



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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



BOBBY D. CAGLE
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May 14, 2020

To: Supervisor Kathryn Barger, Chair
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Supervisor Sheila Kuehl
Supervisor Janice Hahn

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

**CHILDHELP 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 Childhelp Foster Family Agency (the Contractor) in July 2019. The Contractor has two offices: one office located in the Third Supervisorial District and one in San Bernardino County. All offices provide services to the County of Los Angeles DCFS placed children, Probation foster youths, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 8
PRIORITY 2 9
PRIORITY 3 1

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 none of the 11 applicable areas of CAD's Contract Compliance Review.

For the purpose of this review, 10 DCFS placed children were selected for the sample. CAD reviewed the 10 children's files to assess the level of care and services they received. CAD interviewed five children, five children were pre-verbal. Additionally, four discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed three RFH's files and three staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted interviews with staff and the Resource Family Parents (RFPs). 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

- Engagement and Teamwork
 - Child and Family Team (CFT) participants were not identified.
 - The Contractor did not document the children's CFT meetings and collaboration.
 - The Needs and Services Plans (NSPs) goals did not identify the children's CFT team decision-making process for each goal.
- Needs and Services Plans
 - The NSPs were not completed accurately, were not comprehensive, or on time.
- Education & Independent Living Program Services
 - Children's report cards and progress reports were not maintained in the children's files.
- Health & Medical Needs
 - Initial medical and dental examinations were not conducted timely.
 - Required follow-up medical and dental examinations were not conducted timely.
 - Current court-approved psychotropic medication authorizations were not on file.

Priority 2

- General Contract Requirements
 - The Contractor did not conduct assessments of RFHs prior to placing more than two children in the home in accordance with the contract.
- RFH Requirements
 - RFHs did not receive tuberculosis clearances for all additional adults in the home prior to certification.
- Facility & Environment
 - Vehicles used to transport children were not well maintained or in good repair; left tail light, brake light and turn signal were off and windshield was broken.
 - The exterior and the ground of the RFH were not safe and well maintained, there were missing window screens.
 - Common quarters were not safe and well maintained; one smoke detector in the living room was not working.
- Permanency
 - Placement transition services were not identified at the children's CFT meetings.
- Personal Needs/Survival and Economic Well-Being
 - The Contractor did not ensure that children would be encouraged and supported by the RFPs to keep a LifeBook.
 - Children did not report receiving all allowances including minimum weekly allowances.
- Personnel Files
 - Personnel did not receive all required medical clearances.

Priority 3

- Personal Rights and Social/Emotional Well-Being
 - Children did not report having a voice and choice in CFT meetings.

On August 12, 2019, the DCFS CAD Children Services Administrator I and II and the 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.

Each Supervisor
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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:cm

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Sara O'Meara, Chief Executive Officer, Childhelp
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

□ 1345 El Centro Avenue
Hollywood, CA 90028
Phone (323) 465-4016
Fax (323) 466-4432



Founded in 1959
by Sara O'Meara and Yvonne Fedderson
PREVENTION and TREATMENT of CHILD ABUSE

□ 1955 Hunts Lane, St. 200
San Bernardino, CA92408
Phone (909) 335-1164
Fax (909) 382-8242

November 11, 2019

To: Department of Children and Family Services
Contracts Administration Division
Contract Compliance Section
3530 Wilshire Blvd. 4th Floor,
Los Angeles, CA 90010

CAP Due Date: September 11, 2019

A one-week extension was granted by Vanessa Stamp, MSW, Children Services
Administrator II.

CAP Addendum Due Date: 9/27/2019

Second CAP Addendum Due Date: 11/11/2019

Subject: Foster Family Agency Monitoring Review Field Exit Summary, Dated
August 12, 2019 - Corrective Action Plan

Facility: Childhelp, Inc. Foster Family Agency
Patricia Old, Program Director
Kenneth Langie, Program Supervisor

I. General Contract Requirements

#2 The FFA conducted assessments of Resource Family Homes (RFHs) prior to placing more than two (2) children in the home accordance with contract.

Findings:

All Three (3)-resource parents sampled are all new and they all have more than two children placed in their homes in their first year of certification. There were no assessments or waiver on files approving additional children in the home. (Although the placements include sibling sets).

