



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

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February 25, 2025

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

**THE VILLAGE FAMILY SERVICES
INTENSIVE SERVICES FOSTER CARE - FOSTER FAMILY AGENCY
FOR CHILDREN WITH SERIOUS EMOTIONAL AND BEHAVIORAL NEEDS
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 The Village Family Services Intensive Services Foster Care – Foster Family Agency (ISFC-FFA) for Children with Serious Emotional and Behavioral Needs (the Contractor) in August 2024. The Contractor has two offices: one located in the Third Supervisorial District and one located in the Fourth Supervisorial District. The offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth, Non-Minor Dependents (NMDs) and children and NMDs placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 3
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 & Environment; Engagement & Teamwork; Needs & Services Plans; Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

The Contractor was in full compliance with 8 of 11 applicable areas of the CCD's Contract Compliance Review: RFH Requirements; Engagement & Teamwork; Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; Discharge Planning; 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 four children to assess the level of care and services they received; two children (ages 11 and 14 years) refused to be interviewed and were virtually observed to be clean and well-groomed. An additional two 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 at the Contractor's location and RFHs.

The CCD noted findings in the areas of:

Priority 1

- General Contract Requirements (1 Finding)
 - Special Incident Reports for one child was not properly documented and cross-reported in the I-Track system.

Priority 2

- Facility & Environment (1 Finding)
 - One RFH did not have intact window screens in the bedroom used by the child.
- Needs & Services Plans (NSPs) (2 Findings)
 - Two children NSPs were not accurate or comprehensive.

Each Supervisor
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- The agency did not ensure that the Respite Care Plan was completed, provided, maintained, or documented in the NSP or case file, and it was not discussed and/or noted in the NSP or Child and Family Team Meeting notes.

On October 22, 2024, the Children Services Administrator teams from DCFS' CCD, the ISFC-FFA Program 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:gt

Attachments

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



November 8, 2024 (Revised)

[REDACTED]
Children's Services Administrator I
Department of Children and Family Services
Contract Compliance Division
510 South Vermont Ave, 14th floor
Los Angeles, CA 90020
[REDACTED]

Re: FFA Intensive Services Foster Care
Serious Emotional Behavioral Needs
Monitoring Review Calendar Year 2024

Dear [REDACTED]

The Village Family Services (TVFS) is submitting the following corrective action plan (CAP) for the findings of the FFA Intensive Services Foster Care Serious Emotional Behavioral Needs (ISFC-SEBN) Monitoring Review for Calendar Year 2024. The FFA Director of Administration and ISFC-SEBN Program Manager will be responsible for ensuring that the CAP is fully implemented. All changes will take effect immediately. For each deficiency, this CAP will include the following information:

- Relevant time frames as needed.
- The title of the person/s responsible for the corrections.
- The steps taken to prevent subsequent issues.

I. General Contract Requirements

8. The required parties were notified of a threat or serious incident (or sign of either) within 24 hours and in accordance with SIR guidelines.

Deficiency: 8 No- Child 6, SIR #1017962 was not cross reported to CSW and SIR #912212 was not cross reported to ISFC in the I-Track System.

Correction: On 10/23/24 and 11/6/24, the Director of Foster Care and Adoption provided training to the Foster Care Social Workers (FCSW) on how to cross report their own Special Incident Reporting (SIR); and during the same meeting, the director of Foster Care and Adoption re-trained the supervisors, utilizing the SIR Guide, to ensure that all parties are cross reported. During the 10/23/24 and 11/6/24 training the QA/QI FFA Specialist received the same training (see training sign in sheet attachment I and II & SIR Training Guide attachment III).

Quality Assurance (QA) Plan: FCSW will complete and cross report the SIR to all appropriate agencies. The FCSW will either text or call their supervisor to alert an SIR has been posted within I-track. The supervisor will review the SIR. The QA Director and/or the QA/QI FFA Specialist will continue to check for posted SIR at the beginning and end of the workday. Moving forward, QA Director and/or QA/QI FFA Specialist will be checking to ensure all SIRs are properly cross

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reported. Moving forward, the Director of Foster Care and Adoption will provide SIR training to all staff twice per year (January and July).

