



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602



BOBBY D. CAGLE
Director

GINGER PRYOR
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

May 14, 2020

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn

From: *Cynthia McCoy Mills for*
Bobby D. Cagle
Director

**BUILDING BRIDGES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Building Bridges Foster Family Agency (the Contractor) in May 2019. The Contractor has one office located in San Bernardino County. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

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

CAD conducted an on-site 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;

"To Enrich Lives Through Effective and Caring Service"

Needs and Services Plans; Permanency; 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 7 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; 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, six DCFS placed children were selected for the sample. CAD reviewed the six children's files and interviewed two children to assess the level of care and services they received, three were pre-verbal and one refused to be interviewed. Additionally, six discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed three RFH's files and five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted interviews with staff and the Resource Family Parents. Site visits were conducted to the Contractor and the RFHs to assess the quality of care and supervision provided to the placed children.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment,
 - Common areas not being safe and well maintained.
- Needs and Services Plan (NSP)
 - NSPs not being timely, comprehensive or accurate and not signed by the Children's Social Worker.

Priority 2

- General Requirement
 - Special Incident Reports not being properly cross reported to Community Care Licensing Division.
- Permanency,
 - Concurrent Case plan goals not documented on the NSPs.

Each Supervisor
May 14, 2020
Page 3

On July 3, 2019, the DCFS CAD Children Services Administrator I and II and Out-of-Home Care Management Division Quality Assurance Specialist 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) 351-5530.

BDC:KR
LTI:lf

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Levya, Interim Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Robert Mathias, Building Bridges FFA Agency
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



BUILDING BRIDGES FOSTER FAMILY AGENCY

License No: 366426719

9631 Business Center Drive,
Bldg. 14, Suite D
Rancho Cucamonga, CA 91730

Phone: (909) 233-7265
Fax: (626) 200-1875
www.BuildingBridgesFFA.com



Corrective Action Plan ("CAP")

July 24, 2019

RE: CAP for DCFS, Contract Compliance Department

Dear Mr. Victor Akinmurele:

Below you will find the CAP that Building Bridges Foster Family Agency ("BBFFA") has prepared in response to the findings of its annual Contract Compliance Review (Program), which was conducted by Ms. Leticia Foster. BBFFA will be holding a staff meeting on August 6, 2019, which will review over this CAP, and the new procedures in response to the findings of the Compliance Review.

If you have any questions in regards to BBFFA's CAP, please feel free to reach out to me at (909) 233-7265, or by email at Robert.Mathias@BuildingBridgesFFA.com.

I. GENERAL CONTRACT REQUIREMENTS

- a. (6) Special Incident Reports (SIRs) are Properly Documented/Properly Cross-reported in the I-Track System

Finding: Two SIRs for Urgent Care/Medical visits were not cross reported to CCL

Corrective Action Plan:

The Administrator and Executive Director will train all the Agency Social Workers on August 6, 2019 regarding the requirement and Building Bridges FFA protocol to report all incidents regarding Urgent Care/Medical visits are cross-reported to CCL. The Quality Assurance ("QA") department has initiated a monthly report that it is sent to the Administrator and the Executive Director ("ED") to ensure properly cross reporting. Administrator will address all non-compliance with appropriate discipline and further training as needed.

II. RESOURCE HOME REQUIREMENTS

N/A.

III. FACILITY & ENVIRONMENT

a. (15) Common Quarters Were Safe and Well Maintained

Finding: One resource parent did not have a smoke detector installed. Resource foster parent purchased a smoke detector that had not been installed.

Finding: One resource foster parent had disinfectants and cleaning solutions kept in an unlocked cabinet in the laundry room.

Corrective Action Plan:

The Administrator and Executive Director will train all the Agency Social Workers on August 6, 2019. The training will include but will not be limited to, policies and procedures regarding pre-approval and ongoing training requirements for resource parents and the procedures carried out by staff to ensure resource families maintain appropriate logs of facility environment evaluations ensuring that smoke detectors are appropriately installed and disinfectant and cleaning solutions are kept under lock. Results of the facility environment evaluations are placed in the resource parents' file. Administrator will be responsible for implementation, and Agency social worker(s) will ensure compliance.