Protocol:

Childhelp FFA does have a two or more child assessment policy that is currently in use. Childhelp FFA does assess the resource parent during the home study (SAFE) process to determine the number of children a family can care for based on their experience, space, and ability to meet their needs. Childhelp FFA however was not specifically asking the CSW at the time of placement for newly approved families for placement of more than two children.

Cause of Non-Compliance:

This was an oversight by the FFA Family Developer and Intake Coordinator.

Plan of Correction:

The CAP will be implemented by a change in policy and training was provided to The FFA program staff by the Program Director on 8/28/19. This has also been added to the new staff-training curriculum. The new protocol put into place: Childhelp FFA placement worker will inform the county placement worker that the resource family is newly approved (under one year). Childhelp FFA placement worker will request approval from the county placement worker to place more than two children in a home for newly approved family who do not have one year of experience. Childhelp FFA placement worker will review the resource parent's status with the DCFS placement worker and obtain their signature on the Childhelp FFA Placement Capacity Agreement (**Attachment #1**). Childhelp FFA placement worker will review the SAFE Home Study assessment tool with DCFS placement worker. The SAFE reviews the parents experience and the agencies recommendation for the number of children that they can serve. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and during staff meetings.

II. Resource Family Home Requirements

#12 RFHs received tuberculosis clearances for ALL additional adults in the home prior to certification.

Findings:

RP #1 does not have health screening and TB clearance on file. RP #2 did not have TB clearance on file on date of review. RP was certified on 5/18/19 and on 7/19/19 received TB clearance.

Protocol:

Childhelp FFA has a Resource Family Checklist that is used during the approval process. Health Screenings and TB test are documented on this list. RP#1 Health screening was done and the TB Questionnaire was completed on 7/9/19 and are on file with the FFA. A TB test was received for RP#2 on 7/12/19 and is on file with the FFA.

Cause of Non-Compliance:

This was an oversight on behalf of the Family Developer.

Plan of Correction:

Childhelp FFA will comply with ILS Version 4, which states that resource parents need to have a TB test, or the Tuberculosis (TB) Screening Questionnaire (RFA 08) completed upon approval. Childhelp FFA has added this questionnaire (**Attachment #2**) to the application paperwork as well as the resource parent checklist for approval form (**Attachment #3**) to make sure that this document is completed before

approval. The Family Developer is responsible for obtaining the documentation. The applicant's file to be reviewed and approved prior to approval by the Program Director to ensure that all required documents are on file.

III. Facility & Environment

#13. Vehicles used to transport children were well maintained and in good repair. (17 sub elements)

Findings:

Overall summary for two vehicles: Tail light was off. Left brake light was off. Left turn signal light was off. Left emergency light was off. Windshield was broken.

Protocol:

Childhelp FFA has a vehicle inspection form that is completed prior to approval that must be completed by a licensed or certified technician/mechanic. Resource parent vehicles that will be used for transporting foster youth are inspected prior to approval and then again annually.

Cause of Non-Compliance:

Since issues can come up in-between inspections, Childhelp FFA has recognized that more frequent inspections of the vehicle is warranted. These items came up in between the required inspection with a licensed or certified technician/mechanic.

Plan of Correction:

Childhelp FFA completed an all staff meeting on 8/28/19 led by the Program Director and trained staff on the importance of inspecting resource parent vehicles during regularly scheduled home visits. A section was added to the case note that is completed by the Clinical Coordinator after each contact with the foster family. **(Attachment #4)**. Childhelp FFA Program Director has added this training to the Pre-Approval/Annual Trainings led by Childhelp FFA Family Developer and/or Clinical Coordinators to make sure that resource parents understand that vehicle inspections will be conducted during home visits, and that if an item on the vehicle is out of compliance, they must arrange for it to be repaired. The vehicle inspection will include checking the following: High Beams, Brake Lights, Turn Signals, Emergency Lights, Windshield/Windshield Wipers/ Windows, and Tire Tread. The Clinical Coordinator is responsible for completing the home visit case note and the Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and during staff meetings. Repairs were made on 8/2/19 and photos were sent to the CAD confirming the repairs to the lights. The broken windshield was repaired on 7/31/19 and a photograph was sent to the CAD confirming that the windshield was repaired.

#14. The exterior and grounds of the RFH were safe and well maintained. (Five sub elements)

Findings:

#14a: RFP # 2 was missing window screens.

Protocol:

Childhelp FFA was using LIC03 Resource Family Home Health and Safety Assessment Checklist form when conducting initial and bi-annual home inspections. Screens were installed on 9/17/19 at RFP #2's home and a photograph is on file with the FFA.

