County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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BRANDON T. NICHOLS
Director

December 18, 2023

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

From: Brandon T. Nichols
Director

SENECA FAMILY OF AGENCIES
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 Seneca Family of Agencies Foster Family Agency (the Contractor) in July 2022. The Contractor has two offices: one located in Orange County and one located in Alameda County. The offices provide services to the County of Los Angeles DCFS and Probation placed children, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 12
PRIORITY 3 0

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource 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 6 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Permanency; Education and Independent Living Program Services; 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, three DCFS placed children were selected for the sample. CAD reviewed the files of the three selected children (ages 1 to 3 years). These children were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed two RFH files and three staff files for compliance with Title 22 Regulations and County contracting 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, CAD also conducted virtual site visits at the Contractor's location and RFHs.

CAD noted findings in the areas of:

Priority 1

- General Contract Requirements (1 finding)
    - One child Special Incident Reports were not properly cross-reported in the iTrack system.

Priority 2

- General Contract Requirements (1 finding)
    - The Foster Family Agency (FFA) did not ensure disaster drills were conducted and documented every six months in a RFH case file.
- Engagement and Teamwork (6 findings)
    - The Child and Family Team (CFT) members/participants for three children were not identified and documented in the Needs and Services Plans (NSPs) and the FFA did not document efforts to obtain this information.
    - The FFA did not document efforts to collaborate in the three children CFT meetings and the FFA did not obtain copies of the CFT meeting notes.

- Facility and Environment (1 finding)
    - Vehicle safety maintenance records for one RFH vehicle were not on file.
- Needs and Services Plans (3 findings)
    - Two children NSPs were not signed timely by the RFPs, the FFA staff, nor by the Children's Social Worker (CSW); and there were no documented efforts to obtain the CSW signatures timely.
    - One's child NSPs were not signed timely by the RFP and the CSW and there were no documented efforts to obtain the CSW signature timely.
- Personnel Files (1 finding)
    - One employee did not receive the annual on-going Reduction of Law Enforcement Involvement training.

On April 5, 2023, the Children Services Administrator 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:sl

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Leticia Galyean, Chief Executive Officer, Seneca Family of Agencies
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

LOS ANGELES COUNTY

SENECA FAMILY OF AGENCIES (FFA)

Corrective Action Plan

2022

GENERAL CONTRACT REQUIREMENTS

5. The FFA ensured disaster drills were conducted and documented in the RFPs case files, occurring at a minimum of every six (6) months. Title 22, Section 80023(d) ILS Section 88487.5 (c)

Facility

Site 1091

1. Explain the Cause.

A 6-month follow up disaster drill was not completed likely due to the social worker not prompting or following up with the family about the drill after 6-months had passed since the last drill.

2. Corrective Action Taken.

At a team meeting on April 10, 2023 all findings from this review were discussed with the team to bring awareness to areas of concern and ideas were discussed about how to address these concerns. Related to disaster drills, social workers will review expectations with resource families at an upcoming home visit and ensure that all families have completed a disaster drill by May 31, 2023.

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

The Quality Assurance Health Information Specialist will monitor completion and keep record of completed drills, with reminders set for 6 months from the date of completion in order to prompt social workers that an updated disaster drill is needed for the family. The Program Director will communicate this plan to staff via email and Program Supervisor will follow up in individual supervisions. Progress will be monitored in upcoming monthly administrative team meetings (which includes the Program Director, Supervisor, and Quality Assurance team members) to ensure all current drills are up to date and a system is in place to update drills in 6 months.

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 1091

1. Explain the Cause.

For the 8/27/21 incident report, the incident was documented on the agency's internal system, but there was an oversight in additionally reporting via the iTrack system. The specific reason why both incidents were not documented/cross-reported within 24 hours is unknown.

2. Corrective Action Taken.

At a team meeting on April 10, 2023 all findings from this review were discussed with the team to bring awareness to areas of concern and ideas were discussed about how to address these concerns. Incident reporting timelines and requirements were reviewed to ensure all staff have appropriate understanding of expectations. On April 24, 2023 a follow up discussion was held with the program supervisor, who is responsible for reviewing/approving all incident reports, to reinforce reporting timelines and ensuring that all incidents pertaining to LA County youth are cross-reported via the iTrack system, in addition to the agency's EHR/incident reporting system. Administrative staff have updated their processes and procedures related to distributing internal IRs, to also include the step of verifying that the IR has been completed on iTrack.

