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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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March 31, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Alliance Human Services Foster Family Agency (the FFA) in August 2015. The FFA has three licensed offices; one located in the Fourth Supervisorial District; the second located in San Bernardino County and the third located in Kern County. All locations provide services to the County of Los Angeles DCFS placed children and Probation foster youth. According to the FFA's program statement, its stated mission is "to strengthen and enhance supports and services to children and families."

The FFA also serves regional center clients and Non-Minor Dependents (NMDs) ages 18 to 21. At the time of the review, the FFA supervised 41 DCFS placed children in 25 Certified Foster Homes (CFHs). The placed children's average length of placement was 18 months and their average age was 11.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe in the FFA CFHs, having been provided with good care and appropriate services and being treated with respect and dignity. The Certified Foster Parents (CFPs) reported that they were supported by the FFA staff in their efforts to provide care, supervision and service delivery to the children placed in their homes.

The FFA was in full compliance with 2 of 11 areas of CAD's Contract Compliance Review: Personal Rights and Social/Emotional Well-Being and Personal Needs/Survival and Economic Well-Being.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely or appropriately cross-reported and Community Care Licensing (CCL) citations; Certified Foster Homes, related to a CFP not completing the required annual training; Facility and Environment, related to monetary and clothing allowance logs not being maintained; Maintenance of Required Documentation and Service Delivery, related to not obtaining a Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), not completing timely comprehensive initial NSPs, not completing timely comprehensive updated

NSPs, not completing timely comprehensive quarterly reports; Education and Workforce Readiness, related to not maintaining current progress reports; Health and Medical Needs, related to a follow-up dental examination not being timely; Psychotropic Medication, related to not maintaining current psychiatric evaluations; Discharged Children, related to not using all available resources to stabilize a child's placement prior to requesting his/her removal; and Personnel Records, related to not obtaining the timely health screening/tuberculosis (TB) clearance for an employee.

Attached are the details of CAD's review.

REVIEW OF REPORT

On September 23, 2015, Christina S. Lee, DCFS CAD and Gladys Hidayat, Out-of-Home Care Management Division (OHCMD) held an Exit Conference with the FFA's representatives: Luigi Grimaldi, Executive Director; Kayla Wright, Program Director Torrance office, Michelle Reyes-Gomez, Program Director Rancho Cucamonga office, Carly Sanchez-Waters, Program Director Bakersfield office; and Nana Olson, Director of Risk and Compliance. The FFA's representatives were in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve the FFA's compliance with regulatory standards and to addressing the noted deficiencies in a Corrective Action Plan (CAP). CAD Compliance discussed the CCL citations with the FFA's Executive Director, and the changes implemented by the FFA to its program within the last year.

The FFA understands it must strengthen its recruitment and support of its Certified Foster Parents and reported it hired new FFA Program Administrators for both the Rancho Cucamonga and in its Bakersfield offices. The new Administrators launched a re-training for all the CFP and the staff at both FFA offices. The FFA also applied for and received accreditation from the Commission of Rehabilitation Facilities (CARF) on December 14, 2015. On September 23, 2015, OHCMD provided the FFA with technical assistance to assist them in implementing the recommendations noted in this report.

A copy of this report has been sent to the Auditor-Controller and CCL.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:KR:LTI:dlf

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Luigi Grimaldi, Executive Director, Alliance Human Services
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENY
CONTRACT COMPLIANCE REVIEW SUMMARY

21311 Hawthorne Blvd, #330 Torrance, CA 90503 License Number: 197806287	9166 Anaheim Place, #225 Rancho Cucamonga, CA 91730 License Number: 366407265	5329 Office Center Court, #120 Bakersfield, CA 93309 License Number: 157806065

