



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 27, 2024

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

Angela Parks-Pyles for

From: Brandon T. Nichols
Director

WAYFINDER FAMILY SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of Wayfinder Family Services Foster Family Agency (the Contractor) in June 2024. The Contractor has three offices: one located in the Second Supervisorial District, one located in the Fifth Supervisorial District, and one located in San Bernardino County. The offices provide services to the County of Los Angeles DCFS and Probation placed children, youth and Non-Minor Dependents (NMDs) and children, youth and NMDs placed by other counties.

Key Outcomes

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

"To Enrich Lives Through Effective and Caring Service"

The CCD 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 Plan 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 7 of 11 applicable areas of the CCD's Contract Compliance Review: RFH Requirements; Permanency and Transition Services; Education and Independent Living Plan 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, six DCFS placed children were selected for the sample. The CCD reviewed the files of the six selected children and virtually interviewed three children to assess the level of care and services they received; three children (ages 13 months 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.

The CCD reviewed five RFH files and three staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted telephonic interviews with staff and Resource Family Parents. To assess the quality of care and supervision provided to the placed children, the CCD also conducted virtual site visits of the Contractor's location and RFHs.

The CCD noted findings in the areas of:

Priority 1

- General Contract Requirements (1 Finding)
 - One child's Special Incident Report was not properly cross-reported in the iTrack system.
- Facility and Environment (1 Finding)
 - One RFH did not ensure knives and sharp objects were safely stored and locked.

Priority 2

- General Contract Requirements (1 Finding)
 - One child's Special Incident Report was not documented in the Needs and Services Plans (NSPs).
- Engagement and Teamwork (6 Findings)

- Two children Child and Family Team (CFT) members/participants were not identified in their NSPs.
 - For two children CFTs, the FFA did not document efforts to collaborate and participate in the CFT meeting or obtain CFT notes.
 - Two children NSPs were not in alignment with services identified in the CFT notes.
- Needs and Services Plans (NSPs) (4 Findings)
 - One child's NSP was not comprehensive or accurate.
 - One child's NSP did not include case plans and concurrent case plans.
 - One child's NSP was not comprehensive or accurate and did not include case plans and concurrent case plan.
 - One child's NSP was not completed on time, comprehensive or accurate, and did not include case plans and concurrent case plans.

On August 20, 2024, the Children Services Administrator teams from DCFS' CCD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

The Contractor's 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
RW:DF:yw

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Jay Allen, Chief Executive Officer, Wayfinder Family Services
Kellee Coleman, Assistant Program Administrator, LA Region, Community Care Licensing Division
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, Bureau Chief, CDSS Fiscal and Performance Audits



LOS ANGELES COUNTY
WAYFINDER FAMILY SERVICES (FFA)



Corrective Action Plan

2024

GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1a. In the Needs and Services Plans (NSPs) [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 1474

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 1471

1. Explain the Cause.

This was an oversight, CSW information did not automatically populate, and the SIR was not addressed in the NSP.

2. Corrective Action Taken.

FFA Social Worker will ensure that all necessary information pertaining to SIR's are reviewed accurately. FFA Social Worker will ensure that the current CSW is listed in the summary of the report and ensure that CSW is cross referenced, and the SIR is documented in the NSP. FFA Social Worker supervisor reviewed SIR cross reporting sections during staff meeting held on 8/22/24 and further reviewed during TA with Out of Home Care on 9/17/24.

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

FFA Social Worker Supervisor will ensure to review all sections in NSP and ensure that SIR section is reflective of any incidents that occurred within the specified timeframe. FFA Social Worker will review NSP and SIR requirements on a monthly basis during scheduled supervision.

FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained

15i. If appropriate, knives and sharp objects are safely stored and locked Title 22 80087(g) Title 22 80087(g)

Facility

Site 1472

1. Explain the Cause.

Resource Parent did not inform the FFA Social Worker regarding the broken lockbox where the knives were stored.