Cause of Non-Compliance:

This was an oversight by the Family Developer, as screens are not listed on the LIC03 Resource Family Home Health and Safety Assessment Checklist.

Plan of Correction:

Childhelp FFA Program Director completed an all staff training on 8/28/19 and trained staff on the requirements of the Health and Safety Assessment Checklist (LIC 03). Although window screens are not on this assessment checklist, Childhelp FFA will make sure that each home has window screens. The Program Supervisor/Director is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

#15. Common quarters were safe and well maintained (16 sub elements)

Findings:

Smoke detector was not working in the living room of one home of RP#2. On 8/5/19, an e-mail was sent from Childhelp FFA Clinical Coordinator to CAD with pictures confirming the smoke detector in the living room was replaced.

Protocol:

Family Developer is responsible for completing initial home inspections, which include checking all smoke detectors prior to approval to make sure they are operating. Clinical Coordinator is responsible for completing bi-annual home inspections, which includes checking smoke detectors.

Cause of Non-Compliance:

Since issues can come up in-between inspections, Childhelp FFA has recognized that more frequent inspections of the smoke detectors is warranted. This item came up in between the required inspections.

Plan of Correction:

During regular home visits, Clinical Coordinators will check the smoke detectors to ensure that each smoke detector in the home is working, by testing it. This will be documented on the case note (**Attachment #4**). The Clinical Coordinator is

responsible for completing the home visit case note and the Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

IV. Engagement & Teamwork

#20. CFT participants have been identified.

Findings:

The FFA have not identified CFT participants with all the children.

Protocol:

Childhelp FFA staff are aware that each child is required to have a Child and Family Team meeting. Childhelp Clinical Coordinators are instructed to attend CFT meetings that are scheduled by either Childhelp FFA Clinical Coordinator or the DCFS CSW.

Cause of Non-Compliance:

Childhelp FFA staff were informed by the DCFS, that CSW's are responsible for facilitating CFT meetings, as they are certified meeting facilitators. Childhelp FFA staff were told that DCFS CSW's are responsible for running CFT meetings therefore waiting for DCFS CSW to initiate these CFT meetings. There was no formal policy that stated that Childhelp staff should initiate and/or request CFT meetings (unless a crisis or 14-day notice is identified). Childhelp FFA staff understand that all CFT meetings must be conducted by a Certified Facilitator which CSW's hold. Currently, Childhelp FFA staff are not Certified Facilitators.

Plan of Correction:

Childhelp FFA Clinical Coordinator will communicate with DCFS within the first week of placement to initiate the scheduling of a CFT and to determine who the child's Child and Family Team (CFT) participants will be. Childhelp FFA will request a CFT meeting with CSW to occur within the first 30-90 days of placement. A section was added to the case note (**Attachment #4**). The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

#21. The FFA documented the children's CFT meetings and collaboration.

Childhelp FFA Clinical Coordinators (Social Workers) have completed the two-day training on November 6th and November 7th to become a certified CFT facilitator. Training took place at Health Care Partners/CMH Service Area 8 Administration, Long Beach, CA. The remainder of the Clinical Coordinators and program supervisors will take the training on December 11th and 12th in Whittier.

Findings:

The FFA did not document any children's CFT meeting and collaboration.

Protocol:

Childhelp FFA staff are aware that each child is required to have a Child and Family Team meeting. Childhelp Clinical Coordinators are instructed to attend CFT meetings that are scheduled by either Childhelp FFA Clinical Coordinator or the DCFS CSW.

Cause of Non-Compliance:

Childhelp FFA staff were informed by the DCFS, that CSW's are responsible for facilitating CFT meetings, as they are certified meeting facilitators. Childhelp FFA staff were told that DCFS CSW's are responsible for running CFT meetings therefore waiting for DCFS CSW to initiate these CFT meetings. There was no formal policy that stated that Childhelp staff should initiate and/or request CFT meetings (unless a crisis or 14-day notice is identified). Childhelp FFA staff understand that all CFT meetings must be conducted by a Certified Facilitator which CSW's hold. Currently, Childhelp FFA staff are not Certified Facilitators.

