



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

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January 18, 2021

To: Supervisor Hilda L. Solis, Chair  
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Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Bobby D. Cagle  for  
Director

**ALLIANCE HUMAN SERVICES 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 Alliance Human Services Foster Family Agency (the Contractor) in August 2020. The Contractor has two offices: one located in the Fourth Supervisorial District; and one in Riverside County. The offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth, and Non-Minor Dependents (NMDs).

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 4
PRIORITY 3 1

CAD conducted a virtual Contract Compliance Assessment review of the Contractor’s compliance within the following applicable areas: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; 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 6 of 11 applicable areas of CAD’s Contract Compliance Review: Resource Family Home Requirements; Permanency; Education and Independent Living

*“To Enrich Lives Through Effective and Caring Service”*

Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

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

CAD reviewed four RFHs files and five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted virtual interviews with staff and the Resource Family Parents (RFPs). To assess the quality of care and supervision provided to the placed children, DCFS conducted virtual site visits at the Contractor's locations and the RFHs.

CAD noted findings in the areas of:

#### Priority 1

- Facility and Environment
  - Common quarters were not safe and well maintained
- Personnel Files
  - Contractor did not have current or valid licenses or certificates on file for all personnel

#### Priority 2

- General Contract Requirements
  - Special Incident Reports were not submitted/cross-reported timely
- Facility and Environment
  - RFH did not maintain an adequate supply of perishable and non-perishable foods
- Engagement and Teamwork
  - Contractor did not identify CFT participants or document efforts to obtain the information
  - Contractor did not document efforts to participate or collaborate in the children's CFTs

#### Priority 3

- Needs and Services Plans (NSPs)
  - NSPs were not completed accurately and on time

On October 15, 2020, the DCFS CAD Children Services Administrator I and II and Out-of-Home Care Management Division Quality Assurance Specialists held an exit conference with the Contractor's representatives.

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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:KDR  
LTI:ra

Attachments

cc: Fesia Davenport, Acting Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Ray Leyva, Interim Chief Probation Officer  
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services  
Public Information Office  
Audit Committee  
Luigi Grimaldi-Evangelista, Executive Director, Alliance Human Services FFA Agency  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



**Original Submitted: November 13,2020**  
**Addendum Submitted: November 20, 2020**

**Ms. Arrington**  
**Contracts Administration Division**  
**Department of Children and Family Services**

Dear Ms. Arrington,

On October 15, 2020 Alliance Human Services, Inc. (AHS) received the Foster Family Agency Monitoring Review Field Exit Summary. The below is a list of the findings and a corrective action plan to remedy the findings and to prevent future findings. Alliance Human Services Executive Director and the entire Torrance office staff met with Out of Home Care Management Quality Assurance Specialist on October 26<sup>th</sup>, 2020 and the Rancho Cucamonga office is scheduled for their visit on November 17,2020. The visits are to provide technical support to staff around Needs and Service Plans, Child Family Teaming and SIR's, and overall documentation. 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.

#### **I General Contract Requirements**

**#6 \*Special Incident Reports (SIRs) are properly documented. (2 sub elements) 6b. Properly cross-reported in the I-Track System.**

#### **Findings**

#6b - SIRs were not cross-reported timely: Child 1) NO: SIR 707129 - incident occurred on 7/15/20 & submitted/cross-reported on 7/17/20; Child 7) NO: SIR 674267 - incident occurred on 1/6/20 & submitted/cross-reported on 1/8/20; Child 10) NO: SIR 690899 - incident occurred on 3/27/20 & submitted/cross-reported on 3/30/20

**Reasons for Non-Compliance** In regard to Child #1, the AHS Social Worker had a created and saved the incident report while waiting on collecting additional information. AHS Worker failed to hit submit while waiting for more information. AHS Social Worker later added an addendum, but the original incident was slightly over 24 hours. Child #7 and #10 were submitted late due the Resource Parent not reporting in a timely manner.

**Correction to Obtain Compliance** All Staff have been reminded that they are to submit all incident reports in a timely manner and to state that more information to follow in the form of an addendum if more information is needed. Furthermore, Resource Parent was re-trained on the notification policy for reporting incidents in a timely manner so that AHS can submit within 24 hours of the incidents. See enclosed training document for the Resource Parent which resulted in SIR for Child 7 and Child 10 being late.

**Quality Assurance Plan to Maintain Compliance** Alliance Human Services, Inc. (AHS) understands that incident reports needed to be reported timely even if the incident is lacking information. AHS will state that an addendum is to follow if further information is needed or forthcoming. AHS program leadership will ensure that they are following up with staff on this issue and ensuring that the incident report is submitted timely. AHS will continue to train Resource Parents on incident reporting expectations at pre-approval, and annually training thereafter. In addition, AHS will make sure Resource Parent receive immediate feedback and training when reporting of an incident report is late. Finally, AHS program leadership will meet with Resource Parents if lack of reporting continues to be an issue.