	Contract Compliance Review	Findings: August 2015
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Timely, Cross-Reported SIRs	2. Improvement Needed
	3. Runaway Procedures in Accordance with the Contract	3. Full Compliance
	4. Are there CCL Citations/OHCMD Safety Reports	4. Improvement Needed
	5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home Training	5. Not Applicable
	6. FFA Pays Certified Foster Parents (CFP) Whole Foster Family Home Payments	6. Not Applicable
	7. FFA Conducts an Assessment of CFP Prior to Placement of Two (2) or More Children	7. Full Compliance
II	**Certified Foster Homes (CFHs)** (12 Elements)	
	1. Home Study and Safety Inspection Conducted Prior to Certification	1. Full Compliance
	2. Agency's Inquiry with OHCMD for Historical Information Prior to Certification	2. Full Compliance
	3. Timely Criminal Clearances (FBI, DOJ, CACI) Prior to Certification	3. Full Compliance
	4. Timely, Completed, Signed Criminal Background Statement	4. Full Compliance
	5. Health Screening & TB Test Prior to Certification	5. Full Compliance
	6. All Required Training Prior to Certification	6. Improvement Needed
	7. Certificate of Approval on File/Including Capacity	7. Full Compliance
	8. Safety Inspection Completed At Least Every Six Months or Per-Approved Program Statement	8. Full Compliance
	9. Completed Annual Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates	9. Full Compliance
	10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	10. Full Compliance
	11. Criminal Clearances and Health Screening/CDL/CPR/FBI/DOJ/CACI/Auto Insurance for Other Adults in the Home	11. Full Compliance
	12. FFA Assists CFPs in Providing Transportation Needs	12. Full Compliance

III	**Facility and Environment** (7 Elements)	
	1. Exterior/Grounds Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Well Maintained	3. Full Compliance
	4. Sufficient and Appropriate Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Food	5. Full Compliance
	6. CFP Conducted Disaster Drills and Documentation Maintained	6. Full Compliance
	7. Money and Clothing Allowance Logs Maintained	7. Improvement Needed
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements)	
	1. FFA Obtains or Documents Efforts to Obtain County Children's Social Worker's (CSW's) Authorization to Implement NSPs	1. Improvement Needed
	2. CFPs Participated in Development of the NSPs	2. Full Compliance
	3. Children Progressing Towards Meeting NSP Goals	3. Full Compliance
	4. FFA Social Workers Develop Timely, Comprehensive Initial NSP with Child's Participation	4. Improvement Needed
	5. FFA Social Workers Develop Timely, Comprehensive Updated NSPs with Child's Participation	5. Improvement Needed
	6. Therapeutic Services Received	6. Full Compliance
	7. Recommended Assessments/Evaluations Implemented	7. Full Compliance
	8. County Children's Social Workers Monthly Contacts Documented in Child's Case File	8. Full Compliance
	9. FFA Social Workers Develop Timely, Comprehensive Quarterly Reports	9. Improvement Needed
	10. FFA Social Workers Conduct Required Visits	10. Full Compliance
V	**Education and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	1. Full Compliance
	2. Children Attend School as Required and FFA Facilitates in Meeting Children's Educational Goals	2. Full Compliance
	3. Current Children's Report Cards/Progress Reports Maintained	3. Improvement Needed
	4. Children's Academic Performance and/or Attendance Increased	4. Full Compliance
	5. FFA Facilitates Child's Participation in YDS or Equivalent Services and Vocational Programs	5. Not Applicable

VI	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed
VII	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	 1. Full Compliance 2. Improvement Needed
VIII	**Personal Rights and Social Emotional Well-Being** (10 Elements) 1. Children Informed of Agency's Policies and Procedures 2. Children Feel Safe in the CFP Home 3. CFPs' Efforts to Provide Nutritious Meals and Snacks 4. CFPs Treat Children with Respect and Dignity 5. Children Allowed Private Visits, Calls and to Receive Correspondence 6. Children Free to Attend or Not Attend Religious Services/Activities of Their Choices 7. Children's Chores Reasonable 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse or Receive Medical, Dental and Psychiatric Care 10. Children Given Opportunities to Participate in Extra-Curricular Activities, Enrichment and Social Activities	 Full Compliance (All)