Plan of Correction:

Childhelp FFA will collaborate with DCFS and other CFT team members to create plans and strategies for the child and family. Childhelp FFA will collaborate with CSW about obtaining CFT meeting minutes completed by the facilitator. Childhelp FFA has updated the table of contents for the Child files (**Attachment #5**) to include a tab for CFT Meetings. Childhelp FFA has also created a template of attempts/requests for CFT meetings (**Attachment #6**) with CSW and this documentation will be placed in the child's file. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

Childhelp FFA Clinical Coordinators (Social Workers) have completed the two-day training on November 6th and November 7th to become a certified CFT facilitator. Training took place at Health Care Partners/CMH Service Area 8 Administration, Long Beach, CA. The remainder of the Clinical Coordinators and program supervisors will take the training on December 11th and 12th in Whittier.

#22. The NSP goals identified the children's CFT team decision-making process for each.

Findings:

The NSP goals did not identify the children's CFT team decision-making for each goal.

Protocol:

Childhelp FFA staff are aware that each child is required to have a Child and Family Team meeting. Childhelp Clinical Coordinators are instructed to attend CFT meetings that are scheduled by either Childhelp FFA Clinical Coordinator or the DCFS CSW.

Cause of Non-Compliance:

Childhelp FFA staff were informed by the DCFS, that CSW's are responsible for facilitating CFT meetings, as they are certified meeting facilitators. Childhelp FFA

staff were told that DCFS CSW's are responsible for running CFT meetings therefore waiting for DCFS CSW to initiate these CFT meetings. There was no formal policy that stated that Childhelp staff should initiate and/or request CFT meetings (unless a crisis or 14-day notice is identified). Childhelp FFA staff understand that all CFT meetings must be conducted by a Certified Facilitator which CSW's hold. Currently, Childhelp FFA staff are not Certified Facilitators.

Plan of Correction:

Childhelp FFA Clinical Coordinator will communicate with DCFS within the first week of placement to determine who the child's Child and Family Team (CFT) participants will be. Childhelp FFA will request a CFT meeting with CSW to collaborate and begin working on the initial Needs and Services Plan (NSP). Childhelp FFA will document the frequency and status of all CFT meetings on the child's NSP. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

Childhelp FFA Clinical Coordinators (Social Workers) have completed the two-day training on November 6th and November 7th to become a certified CFT facilitator. Training took place at Health Care Partners/CMH Service Area 8 Administration, Long Beach, CA. The remainder of the Clinical Coordinators and program supervisors will take the training on December 11th and 12th in Whittier.

V. Needs and Services Plans look at her summary list each sub section as the finding.

#23. The NSP's were completed accurately and on time (7 sub elements)

23a: Findings:

Child #1, #2 and #3 initial NSP's were due 3/1/19. CSW signed 4/10/19 with no documentation sent/received from CSW. Child #7 first quarter NSP was not signed missing as of the date of review 7/11/19 on 7/17/19 the FFA provided a photocopy of signed NSP with no e-mail confirmation sent/received from CSW. The same child second quarter NSP was missing all signatures. Third quarter NSP due 6/21/19 was missing in the file at the date of review 7/11/19. Child #8 and #9 first quarter NSP was due 12/6/18 but missing CSW signature and e-mail response to CSW was on 1/14/19.

23b: Findings:

Child #1, #2, and #2 were placed 2/1/19 but their NSP medical documented for 3/16/19 and initial dental 3/28/19 with no explanation as to why they were late. Date of enrollment for #1 and #2 was missing in the NSP's and missing DCFS CSW contact information and dates the first quarter NSP still had the initial NSP box checked instead of quarterly report box. In addition, the FFA contact dates with the children were missing. For child #4, #5 and #6, dates, location of contacts and CSW and FFA SW were not documented in their

NSP's. Child #7 first quarter and second quarter NSP's was missing all signatures. It appeared that initial NSP copy was used for the second quarter NSP; initial plan box was checked instead of quarter box. The first quarter period dates were 10/21/18 to 12/21/18 instead of 9/21/18 to 12/21/18 and second quarter NSP date of next NSP was 3/21/19 instead of 6/21/19. The goal remained the same goal as in the initial NSP. Child #8 and #9 initial follow up medical and dental were not documented in the NSP's. Child #9 is documented to be on psychotropic medication but there was no PMA on file for him or date of current PMA indicated on his NSP. The same child's date of enrollment in school was missing from his NSP.

23c: Findings:

Although the FFA included case plans and concurrent case plans, the concurrent plans for the children is consistently LG and/or PPLA without considering adoption. No explanations.