### **III Facility & Environment**

#### 15d. Telephone service is available for emergencies.

**Findings #15d - RFP 3) NO:** RP missed 2 scheduled home inspections and interviews due to phone not being operable.

**Reasons for Non-Compliance** Resource Parent stated that she broke her phone and had to purchase a new one. She did not have a back-up/alternative phone to communicate with Alliance Human Services.

**Correction To Obtain Compliance** Resource Parent now has an alternative phone line which has been provided to Alliance Human Services. See attached document signed by Resource Parent understanding the expectation of always being reachable.

**Quality Assurance Plan to Maintain Compliance** AHS will check alternate phone line as part of regular home inspections. Resource Parent is to keep alternate phone line activated at all times along with her regular cell phone. AHS program leadership has reminded staff that they are to discuss with all the Resource Parents the importance of always being available and having an alternative phone so that the Resource family is always reachable.

#### 15k. Disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible to children.

**Findings #15k - RFP 2) NO:** laundry detergent was accessible to the placed children in the garage where they were playing during the walkthrough; RFP 3) NO: laundry detergent was in the unlocked laundry room/area sitting on top of the washer/dryer.

**Reasons for Non-Compliance** Resource Parent #2 states she always has the laundry detergent locked but had just finished doing laundry during the day of the virtual visit.

Resource Parent #3 RP reported she had finished washing and forgot to lock detergent after use.

**Correction To Obtain Compliance** Resource Parent #2 has placed the laundry detergent on a Bakers Rack which is in the garage locked. Resource Parent #3 have locked all laundry detergent products. See enclosed pictures.

**Quality Assurance Plan To Maintain Compliance** AHS Social Worker will ensure laundry detergent is locked while not is use. AHS Social Worker will do this by checking during the in-home visits and during quarterly home inspections. Resource Parents will continue to be trained on Physical Plant requirements during pre-approval and annual updates.

15p. The common areas appear to be clean, safe, sanitary and in good repair.

**Findings #15p - RFP 2) NO:** one stove burner was not working, the kitchen sink was either dirty or peeling and the faucet had black stains (mold/dirt) around it; **RFP 3) NO:** the house was not clean - items (clothes/toys) were scattered around throughout the house; the kitchen wasn't clean - dishes were filled up in the sink and a lot of items/trash left on the counters.

**Reasons for Non-Compliance** Resource Parent #2 states that the burner had been working but did not turn on during the virtual walk thru with the auditor. In regard to the sink, the home is an older home and the sink had some wear and tear.

Resource Parent #3 RP indicated she got busy and did not finish home chores.

**Correction To Obtain Compliance** Resource Parent #2 will has had the sink re-sealed and the burner fixed. See picture.

Resource Parent #3 has since cleaned area and has maintained it clutter free. See picture.

**Quality Assurance Plan To Maintain Compliance** AHS Social Worker will ensure home is kept tidy at all times by witnessing compliance during in home visits and during quarterly home inspections. In addition, physical home compliance is discussed at initial approval and then again annually.

19. The RFH maintained an adequate supply of perishable and non-perishable foods. (4 Sub Elements)

19b. Snacks are available and accessible to the children.

**Findings- #19b - RFP 3) NO:** Snacks are kept in the RFP's bedroom - RFP stated that "the children eats them up if they are left out". RFP also stated that "she puts some out every day" but I didn't see any left out during the walkthrough.

**Reason for Non-Compliance** Resource Parent keeps snacks in bedroom to moderate snack intake.

**Correction To Obtain Compliance** Resource Parent has placed a handful of snacks on kitchen counter and will ensure she has daily snacks available to the children every day. AHS Social Worker will ensure

snacks are available to children via visual inspections during in home visits and during quarterly home inspections. AHS Social Worker will interview the children placed to ensure snacks are out and readily available.

#### **IV Engagement & Teamwork**

20.CFT participants have been identified or the FFA has documented efforts to obtain the information.

**Finding- #20 - Children 5-10) NO:** No documentation in files that address this.

**Reasons for Non-Compliance** AHS Social Worker did not have adequate proof of CFT participants.

**Correction To Obtain Compliance** AHS Social Worker has ensured that CFT participants are clearly documented in the Needs and Service Plan and through the minor's file.

