



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 12, 2021

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

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From: Bobby D. Cagle
Director

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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 June 2020. The Contractor has one office located in the San Bernardino County. The office provides services to the County of Los Angeles DCFS placed children, children placed by other counties and there were no Non-Minor Dependents (NMDs) at the time of the review.

Key Outcomes

Table with 4 rows: NUMBER OF PRIORITY FINDINGS, PRIORITY 1 (2), PRIORITY 2 (6), PRIORITY 3 (2)

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home Requirements (RFHs); Facility and Environment; Engagement and Teamwork; Needs and Service 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 3 of 11 applicable areas of CAD's Contract Compliance Review: Engagement & Teamwork; Health and Medical Needs; and Personnel Files.

For the purpose of this review, ten DCFS placed children were selected for the sample. CAD reviewed the files of the ten selected children to assess the level of care and services they received. CAD interviewed four of the ten children, as four of the children were too young or were pre-verbal and two were discharged during the review. An additional four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts.

CAD reviewed seven RFHs files and four staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted 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 RFHs.

CAD noted deficiencies in the areas of:

Priority 1

- Resource Family Home Requirement
 - RFPs did not complete the Water Safety training.
- Facility and Environment
 - Swimming pools are not fenced, covered, nor secured with alarms.

Priority 2

- General Contract Requirements
 - Serious incidents were not reported to I-Track, not submitted timely or not properly cross-reported.
- Permanency
 - Needs and Services Plans did not document the children's case plan goals, nor was the individualized permanency planning, progress made or barriers documented or updated.
- Education & Independent Living Program Services
 - Children were not enrolled in school immediately after placement.
 - Efforts to maintain children in their school of origin were not documented.
- Personal Rights and Social/Emotional Well-Being
 - Children were not offered to participate in mentorship programs.
- Personal Needs/Survival and Economic Well-Being
 - Children are receiving their weekly allowance monthly and it is improperly used.

Priority 3

- Needs and Services Plans (NSP)
 - NSPs not being completed accurately or on time.
- Personal Needs/Survival and Economic Well-Being
 - Children not being encouraged and supported in keeping a life-book.

On July 30, 2020, the DCFS CAD Children Services Administrator I and II and Out-of-Home Care Management Division Quality Assurance Specialist held a virtual 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:KDR
LTI:amt

Attachments

c: Fesia Davenport, Acting Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Brandon Nichols, Chief Deputy Probation Officer
Public Information Office
Audit Committee
Robert Mathias, Executive Director, Building Bridges Foster Family Agency
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



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Corrective Action Plan ("CAP")

September 4, 2020

Dear Ms. Tribble and Ms. Stamp (Department of Children and Family Services, Contract Compliance):

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. Ana Marie Tribble. On August 27, 2020 BBFFA held a training which reviewed 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 me at 909.233.7265, or by email at Janette.diaz@buildingbridgesffa.com.

I. GENERAL CONTRACTS REQUIRMENTS

- a. (6) Special Incident Reports are properly documented/Cross -reported in the I-Track System

Finding:

Child #2's SIR incident occurred on 3/14/20 and was submitted to I-Track on 3/18/20. It was documented in this SIR four additional reportable behavioral incidents, on 2/16/20, 2/17/20, 2/20/20, and 2/23/20, that were not submitted timely to the I-Track system. Child #3's SIR was not cross reported to CCLD. Child #5's SIR incident occurred on 2/3/20 and was submitted to I-Track on 2/5/2020.

Corrective Action Plan:

Training: On August 27, 2020 Administrator held a training with all the Agency Social Workers (ASWs) regarding the requirements and BBFFA's protocol to report all incidents within the required reporting time frame and requirements regarding cross-reporting to CCLD.