23e: Findings:

The NSP's for child #7, #8 and #9 in RFH #3 were not signed by RFP.

23f: Findings:

The NSP's for child #7, #8, and #9 for in RFH #3 were not signed by FFA staff.

23g: Findings:

The NSP's for child #7, #8, and #9 for in RFH #3 were not signed by CSW.

The CAP covers all sub sections for section #23 listed above.

Protocol:

Childhelp FFA Clinical Coordinators are responsible for collaborating with DCFS CSW, child and resource parent to complete a 30 day initial NSP and every 90 days thereafter. Clinical Coordinator is responsible for completing NSP's and obtaining signatures from all participants within 7 days prior to NSP due date. Once signatures are obtained Clinical Coordinator is responsible for submitting the completed document to Office Support Staff. Office Support Staff is responsible for reviewing to make sure all signatures are obtained, are logged into the electronic system, and then filed in the child's chart.

Cause of Non-Compliance:

Clinical Coordinators failed to pay attention to detail while writing the NSP's. The FFA uses a computerized system to track NSP due dates, etc. which was not fully utilized by the Clinical Coordinators. Program Supervisors intentions to review every NSP did not occur.

Plan of Correction:

Moving forward, the initial and quarterly NSP's will be completed timely and accurately. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

To ensure this, the following are the procedures for NSP's:

1. Clinical Coordinators are to coordinate with CSW to schedule CFT meeting to work on NSP (Initial and/or Quarterlies); or make contact with CSW to collaborate on NSP.
2. Clinical Coordinators will complete the NSP and submit to the Hollywood office program supervisor 7-14 days prior to the due date for review.
3. Supervisor will review NSP, highlight any corrections, and return NSP to Clinical Coordinator via scan email within 1-2 days of submission to Supervisor.
4. Clinical Coordinator will make corrections and send to CSW via email for signature, Clinical Coordinator must cc Supervisor on this email. Clinical Coordinator will begin three attempts to obtain CSW signature for the NSP.
5. Clinical Coordinator will print NSP and take to Resource Family for signature/s. Clinical Coordinator may call for a CFT meeting to obtain signatures and will request that the CFT is scheduled before the NSP due date.
6. Once Signatures and/or three attempts form are completed, Clinical Coordinator will scan to Hollywood office Scans ALL NSP pages and email to Supervisor and Intake Coordinator/Office Support Staff. Clinical Coordinator will submit to Intake Coordinator/Office Support Staff. (ALL signatures and/or three attempts form MUST be submitted with ALL email correspondence).

VI. Permanency

#31. Placement transition services are being identified at the children's CFT meetings.

Findings:

There were no documentation of placement transition services identified on files with regards to child's CFT meetings.

Protocol:

Childhelp FFA staff are aware that each child is required to have a Child and Family Team meeting. Childhelp Clinical Coordinators are instructed to attend CFT meetings that are scheduled by either Childhelp FFA Clinical Coordinator or the DCFS CSW.

Cause of Non-Compliance:

Childhelp FFA staff were informed by the DCFS, that CSW's are responsible for facilitating CFT meetings, as they are certified meeting facilitators. Childhelp FFA staff were told that DCFS CSW's are responsible for running CFT meetings therefore waiting for DCFS CSW to initiate these CFT meetings.

Plan of Correction:

Childhelp FFA Clinical Coordinator will collaborate with DCFS CSW to schedule a CFT meeting for each youth placed. Childhelp FFA Clinical Coordinator will contact CSW and follow up via email until meeting is scheduled. Childhelp FFA Clinical Coordinator will make every attempt to notify the members of the team that a CFT is scheduled. Meetings are to be conducted by a Certified Facilitator every 90 days after the child's placement. Childhelp FFA will participate in CFT meeting and will request a copy of CFT meeting minutes and sign in sheets. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

Childhelp FFA Clinical Coordinators (Social Workers) have completed the two-day training on November 6th and November 7th to become a certified CFT facilitator. Training took place at Health Care Partners/CMH Service Area 8 Administration, Long Beach, CA. The remainder of the Clinical Coordinators and program supervisors will take the training on December 11th and 12th in Whittier.

VVI. Education & Independent Living Program Services**#37. Children's report cards and progress reports are maintained in their files.****Findings:**

None of the children enrolled in school have report cards and progress reports maintained in their files.

