



BRANDON T. NICHOLS
Director

County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 7, 2023

To: Supervisor Janice Hahn, Chair
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Supervisor Kathryn Barger

From: Brandon T. Nichols
Director

VISTA DEL MAR CHILD AND FAMILY SERVICES COMMUNITY TREATMENT FACILITY 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 Community Treatment Facility (the Contractor) in October 2022. The Contractor has one licensed site located in the Second Supervisorial District. This 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 2
PRIORITY 2 11
PRIORITY 3 0

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: Licensure/Contract Requirements; Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication;

"To Enrich Lives Through Effective and Caring Service"

Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Files.

The Contractor was in full compliance with 6 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Psychotropic Medication; Discharged Children; and Personnel Files.

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

CAD reviewed three staff files for compliance with Title 22 Regulations and County contracting requirements. CAD also conducted telephonic interviews with staff. To assess the quality of care and supervision provided to the placed children, DCFS also conducted a virtual site visit of the Contractor's location.

CAD noted findings in the areas of:

Priority 1

- Personal Needs/Survival and Economic Well-Being (2 findings)
 - Two children reported to have seen unsecured/dangerous items at the location site.

Priority 2

- Licensure/Contract Requirements (4 findings)
 - One substantiated Community Care Licensing Division complaint was on file.
 - One vehicle used to transport children was not in good repair.
 - Special Incident Reports for two children were not properly cross-reported.
- Health and Medical Needs (5 findings)
 - Five children initial dental examinations were not conducted timely.
- Personal Rights and Social/Emotional Well-Being (2 findings)
 - Two children described the consequences for not following rules as being unfair.

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On December 28, 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.

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:KDR
LTI:bm

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Vera Rosa, Interim Chief Probation Officer
Public Information Office
Audit Committee
Lena Wilson, President and Chief Executive Office, Vista Del Mar
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

Richard Acosta
Nancy Epstein
Co-Chairs, Board of Directors

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

January 26, 2023

Beatriz Meza
DCFS



VISTA DEL MAR
CHILD AND FAMILY SERVICES

**RE: Exit interview dated 12/28/2022
CORRECTIVE ACTION PLAN, Community Treatment Facility (CTF)**

To Whom It May Concern:

I am providing the Contracts Administration Division with a Corrective Action Plan (CAP) as requested, regarding the finding identified during the monitoring of our Community Treatment Facility (CTF) by our DCFS' Contract Compliance Reviewer.

FINAL MONITORING REVIEW FIELD EXIT SUMMARY 12/28/2022

I. LICENSURE/CONTRACT REQUIREMENTS	
#1. The Community Treatment Facility was free of any substantiated Community Care Licensing Division complaints on child abuse/safety and/or physical deficiencies since the last review	
Q1-One complaint (34-CR-2021061414837) was substantiated.	
Plan of Correction:	Proof of correction was submitted to Regina Martin, CCL, on 01/04/2022. Training regarding supervision of youth was held on 06/16/2021, shortly after the incident. The training reviewed supervision protocols. (please see attached sign in sheet). In addition, Unit Director and Youth Development Counselor Supervisors continued to review these protocols in unit meetings as well as in individual supervision. The specific staff who was involved in the incident received a record of employee counseling and a one on one review of supervision protocols.
#2. Vehicles used to transport children are maintained in good repair.	
Q2-At the of the review, the right rear light in vehicle #3 was not working.	
Plan of Correction:	Facilities Department will be checking all vehicles weekly to ensure brake lights and other safety features are working. Staff who use the vehicles will be reminded to complete the vehicle inspection check list before each use and to alert Facilities Department immediately if any items are checked off.

#8. SIRs documented in the NSPs and case files are being properly reported via the I-Track system.	
Q8-No, C1 had 1 SIR that was not reported timely. C4 had 1 SIR that was not reported timely nor was it reported to OHCMD or to CCLD.	
Plan of Correction:	For improved checks and balances, the Unit Director or her designee will review the overnight Administrator on Duty Report each morning to cross check and ensure that Itrack's are submitted within 24 hours of the incident and that the cross check is completed. Unit Director to loop back to the Supervisor to ensure that required follow-up was submitted within 24 hours of request.

V. HEALTH AND MEDICAL NEEDS

#21. Initial dental examinations are conducted timely.	
Q21- No, The initial dental examinations were not conducted timely. NSPs indicated that appointments were being made with the Vista Dental Clinic. However, it was noted that these appointments were rescheduled several times; either because the dental hygienist requested to reschedule, the child was considered to be a runaway risk or because the child was unable to leave the unit. Child #1 and #2 were placed in April 2022, but were not seen by the dental clinic until September 2022; Child #3, was also placed in April 2022, but was not seen by the dental clinic until July 2022; Child #4 was placed in March 2022, but was not seen by the dental clinic until September 2022; and Lastly, child #5, was placed in May 2022, but was not seen by the dental clinic until July 2022.	
Plan of Correction:	The Health Center Team will continue to document when a youth does not see the dentist due to high-risk behaviors/safety concerns or due to being runaway. If the dental clinic cannot see the youth within the regulatory time frame, the Health Center team will arrange for the youth to be evaluated by another dentist in the community.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

#27. Children report the consequences for not allowing the rules are fair.	
Q27- Child felt that the consequences for not following rules are unfair. The child stated that too often they are sent to the PS room. For example, if/when someone gets into a fight, threatens to hurt themselves or even if they just hang out at the rotunda. Another child felt that the consequences for not following rules are unfair. Per youth "not everyone is treated the same". The child stated that the unfairness has to do with some racism and favoritism. The youth stated "the consequences do not apply the same to everyone - because some kids are given special preferences".	
Plan of Correction:	The Youth Development Counselors will continue to facilitate daily living groups at least 3 days per week in the unit. Topics for discussion will include cottage announcements, ideas for activities, personal rights feedback, food quality, etc. As concerns arise, they will be addressed and also brought to the attention of the Unit Director for further resolution. There is also a suggestion box in the unit which the Unit Director will continue to review weekly.

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

#27. Children report the hom eis free of unsecured dangerous items.	
Q59- One child stated that about two months ago a kid had a knife, another child stated that about a month ago a kid had a "regular blade".	
Plan of Correction:	The Team members will continue to engage in 2x a day safety checks of the youth's bedrooms. Razor blades for shaving will only be used under the supervision of staff. These protocols will be reviewed by Unit Director with unit team in the weekly unit meetings during the week of 1/3/2023.

Sincerely,

A handwritten signature in black ink that reads "Amy Jaffe, LCSW". The signature is written in a cursive, flowing style.

Amy Jaffe, LCSW

Senior Vice President of Intensive Intervention Programs

Cc: Manyahlhal Adenow, DCFS Quality Assurance/OHCMD
Ali Bhatti, DCFS Contract Compliance Manager
Renee Capeloto, CTF Unit Director
Maricela Morales, Quality Assurance and EHRS Manager