



# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 3, 2024

To: Supervisor Lindsey P. Horvath, Chair  
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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 September 2023. The Contractor has one office located in Orange County. The office provides services to the County of Los Angeles DCFS and Probation Department placed children, children placed by other counties and Non-Minor Dependents.

### Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 1
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

*"To Enrich Lives Through Effective and Caring Service"*

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 9 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program Services; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, two DCFS placed children were selected for the sample. CAD reviewed the files of the two selected children and virtually interviewed one to assess the level of care and services they received; one child (age 2 years) was too young to be interviewed and was 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 two 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, CAD also conducted virtual site visits of the Contractor location and RFHs.

CAD noted findings in the areas of:

***Priority 1***

- General Contract Requirements (1 finding)
  - One child Special Incident Report was not properly documented in the I-Track system and were not cross-reported.

***Priority 2***

- Health and Medical Needs (1 finding)
  - Required follow-up dental examination was not conducted timely.

On November 1, 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.

Each Supervisor  
January 3, 2024  
Page 3

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:jar

#### 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  
Celeste M. Fitchett, MSW, Bureau Chief, CDSS Fiscal and Performance Audits



LOS ANGELES COUNTY  
SENECA FAMILY OF AGENCIES (FFA)



Corrective Action Plan

2023

## GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide] [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide](#).

Facility

Site 1277

### 1. Explain the Cause.

The resource family reported a medical visit requiring an incident report during an evening/afterhours visit with the social worker on 5/2/23. To have been reported within 24 hours, the incident report should have been completed by the end of the day on 5/3/23, however, the social worker was not able to complete the incident report until 5/4/23 due to other appointments and competing demands.

### 2. Corrective Action Taken.

All staff were reminded of the expectation to complete an incident report within 24 hours at a team meeting held on 11/13/23. We discussed the importance of communication related to incidents (both internally and with external parties) to ensure all concerns related to the incident are addressed and once the primary action steps have been completed, prioritizing completion of the actual written incident report to strive to cross-report incidents within 24 hours whenever possible. Program leadership (Clinical Supervisor, Program Director) will help staff to triage needs and manage their schedule to support completion of the incident report in a timely manner.

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

The Program Director will monitor incident report timeliness and identify when incident reports are being submitted late (after 24 hours). The Program Director will evaluate for the causes of late reporting and provide additional training/intervention/support as indicated.

## HEALTH AND MEDICAL NEEDS

44. Required follow-up dental examinations were conducted on time (Contract, Section 19.0, SOW Part C, Sections 15.3.9)

Facility

Site 1277

### 1. Explain the Cause.

Based on the client's last dental appointment of 10/29/22, she was due for a 6 month dental exam on 4/29/23. The client was placed with the agency and new resource family on 3/18/23 in a new county which required a transfer of insurance and coverage was delayed. Additionally, the new insurance plan required a referral from the pediatrician in order to schedule a dental exam. A well-child exam was scheduled for 6/29/23, in which a referral for a dental exam was requested. Due to the pending referral and appointment availability, the exam did not occur until 8/31/23. The FFA social worker maintained communication with the resource family on 3/29, 4/10, 4/17, 5/10, 6/1, and 6/26 around barriers to scheduling and the resource family made several phone calls with the insurance and medical providers, however, there is no written documentation/evidence of these efforts to provide for this review.

### 2. Corrective Action Taken.

The required timelines for initial and ongoing medical and dental exams was discussed at a team meeting on 11/13/23. The team discussed barriers to timely exams including challenges related to insurance and scheduling with providers. We reviewed strategies for documenting efforts to overcome these barriers, including requesting "evidence" from resource families of attempts to schedule/communicate with insurance companies and documenting discussions or other efforts in contact notes and Needs and Services Plans to support youth in attending timely medical and dental exams.

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

The Clinical Supervisor will make note of any delayed medical/dental exams documented in Needs and Services Plans and ensure that the FFA has documented the reason for the delay and attempts to overcome these barriers. If no efforts have been made, the Clinical Supervisor will ensure that the FFA social worker takes necessary steps to support the resource family in scheduling an exam or addressing barriers that may exist to doing so.