



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**Adolfo Gonzales**  
Chief Probation Officer

May 27, 2021

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice K. Hahn  
Supervisor Kathryn Barger

FROM: Adolfo Gonzales *Adolfo Gonzales*  
Chief Probation Officer

SUBJECT: **TRINITY YOUTH SERVICES FOSTER FAMILY AND ADOPTIONS  
AGENCY (FFA) CONTRACT COMPLIANCE REVIEW**

## REVIEW OF REPORT

Probation Child Welfare’s Residential Program Monitoring (RPM), under Placement Permanency and Quality Assurance (PPQA), conducted a Contract Compliance Review of the Trinity Youth Services Foster Family and Adoptions Agency (the Contractor) in January 2021 for the Calendar Year 2020. The Contractor has two offices: one (1) located in the First Supervisorial District, and one (1) located in San Bernardino County. All offices provide services to the County of Los Angeles Probation foster youth, Department of Children and Family Services (DCFS) placed children, children placed by other counties, and Non-Minor Dependents.

### Key Outcomes

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

The Contractor was in full compliance with eight (8) of 11 applicable areas of RPM Contract Compliance Review: General Contract Requirements; Resource Family Home 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. There were deficiencies noted in three (3) of 11 applicable areas with 3 deficiencies out of 78 elements.

For the purpose of this review, seven (7) DCFS placed children were selected for the sample. There were no Probation children placed at the time of the review. RPM reviewed seven (7) children's files to assess the level of care and services they received. RPM interviewed two (2) children, as five (5) were under the age of four (4) and could not be interviewed. Additionally, three (3) discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

RPM reviewed four (4) Resource Family Home (RFH) files and five (5) staff files for compliance with Title 22 Regulations and County contract requirements. RPM also conducted interviews with staff and the Resource Family Parents. Site visits were conducted to the FFA and the RFHs to assess the quality of care and supervision provided to the placed children.

PPQA RPM noted findings in the areas of:

#### Priority 1

- Facility and Environment
  - One (1) Resource Family Home (RFH) did not have a smoke detector in the hallway. The other RFH had a pedestal sink that was not properly secured, and the refrigerator shelf was not properly secured.

#### Priority 2

- Needs and Services Plans (NSP)
  - Goals were not measurable, and the Concurrent Case Plan goals were not clearly identified.
- Permanency and Transition Services
  - For three (3) of the discharged children in the sample size, the NSP Permanency section did not document the child's aftercare support services.

On March 5, 2021, RPM RaTasha Smith and DCFS Out-of-Home Care Management Division Kirk Barrow, held an exit conference with the following Contractor's representatives: Jackie Jakob, Foster Care and Adoptions Director, Laura Kassem, Rancho Cucamonga Office Director, Roomina Islam, Monterey Park Office Director, and Ashiko Newman, Treatment Supervising Social Worker.

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 deficiencies in this compliance report.

If you have questions, please contact me, or your staff may contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

AG:BN:FC:lcm

Attachment

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Bobby D. Cagle, Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Community Care Licensing Division  
Latasha Howard, Probation Contracts and Grants Division  
Jackie Jakob, Foster Care & Adoptions Director, Trinity Youth Services



**Mission Office**

**Short Term Residential Therapeutic Programs  
Foster Family & Adoptions Agency**

March 22, 2021

Armando Juarez  
Placement Permanency & Quality Assurance (PPQA)  
Residential Program Monitor and Investigations Unit  
11701 S. Alameda St., 2<sup>nd</sup> Floor  
Lynwood, CA 90262

Re: Foster Family Agency (FFA) Monitoring Review Field Exit Summary received 3/5/21.

Dear Mr. Juarez,

Trinity Youth Services (TYS) is in receipt of the Summary referenced above, created following the contract compliance review of our agency, which was conducted by the Contracts Administration Division for 2020. We would like to thank you for the professionalism displayed and support provided by RaTasha Smith, DPO and Leng L. Lim, DPO II during the program review of our Foster Care and Intensive Services Foster Care (ISFC) Programs.

TYS has reviewed the above referenced report and submits the following Corrective Action Plan (CAP) to address the recommendations noted.