Protocol:

There is an identified box on the Monthly Packet face sheet for Report Cards/Progress Reports. Resource parents are responsible for submitting report cards and/or progress reports with their monthly documentation. Childhelp FFA Clinical Coordinator is responsible for reviewing each monthly packet that is being submitted by resource parent. All of the report cards and/or progress reports have been obtained and filed as of 9/27/19. Childhelp FFA program staff will assist with these chart audit. Random internal chart audits will be conducted to ensure compliance with requirements. The findings from the chart audits will be discussed at the PQI meeting for review of trends and opportunities for improvement.

Cause of Non-Compliance:

Resource parents did not turn in the documents to their Clinical Coordinator and the Clinical Coordinator failed to request the school documents from the resource parents. Even though copies were maintained in the home file, copies were not requested from the Childhelp FFA Clinical Coordinator for the office file.

Plan of Correction:

Childhelp FFA has revised the monthly packet forms (Attachment #7) to include highlighted section labeled "Report Cards and/or Progress Report" this will assist with ensuring that resource parent/s are providing a copy of the youth's school

report card and/or progress reports. The Clinical Coordinator is responsible for gathering the report cards and/or progress reports for the file. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and during staff meetings.

VIII. Health and Medical Needs

#41. Initial medical examinations were conducted timely.

Findings:

Children's initial medical examination records/documentation (561a) were missing from their files. Child #4, #5, and #6. NSP record indicate that they received their initial medical on 2/14/19 but they were placed on 11/21/18. Child #7 NSP record indicates she received her initial medical in January but no specific date. The child was placed on 9/21/18. Child #8 and #9 NSP record indicates that they received their initial medical on 1/4/19 but they were placed on 9/6/18. Child #1, #2, and #3 NSP record indicates that they received their initial medical on 3/16/19 but they were placed on 2/11/19. However, CAD found in their HEP record that they received medical exam within 90 days 1/18/19 prior to placement.

#42. Initial dental examinations were conducted timely.

Findings:

Children's initial dental examinations records/documentation (561b) were missing from their files.

#43. Required follow up medical examinations were conducted timely.

Findings:

Children's follow-up medical examination records/documentation (561a) were missing from their files.

#44. Required follow up dental examinations were conducted timely.

Findings:

Children's follow-up dental examination records/documentation (561b) were missing from their files.

Protocol:

There is an identified box on the Monthly Packet face sheet for both Medical and Dental Exams on the DCFS forms. Resource parents are responsible for submitting any completed DCFS LA County Medical and Dental Exam forms with their monthly documentation. Childhelp FFA Clinical Coordinator is responsible for reviewing each monthly packet that is being submitted by resource parent.

Cause of Non-Compliance:

Some of the documents were submitted timely however, they were on the Childhelp medical/dental exam form and not on the DCFS 561a and 561b forms. Resource parents have not turned in the medical and dental documents to their Clinical Coordinator and the Clinical Coordinator failed to request the documents from the resource parents. Even though copies were maintained in the home file, copies were not requested by the Childhelp FFA Clinical Coordinator for the office file.

Plan of Correction:

On 8-28-19 during an agency staff meeting, training was provided by the Program Supervisor regarding using DCFS LA County forms (Medical Examination Form 561a, Dental Examination Form 561b and Psychological Examination form 561c). Childhelp FFA updated the monthly packets to contain these forms for all Los Angeles County placed children. Childhelp FFA Clinical Coordinators were instructed to provide every resource parent with blank copies of each of these forms so they will have them available every time a child has a medical or dental appointment. Childhelp FFA Program Director revised the Pre Approval/Annual Training to include these forms and the time lines for when these forms are to be completed. Once the form is completed, resource parent must submit the original to their Clinical Coordinator so it can be logged and filed in child's office chart. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

#46. Current court-approved psychotropic medication authorizations are on file.**Findings:**

Child #9 is on psychotropic medication but does not have court-approved psychotropic medication authorization (PMA) on file. Another placed child out of the four sampled placed children also does not have a current court-approved PMA on file.

Protocol:

The procedure that was in place was to make sure that the JV220 authorization forms for psychotropic medication must be completed for each child that is on psychotropic medication. Both PMA's have been received for the foster youth and are on file with the FFA. Child # 9's PMA was received on 8/21/19 and second child identified PMA was received on 8/21/19. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and during staff meetings.

Cause of Non-Compliance:

The form that has not been collected by the Childhelp FFA Clinical Coordinator is the JV223, which is the form from the court, which approves the medication.

