



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

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November 23, 2021

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

From:  for
Bobby D. Cagle
Director

**BETHANY CHRISTIAN SERVICES OF SOUTHERN CALIFORNIA
FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the Bethany Christian Services of Southern California Foster Family Agency (the Contractor) in July 2021. The Contractor has three offices; one located in the Fourth Supervisorial District, one located in Riverside County, and one located in Ventura County. The offices provide services to the County of Los Angeles DCFS placed children children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 5
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;

“To Enrich Lives Through Effective and Caring Service”

Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 5 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Facility and Environment; Education and Independent Living Program Services; Health and Medical Needs; and Personal Rights and Social/Emotional Well-Being.

For the purpose of this review, five DCFS placed children were selected for the sample. CAD reviewed the files of the five selected children and virtually interviewed three children to assess the level of care and services they received, one child (age two years) was too young to be interviewed and was virtually observed to be clean, well-groomed and healthy, and one child (age 13 years) refused to be interviewed. An additional three discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

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

CAD noted findings in the areas of:

Priority 1

- Engagement and Teamwork
 - Child and Family Team (CFT) participants have not been identified or the FFA has not documented efforts to obtain the information.
 - The FFA did not document efforts to participate in the children's CFT meetings and collaboration.
 - The Needs and Services Plan (NSP) goals did not reflect the children's CFT recommendations if shared with the FFA.

Priority 2

- Resource Family Home Requirements
 - The FFA did not complete an inquiry with the Out-of-Home Care Management Division for historical information and a reference check was not conducted prior to approval of the RFP.
 - RFHs did not receive tuberculosis screening for all adults in the home prior to approval.
- Permanency
 - The NSPs Permanency Section did not document the children's case plan goals.
- Personal Needs/Survival and Economic Well-Being
 - Children were not receiving the appropriate allowances.

- Personnel Files
 - Personnel were not receiving annual on-going trainings as defined in the Statement of Work and Interim Licensing Standards.

Priority 3

- Needs and Services Plans
 - The NSPs were not completed accurately and on time.

On September 2, 2021, the Children Services Administrator teams from DCFS CAD 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.

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:ms

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office
Audit Committee
Ramsey Kay, PhD, Executive Branch Director, Bethany Christian Services
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

CORRECTION ACTION PLAN

Engagement and Teamwork

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

Facility	Comment
Site 642	HG: No effort to obtain the CFT information has been documented or provided.
Site 640	VV: No efforts to obtain the CFT information has been documented or provided.
Site 642	EG: No effort to obtain the CFT information has been documented or provided.
Site 642	MG: No effort to obtain the CFT information has been documented or provided.

1. Explain the Cause.

CSW did not initiate a CFT. HG, EG, MG are going towards adoption and a CFT was not deemed needed as they are all doing well in the home.

2. Corrective Action Taken.

In the future we will request a CFT from the CSW if they do not initiate one and document our request. The assigned agency social worker will contact the CSW to request the CFT if the CSW does not initiate the meeting.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

To ensure CFT's are requested and documentation of request is kept and filed. The agency supervisor will check to verify the CFT's are requested and documented in notes in child files.

Reviewer Comment

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

Facility	Comment
Site 642	HG: No efforts to participate in the children's CFT meetings or collaboration has been provided or documented.
Site 640	VV: No efforts to participate in the CFT meetings or collaboration has been provided or documented.
Site 642	EG: No efforts to participate in the children's CFT meetings or collaboration has been provided or documented.
Site 642	MG: No efforts to participate in the children's CFT meetings or collaboration has been provided or documented.

1. Explain the Cause.

CSW did not initiate a CFT. HG, EG, MG are going towards adoption and a CFT was not deemed needed as they are all doing well in the home.

2. Corrective Action Taken.

In the future we will request a CFT from the CSW if they do not initiate one and document our request.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

To ensure CFT's are requested and documentation of request is kept and filed. The agency supervisor will check the child notes to verify efforts to participate or collaborate, up to/and or including sign in sheet.