2. Corrective Action Taken.

On 7/19/24 lockbox was purchased for the family and resource parent was counseled on the importance of storing sharp items appropriately on this same day. FFA agency will be hosting an in person and virtual meetings on 10/12/24 and 10/16/24 with all resource parents and remind/review safety procedures for all resource homes.

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

FFA agency Social Workers will continue to monitor resource parents' homes and ensure proper storage of sharp items. FFA social workers will assess and document during monthly home evaluation.

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 1473

Site 1471

1. Explain the Cause.

FFA social worker did not clearly outline CFT members.

2. Corrective Action Taken.

On 8/22/24, FFA agency held a staff meeting and discussed requirements for CFT meetings. FFA social worker will clearly outline and defined that each team member in the NSP and will further document efforts to obtain CFT matrices from CSW's. FFA social workers will ensure that all CFT members are checked off in the NSP report.

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

FFA social worker will increase communication with assigned CSW's. FFA social worker and supervisor will reach out to SCSW when CSW's are not responding to calls/emails after the second attempt. FFA social worker supervisor will ensure that team members are identified while reviewing NSP's. NSP's will be reviewed during quarterly peer review audits to ensure accurate information is highlighted in these documents.

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 1473

Site 1471

1. Explain the Cause.

FFA did not consistently document efforts in obtaining CFT matrices.

2. Corrective Action Taken.

On 8/22/24, FFA agency held a staff meeting and discussed requirements for CFT meetings. FFA social worker will increase communication with assigned CSW's. FFA social worker and supervisor will reach out to SCSW when CSW's are not responding to calls/emails after the second attempt. FFA social worker will continue to document all attempts in reaching out to CSW pertaining to CFT meetings on a monthly basis.

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

FFA social worker will ensure that there is clear and direct communication between FFA social worker and CSW pertaining to CFT meetings. FFA social worker will clearly document efforts in contact notes and NSP's. FFA social worker supervisor will discuss and review CFT expectations during supervision and staff meetings/trainings.

22. The child's NSPs are in alignment with services as identified in the CFT notes. [SOW, Part C, Sections 14.0, 19.1.2 and Master Contract, Exhibit A, Title 22, 80068.2; 80069.8(k), 88068.2; FFA ILS Chapter 8.8 Section 88289.1; SOW Part C, 14.0 (1-5), 15.1; 19.1.2; & 19.2; Foster Youth Rights Handbook pg.38]

Facility

Site 1473

Site 1471

1. Explain the Cause.

FFA did not consistently document efforts in obtaining CFT matrices.

2. Corrective Action Taken.

On 8/22/24, FFA agency held a staff meeting and discussed requirements for CFT meetings. FFA social worker will increase communication with assigned CSW's. FFA social worker and supervisor will reach out to SCSW when CSW's are not responding to calls/emails. FFA social worker will continue to document all attempts in reaching out to CSW pertaining to CFT meetings on a monthly basis.

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

FFA social worker will ensure that there is clear and direct communication between FFA social worker and CSW pertaining to CFT meetings. FFA social worker will clearly document efforts in contact notes and NSP's. FFA social worker supervisor will discuss and review CFT expectations during monthly supervision and staff meetings/trainings.

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.]

23a. Developed timely

Facility

Site 1473

23b. Are comprehensive and accurate

Facility

Site 1473

Site 1475

Site 1474

23c. Included Case Plans and Concurrent Case Plan

Facility

Site 1473

Site 1471

1. Explain the Cause.

FFA social worker did not properly provide the necessary information in the correct sections of the NSP's.

2. Corrective Action Taken.

On 8/22/24 FFA agency held a staff meeting in which NSP's were discussed and highlighted the importance of NSP's being completed accurately and on time. FFA social workers have been retrained in this area to ensure that all necessary information is added in the correct sections of the NSP's. FFA social workers and supervisor will ensure that goals in NSP align to the goals and needs identified in minute order and CFT meetings.

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

On a monthly basis and when NSP's are due, FFA social worker supervisor will review each section and ensure that information is thorough and accurate. Wayfinder QA Department will hold quarterly file reviews to ensure that these expectations are being met.