Monitoring: Additionally, weekly individual supervision will include a review of all SIR's for each caseload monitoring for timely submission, thorough reporting of events, and any needed treatment planning for a child/youth. Group supervision will also provide a section for review of all SIR's submitted ensuring a regular forum to address any questions regarding what is reportable and reinforcing timely submission of SIR's. Finally, BBFFA's Compliance Analyst and Quality Assurance ("QA") department has initiated a monthly report that it is sent to the Administrator and the Program Director (PD) to ensure properly cross reporting. Any issues with late SIR reporting will be addressed by the Administrator.

II. RESOURCE FAMILY HOME REQUIREMENTS

- a. (10) RFPs have current training

Finding: RFP # 2 does not have Water Safety certificate/training. On 7/15/20 Agency provided RFPs Water Safety Certificate completed on 7/14/20.

Corrective Action Plan:

RFP #2 completed Water Safety training and provided certificates on 7/14/2020.

Administrator will create a log of all BBFFA resource families that have a pool, and conducted mandatory training on August 27, 2020 with all ASWs regarding resource families installing in-ground pool(s) and above ground pool to ensure that they are aware of BBFFA and CCLD policy regarding water safety. BBFFA ASWs will provide individualized training to all resource families regarding installing pool(s) and the requirements (i.e., water safety certificate) that need to be fulfilled prior to installation of such pool.

Training: On August 27, 2020, Administrator held a training with Agency Social Workers (“ASW”) to train on BBFFA policy regarding water safety requirements for Resource Family Homes (“RFA”) that have pools (in ground or above ground). The training will include but not be limited to policies and procedures regarding pre-approval and ongoing training requirements for resource parents and ILS requirements sections 88487.2 (b)(1)-(4),(d)(1)(2)(3)(6)(7) regarding swimming pools, fixed-in-place wading pools, hot tubs, spas, or similar bodies of water. Including the procedures carried out by ASWs to ensure resource families maintain appropriate logs of facility environment evaluations ensuring that water safety training is completed, and all requirements are satisfied. Results of the facility environment evaluations are placed in the resource parents' file.

Monitoring: The Administrator will be responsible for implementation, and Agency social worker(s) will ensure compliance via monthly and quarterly environmental evaluations. Administrator will follow up to ensure all resource families have been trained of the requirements on September 25, 2020. The Administrator will follow up with these requirements quarterly in group supervision with ASWs.

III. FACILITY & ENVIRONMENT

- a. (14) The exterior and the grounds of the RFH were safe and well maintained
 - i. (14a) Each operable window has intact window screen.

Finding: RFM #7 had a window screen that was not intact. RFM stated that it was cut off by a previous child when trying to run away.

Corrective Action Plan and Monitoring:

Resource Mother (RM) has been notified in writing of inserting an operable window screen. RM has until September 18, 2020 to insert such window screen. ASWs received training on home and grounds safety requirements under the ILS 4.1 and Title 22. ASW will conduct monthly facility evaluations of home and grounds to ensure that the RFH is in compliance with policies and procedure regarding home and grounds. Facility evaluations will be placed in resource parent's file. Social Worker Supervisor(s) will audit resource home files to ensure that monthly home evaluations are being followed up on with respect to noncompliance issues.

- ii. (14e) Swimming pools, or other bodies of water are properly protected (*fences exit alarms, or manual/electrical safety pool covers are used*)

Finding: On the 7/13/20 virtual walkthrough, CAD observed an above-ground pool in RFH #2's backyard. It was not fenced, covered, nor secured with alarms.

RFH #5's pool is not fenced. On the 7/2/20 virtual walkthrough, CAD confirmed that the door and windows adjacent to the pool do not have the proper security alarms in use, as reported in written affidavit. During virtual walkthrough RFPs stated that the home's alarm system was used as part of the pool safety alarm. No appropriate alarms were observed during the virtual walkthrough.