**Contract Administration Findings:**

**I. Facility and Environment.**

- Common quarters were safe and well maintained. (15)  
Issue: Resource Parents (RP) did not have a smoke detector in the child's room or outside in the hallway. (15f.)  
Cause: The RP believed the other smoke detectors in the home would be sufficient.  
Corrective Action Implementation: The RP installed an additional smoke detector outside the child's room. A picture of the installed smoke detector was submitted to the reviewer on 3/9/21.  
Quality Assurance: Staff and RPs will be retrained regarding smoke detectors and distance needed between detector and bedrooms.
- Common quarters were safe and well maintained. (15)  
Issue: RP had a pedestal sink in the first-floor restroom that was not fastened to the wall to prevent movement. (15l.)  
Cause: The small youth in the home often leaned on the sink causing it to become loose from wall.  
Corrective Action Implementation: The RP reinforced the sink. A picture of the sink was submitted on 3/5/21.

Quality Assurance: Staff and RPs will be retrained regarding checking that sinks are securely fastened to walls.

- Common quarters were safe and well maintained. (15)  
Issue: RP had an unsafe refrigerator shelf. During the inspection when the door was opened 2 retractable sliding glass shelves automatically rolled forward causing an unsafe environment. (15p.)  
Cause: One of the shelves was not functioning correctly.  
Corrective Action Implementation: The RP removed the one shelf that was malfunctioning. A picture of the refrigerator with shelf removed was sent to reviewer on 3/5/21.  
Quality Assurance: Staff and RPs will be retrained regarding ensuring all common areas, including refrigerators appear to be clean, safe, sanitary and in good repair.

## **II. Needs and Services Plans (NSPs)**

- The NSPs were completed accurately and on time. (23)  
Issue: NSPs for one child did not have goals that were measurable. (23b.)  
Cause: On the two reports noted, goals were not written to include a percentage or a number increase/decrease.  
Corrective Action Implementation: All FFA Supervising Staff will be retrained on making NSP goals SMART and specifically measurable by 4/15/21. All FFA Treatment Foster Care Social Workers (TFCSWs) will be retrained by 4/30/21 regarding SMART goals, focusing on making all goals Measurable.  
Quality Assurance: All FFA Supervising Staff will ensure that all goals are quantifiable/measurable, prior to approving an NSP. On a quarterly basis, Supervising Staff will submit a sample NSP for each TFCSW they supervise to the Foster Care and Adoptions Director (FCAD) for review. The FCAD will review the NSPs and provide feedback to each supervising staff to improve their reviewing of NSPs.
- Included Case Plans and Concurrent Case Plan. (23c.)  
Issue: There was one NSPs case plan and concurrent plan goal both marked adoption.  
Cause: This was also caused by human error when the NSPs was completed and reviewed. The incorrect case plan was checked off.  
Corrective Action Implementation: All FFA Supervising Staff will be retrained by 4/15/21 on how to review NSPs prior to approval. All FFA TFCSWs will be retrained on case planning and concurrent planning by 4/30/21.  
Quality Assurance: On a quarterly basis, Supervising Staff will submit a sample NSP for each TFCSW they supervise to the FCAD for review. The FCAD will review the NSPs and provide feedback to each supervising staff to improve their reviewing of NSPs.

## **III. Permanency for Discharged Children**


- After support services are identified and linkages are being made to ensure successful transitions to permanent home-based care. (35.)  
Issue: Children's termination report did not list after support services to ensure a successful transition.  
Cause: There was an indication on with goals were pending completion at the time of termination, but there was no indication on follow-up and linkage to after support services.  
Corrective Action Implementation: All FFA Supervising Staff will be retrained by 4/15/21 on how to review the termination reports to ensure that there are identified after support services

and linkages being made. All FFA TFCSWs will be retrained completing termination reports by 4/30/21.

Quality Assurance: A new termination report template will be developed to include a section addressing after support services and linkages.

Thank you for taking the time to evaluate our Foster Care and ISFC Programs. Your compliance review has provided us with valuable feedback to improve our program. Please contact me if you have any questions or further suggestions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jackie Jakob', written in a cursive style.

Jackie Jakob, LCSW  
Foster Care & Adoptions Director

Cc. Cher Ofstedahl, CEO  
RaTasha Smith, DPO  
Leng L. Lim, DPO II  
Kirk Barrow, OHCMD TA