



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 1, 2024

To: Supervisor Lindsey P. Horvath, Chair
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From: *Cynthia M. Miller for*
Brandon T. Nichols
Director

MINDFUL GROWTH FOUNDATION SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Mindful Growth Foundation Short-Term Residential Therapeutic Program (the Contractor) in March 2024. The Contractor has two offices located in the Second Supervisorial District. The sites provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents (NMDs).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 11
PRIORITY 3 0

CAD conducted a virtual and in-person Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and

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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 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Engagement and Teamwork; Permanency and Transition Services; Education and Independent Living Plan 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, five DCFS placed children were selected for the sample. CAD reviewed the files of the five children, conducted in-person interviews with two children and virtually interviewed three children to assess the level of care and services they received. The two in-person children were observed to be clean and well groomed. The remaining three children were virtually observed to be clean and well groomed. 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 in-person interviews with staff. To assess the quality of care and supervision provided to the placed children and foster youth, CAD also conducted in-person site visits.

CAD noted findings in the areas of:

Priority 1

- Personnel Files (4 findings)
 - Three employees did not receive criminal clearances prior to working with children.
 - One employee did not receive the annual on-going emergency intervention Pro-ACT training timely.

Priority 2

- General Contract Requirements (2 findings)
 - Special Incident Reports (SIRs) for two children were not documented in the Needs and Services Plans.
- Needs and Services Plans (NSPs) (5 findings)
 - NSPs for five children did not include the placed children's signature.
- Personnel Files (4 findings)

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- Three employees medical and Tuberculosis clearances were older than one year at their hire date.
- One employee's Tuberculosis clearance was older than one year prior to hire date.

On April 17, 2024, 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:cs

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Jenero Jefferson, Chief Executive Officer, Mindful Growth Foundation
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



LOS ANGELES COUNTY MINDFUL GROWTH FOUNDATION (STRTP)



Corrective Action Plan

2024

GENERAL CONTRACT REQUIREMENTS

2. Special Incident Reports (SIRs) are properly documented.

2.1 SIRs are properly documented in the Needs and Services Plans (NSPs) [Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)] [Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)]

Facility

Site 1414

Site 1413

1. Explain the Cause.

Due to lack of training by the agency, the Mental Health Administrator assigned to complete NSPs was not aware of how to properly document SIRs in NSPs which resulted in deficient NSPs being submitted.

2. Corrective Action Taken.

The SIRs will be properly documented in the Needs and Service Plans by Mental Health Administrator. To correct this area of noncompliance, The Facility Administrator will provide training to the Mental Health Administrator on, May 30, 2024 at 12:00pm. Following training, The Facility Administrator will also ensure during each weekly individual supervision with the Mental Health Administrator that all SIRs are properly addressed and documented in the each upcoming NSP prior to approving the NSP.

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

• To maintain compliance, Mental Health Administrator will participate in monthly CFTMs and facilitate weekly case management meetings to ensure they have the necessary information to properly document SIRs in NSPs. • The Facility Administrator to review Mental Health Administrators documentation during weekly supervision and confirm all SIRs are properly documented in each NSPs prior to approval. • The Clinical Director will provide Quality Assurance oversight and will participate in the scheduled training on, May 31, 2024 at 1:00pm and conduct weekly NSP audits using a tracking Excel log to ensure SIRs are documented accurately in each NSPs.

NEEDS AND SERVICES PLANS

17. The NSPs are completed accurately and on time.

17.3 The child/NMD signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)]

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1. Explain the Cause.

The Mental Health Administrator did not follow the agency's protocol; therefore The Mental Health Administrator failed to obtain the youths signatures on the NSPS or document an explanation as to why a signature was not obtained.

2. Corrective Action Taken.

A protocol change at Mindful Growth Foundation STRTP will occur on 5/31/24 to avoid further noncompliance. The Mental Health Administrator will collaborate with the Intensive Care Coordinator who facilitate CFTMs and Mental Health Administrator to incorporate a "youth signature time" during monthly CFTMs beginning, June 2024. The Facility Administrator will use the monthly CFTs as an opportunity to ensure youth sign NSPs timely or there is a documented reason why no youth signature can be obtained. The Facility Administrator will also conduct weekly supervision meeting with Mental Health Administrator using a tracking log to ensure there are documented efforts made to have NSPS completed and signed by each youth.