IX	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. Clothing Allowance Provided in Accordance with FFA Program Statement 2. Ongoing Clothing Inventories of Adequate Quantity and Quality 3. Children Involved in the Selection of Their Clothing 4. Provision of Sufficient Supply of Clean Towels and Personal Care Items Meeting Ethnic Needs 5. Minimum Weekly Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement/Assistance with a Life Book or Photo Album	Full Compliance (All)
X	**Discharged Children** (3 Elements) 1. Completed Discharge Summary 2. Attempts to Stabilize Children's Placement 3. Child Completed High School (if applicable)	1. Full Compliance 2. Improvement Needed 3. Not Applicable
XI	**Personnel Records** (9 Elements) 1. Criminal Clearances (FBI,DOJ,CACI) Signed and Submitted Timely 2. Timely, Completed, Signed Criminal Background Statement 3. FFA Social Workers Met Education/Experience Requirements 4. Timely Employee Health Screening/TB Clearances 5. Valid CDL and Auto Insurance 6. FFA Employees Signed Copies of FFA Policies and Procedures 7. FFA Employees Completed All Required Training and Documentation Maintained 8. FFA Social Workers Have Appropriate Caseload Ratio 9. FFA Maintained Written Declarations for Part-Time Contracted FFA Social Workers Caseloads Not to Exceed a Total of 15 Children	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2015 review. The purpose of this review was to assess Alliance Human Services Foster Family Agency's (the FFA's) compliance with its County contract and with State regulations and included a review of the FFA's program statement as well as internal administrative policies and procedures. The monitoring review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, six placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services the children received. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, three of the placed children were prescribed psychotropic medication. One child's case file was reviewed to assess the timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed four Certified Foster Parent (CFP) and five staff files for compliance with Title 22 regulations and County contract requirements. Site visits were conducted to the FFA and the Certified Foster Homes (CFHs) to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following nine areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely or appropriately cross-reported.

CAD reviewed a total of 37 SIRs and found that 25 were submitted late; one was not submitted and seven were not appropriately cross-reported in accordance with the SIR Reporting Guide.

- Community Care Licensing (CCL) citations.

CCL cited the FFA as a result of a complaint received by CCL on August 19, 2014. According to the report dated November 5, 2014, CCL issued a Personal Rights violation and required the FFA to provide training to the CFPs on Personal Rights, as the required Plan of Correction (POC). CCL cleared the required POC on December 4, 2014. The Kern County Children and Family Services completed an investigation and substantiated an allegation of General Neglect. The child was not under the jurisdiction of Los Angeles County and no investigation was required by Emergency Response (ER) or Out-of-Home Care Investigations Section (OHCIS).

CCL cited the FFA as a result of a complaint received by CCL on September 14, 2014. According to the report dated February 11, 2015, another placed child touched a child inappropriately while the CFP was upstairs, away from both children. At the child's request, the child was replaced. CCL issued a citation for the violation of Personal Rights and required the CFPs to undergo training on appropriate supervision as part of the POC. The POC also required a safety plan for all of the children in the home with a quarterly review of the safety plan by the FFA social worker with the CFP. The FFA does not have documentation that the citation was cleared. The review by Kern County Children and Family Services has not been completed. The child was not under the jurisdiction of Los Angeles County and no investigation was required by ER or OHCIS.

CCL cited the FFA as a result of a complaint received on September 18, 2014. According to the report dated December 19, 2014, the CFPs allegedly spanked and verbally threatened a child, but the investigation was compromised and could not be properly investigated since a member of the FFA clerical staff notified the CFP of the upcoming CCL visit and the children were subsequently coached and given cookies by the CFP for repeating the "correct" response. The allegations were subsequently substantiated and the FFA was issued a citation for the violation of Personal Rights. The POC required that the CFPs be provided an additional two-hour training on child abuse and neglect. The POC was cleared by CCL on January 20, 2015. This referral was investigated by the DCFS ER Children's Social Worker (CSW) and the allegations of Physical and Emotional Abuse were unfounded. No investigation was completed by OHCIS.