Reviewer Comment

22. The NSP goals reflected the children's CFT recommendations if shared with the FFA

Facility	Comment
Site 642	HG: No effort to obtain the CFT information has been documented or provided.
Site 640	VV: No efforts to obtain the CFT information has been documented or provided.
Site 642	EG: No effort to obtain the CFT information has been documented or provided.
Site 642	MG: No effort to obtain the CFT information has been documented or provided.

1. Explain the Cause.

No CFT ever occurred.

2. Corrective Action Taken.

In the future we will request a CFT from the CSW if they do not initiate one and document our request.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

To ensure CFT's are requested and documentation of request is kept and filed. The agency supervisor will verify in the NSP's that the goals are reflective of cft if recommendations.

Reviewer Comment

Resource Family Home Requirements

8. The FFA inquired with OHCMD and other previously approving FFA's for historical information and that a reference check was conducted prior to approval of the RFP

Facility	Comment
Site 642	No OHCMD inquiry for historical information made for L. home.

1. Explain the Cause.

The family was approved prior to the contract.

2. Corrective Action Taken.

The paperwork has been filled out for L. home and sent to the Out of Home Care Unit as of 9/28/2021. Agency will request references from OHCMD of new RF applicants once they apply then once again prior to approving as RFA; as well as send out reference requests for other previously approving FFA's.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Once the clearance is received for the family it will be filed in their digital and hard file. The agency administrative staff and/or director will request and verify receipt of OHCMD historical reference check prior to approving a new RFA home; as well as send out reference requests for other previously approving FFA's.

Reviewer Comment

Resource Family Homes received tuberculosis screenings for all additional adults in the home prior to approval

Facility	Comment
Site 640	Tuberculosis testing missing for Resource Mother DM, and adult children AM and AM, who reside in the home.
Site 642	No Tuberculosis Testing documentation was provided for the L. family.

1. Explain the Cause.

Due to change in Title 22 Regulations the actual testing was no longer needed. Section 89465 does not apply to FFA's only FFH's.

2. Corrective Action Taken.

Agency will ensure RPs and adults living in the home provide proof of TB test results prior to approval.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Moving forward agency will require proof of tuberculosis test and administrative staff will ensure that proof of tb test is in the file prior to approval of RFA. We will investigate and find the TB test regulation's for FFA's as well as consult with our analyst to ensure full compliance.

Reviewer Comment

Needs & Services

23. The NSPs were completed accurately and on time

23a. Developed timely

Facility	Comment
Site 642	EG: No Quarterly NSP was created due 11/18/2020.
Site 642	HG: No Quarterly NSP was created due 11/18/2020.
Site 642	MG: No Quarterly NSP was created due 11/18/2020.

23b. Are comprehensive and accurate

Facility	Comment
Site 641	TF: The NSPs dated 8/5/2020, 11/5/2020, 2/5/2021, and 5/5/2021 are on agency NSP templates, and not the approved Los Angeles County template. NSPs dated 8/5/2020, and 11/5/2020 reflect an incorrect date of birth for the child of 4/2/2020. The child's date of birth is 4/2/2019. NSPs dated 2/5/2021, and 5/5/2021 reflect an incorrect date of admission for the child of 8/2/2019. The child's placement date on agency records is 2/5/2020.
Site 642	EG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided. Dates of contact were missing between the FFA/CSW, and FFA/Child. The mental health section was left blank, and goals reflect the child is participating in counseling services.
Site 642	HG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided. Dates of contact were missing between the FFA/CSW, and FFA/Child. The mental health section was left blank, and goals reflect the child is participating in counseling services.
Site 642	MG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided. Dates of contact were missing between the FFA/CSW, and FFA/Child. The mental health section was left blank, and goals reflect the child is participating in counseling services.
Site 640	VV: NSPs dated 9/13/2020, 12/13/2020, 3/13/2021, and 6/13/2021 are on the agency template, and the Los Angeles County template.