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

- To reinforce quality improvement, Mental Health Administrator will participate in monthly CFTMs and work collaboratively with Intensive Care Coordinator at each home location to ensure youth signature is obtained and or efforts to obtain signature is documented.
- Mental Health Administrator will immediately notify The Facility Administrator of any barriers to obtaining youth signature for each NSP.
- The Facility Administrator will review each upcoming NSP during weekly supervision and confirm all youth signature is obtained and or documented with the reason a signature cannot be obtained by a youth.
- The Clinical Director will provide Quality Assurance and conduct weekly NSP audits using a tracking Excel log to ensure youth are signing their NSPs and or if there are documented reasons why a youth has not signed their NSPs.
- Quality Assurance person will have on going monitoring to track if there are any ineffective protocols or additional trainings needed.

PERSONNEL FILES

73. Personnel received criminal clearances prior to working with children.

73.2 Personnel files include criminal clearances (DOJ, FBI, CACI) [Title 22, §§80065(i), 80066(a)(12)(B); Master Contract, Exhibit A, SOW, Part B, §§8.1][Title 22, §§80065(i), 80066(a)(12)(B); Master Contract, Exhibit A, SOW, Part B, §§8.1]

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1. Explain the Cause.

HR Analyst has failed to follow protocol of contract guidelines stating that no staff should start employment until community care licensing has issued a criminal records clearance letter.

2. Corrective Action Taken.

On May 29, 2024 at 12:00pm, The Executive Director conducted a meeting with HR Analyst and Administrator to review and access contract compliance in relation to criminal clearances. In addition, the Executive Director will be conducting bimonthly meetings regarding the criminal records clearances for employees. 1. HR Analyst will issue LIC 508 oos (out-of state- disclosure) along with the LIC 9163 (request for live scan service) when prompted to live scan to ensure criminal clearances correlate. 2. HR Analyst will not start any staff until Community care licensing clearance letter is issued. 3. HR Analyst will work with facility administrator to continue to utilize on-call staff members who are cleared to avoid any employee working or employee start date not matching clearance letter from Community care licensing. The STRTP understands employees/staff are not to work with children until after clearance date is obtained via letter from community care licensing. 4. HR Analyst has created a new hire onboarding check list/itinerary to ensure that all onboarding requirements are met before employee start date. Please see attached.

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

HR Analyst will monitor that criminal records clearance letters are received prior to employee start date and will collaborate with executive director during bimonthly meetings to address any concerns. Quality Assurance will review onboarding checklist to ensure compliance requirement are met. 1. HR Analyst will not issue start date until community care licensing clearances are received. 2. HR Analyst with facility administrator will schedule monthly employee chart review meetings to ensure compliance requirements are met. 3. HR Analyst will ensure no staff is working with children/residents without proper clearance and required employee documentation prior to start date and during employment.

74. Personnel received all required medical clearances.

74.1 Personnel files include medical clearances within one (1) year prior to hire date or within seven (7) days after hire date [Title 22, §§80065(g)(1) & (2), & 80066(a)(10)] [Title 22, §§80065(g)(1) & (2), & 80066(a)(10)]

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74.2 Personnel files include Tuberculosis clearances within one (1) year prior to hire date or within seven (7) days after hire date [Title 22, §§80065(g)(1) & (2), & 80066(a)(11)] [Title 22, §§80065(g)(1) & (2), & 80066(a)(11)]

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1. Explain the Cause.

HR Analyst has failed to follow protocol of contractual guidelines in regard to medical clearances being received within the required time frame.

2. Corrective Action Taken.

On May 29, 2024 at 12:00pm, The Executive Director met with the HR Analyst to review and assess contract compliance in relation to medical clearances and TB test results. In addition, The Executive Director will conduct bimonthly meetings with the HR Analyst to review and assess contract compliance in relation to medical clearances and TB test results. 1. In order to ensure timely completion of Medical Clearance and TB test within 7 days, HR analyst will provide new hires with the wellness link <https://wellnessmart.com> along with the offer letter and initial onboarding documents. 2. HR Analyst will not issue start date until TB test results and medical clearances are received. 3. HR Analyst and Facility Administrator will use on call staff who are cleared with community care licensing and have approved medical clearance and tb clearance (within one year or within 7 days of hire). Staff will not be working with children until after medical and tb clearances are received.