CCL cited the FFA as a result of a complaint received on January 16, 2015. According to the report dated April 28, 2015, the CFPs pushed a child and performed a two-person restraint on the minor. CCL issued citations for two different Personal Rights violations and required a POC that warranted crisis training for the CFPs, including how to deal with behavioral issues and episodes. The POC was cleared by CCL on May 26, 2015. The child was a regional center client, not under the jurisdiction of Los Angeles County. A search in the Child Welfare System/Case Management System (CWS/CMS) confirmed the DCFS Child Protection Hotline generated no ER referral and neither DCFS ER nor OHCIS conducted an investigation.

CCL cited the FFA as a result of a complaint received on February 9, 2015. According to the report dated March 5, 2015, the CFP withheld the weekly allowances of children in her care and charged them money for transportation. CCL issued three citations for violations related to Plan of Operations, Personal Rights and Transportation. The FFA decertified the Riverside County home effective March 31, 2015. A notice of decertification and disassociation was sent to CCL on March 30, 2015, and the POC was cleared by CCL on April 2, 2015. The child was not under the jurisdiction of Los Angeles County and no investigation was required by ER or OHCIS.

CCL cited the FFA as a result of a complaint received on March 27, 2015. According to the report dated July 8, 2015, the CFP was locking the refrigerator at night to keep one of the children from hoarding food under their bed. CCL issued a citation for the violation of Personal Rights. The FFA voluntarily decertified the home effective May 25, 2015, and no further action was taken. This was a Kern County placement, and the child was not under the jurisdiction of Los Angeles County and no investigation was required by ER or OHCIS.

CCL cited the FFA on June 9, 2016, as a result of a report by the FFA to CCL. The CFP was incorrectly attempting to create a postural support to help the child develop upper body strength. The FFA Social Worker observed, reported and had the CFP immediately remove the restraint. The FFA's SIR led to the CCL citation. The CFP stated that she use this as an aid to teach the child how to sit-up. The FFA Executive Director and Program Director immediately retrained the CFP. CCL issued citations for two different Personal Rights violations and required that the CFP undergo additional training on Personal Rights as part of the POC. The POC also required written documentation from the FFA of consequences for the CFP if the same violations were to occur again. The child was not under the jurisdiction of Los Angeles County and no report was required to be completed by DCFS ER or OHCIS.

At the Exit Conference, the FFA representatives acknowledged the deficiencies and requested that the Out-of-Home Care Management Division (OHCMD) provide them with training on SIRs specifically, as part of the technical assistance process.

The FFA replaced the Program Administrators in both its Kern County office in March 2015 and Rancho Cucamonga, CA offices in November 2014. Both of these new Administrators have been re-training all of the FFA staff including the FFA Social Workers at both of these offices. The FFA is also implementing a new database system child track. The FFA reported this system will provide them with pre alerts to upcoming due dates and provide them real time access to child specific service delivery status.

Recommendations:

The FFA's management shall ensure that:

1. SIRs are submitted timely and appropriately cross-reported in accordance with the SIR reporting guidelines.

2. The FFA is in compliance with Title 22 regulations and free of CCL citations.

Certified Foster Homes

- Required training prior to recertification was not completed.

The CFPs in one CFH did not complete the required annual training hours before their recertification on October 25, 2014. The CFPs only completed one class and did not acquire the mandated 12 hours of training during their first year as foster care providers.

Recommendation:

The FFA's management shall ensure that:

3. The CFPs complete all required training hours prior to being recertified.

Facility and Environment

- Comprehensive allowance and clothing logs were not maintained.

The allowance logs for the sampled children were incomplete. The children did not receive all the monetary allowances. Two of the sampled children were using their allowances to pay for their personal needs such as haircuts. There were no clothing inventories on file for any of the sampled children and the clothing receipts were not collected or recorded in a manner that allowed CAD to confirm the clothing items purchased for each child.

During the exit conference, the FFA representatives acknowledged the need to maintain better records and stated they would speak to their CFPs about the importance of keeping detailed logs that accurately track the allowances provided and clothing purchased for each of the placed children. The FFA representatives reimbursed the sampled children for the allowances they were entitled to during the review period and documented this in the files.