Corrective Action Plan:

Training: On August 27, 2020 Administrator held a training with ASWs to train on BBFFA policy regarding water safety and the use of appropriate enclosures to assure that bodies of water on the premises are secured requirements for Resource Family Homes (“RFH”) that have pools (in ground or above ground). The training included but was not limited to policies and procedures regarding pre-approval and ongoing training requirements for resource parents and ILS requirements sections 88487.2 (b)(1)-(4),(d)(1)(2)(3)(6)(7) regarding swimming pools, fixed-in-place wading pools, hot tubs, spas, or similar bodies of water. Also, the procedures carried out by staff to ensure resource families maintain appropriate logs of facility environment evaluations ensuring that bodies of water are appropriately secured using the protocols outlined in the ILS 4.1 and in Title 22 section 89387 2 (a)(b)(c)(d) and that all requirements are satisfied.

Monitoring: The Administrator will create a log of all BBFFA resource families that have a pool and will monitor requirements in group supervision quarterly. Results of the facility environment evaluations are placed in the resource parents' file and will be audited by Social Worker Supervisor(s) to ensure compliance. The Administrator will be responsible for implementation, and Agency Social Worker(s) will ensure compliance.

IV. NEEDS AND SERVICE PLANS

- a. (23) The NSPs were completed accurately and on time
 - i. (23b) Are comprehensive and accurate

Finding: Children’s NSPs did not reflect the notes, recommendations, and goals of their CFTs. Goals are repeated in several consecutive NSPs without reporting progress, barriers to complete the goals or if the goals have been achieved and are not reported as Outcome Goals. Child #10 requested to be placed to a new RFH, and it is reported as a child's goal to find a new placement in the same school district.

Corrective Action Plan:

Training: On August 18, 2020 Children Services Administrator I from the Out of Home Care Management Division and Quality Assurance Division, Sonya Noil conducted a Technical Assistance Training regarding NSPs with Administrator and Agency Social Workers, that addressed proper documentation of progress made by minors or NMDs toward completing the identified goals. The training also addressed the need to identify barriers to achieving goals, and documenting when goals have been accomplished. Furthermore, the training addressed that CFT goals and recommendations are to be reflected on the NSPs. The training also addressed the section on the NSPs where ASWs are to document efforts made to ensure minors and NMDs can attend their school of origin.

Monitoring: The ASW supervisors will review NSP reports to ensure that reports are comprehensive, and include the recommendations and goals identified from the CFTs and are following the training guidelines provided by Ms. Noil.

ii. (23c) Included Case Plans and Concurrent Case Plans

Finding: Children's Quarterly NSPs reported the Case Plans; however, the Concurrent Case Plan was not reported, nor was documented or updated the individualized permanency plan, transition services or recommendations regarding feasibility of children's return home, move to other facilities or Independent Living.

Plan of Correction:

Training: On August 18, 2020 Children Services Administrator I from the Out of Home Care Management Division and Quality Assurance Division, Sonya Noil conducted a Technical Assistance Training regarding NSPs with Administrator and ASWs, that addressed proper documentation of minor or NMDs current case plan as well as their concurrent case plan. On August 27, 2020, Administrator held a training a training for ASWs to review agency policy regarding documentation of case plan, concurrent case plan and efforts made to obtain case plan/concurrent plan information from CSW on the NSPs.

Monitoring: The ASW supervisors will review NSP reports to ensure they include the concurrent plan for each child placed and are following the training guidelines provided by Ms. Noil.

iii. (23g) Signed by CSW/DPO (*or documented efforts to obtain signatures*)

Finding: Child #1's 6/2/19, 8/2/19, 11/2/19 & 2/2/20 NSPs; child #10 5/13/19 NSP were signed late by the CSW and attempts were submitted passed the due date. Child #9's 2/3/20 NSP is missing the signature page; however, attempts were submitted passed the due date.

Plan of Correction:

Training: On August 18, 2020 Children Services Administrator I from the Out of Home Care Management Division and Quality Assurance Division, Sonya Noil conducted a Technical Assistance Training regarding NSPs with Administrator and Agency Social Workers, that addressed obtaining signatures from CSW/DPO's in a timely manner or documented effort to obtain signatures . On August 27, 2020, Administrator held a training for ASWs to review agency policy regarding time frames and procedures to obtain CSW/DPO signatures or documentation of efforts to obtain CSW/DPO signatures for NSPs. Additionally, BBFFA's QA department maintains a log that records when NSPs are due, and ASWs were trained to CC e-mail the designated BBFFA e-mail for NSPs with the date(s) attempts to obtain CSW/DPO signature on NSPs were made.