II. Facility & Environment

17. The exterior of the ISFC home met all required health and safety standards.

17a. Each operable window had an intact window screen

[Title 22, Sections 80087(a)(1), & 80088(b), 89387(c)(1)].

Deficiency: 17a. No- RFP2, during the virtual site walkthrough on 9/26/24, window screens were observed missing in NMD's bedroom windows. Resource parents were informed to install window screens and she indicated that new screens will be ordered. The FFA Administrator was notified of the needed repair and provided photos on 10/10/24 confirming that the window screens were installed.

Correction: On 10/23/24 and 11/6/2024, the Director of Foster Care and Adoption provided Foster Care Social Workers and supervisors with additional training on how to conduct home inspections. Director of Foster Care and Adoption has added a section for window screens to our quarterly Supplemental House and Property Inspection form as a reminder (see training sign in sheet attachment I and II and Supplemental House & Property Inspection attachment IV).

Qualify Assurance Plan: The Director of Foster Care and Adoption revised The Village Family Services (TVFS) Supplemental House and Property Inspection to include window screens (attachment IV). The FCSWs will continue to conduct quarterly home inspections. Twice annually, during the months of January and July the FCSWs will conduct home inspections for one another to provide an additional perspective and prevent complacency. Should a Corrective Action Plan (CAP) be necessary during a home inspection, the resource family will be allotted time to address the issue, contingent upon the severity of the CAP, provided that the CAP does not pertain to safety concerns (such as improper storage of cleaning products, knives and medications, or non-functional smoke detector batteries). The FCSW will be responsible for ensuring that the resource home adheres to compliance standards. The supervisor will review all home inspections to confirm all CAPs have been addressed, subsequently uploading the inspection results into the resource parent's Electronic Health Record (EHRS) file.

V. Needs and Services Plans

24. Individualized NSPs were comprehensive, complete and in compliance with all requirements including being timely, trauma informed, culturally relevant and age and developmentally appropriate.

24a. Individualized NSPs were comprehensive, complete and in compliance with all requirements including timeliness, being trauma informed, culturally relevant and age and developmentally appropriate. [ILS 88268.2]

Deficiency: 24a. No- Child3 (C3), NSP 7/19/24 did not document two previously listed goals in NSP 4/9/24. No-C5, NSP 7/2/24 did not document the therapy appointment dates and IHBS session dates.

Correction: On 10/23/24 and 11/6/24, the Director of Foster Care and Adoption retrained the staff and the supervisors on how to ensure the NSP goals are properly documented (see sign in sheet attachment I and II). The staff were instructed to have the previous NSP opened side by side, while completing their current NSP, to ensure they do not skip a goal. Supervisors will utilize their second computer monitor to keep the previous NSP open while reviewing the current NSP, ensuring that goals are properly documented.



On 10/23/24 and 11/6/24, the staff and supervisors were also retrained to ensure therapy and IHBS session dates are documented on the NSP. The FCSW will utilize the Monthly Log (see attachment V), completed by the RPs each time the youth receive services, to obtain and document therapy and IHBS dates on the NSP.

Quality Assurance Plan: At the end of every month, the FCSW will collect the Monthly Log from the resource families. Subsequently verifying that the resource parents documented all services provided to the children during the month (i.e. doctor, dentist, psychiatrist, therapist and IHBS visits). If the resource parents fails to document any of the child's visits, it will be the responsibility of the FCSW to obtain the dates from the child's providers and document the dates on the NSPs. It will be the supervisor's responsibility to ensure the services received during the quarter are documented on the NSPs.

27. The FFA ensured that, when applicable, appropriate respite care was provided.

27a. The agency established, maintained, and documented in the NSP or case file, a RFP Support Plan for the ISFC RFP and respite caregiver (including continuous opportunities for self-care and personal breaks individual and group support activities, training, ISFC RFP warm-line, phone or face-to-face communication systems to collect feedback at least 3 times a week).

