C, 14.0 (1-5), 15.1; 19.1.2; & 19.2; Foster Youth Rights Handbook pg.38]

Facility
Site 975
Site 971
Site 971
Site 971
Site 974

1. Explain the Cause.

CFT's did not take place for children/youth above. Therefore, evidence of collaboration did not take place.

2. Corrective Action Taken.

CFSW's were trained to request CFT within 30 days of placement and every quarter. They were trained on taking CFT notes and requesting minutes. If they do not receive a response to schedule a CFT by assigned CSW, FCSW will follow chain of command and email CSW and SCSW. If no response, FCSW will engage DCFS Technical Assistance to ensure CFT takes place.

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

Chart reviews will take place quarterly. QA will report any patterns to missing documentation regarding CFT and CFT minutes.

NEEDS AND SERVICES PLANS

23. The NSPs were completed accurately and on time [ILS, §§88268.2(c) & 88278.1(a); Master Contract, Exhibit A, SOW, Part C, §§15.0 & 16.8.]

23a. Developed timely

Facility
Site 977
Site 970
Site 970
Site 970

23b. Are comprehensive and accurate

Facility
Site 971
Site 977
Site 970
Site 970
Site 970
Site 970
Site 976

23c. Included Case Plans and Concurrent Case Plan

Facility
Site 977
Site 970
Site 970
Site 970
Site 976

23d. Signed by children when age or developmentally appropriate

Facility
Site 977

23e. Signed by RFPs (and parents if applicable)

Facility
Site 970
Site 970
Site 970

23f. Signed by FFA staff

Facility
Site 977
Site 970
Site 970
Site 970

23g. Signed by CSW/DPO (or documented efforts to obtain signature))

Facility
Site 977
Site 970
Site 970
Site 970

1. Explain the Cause.

Due to staff turnover NSP's were not completed or could not be located.

2. Corrective Action Taken.

FCSW's were retrained on completing NSP's on PMIS system on Nov. 15, 2022.

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

Supervisor to review NSP's with FCSW during individual supervision. If FCSW does not complete NSP due to illness, or unexpected leave, Supervisor will complete NSP for compliance. Chart Reviews will be conducted quarterly to ensure compliance.

24. Support services (mentors, Tutoring, IEPs, Regional Center, etc.) are in place to meet each child's overall well-being OR efforts to obtain support services are documented (SOW, Part C, Sections 15.3) AND [ILS, §§88278.1(c) & 88330(e); Master Contract, Exhibit A, SOW, Part C, §15.6.]

Facility
Site 977
Site 970
Site 970
Site 970

1. Explain the Cause.

Due to staff turnover NSP's were not completed or could not be located.

2. Corrective Action Taken.

FCSW's were retrained on completing NSP's that are comprehensive, and measurable to include support services.

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

Supervisor to review NSP's to be inclusive of Support services.

PERMANENCY AND TRANSITION SERVICES

30. The NSPs Permanency section documented the children's case plan goals (i.e. concurrent case plan goals, progress made, barriers) (SOW, Part C, Sections 19.1.2.3, ILS Section 88268.2)

Facility
Site 970
Site 970
Site 970
Site 977
Site 976

1. Explain the Cause.

Due to staff turnover NSP's were not completed or could not be located.

2. Corrective Action Taken.

FCSW's were retrained on completing NSP's that are comprehensive, and inclusive of concurrent plan, progress and any barriers.

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

Supervisor to review NSP's before submitting to ensure NSP's are inclusive of concurrent plan, progress and barriers.