Monitoring: BBFFA's Compliance Analyst and QA department will track NSP submission and attempts on the NSP log/report and provide it to ASW Supervisors ensure that protocols and procedures to obtain CSW signatures on a timely basis are followed. ASW supervisors will review NSPs and NSP log/report to ensure timely submission and attempts for signature by ASWs.

V. **PERMANENCY**

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

Finding: Children #8, #9 and #10's NSPs did not document the Concurrent Case Plan Goals, nor was the individualized permanency planning, progress made or barriers documented and or updated.

Plan of Correction:

Training: On August 18, 2020 Children Services Administrator I from the Out of Home Care Management Division and Quality Assurance Division, Sonya Noil conducted a Technical Assistance Training regarding NSPs with Administrator and Agency Social Workers, that addressed proper documentation of minor or NMDs current case plan as well as their concurrent case plan. The training also addressed the need to identify barriers to permanency planning and the need to document progress made in permanency planning. On August 27, 2020 Administrator held a training for ASWs to review agency policy regarding documentation of case plan, concurrent case plan, permanency planning, progress made or barriers.

Monitoring: The ASW supervisors will review NSP reports to ensure they include the case plan and concurrent plan, and updates of case plan goals and progress and/or barriers to progress for each child placed and are following the training guidelines provided by Ms. Noil. ASW supervisors will randomly audit case files to ensure that case plan goals are being updated with progress and/or barriers to progress of the goals.

VI. **EDUCATION & INDEPENDENT LIVING PROGRAM SERVICES**

- a. (36) Children/Youth were enrolled in school immediately.

Finding: Children #6 and #7 were placed on 2/15/19 and enrolled in school on 2/20/19. Child #9 was placed on 11/12/19 and enrolled in school on 11/22/19.

Plan of Correction:

Training: On August 27, 2020, the Administrator held a training for ASWs to review agency policy regarding school enrollment timeframes (immediately), in addition these policies are to reviewed with resource parents during initial placement and the policy has been added in the pre-certification training prospective resource parents complete.

Monitoring: ASWs will review school enrollment policy with resource parents during initial placement or transfer placement when placement paperwork is completed. ASWs will document barriers to timely school enrollment in initial 30-day NSP report if school enrollment cannot be conducted immediately. ASW supervisors will review 30-day report and initial NSPs to ensure that they include proper documentation of barriers to timely school enrollment. BBFFA QA department and ASW supervisors will conduct random audits of case files to ensure compliance of the school enrollment policy.

- b. (39) The FFA has documented its efforts to maintain the children in their school of origin after placement, if determined in the best interest of the child.

Finding: Children's NSPs did not document efforts to maintain children in their schools of origin after placement or if they stayed in their school of origin.

Plan of Correction:

Training: On August 18, 2020 Children Services Administrator I from the Out of Home Care Management Division and Quality Assurance Division, Sonya Noil conducted a Technical Assistance Training regarding NSPs with Administrator and Agency Social Workers, that addressed proper documentation of efforts made to maintain minor or NMDs in their school of origin during initial placement and in the event of a transfer in the NSPs. On August 27, 2020 Administrator held a training for ASWs to review agency policy regarding documentation of efforts made to maintain minor or NMDs in their school of origin if it is determined to be in their best interest. ASWs were trained to discuss school of origin effort with the County Social Worker (CSW), potentially in the initial Child Family Team (CFT) meeting, and to document it in the initial NSP.

Monitoring: The ASW supervisors will review NSP reports to ensure they include the efforts to maintain minors or NMDs in their school of origin if it is determined to be in their best interest and are following the training guidelines provided by Ms. Noil.