[SOW Part B, 3.5 & 3.5.1; SOW, Part C, 2.3.8, 2.3.9 (b), 5.4]

Deficiency: 27a. No- C1, NSP 9/8/23, C2, NSPs 8/16/23 & 11/6/23, C3, NSPs 10/19/23 & 1/19/24, C4, NSP 10/4/23, C5, NSP 5/2/24, and C6 NSP 10/13/23, did not document a RFP Support Plan for the ISFC RFP and respite caregiver in the NSPs or case file.

Correction: On 11/6/24, The Director of Foster Care and Adoption and ISFC supervisor provided training for the ISFC FCSW on how to properly utilize the Respite Plan Contact Note (see attachment VI AKA Respite Plan) to document the Support and Respite Plan for the RPs. The ISFC FCSW were also retrained to document the Respite Plan in the NSPs. The ISFC supervisor will ensure that when the team and RPs meet for track and adapt, a respite plan be discussed, and the supervisor will ensure that the plan is documented in the NSP and kept on the foster youth/NMD TVFS EHRS. FCSWs are available 24/7. They meet with the families face-to-face weekly or as often as needed. In addition to that, we have a 24-hour phone contact that RPs can call should there be a crisis.

Quality Assurance Plan: The ISFC team, which consists of the FCSW, the Intensive Care Coordinator (ICC), the In-Home Support Counselor (IHBS) and the therapist meet weekly to discuss track and adapt. Either the ISFC supervisor or the clinical supervisor will attend the meetings as needed. The resource parent is also invited and will attend the track and adapt meeting once a month. During the meeting, the team will check in with the family to ensure the family has respite and/or some other type of self-care. If the family decides to use respite care, the FCSW will contact our Intake Coordinator to find an ISFC family that can provide respite care. The FCSW will document the respite plan on the Case Plan note as well as on the NSPs. The supervisor is responsible for assuring a respite plan is well documented on the 30th day and quarterly within the NSPs.

27d. Respite plan was reviewed quarterly by the child's ISFC team and CFT and documented in the NSP or case file.
[SOW, Part D, 3.4 and 5.1.4 (4)]

Deficiency: 27d. No-C1, NSP 9/8/23, C2, NSPs 8/16/23 & 11/6/23, C3, NSPs 10/19/23 & 1/19/24, C4, NSP



10/4/23, C5, NSP 5/2/24, and C6 NSP 10/13/23, respite plans were not reviewed nor documented quarterly by the child's ISFC team and CFT and not documented in the NSPs or case files.

Correction: On 11/6/24, The Director of Foster Care and Adoption and ISFC supervisor provided training for the ISFC FCSW on how to properly utilize the Case Plan Note (attachment VI) to document the Support and the Respite Plan for the RPs. The Case Plan Note will be located on the foster youth/NMD EHRS file. ISFC FCSW were also retrained to document the Respite Plan in the NSPs. ISFC supervisor and ISFC FCSW will also utilize CFTs to discuss respite with the RPs and will document discussions on the CFT notes and on the NSPs. The CFT notes will be located on the foster youth/NMD EHRS file. IFCS supervisors will ensure compliance by utilizing TVFS EHRS to ensure the CFTs and Case Plan Notes are on the foster youth/NMD file and will ensure the plan is well documented on the NSPs.

Quality Assurance Plan: The Director of Foster Care and Adoption will ensure that the Case Plan Note (attachment VI Respite Plan) that was implemented on the previous EHRS, be transferred to the current EHRS system in the foster youth/NMD EHRS files. The FCSW will utilize the Case Plan Note to document all discussion regarding respite plan. The respite plan can also be documented on the CFT notes. The supervisor will be responsible for ensuring that the respite plan is well documented on the NSPs.

Sincerely,

[REDACTED]
[REDACTED]
Director of Foster Care & Adoptions Administration
The Village Family Services
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[REDACTED]

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