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

The Program Director will verify that all incident reports have been submitted in both the internal system and iTrack system. In monthly administrative team meetings (which includes the Program Director, Program Supervisor, and Quality Assurance team members), any incident reports that have occurred that month will be reviewed to ensure that all incident reports have been cross-reported via iTrack within 24 hours. If any incident reports are not reported according to requirements, the team will assess potential causes and barriers to reporting and develop a plan to address the issues identified, which may include additional training for staff as appropriate.

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 1091
Site 1091
Site 1092

1. Explain the Cause.

There were no CFTs held for the identified youth during the review period and staff were not trained to document efforts to obtain information about CFT members in the NSP. The NSP template utilized at the time of the review did not include a prompt to document CFT information in the same way that the current template does.

2. Corrective Action Taken.

At a team meeting on April 10, 2023 all findings from this review were discussed with the team to bring awareness to areas of concern and ideas were discussed about how to address these concerns. In this meeting, staff were advised to identify the key stakeholders on each client's team in collaboration with the youth, resource family, and CSW, list key team members in the NSP, and ensure all stakeholders are invited to scheduled CFT meetings. In the next NSP due for each youth, staff will include a list of key team members. On April 24, 2023 a follow up discussion was held with program supervisor, who is responsible for reviewing and approving all NSP's, to ensure that they are monitoring that this information related to CFT members is included in NSPs and providing feedback and coaching as needed.

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

The program supervisor will be responsible for returning NSP reports for corrections and follow up if CFT members are not identified in the NSP. At monthly administrative meetings (which include the Program Director, Program Supervisor, and Quality Assurance team members), the program supervisor will bring any themes or barriers related to this to the team for consultation and review so that follow up can occur as appropriate.

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 1091
Site 1091
Site 1092

1. Explain the Cause.

There were no CFTs held for the identified youth during the review period and staff were not trained to document efforts to request/participate in CFT meetings. The NSP template utilized at the time of the review did not include a prompt to document CFT information in the same way that the current template does.

2. Corrective Action Taken.

At a team meeting on April 10, 2023 all findings from this review were discussed with the team to bring awareness to areas of concern and ideas were discussed about how to address these concerns. In this meeting, staff were reminded that all youth in care are required to have a CFT meeting at least every 6 months, and more frequently as needed based on the youth's level of need or other concerns that may arise. Staff were reminded to request a CFT meeting from the CSW at least every 6 months, or more frequently as needed, and to document their requests for a CFT meeting in the Needs and Services Plan. On April 24, 2023 a follow up discussion was held with program supervisor, who is responsible for reviewing and approving all NSP's, to ensure that they are monitoring to ensure this information related to CFTs is included in NSPs and providing feedback and coaching as needed. Additionally, the Health Information Specialist will keep record of when CFT meetings are held/notes are received and send out reminders set for 6 months from the date of completion in order to prompt social workers that a CFT should be requested from the CSW.

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

The program supervisor will be responsible for returning NSP reports for corrections and follow up if the report does not include include information about CFT meetings, including requests for a meeting. At monthly administrative meetings (which include the Program Director, Program Supervisor, and Quality Assurance team members, the program supervisor will bring any themes or barriers related to this to the team for consultation and review so that follow up can occur as appropriate. Additionally, the team will identify any youth that are upcoming/past due for a CFT or for whom meeting notes have not been received and develop an individualized plan for follow up as appropriate.

FACILITY AND ENVIRONMENT

13. Vehicles used to transport children were well maintained and in good repair

13c. Maintenance Log or Proof of regular/annual service and maintenance (Title 22 80074(c) & 87074(d))(Title 22 80074(c) & 87074(d))

Facility

Site 1091

1. Explain the Cause.

While we had obtained maintenance records for the primary vehicle for this family, there was an oversight in collecting maintenance records for the family's second vehicle.

2. Corrective Action Taken.

At a team meeting on April 10, 2023 all findings from this review were discussed with the team to bring awareness to areas of concern and ideas were discussed about how to address these concerns. Related to vehicle maintenance records, social workers will review expectations with resource families at an upcoming home visit and ensure that all families have provided maintenance records or made a plan to schedule an appointment for maintenance within a reasonable period of time by May 31, 2023.