Recommendation:

The FFA's management shall ensure that:

4. Comprehensive allowance and clothing logs are maintained.

Maintenance of Required Documentation and Service Delivery

- The County CSW's authorization to implement Needs and Services Plans (NSPs) was not obtained.

The Initial NSP for one child due on July 28, 2015 was not signed by the County CSW.

- The FFA Social Workers did not develop timely, comprehensive initial NSPs.

The initial NSP for one child was not comprehensive, as it contained incomplete sections and goals that were not Specific, Measurable, Achievable, Realistic/Relevant, and Timed (SMART). The initial NSP for another child contained incomplete sections and goals that were not SMART and was untimely. The NSP was completed the day after it was due on July 28, 2015 and was sent to the County CSW three weeks later.

- The FFA Social Workers did not develop timely, comprehensive Updated NSPs.

The NSP dated January 30, 2015 for one child was first sent to the County CSW on March 18, 2015 and did not include SMART goals. The NSP dated January 30, 2015, for another child was not

signed by the CFP until August 15, 2015 and also did not include SMART goals. The NSP dated April 28, 2015, for a third child was sent to the County CSW on May 5, 2015.

- The FFA Social Workers did not develop timely, comprehensive, quarterly reports.

The April 30, 2015 reports for two children were signed by the FFA representative and CFP on August 15, 2015. The July 27, 2015 report for another child was signed by the County CSW on August 4, 2015. The July 28, 2015 report for a fourth child was sent to the County CSW on August 4, 2015 and did not have the County CSW's signature.

During the exit conference, the FFA representatives acknowledged the deficiencies and stated that their FFA Social Workers have changed the way they were completing the NSPs to include SMART goals. The FFA representatives also requested that OHCMD conduct trainings for them on how to complete comprehensive NSPs.

Recommendations:

The FFA's management shall ensure that:

5. The FFA documents efforts to obtain County CSWs' authorization to implement NSPs.

6. The FFA Social Workers develop timely, comprehensive Initial NSPs.

7. The FFA Social Workers develop timely, comprehensive Updated NSPs.

8. The FFA Social Workers develop timely, comprehensive quarterly reports.

Education and Workforce Readiness

- Current progress reports were not maintained.

One child had an Individualized Education Plan (IEP) dated February 25, 2015 and an undated letter in the files stating that the FFA was not entitled to educational records because the child's Court Appointed Special Advocate (CASA) held the educational rights. There was also a minute order on file from the Juvenile Dependency Court dated February 19, 2015 relieving CASA and granting educational rights to the CFP, but no subsequent report cards or progress notes for the child.

On September 21, 2015, the FFA provided CAD with current academic progress notes for the sampled child. At the Exit Conference, the FFA representatives acknowledged the need to maintain current school records in order to help the placed children make progress toward achieving their educational goals.

Recommendation:

The FFA's management shall ensure that:

9. Children's report cards/progress reports are maintained.

Health and Medical Needs

- There was no dental follow-up appointment for one child.

The dentist for one child indicated on September 25, 2014, the child needed to be seen for a follow-up appointment in three months, but the child was never taken for the evaluation.

After the FFA was notified of the need for the follow-up visit, the child was taken for a dental examination on August 25, 2015. The CFP is currently waiting for the Juvenile Dependency Court to authorize intravenous sedation for a needed dental procedure. At the exit conference, the FFA representatives stated that they would communicate and reiterate the importance of following through with medical, dental and psychiatric appointments to their CFPs.

Recommendation:

The FFA's management shall ensure that:

10. Follow-up dental examinations are conducted timely.

Psychotropic Medication

- Current psychiatric evaluation not completed.

A child was not seen by a psychiatrist between December 4, 2014 and April 2, 2015. The child, who cannot verbally communicate was not seen for medication monitoring by a psychiatrist for four months. At the Exit Conference, the FFA representatives stated that they would communicate and reiterate the importance of following through with medical, dental and psychiatric appointments to their CFPs.