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

HR Analyst will conduct follow ups with prospective employees 1-2 times a week to check status of medical clearances and TB Tests. Beginning, May 2024, HR Analyst and The Facility Administrator will review medical clearances at monthly employee chart review meeting to ensure clearances are up to date and avoid deficiencies. HR Analyst and The Facility Administrator will review medical clearances at the monthly employee chart review meeting to ensure clearances are up to date and avoid deficiencies. HR Analyst will also review employee files to ensure TB tests and medical clearances are renewed every two years.

77. Personnel received annual on-going training.

77.1 Personnel has received current emergency intervention training (e.g. Pro-ACT) [ILS, §§87095.65(a)(1), (d) & (e); Title 22, §84165(f)(2)(A)] [ILS, §§87095.65(a)(1), (d) & (e); Title 22, §84165(f)(2)(A)]

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77.2 Personnel has current emergency intervention training on file with the provider [ILS, §87095.65(d); Title 22, §84165(f)(1)(C)] [ILS, §87095.65(d); Title 22, §84165(f)(1)(C)]

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77.3 Personnel files include 40 hours of on-going training [ILS, §87065.1(e)(1)] [ILS, §87065.1(e)(1)]

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77.4 Personnel files include on-going Child Abuse Identification & Reporting training [ILS, §87065.1(e)(4)(A); Title 22, §§84065(j)(3)(A) & (i)(3)(C)] [ILS, §87065.1(e)(4)(A); Title 22, §§84065(j)(3)(A) & (i)(3)(C)]

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77.5 Personnel files include on-going CSEC training [ILS, §§87065.1(d)(3)(V)] [ILS, §§87065.1(d)(4)(N) & (d)(3)(V)]

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77.6 Personnel files include on-going LGBTQ training [ILS, §§87065.1(e)(4)(N) & (d)(3)(S); Title 22, §§84065(j)(3)(O) & (i)(3)(S) & (T)] [ILS, §§87065.1(e)(4)(N) & (d)(3)(S); Title 22, §§84065(j)(3)(O) & (i)(3)(S) & (T)]

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77.7 Personnel files include reproductive and sexual health training [FFA & STRTP Training Matrix; Master Contract, Exhibit A, SOW, Part B, §9.3; WIC §§16521.5(a), (b), (f)(6) & (i)] [FFA & STRTP Training Matrix; Master Contract, Exhibit A, SOW, Part B, §9.3; WIC §§16521.5(a), (b), (f)(6) & (i)]

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77.8 Personnel received on-going developmentally disabled children training [ILS, §87065.1(e)(4)(E); Master Contract, Exhibit A, SOW, Part B, §9.5] [ILS, §87065.1(e)(4)(E); Master Contract, Exhibit A, SOW, Part B, §9.5]

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1. Explain the Cause.

HR Analyst did not monitor the completion of required trainings and failed to collaborate with The Facility Administrators to ensure annual trainings are completed with the required time frame.

2. Corrective Action Taken.

On June 5, 2024, The HR Analyst will collaborate with department supervisors and The Facility Administrators to ensure contractual requirements are met in regard to completion of ongoing trainings. This process will continue on a weekly basis. 1. Effective November 2023, Mindful Growth Foundation has acquired the Relias training platform (an outside training resource) to ensure mandatory trainings are met by the due date. Relias is a platform that offers training tools for staff, including content delivery, compliance, and integration capabilities. 2. HR Analyst review employee training mandates, provide training to new employees, distribute user name and password for

Relias and facilitates the Relias learning to all staff upon hire. 2. All staff will be given monthly Pro Act training reminders with initial due dates in order to ensure compliance. 3. HR Analyst and Facility Administrator will review staff training progress at monthly employee review meeting to ensure training requirements are met.

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

HR Analyst will collaborate with The Facility Administrators on a weekly basis to ensure completion of ongoing trainings by due dates to remain in compliance with contract. 1. HR Analyst will utilize both the employee training excel spreadsheet developed by the STRTP to document training requirements, due dates, and completion status to be monitored on a monthly basis in collaboration with the Relias training report. 2. HR Analyst will record certificate of completions into personnel files as well as update staff electronic record used by the agency, OneDrive. 4. During monthly employee review meetings, Administrator and HR Analyst will work together to reach staff by email, phone and schedule in person meetings to ensure timely reminders and completion of training is completed. 5. HR Analyst will collaborate with The Facility Administrators to ensure completion of all required trainings by all staff will be reiterated at monthly employee meetings and weekly supervision meetings by supervisors.