VII. PERSONAL RIGHTS AND SOCIAL /EMOTIONAL WELL-BEING

- a. (56) Children are offered to participate in mentorship programs when applicable.

Finding: Children #6, #7, #8 and #10 indicated that they were not aware of mentorship programs being offered to them.

Plan of Correction:

Training: On August 27, 2020 Administrator held a training for ASWs to review community - based partners that offered mentoring services for children and youth and reviewed the referral process to their programs. BBFFA Administrator and Supervisor(s) will make a list of mentorship programs available in the community, and address it with all ASWs individually in supervision, which will be completed by September 18, 2020.

Monitoring: ASWs will provide minors, youth and NMDs with information on available mentorship programs and will act as a liaison and assist minor/youth/NMD with the application process should they be interested in participating in a mentorship program. ASWs will document resources provided and efforts made to link minor/youth/NMD to mentoring programs in the NSP reports. ASW supervisor will review NSP reports to ensure that they reflect proper documentation of mentorship program referrals and participation.

VIII. PERSONAL NEEDS/SURVIVAL ECONOMIC WELL-BEING

- a. (63) The FFA ensures that children are encouraged and supported by the RFPs in keeping a life-book

Finding: Children #1, #2, #3, #6, #7, #8 & #10 were not encouraged and/or supported in keeping a Life-Book.

Plan of Correction:

Training: On August 27, 2020, Administrator held a training with all ASWs regarding the importance of encouraging and supporting foster children and resource families to work on life-books. BBFFA has updated it monthly packet (specifically in BBFFA's "CRA" form) to include a

section which particularly prompts the ASW to review/discuss the life-book and its importance, and requires ASWs to encourage and support the child and resource family to complete the Life-book provided to the child on admission.

Monitoring: ASWs supervisors will follow up with ASWs, in weekly supervision, the life-books efforts and encouragement provided to children and resource families.

b. (69) Children are receiving the minimum weekly allowances.

Finding: Children #6 and #7 are receiving their allowances; however, their weekly allowances are giving to them once a month instead of weekly. Child #7's RFF holds child's weekly allowances to pay \$75 monthly cell phone expenses, any remaining weekly allowance amount is giving to child. CAD reviewed their weekly allowance logs and revealed that children were not paid some weeks when months have five weeks and other discrepancies discussed with the Agency; therefore, child #6 is owed \$17 and child #7 is owed \$60 from May 2019 to April 2020. \$75 X 12 (months) total \$900 is owed to child #7 until clarification and production of cell phone bill. Child #10 claimed discrepancies in clothing allowance. Agency reported closely monitoring clothing inventory; however, no specific information on their final review was documented. Child was placed with a new RFM.

Plan of Correction:

Meeting and Training: On 7/20/2020 Administrator held a meeting with child #6 and child #7's resource parent to address discrepancies in weekly allowances and the \$900 owed to child #7. Child #7 has been issued two checks equating to \$300 which was deducted from the resource parent's August 2020 reimbursement check (for July 2020). BBFFA will deduct \$300 from resource parent's September 2020 reimbursement check (for August 2020) and October 2020 reimbursement check (for September 2020) and provide these amounts directly to Child #7 until cell phone bills and other information is calculated to provide a lesser (if proper documentation is provided) amount to Child #7. On August 27, 2020 Administrator held a training for ASWs to review agency policy regarding weekly allowance and monthly clothing allowance requirements. ASWs have completed an audit of their current case files to verify that all current placements have received full amount of their weekly allowances and monthly clothing allowances.

Monitoring: Administrator will follow up with ASW for Child #7 and resource parent to calculate the lesser amount owed to Child #7 for weekly allowance if appropriate documentation is provided. ASWs will complete audits of their casefiles on an ongoing basis, QA will complete randomized audits of current case files and ASW supervisors will complete randomized audits of ASW case files to ensure that weekly monetary allowances and monthly clothing allowances are given to minors and NMDs.



Janette Diaz, MSW
Administrator
Building Bridges Foster Family Agency