Plan of Correction:

Childhelp FFA Program Supervisor provided training to staff on 8/28/19 regarding psychotropic medication authorization and ILS Version 4 Medication Authorization Record (MAR) was reviewed. Program Supervisor provided staff with documentation that explains that JV220's are to be renewed and court approved every six months. Childhelp FFA staff is to request the court approved JV223 form from DCFS CSW with the courts stamp of approval form and submit this form to office support staff, so that it can be entered in to agency's electronic tracking system, so that staff will be reminded when a new authorization is coming due. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

IX. Personal Rights and Social/Emotional Well-Being

#52. Children reported having a voice and choices in the CFT meetings.

Findings:

The FFA did not document CFT meetings for any of the placed children sampled.

Protocol:

Childhelp FFA staff are aware that each child is required to have a Child and Family Team meeting. Childhelp Clinical Coordinators are instructed to attend CFT meetings that are scheduled by either Childhelp FFA Clinical Coordinator or the DCFS CSW.

Cause of Non-Compliance:

Childhelp FFA staff are aware that each child is required to have a Child and Family Team meeting. Childhelp Clinical Coordinators are instructed to attend CFT meetings that are scheduled by either Childhelp FFA Clinical Coordinator or the DCFS CSW.

Plan of Correction:

Childhelp FFA will collaborate with DCFS CSW to schedule a CFT meeting for each youth placed. Childhelp FFA will contact CSW and follow up via email until meeting is scheduled. Childhelp FFA will make sure that everyone on the CFT team is aware that CFT meetings are to be conducted by a Certified Facilitator every 90 days of the child's placement. Childhelp FFA will participate in CFT meetings and will request a copy of CFT meeting minutes and sign in sheets if completed by someone other than the FFA Clinical Coordinator. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

Childhelp FFA Clinical Coordinators (Social Workers) have completed the two-day training on November 6th and November 7th to become a certified CFT facilitator. Training took place at Health Care Partners/CMH Service Area 8 Administration, Long Beach, CA. The remainder of the Clinical Coordinators and program supervisors will take the training on December 11th and 12th in Whittier.

X. Personal Needs/Survival and Economic Well-Being

#63. The FFA ensures that children are encouraged and supported by the RFPs in keeping.

Findings:

None of the children have life books.

Protocol:

There is an identified box on the Monthly Packet face sheet for photos for life books to make sure photos are being taken. Resource parents are responsible for maintaining life books for each child. They are to identify to their Childhelp FFA Clinical Coordinator that they are taking photos for the children and include this information on their monthly documentation. Childhelp FFA Clinical Coordinator is responsible for reviewing each monthly packet that is being submitted by resource parent and making sure photos are being taken.

Cause of Non-Compliance:

Childhelp FFA resource parents take photographs of their foster children on a monthly basis and have records of these saved electronically. SOW states: resource families encourage and assist each child in creating and updating a life book/photo album (may be digitally stored album) of items that relate to childhood memories. Both resource parents and Clinical Coordinators have been following this protocol however, the families have not been required to have a tangible book.

Plan of Correction:

Childhelp FFA Program Supervisor purchase a life book on 9/20/19 for all current children and will give them to the resource parents. Upon Intake, each new child will receive a life book from Childhelp FFA placement worker. Resource parent will be reminded that each child must have a life book. Childhelp FFA Clinical Coordinator will collaborate with resource parent regarding printing and filing of pictures in the life book. Childhelp Clinical Coordinator will work with resource parent and youth (if age appropriate) to file pictures in the youths life book one time per month. A section was added to the case note (**Attachment #4**). Random internal chart audits will be conducted to ensure compliance with requirements and well as during individual supervision and staff meetings.

#69. Children reported receiving all allowances (4 sub elements)

69a: Children reported receiving the minimum weekly allowances.

Findings:

Children #7 & #9 did not report receiving weekly allowance.

69b: Children are free to spend allowance on appropriate purchases.

Findings:

Children #7 & #9 did not report receiving weekly allowance.

69c: Children reported receiving the minimum clothing allowance allotment.

Findings:

Children #7 and #9 reported going clothing shopping but did not report receiving monthly clothing allowance. They were not aware of how much their monthly clothing allowance is.