To ensure that disinfectants and cleaning solutions are kept locked, the Agency social workers, on a monthly basis, will check the laundry and kitchen areas to ensure that items are kept under lock. The Quality Assurance Department will ensure this process is followed during routine file reviews and random home visits. Non-compliance will be reported to the ED.

To ensure that smoke detectors are installed in resource homes, Agency social workers will, on a monthly basis, check and submit a monthly home inspection log, which will require Agency social workers to double check that smoke detectors are properly working and installed. The Quality Assurance Department will ensure this process is followed during routine file reviews and random home visits. Non-compliance will be reported to the ED.

IV. ENGAGEMENT & TEAMWORK

N/A.

V. NEEDS AND SERVICES PLAN

a. (23) The NSPs were completed accurately and on time.

Finding: FFA did not make timely attempts to obtain CSW signatures.

Finding: FFA identified multiple case plan goals and concurrent case plan goals.

Corrective Action Plan

The following protocols (below) have been established to ensure that documented attempts to obtain CSW/DPO signatures are on file. Training to all staff on this procedure will be provided on August

6, 2019 and will be conducted by Administrator and Executive Director. The training will include, but not limited to, new and existing policies and procedures to prepare and submit reports, identify one case plan and one concurrent plan if applies, and obtain CSW approval for NSPs as follows

- A) Initial NSPs are due by the 30th of the day of placement, and updated NSPs are due every 90 days.
- B) Obtaining CSW/DPO signatures (or three documented attempts) for initial NSPs and updated NSPs should be within 5 days after the NSP is due (30th day for initial and 90th day for updated). Attempts and efforts to obtain the CSW's or DPO's signature must be documented. Following up with CSW for signatures will be as follows:
 1. The first attempt will be made by sending the NSP to the CSW/DPO by email or fax. The communication will be sent directly to the CSW and his or her Supervisor.
 2. The second attempt to obtain the CSW/DPO's signature will be made by email or fax. The email or fax will be sent directly to the CSW and his or her Supervisor and within two days of the first attempt. A follow up phone call will be made.
 3. The third attempt will be made by email and within two days of the second attempt. The communication will be sent directly to the CSW, his or her Supervisor, and to NSP to Out-Of-Home Care Management Division Quality Assurance (OHCMD QA) inbox at: OHCMD QAS1@dcls.lacounty.gov

All attempts will be attached to the NSP and placed in the child's file. The Administrator and Executive Director is responsible for implementation and ensuring compliance. The Quality Assurance Department will ensure this process is followed during routine file reviews. Non-compliance will be reported to the ED.

The Administrator and Executive Director will conduct a thorough training for all staff on August 6, 2019 focusing on the development of case goals that are specific, measurable, achievable, results oriented and timely. Administrator will explain that there should only be one case plan goal for each child/NMD, and there may be another concurrent case plan goal. There cannot be multiple goals; the primary goal should be the focus.

VI. PERMANENCY

- a. (30) The NSPs Permanency section documented the children's case plan goals (i.e., concurrent case plan goals, progress made, barriers)

Finding: Physical/Health requirements, particularly that resource parents will schedule and transport minors to and from medical/dental appointments, are not goals for the child/NMD.

Corrective Action Plan

The Administrator and Executive Director will conduct a thorough training for all staff on August 6, 2019 focusing on the development of case goals that are specific, measurable, achievable, results oriented and timely. Further, this training will emphasize and mandate the incorporation of resource parents into the creation and progress of the child's NSPs as evidence by their signature on the NSP.

All Agency Social Workers will be explained that required duties of resource parents, such as receiving medical and dental checkups are not goals.

VII. EDUCATION & INDEPENDENT LIVING PROGRAM SERVICES

N/A.

VIII. HEALTH & MEDICAL NEEDS

N/A.

IX. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

N/A.

With Respect and Sincerity,

A handwritten signature in black ink, appearing to read 'R. Mathias', with a large, stylized flourish at the end.

Robert D. Mathias, JD
Executive Director
Building Bridges Foster Family Agency