Recommendation:

The FFA's management shall ensure that:

11. Current psychiatric evaluation reviews are conducted.

Discharged Children

- Attempts to stabilize a placement were not made.

For one sampled child, a 7-day notice requesting the removal of this child was given three weeks after the first documentation of problems in placement. On January 26, 2015, the child was truant from school and sold chips and the placement was described as stable. On February 16, 2015, the CFP confirmed to the FFA social worker that she already gave a 7-day removal notice and that the child cannot remain in her home more than a day due to the child's behaviors. The FFA informed the County CSW of the 7-day notice on February 19, 2015 and the child was removed four days later. The records on file did not clearly state the challenges in placement, how they were handled, or what steps the FFA administration and County CSW took to stabilize the placement. No mention was

made of any resources, consultation, interventions, or if a Child and Family Team (CFT) Meeting was considered to preserve the placement.

During the exit conference, the FFA representatives stated that the FFA understands the importance of stability and permanency in the lives of placed children and stressed that they strive to preserve placements to promote continuity. They also acknowledged the lack of documentation on file to justify the removal of the sampled child and asserted that the FFA would keep better documentation of all the services that they provide.

Recommendation:

The FFA's management shall ensure that:

12. Attempts to stabilize children's placements are made and documented.

Personnel Records

- One sampled employee did not have a timely health screening/tuberculosis (TB) clearance.

One employee was hired on October 22, 2014, but did not have a health screening until November 10, 2014 and a TB clearance until November 12, 2014.

At the Exit Conference, the FFA representatives agreed to ensure that all future employees complete timely health screenings and TB clearances.

Recommendation:

The FFA's management shall ensure that:

13. All employees complete timely health screening/TB clearance.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S FFA CONTRACT COMPLIANCE MONITORING REVIEW

CAD's last compliance report dated October 1, 2015, identified three recommendations.

Results:

Based on CAD's follow-up the FFA fully implemented 1 of 3 recommendations for which the FFA was to ensure that:

- FFA Social Workers conduct required visits.

The FFA did not implement 2 of 3 recommendations for which the FFA was to ensure that:

- The FFA is in full compliance with Title 22 regulations and free of CCL citations.

- The FFA Social Workers develop timely comprehensive Initial NSPs with the child's participation.

Recommendation

14. The outstanding recommendations from the prior report dated October 1, 2015, noted in this report as recommendation numbers 2 and 6 are fully implemented.

During the exit conference, the FFA representatives expressed their desire to remain in compliance with Title 22 regulations and contractual requirements. The FFA made efforts to utilize information from the review to strive towards greater overall compliance. The FFA provided a listing of their efforts in the attached details of their new protocol. CAD will continue to assess implementation of the recommendations during our next monitoring review. OHCMD will provide ongoing support and technical assistance prior to the next review.

Alliance

HUMAN SERVICES, INC.

October 23, 2015

Mr. Bhatti
Contracts Administration Division
Department of Children and Family Services

Dear Mr. Bhatti,

On September 23, 2015, Alliance Human Services, Inc. received the Foster Family Agency Monitoring Review Field Exit Summary. The below is a list of the findings and the corrective action plan. Alliance Executive Director Luigi Grimaldi has met with Program Analyst to discuss technical support needed. Ms. Hidayat has agreed to provide trainings in the areas of SIR's and Maintenance of Required Documentation and Service Delivery. Specifically, involving training in regards to developing SMART goals. Alliance Human Services Inc. has valued the feedback given during the compliance audit. Alliance Human Services Inc. is committed to providing exceptional services to children and families and looks to always further improve on service delivery.

(1) Are Special Incident Reports (SIRs) appropriately documented and cross-reported? Listed under Monitoring Review Field Exit Summary Section 1 - # 2.

All incident reports will be submitted and cross reported in a timely manner per guidelines set forth by Los Angeles County and Community Care Licensing. Staff will receive a training on the Itrack Guide. Social Work staff will alert the Program Supervisor of the incident immediately so that the supervisor can approve and submit within 24 hours. Director of Risk and Compliance and Executive Director will monitor to ensure these practices are being adhered to.