**Quality Assurance Plan To Maintain Compliance** Program leadership will monitor AHS Social Worker progress at the beginning of any new placement to ensure that the AHS Social Worker is identifying who is on the Child Family Team early on in the placement to foster excellent teaming and collaboration. Program Leadership will ensure the CFT participants are clearly identified in the NSP. Program Leadership will audit files periodically to ensure compliance. AHS understand the importance of engagement and teaming and how that is crucial to successful outcomes for children and families in care.

21.The FFA documented efforts to participate in the children's CFT meetings and collaboration.

**Findings-#21 - Initial CFTs should occur 45 days from DOP and then every 90 days from DOP:** Children 5 & 6) NO: Children were placed on 3/11/20 and the FFA requested CFT on 8/19/20; Child 7) NO: Child was placed on 7/31/19 and the FFA requested the CFT on 2/19/20; Children 8-10) NO: Children were placed on 1/27/20 and the FFA requested the CFT on 8/14/20

**Reasons for Non-Compliance** AHS Social Worker did not request CFT meetings via formal email request.

**Correction To Obtain Compliance** AHS Social Worker will ensure to request all CFT meetings via email at all required timelines. AHS Social Workers send out letters each quarter to the CSW to invite for a Needs and Service Planning meeting. However, AHS Social Worker will ensure they are using the correct terminology by requesting a CFT when requesting such meetings and to make sure it is documented in the file.

**Quality Assurance Plan To Maintain Compliance** Program Leadership will monitor AHS Social Worker CFT requests during supervision. Furthermore, AHS Social Worker will ensure to request all CFT meetings via email at all required timelines and to document such efforts. AHS Social Workers send out letters each quarter to the CSW to invite for a Needs and Service Planning meeting. However,

AHS Social Worker will ensure they are using the correct terminology by requesting a CFT when requesting such meetings and to make sure it is documented in the file.

## **V. Needs and Service Plans**

\*The NSPs were completed accurately and on time. (7 sub elements)

23b. Are comprehensive and accurate.

**Findings-** #23b - initial/updated NSPs are not comprehensive and/or not completed accurately - sections are missing info and/or not filled out properly and/or have general statements: (e.g., Child 2 - NO: Initial NSP dated 6/28/20 - the DOB and Date of Admission is not correct; Child 5) NO: NSPs dated 4/11/20 and dated 6/11/20 - on pg. 2 admission date is not filled in and the "Period from dates are not correct, visitation section does not have dates, 4/11/20 NSP goal 1 has a modification date and shouldn't since it is in the initial NSP, the 6/11/20 NSP ASW contact w/ CSW section not completed, goal 1 in 6/11/20 NSP is the same as 4/11/20 NSP but the start date changed, on pg. 7 both boxes (No & YES) are checked for PMA; Child 6) NO: NSP dated 6/11/20 on pg. 2 the "Period from" dates are not correct, goal 1 in NSPs dated 4/11/20 & 6/11/20 have a modification date but initial NSP shouldn't have a modification date and date is not correct in 6/11/20 NSP, goal 2 start date is before child was placed; Child 7) NO: Court case #, Medical # and date of admission is not filled in on 8/31/19, 10/31/19, 1/31/20 & 4/30/20 NSPs; Child 8) NO: goal 2 in NSP dated 7/27/20 is a new goal but has the same dates as previous NSP goal 2 and the previous goal 2 in NSP dated 4/27/20 wasn't moved to Achieved Outcome goals page; Child 9) CSW email address, court case #, & PMA date are not filled in, Period from dates are not correct; Children 8-10) NO: TILP section says "in progress - what does that mean?, goals in NSPs dated 4/27/20 & 7/27/20 have a modification date and the modification reason says "still in progress" or "in progress" (goals are not time-bound - how do I know if the plans/ services are working or not); Child 1-10) Goals are too generic or general and not S.M.A.R.T goals; e.g., Children 1-4) Physical/Health goals are regular routine medical/dental services are not goals - goals should be specific and measurable; Child 1) "Cx needs to complete high school diploma this year", Child 2) "Cx will continue to work w/ his team on his bx in the RH & relationship w/ RP" or "Cx continue working w/ his team on regarding his therapy"; Child 3) "Cx motor skills will be assessed to ensure..."; Child 8 & 10 ) "FC will graduate from high/middle school"; Child 9) "FP will get FC into therapy" or "FC will keep her grades up", "The minor will learn about positive body images....", etc. What is the specific problem, need, obstacle or intervention?

**Reason for non-compliance** AHS Social Worker did not follow NSP guidelines/format.

**Correction To Obtain Compliance** AHS Social Worker will receive training on how to write a comprehensive NSP with assistance from OHCMD liaison. In addition, OHCMD liaison will conduct monthly visit to the programs for technical support.