Protocol:

69a-69b- Resource Parents are provided with a RECORD OF CLIENT'S/RESIDENT'S SAFEGUARDED CASH RESOURCES LIC 405 (8/01) form that is used to record a child's cash resources which includes their weekly allowance. This form is attached to the Monthly Packet of items that Resource Parents are responsible for documenting on and submitting to their Clinical Coordinator. On this form, the Resource Parent logs the amount of money that child is given and the date and it is to be signed by the Resource Parent and the Child upon receipt of monies received. Resource Parents will physically hand cash allowance to each child every week. Clinical Coordinators will have a discussion about the allowance with each child during visits. At the beginning of each new month, Clinical Coordinators are responsible for collecting the Monthly Packet (which includes the weekly allowance log) from Resource Parents for the previous month. Clinical Coordinators will review the weekly allowance log with Resource Parents.

69c-There is an identified box on the Monthly Packet face sheet for clothing allowance. Childhelp FFA Clinical Coordinator is responsible for reviewing each monthly packet that is being submitted by resource parent to make sure items have been completed.

Cause of Non-Compliance:

Resource Parents did not hand each child cash allowance consistently each week. Both resource parents and Childhelp FFA Clinical Coordinator did not explain to each child the amount of money per month to be spent on clothing.

Plan of Correction:

Childhelp FFA Clinical Coordinator will train resource parents on how to explain allowance to the children in their home if age appropriate within the next 30 days. Childhelp FFA Clinical Coordinator will speak with youth (if age appropriate) during visits to make sure they are understanding that the monies they are receiving from their resource parent each week and what they sign stating they are given the money is called their weekly allowance. A section was added to the case note (**Attachment #4**). The two children (#7 and #9) were paid their allowance in full as requested by the Department of Children and Family Services. Receipts were sent to the CAD via e-mail as well as DCFS supervisors.

Childhelp FFA Clinical Coordinator is responsible for informing children of the monthly clothing allowance. Resource Parents are responsible for taking each child clothing shopping as age appropriate each month, they will review with each child as age appropriate the amount allotted for purchasing their clothing. The Program Supervisor is responsible to ensure implementation of the CAP by conducting random chart audits and meeting with the program staff during individual supervision and staff meetings.

XI. Personnel Files

#76. Personnel received all required medical clearances (2 sub elements)

#76a: Medical Clearances within one (1) year prior to hire date or within 7 days of hire.

Findings:

Staff #2 & #3 did not have documentation of medical clearances on file.

Both staff have completed their medical exams on the following dates:

Staff #1 on August 2, 2019 and Staff #3 on August 19, 2019. Copies are on file with the Childhelp FFA and the Childhelp Human Resources Department.

Protocol:

Childhelp employee binders are required to be kept and secured in the Childhelp FFA Supervisor's office. Once an employee begins employment with the agency, all of the paperwork and documentation is completed at our Childhelp Regional Office in Beaumont, CA in the Human Resources office. Copies of all employees working for the FFA are to receive copies of all documents related to employment of FFA staff and those documents should be filed in the employee's file in the Childhelp FFA supervisor's office.

Cause of Non-Compliance:

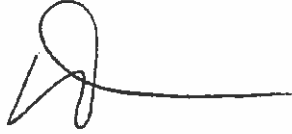
Due to oversight by Program Supervisor, the employee documents were not updated.

Plan of Correction:

Childhelp FFA Program Director collaborated with Human Resource Director on August 1, 2019 to review requirements for health screenings prior to hiring of new program staff. Beginning June 1, 2019, it is the policy of Childhelp to have every employee agency wide complete a health screening prior to employment. Childhelp Human Resources Department will provide the FFA Program Supervisor with a copy of the health screening for new employees personnel file. Random audits to be completed by Childhelp Human Resources Department to ensure compliance at a minimum on one time per year and reported at the Childhelp PQI meeting.

Please let me know if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to be 'Patricia Old', with a long horizontal line extending to the right.

Patricia Old, MA, ATR
Director Foster Care & Adoptions

Cc: Kenneth Langie, Program Supervisor
Beth Coty, Senior Director Program Operations

Attachments:

Attachment #1: Childhelp Placement Capacity Agreement
Attachment #2: Tuberculosis (TB) Screening Questionnaire (RFA 08)
Attachment #3: Resource Parent Checklist
Attachment #4: Case Note
Attachment #5: Table of Contents Child File
Attachment #6: Attempts/Request for CFT Meeting
Attachment #7: Monthly Packet