23c. Included Case Plans and Concurrent Case Plan

Facility	Comment
Site 642	EG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided.
Site 642	HG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided.
Site 642	MG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided.

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

Facility	Comment
Site 641	TF: NSP dated 8/5/2020 was not signed by the CSW with one attempt to obtain the signature made by e-mail on 8/6/2020. NSP dated 11/5/2020 was not signed by the CSW.

1. Explain the Cause.

We are just learning how to do the LA County NSP's and what is needed.

2. Corrective Action Taken.

Moving forward we will ensure all information is in the NSP and it's filled out to completion.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

All staff will be trained through LA County on 10/19 on LA County NSPs. Agency supervisor will check the NSP's are in compliance

Reviewer Comment

Permanency

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

Facility	Comment
Site 642	HG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided.
Site 642	EG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided.
Site 642	MG: NSPs dated 2/18/2021 and 5/18/2021 have 2 concurrent plans with no explanation provided.

1. Explain the Cause.

We are just learning how to do the LA County NSP's and what is needed.

2. Corrective Action Taken.

Moving forward we will ensure all information is in the NSP and it's filled out to completion.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

All staff will be trained through LA County on 10/19 on LA County NSPs. Supervisor will review NSP for items in compliance.

Reviewer Comment

Personal Needs

69. Children reported receiving all allowances

69a. Children reported receiving the minimum weekly allowances

Facility	Comment
Site 642	MG: Records reflect the child was receiving \$14 a month. The minimum weekly allowance for the child's age is \$6.25. The child received \$168 over 12 months. The child was owed \$325 over 12 months. The child is due an additional \$157.
Site 642	HG: Records reflect the child was receiving \$24 a month. The minimum weekly allowance for the child's age is \$10. The child received \$298 over 12 months. The child was owed \$520 over 12 months. The child is due an additional \$222.
Site 642	EG: Records reflect the child was receiving \$18 a month. The minimum weekly allowance for the child's age is \$10. The child received \$223 over 12 months. The child was owed \$520 over 12 months. The child is due an additional \$297.

69c. Children reported receiving the minimum clothing allowance allotments

Facility	Comment
Site 642	MG: Monthly clothing allowance logs were not kept for the individual children. Receipts are combined with siblings, and there is no way to determine if each child received the minimum monthly clothing allowance.
Site 642	HG: Monthly clothing allowance logs were not kept for the individual children. Receipts are combined with siblings, and there is no way to determine if each child received the minimum monthly clothing allowance.
Site 642	EG: Monthly clothing allowance logs were not kept for the individual children. Receipts are combined with siblings, and there is no way to determine if each child received the minimum monthly clothing allowance.

1. Explain the Cause.

The children listed above were placed prior to the contract and therefore the family was not given the monthly allowance amount.

2. Corrective Action Taken.

The family has since paid the difference to the children.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The family is aware of the new amounts and will be giving the children in placement the correct amount moving forward. We will also ensure all other LA County families have the correct allowance amounts for the children placed in their home. The agency social worker check the logs from the resource parents so that they reflect accurate amounts.

Reviewer Comment

Personnel Files

78. Personnel are receiving annual on-going trainings as defined in the SOW and ILS

78e. Reduction of Law Enforcement Involvement

Facility	Comment
Site 642	EM: No Certificate of completion was provided, an this training was not found on the list of completed trainings.
Site 640	LR: No certificate of completion was provided, and this training was not found on the list of completed trainings.
Site 641	LM: No certificate of completion was provided, and this training was not found on the list of completed trainings.

1. Explain the Cause.

We did not realize it was a required training for FFA's and only thought it applied to group homes.

2. Corrective Action Taken.

Currently seeking out the above training.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Once the training is found we will require all staff to take the training and put a copy of their certificates in their files. Agency directors will ensure all staff complete the training and keep proof of training on file.

Reviewer Comment

Attach Documents

Upload Files

Choose Files

No file chosen