**Quality Assurance Plan To Maintain Compliance** Program leadership will work with staff on how to develop SMART goals when working on NSP's. Program leadership will not sign off on any NSP's that do not contain SMART goals. The importance of SMART goals will be discussed on-going during supervision between the program leadership and social work staff. Furthermore, AHS Social Work staff completing



the NSP will ensure that all content of the NSP is accurate and up to date. Social Work staff will send a copy of the NSP to their supervisor at Alliance Human Services Inc. for review 10 days before the NSP due date. The Program Director will ensure that the information is accurate and comprehensive, before signing off of on the NSP's and approving them to be sent to the CSW for signatures. NSP deadlines and signature due dates are tracked in internal Child Trax system which keeps track of useful client and resource parent data. The staff will be re-trained on the procedures on submitting the NSP reports to the Program Director by November 30, 2020.

23d Signed by children when age or developmentally appropriate

**Finding- #23d - Children 8-10) NO:** NSP due on 4/27/20 was signed late by children on 5/21/20

**Reason for Non-Compliance** AHS Social Worker did not meet with children on time to get signatures.

**Correction To Obtain Compliance** AHS Social Worker will ensure children review Needs and Service Plans within proper timeframe. AHS Social Worker will continue to work with the minor on developing goals and ensure they get the minors signature when age and developmentally appropriate.

**Quality Assurance Plan to Maintain Compliance** Program Leadership will ensure to approve NSP's when there is signature from the minor who is of the age or developmentally appropriate before sending to the CSW. Program Leadership will instruct the AHS Social Worker to take the NSP back out to the minor for signature if it is lacking a signature. AHS Social Worker will work diligently to obtain signature and submit Needs and Service Plan in a timely manner.

23g Signed by CSW/DPO)( or documented efforts to obtain signature

**Findings - #23g - Children 3 & 4) NO:** NSP due on 7/5/20 were signed late by CSW on 7/24/20 - 1 attempt on 7/5 before due date and on 7/14 & 7/20; Children 8-10) NO: NSP due on 2/27/20 was signed late by CSW on 6/11/20 with no attempts before due date.

**Reason for Non-Compliance-** Failure to Follow Protocol. AHS Social Worker had called and emailed the County Social Worker but failed to take it up the chain of command within the 5 days of the report being due.

**Correction To Obtain Compliance** AHS Social Worker will ensure they properly document signature requests and follow chain of command in getting signatures on time. First attempt to CSW/ copy SCSW, second attempt to SCSW and third attempt to ARA. AHS Social Worker will also send the NSP to the NPS inbox.

**Quality Assurance Plan to Maintain Compliance** Program Leadership will monitor compliance Childtrax system and tracking grid. In addition, Program Leadership meets weekly and will discuss NSP coming up within the upcoming weeks. A discussion will be had around progress of Child Family Teaming Meetings and obtaining signatures within 5 days of the report. AHS understand the NSP is

an area that needs improvement. AHS Program Leadership will continue to train staff initially and annually. Program Leadership will have staff present cases to discuss goals, teaming and collaboration in staff meetings and during supervision. Finally, AHS Social Worker and Program Leadership will ensure that they are utilizing Childtrax database system for being aware of upcoming NSP's and also staff and Program Leadership will have reminders of upcoming NSP's on their outlook calendars.

#### **XI. Personnel Files**

##### 76a. California driver's licenses.

**Findings-** #76a - Staff 2) NO: DL expired 6/9/19 - over a year ago. Agency submitted a document printed from the DMV website dated 8/13/20 that stated "Other new appointments not available yet".

**Reason for Non-Compliance** Staff stated that they had attempted to renew her license but did not have the necessary supporting documents. The DMV had given (3) 90 days extensions and then Covid-19 caused further delays. See enclosed letter from staff.

**Correction to Obtain Compliance** Please note staff did/does not transport clients as the staff person is responsible for recruiting families and not working with clients directly. California Driver's License is now current. Please see attached current driver's license.

**Quality Assurance Plan to Maintain Compliance** Program Leadership has audited all employee files to ensure all Drivers License are current. Program Leadership will utilize childtrax database system to track upcoming California Drivers License expirations and audit files periodically. All staff have been informed that they are to also keep track of when their items are expiring and to communicate with their direct supervisor when issues arise.

Finally, Alliance Human Services, Inc understands and agrees to follow the expectations outlines in the statement of work set forth by the Department of Children and Family Services. Alliance Human Services would like to thank you Ms. Arrington for your time and feedback. It is greatly appreciated.

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-Evangelista  
Executive Director  
Alliance Human Services Inc.  
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