



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

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



BRANDON T. NICHOLS
Director

JENNIE FERIA
Chief Deputy Director

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

March 20, 2024

To: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger
From: *Cynthia Miller for*
Brandon T. Nichols
Director

**HANNA’S HOUSE DBA HANNAH’S CHILDREN’S HOMES
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 Hanna’s House dba Hannah’s Children’s Homes Foster Family Agency (the Contractor) in June 2023. The Contractor has three offices: one located in the Fourth Supervisorial District, one located in Orange County, and one located in San Bernardino 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 6
PRIORITY 3 0

“To Enrich Lives Through Effective and Caring Service”

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 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 9 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Facility and Environment; Engagement and Teamwork; 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.

For the purpose of this review, seven DCFS placed children were selected for the sample. CAD reviewed the files of the seven selected children and virtually interviewed four of the children to assess the level of care and services they received; three children (ages 2 to 3 years) 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 four RFH files and four 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's location and RFHs.

CAD noted findings in the areas of:

Priority 1

- General Contract Requirements (1 finding)
 - Special Incident Report for one child was not properly cross-reported in the iTrack system.

Priority 2

- Needs and Services Plans (NSPs) (6 findings)

Each Supervisor
March 20, 2024
Page 3

- Six children NSPs were not comprehensive, accurate, and excluded case plans and concurrent case plans.

On August 11, 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:yw

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Connie Franks, Chief Executive Officer, Hanna's House dba Hannah's Children's Homes
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, Bureau Chief Fiscal and Performance Audits, CDSS



LOS ANGELES COUNTY
HANNAH'S HOUSE (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 1223

1. Explain the Cause.

FCSW failed to cross-report to all required agencies.

2. Corrective Action Taken.

On August 30th, 2023 Program Director conducted a training for all FFA staff in the procedure of submitting an SIR and cross-reporting to all corresponding agencies. The Special Incident Report Form was reviewed and discussed by FCSWs with emphasis on the Cross Reports Section. (OHC Management Division. DCFS-CSW and CCL-Monterrey Park). Training also included mandated deadlines per SIR Guidelines.

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

Quality Assurance will review all SIRs submitted on a daily basis to maintain timeliness and cross-communication with all agencies. Quality Assurance will maintain a tracker of all Incident Reports. The supervisor will review all SIRs with FCSW in biweekly supervision and document them in supervision contact notes.

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.]

23b. Are comprehensive and accurate

Facility

Site 1211

23c. Included Case Plans and Concurrent Case Plan

Facility

Site 1209

Site 1209

Site 1212

Site 1211

Site 1211

Site 1212

1. Explain the Cause.

FCSW failed to add the concurrent case plans on NSPs, and FCSW failed to update the visitation section on the NSP.

2. Corrective Action Taken.

On August 30th, 2023 a training was conducted with FFA staff in proper documentation of NSP. Topics included documenting progress as the youth's case evolves, a concurrent case plan, follow up notes. All NSP will be documented on the Agency Foster Children's contact note. Including, visitation progress will be documented in the home visit form and will be reviewed during case supervision.

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

The Quality assurance staff will document compliance with the Agency's minors' spreadsheet form to ensure NSPs are submitted in a timely manner. Quality Assurance will monitor child visitation progress in FFA program through all submitted documentation from FCSW by reviewing foster children's contact notes section 8. Quality assurance staff will review the children's table of contacts in section 3 (Concurrent case plan) to ensure no repetitive content is being documented. The supervisor will review submitted NSPs with FCSW on biweekly supervision to ensure all progress and concurrent permanency plans are being documented.