(2) Is the agency free of substantiated Community Care Licensing complaints' reports on safety and physical plant deficiencies since the last review? Listed under Monitoring Review Field Exit Summary Section 1- # 4.

Program Director will provide trainings to the staff and Resource Parents in each program on topics related to clients safety and as well as personal rights. Program Directors will review and learn from previous allegations in order to avoid similar situations. Program Director will have discussions in regards to open allegation and its status. Executive Director either visits or conducts weekly check ins with Program Director to get updates on the status of quality issues in the programs. Program Director reviews and monitors the completion of any required corrective action plan.

(3) Have foster parents completed the required additional annual training of 12 hours during the first year and 15 hours every year thereafter, as well as CPR, First-Aid and Water Safety certificates (if applicable) ? Listed under Monitoring Review Field Exit Summary Section 2- #16. One certified resource parent did not complete a minimum of 12-hours of training. A re-training will be conducted with Social Work staff and Resource Parents to ensure that all certified parents meet the minimum (15) hours of on-going hours. In accordance with AHS Policies and Procedures, the social worker assigned to the Certified Resource Parent shall document the continuing education training for the Certified Resource Parents on the Weekly Contact Record and the Quarterly Health and Safety Assessments. AHS will continue to be creative with helping the Resource Parents by offering flexible times for trainings, in home trainings, DVD's related to foster care and adoptions and finally inviting outside speakers into the program for the Resource Parents. A corrective action plan was given to the Resource Parent explaining the importance of trainings and their agreed upon responsibilities as a Resource Parent.

(4) Are appropriate and comprehensive monetary and clothing allowance logs maintained? Listed under Monitoring Review Field Exit Summary Section 3-# 26. 4 out of the 4 files had issues in terms of logging allowances. AHS will ensure that the Certified Resource Parent maintains a log indicating the date, the amount of allowance the placed child receives, and the placed child's signature upon receipt of the allowance when received. AHS will utilize the Record of Client's/Residents Safeguarded Case Resources (LIC 405). In addition, the Certified Resource Parent completes a Monthly Client Report which documents the allowance and clothing purchased for the child in care. During the review, Alliance ensured that all clothing allowances owed was given to the clients and that it was documented in the file. A corrective action plan was given to the Resource Parents in regards to proper documentation of allowances for children placed. The topic of clothing allowance and documentation will continue to be discussed at pre-service and in-service.

5) Did the FFA obtain or document efforts to obtain the County worker's authorization to implement the NSP? Listed under Monitoring Review Field Exit Summary Section 3- #27. 1 file out of the 4 reviewed was not in compliance. AHS Social Work staff will ensure that authorization is obtained to implement the NSP. Social Work staff will make three attempts via email or phone call. This shall be documented in the client file.

(6) Did the FFA social worker develop timely, comprehensive, initial (NSPs) with the participation of the developmentally age-appropriate child? Listed under Monitoring Review Field Exit Summary Section 3-#30. 2 out of the 4 files reviewed were not developed in a timely manner. Program Directors meet with social workers for supervision to discuss upcoming initial NSP's for each child on their caseload. The initial NSP's that are upcoming due are noted and monitored on the supervision form. Furthermore, Program Directors are to ensure that Alliance social workers are turning in NSP's prior to the due date, and for social workers to obtain CSW signatures before the 5th day deadline. Program Directors use an internal tracking system to monitor deadlines of NSP's.

(7) Did the FFA social worker develop timely, comprehensive, updated (NSPs) with the participation of the developmentally age-appropriate child? Listed under Monitoring Review Field Exit Summary Section 3-# 31. 3 flies reviewed noted that deficiencies in this area. 2 out of the 3 files reviewed did not contain SMART goals. Program Directors will work with staff on how to develop SMART goals when working on NSP's. Program Directors will not sign off on any NSP's that do not contain SMART goals. Program Directors will reiterate the importance of time management and organizational skills in supervision with staff. The importance of SMART goals will be discussed on-going during supervision between the program director and social work staff.