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

The Quality Assurance Health Information Specialist will monitor completion and keep record of maintenance logs for all resource family vehicles, with reminders set for 1 year from the date of completion in order to prompt social workers that updated maintenance records are needed from the family. The Program Director will communicate the plan to staff via email and the Program Supervisor will follow up in individual supervisions. Progress will be monitored in upcoming monthly administrative team meetings (which include the Program Director, Program Supervisor, and Quality Assurance team members) to ensure all current maintenance logs are up to date and a system is in place to update records annually.

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.]

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

Facility
Site 1091
Site 1091
Site 1092

23f. Signed by FFA staff

Facility
Site 1091
Site 1091

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

Facility
Site 1091
Site 1091
Site 1092

1. Explain the Cause.

Regarding delayed NSP signatures from resource parents, reports were distributed to caregivers via email upon completion of the report, however, there was not regular follow up to ensure the caregivers had reviewed and returned the signed reports in a timely manner. Regarding delayed NSP signatures from FFA staff, reports were delayed in being completed by FFA social workers and reviewed and approved by FFA supervisor. Regarding delays in obtaining CSW signatures and having timely efforts to request signatures, delays in obtaining signatures are attributed to an overall delay in the report being complete and ready to distribute to the CSW for signature.

2. Corrective Action Taken.

At a team meeting on April 10, 2023 all findings from this review were discussed with the team to bring awareness to areas of concern and ideas were discussed about how to address these concerns. Expectations related to NSP timelines and signature requirements were reviewed with the team to ensure understanding and common barriers and strategies to support this process were discussed as a team. To support obtaining timely signatures from resource families (and youth over the age of 5), at the next visit following the completion of an NSP, the social worker will discuss any questions related to the report and ensure that signatures on the report have been received. If signatures have not already been received, the social worker may prompt the Resource Family to electronically pull up the report and review/sign during visit, the social worker may pull up the report on their own device and obtain signatures or bring a hard copy of the report to be signed. To support timely completion of NSPs by the FFA social worker (and therefore support timely signatures by all parties), social workers have been reminded of existing tools that monitor and track deadlines and expectations to review these tools weekly to plan ahead for upcoming due dates. The program supervisor will review upcoming NSP reports with social workers in supervision and ensure a plan is in place to complete the report in a timely manner, allowing time for supervisor review and edits. The program supervisor will maintain oversight of the process to problem solve and prioritize as needed to support timely completion of reports.

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

The program supervisor, who is responsible for reviewing and approving NSPs, will hold oversight of timelines and support social workers in meeting deadlines. At monthly administrative meetings, the program supervisor will bring any themes or barriers related to timely completion of NSPs to the team for consultation and review so that follow up can occur as appropriate. Additionally, the administrative team will identify any NSPs with outstanding signatures and develop an individualized plan for follow up as appropriate.

PERSONNEL FILES

78. Personnel are receiving annual on-going trainings as defined in the SOW and ILS [Training Matrix and EXHIBIT A SOW Part C, 17.8 & 17.8.5]

78e. Reduction of Law Enforcement Involvement SOW, Part B, Section 9.4

Facility

Site 1091

1. Explain the Cause.

The verification of training for staff #1 provided for the review was the most recent training completed on 10/4/22, which was outside of the review period. Upon further review, it was also determined that the agency's EQ4 training did not satisfy the full requirements of the Reduction of Law Enforcement Involvement Training as it did not explicitly include an overview of protocols that dictate the circumstances under which law enforcement may be contacted in response to the conduct of a child residing at the facility.

2. Corrective Action Taken.

After further consultation with OHCMD Development Unit, it was confirmed that this training must include an overview of protocols that dictate the circumstances under which law enforcement may be contacted in response to the conduct of a child residing at the facility. As a result the training curriculum was updated to include this information. The protocols and procedures has been shared with all staff and a training facilitated by the Program Director reviewing these protocols was completed at the team meeting on May 8, 2023. An attendance sheet for this training is attached, which includes the identified staff #1.

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

The program will continue to require that all staff complete Reduction of Law Enforcement Involvement training annually. The program supervisor and program director will monitor staff training plans for completion. Given that a review and training on the protocols was completed with direct care staff on May 8,2023, the program director will schedule an annual training for direct care staff by May 8, 2024.