(8) Does the FFA social worker complete timely, comprehensive, quarterly report? (to County workers by the 10th business days following the end of each quarter from the date the child was placed). Listed under Monitoring Review Field Exit Summary Section 3-#35. Program Directors are to ensure that Alliance social workers are turning in NSP's before the due date, and for social workers to obtain CSW signatures before the 5th day deadline. Program Directors use an internal tracking system to monitor deadlines of NSP's. Program Directors will reiterate the importance of time management and organizational skills in supervision with staff.

(9) Are current copies of the children's report cards or progress reports maintained? Listed under Monitoring Review Field Exit Summary Section 5-#39. 1 out of the 4 files reviewed did not have reports cards. During the review period progress notes were obtained for this client. AHS social work staff will ensure that each file has report cards and or progress notes to ensure the child is meeting their academic goals. Any decline in school progress will be addressed immediately and the client will be supported by the social work staff and resource parent in improving the client's academic performance.

(10) Are required follow-up dental examinations conducted timely? Listed under Monitoring Review Field Exit Summary Section 6-#45. 1 out of 5 files reviewed noted that dental follow up which did not take place. Program Director provided resource parent a corrective action plan on discussing the importance of keeping track of all follow ups. Since then the child has been to the dentist for follow up.

(11) Is there a current psychiatric evaluation/review for each child on psychotropic medication? Listed under Monitoring Review Field Exit Summary Section 7-#47. 1 file reviewed was not seen by the psychiatrist between 12/4/14 to 4/2/15. The resource parent was provided a corrective action plan on stating the importance of staying abreast of any and all appointments for the client placed in their

home. In addition, the social work staff will have an internal tracking system to ensure that all visits happen.

(12) Did the FFA use all available resources, to attempt to stabilize the placement prior to requesting the removal of the child? Listed under Monitoring Review Field Exit Summary Section 10-#66. 1 of the discharged files reviewed showed that there was not enough efforts conducted to stabilize the placement. AHS social work staff will monitor placement stability during home visits. AHS social work staff will ensure that the resource parent has all the necessary trainings and support to continue to ensure placement stability. In addition, AHS social work staff will get the CSW more involved via treatment meetings to work collaboratively to add any necessary services to avoid disruption. Finally, the negative effects of disruptions on the well- being of the client will be discussed during pre-service trainings and on-going trainings.

(13) Have employees received timely health-screenings/TB clearances? Listed under Monitoring Review Field Exit Summary Section 11-#71. There was 1 out of 5 employees who did not obtain a health screening/tb clearance. The employee started on 10/22/14 and did not get a health screening until 11/10/14 and the tb was conducted on 11/12/14. The hiring managers will ensure that all staff have the necessary health screening and tb completed before starting employment.

Finally, Alliance Human Services, Inc understands and agrees to follow the regulations set forth by the Department of Children and Family Services. Each Program Director will train the social workers in their department on the above deficiencies listed on the Foster Family Agency Monitoring Review Field Exit Summary date September 23, 2015.

Thank you for your consideration in reviewing this corrective action plan. If you have any questions, please contact me at 310 792-8920

Sincerely,

Luigi Grimaldi
Executive Director
Alliance Human Services Inc.
21311 Hawthorne Blvd
Torrance, CA 90503
310 792-8920

carf INTERNATIONAL

December 14, 2015

Luigi A. Grimaldi
Alliance Human Services, Inc.
9166 Anaheim Place, Suite 225
Rancho Cucamonga, CA 91730

Dear Mr. Grimaldi:

It is my pleasure to inform you that Alliance Human Services, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following service(s):

Foster Family Services

This accreditation will extend through November 30, 2018. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The survey report is intended to support a continuation of the quality improvement of your organization's service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A quality improvement plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (*customerconnect.carf.org*), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from John Hannon by email at jhannon@carf.org or telephone at (888) 281-6531, extension 7198.

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

Brian J. Boon, Ph.D.

Brian J. Boon, Ph.D.
President/CEO

Enclosures