

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

Forbes 2022
AMERICA'S
BEST LARGE
EMPLOYERS

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November 30, 2023

To: Supervisor Janice Hahn, Chair

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From: Brandon T. Nichols

Director

# ALPHA TREATMENT CENTERS 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 Alpha Treatment Centers Foster Family Agency (the Contractor) in June 2023. The Contractor has one office located in Riverside County. The office provides services to the County of Los Angeles DCFS and Probation placed children, children placed by other counties and Non-Minor Dependents.

## **Key Outcomes**



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

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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 8 of 11 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; RFH Requirements; Facility and Environment; Permanency; Education and Independent Living 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, three DCFS placed children were selected for the sample. CAD reviewed the files of the three selected children and virtually interviewed one to assess the level of care and services they received; two children (ages 4 and 5 years) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional three discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

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

CAD noted findings in the areas of:

#### **Priority 1**

- General Contract Requirements (1 Finding)
  - One child Special Incident Report was not properly cross-reported in the I-Track system.

## **Priority 2**

- Needs and Services Plans (NSPs) (3 Findings)
  - Three children NSPs were not timely developed and electronically submitted.
- Personnel Files (3 Findings)
  - Three staff members did not complete the annual Implicit Bias training.

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On August 31, 2023, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor representatives.

The Contractor 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) 371-6052.

BTN:CMM LTI:sl

#### Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Jenessa Sargent, Chief Executive Officer, Alpha Treatment Centers
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal and Performance Audits

10/19/23, 3:27 PM CMRS



# LOS ANGELES COUNTY ALPHA TREATMENT CENTERS (FFA)



**Corrective Action Plan** 

2023

## **GENERAL CONTRACT REQUIREMENTS**

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide] SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide.

Facility

Site 1215

1. Explain the Cause.

ATC SW failed to cross report when sending approved SIR to County.

2. Corrective Action Taken.

A staff meeting was held on 9/21/23 and all Social Workers were retrained on SIR guidelines (See Attached Power Point). ATC Social Workers were informed that they would be written up if they failed to follow SIR guidelines. The staff will be retrained again in 90 days (Jan 2024).

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

Effective immediately, ATC Social Worker Supervisor will be responsible for sending the final approved SIR to CSW, CCL and OHCMD. The Supervisor will ensure all departments are notified within 24 hours of the incident. Social Work Supervisor will audit IRs once a week to ensure they are being cross reported appropriately. SIRs will also be reviewed during monthly staff meetings to ensure they are being reported to all parties. If for any reason the ATC SW Supervisor is unavailable, the CEO will review and submit the SIR on behalf of the Social Worker.

## **NEEDS AND SERVICES PLANS**

23. The NSPs were completed accurately and on time [ILS, §§88268.2(c) & 88278.1(a); Master Contract, Exhibit A, SOW, Part C, §§15.0 & 16.8.]

10/19/23, 3:27 PM CMRS

## 23a. Developed timely

Site 1215
Site 1214
Site 1216

## 1. Explain the Cause.

ATC Social Worker did not utilize PMIS when submitting NSP reports due to issues with logging in. Social Worker Supervisor referred the Social Worker to OHCM to request assistance with password issues. The Social Worker was not able to reset the password in time and therefore the NSP was submitted via email.

## 2. Corrective Action Taken.

A staff meeting was held on 9/21/23 and ATC Social Workers were retrained on accessing PMIS. Social Worker Supervisor provided the staff with OHCM contact information and advised them to reach out if they have any problems logging into PMIS. They were also provided with the PMIS user guide for reference.

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

Moving forward, ATC Social Workers will submit NSP reports for all LA County Dependents via PMIS. Social Workers will reach out to OHCM if their immediate supervisor is not able to resolve the issue. Alpha will utilize Foster Trak as a tool to monitor reports due. NSP reports are audited monthly by ATC SW Supervisor. CEO will complete the audit if ATC SW Supervisor is not available.

## PERSONNEL FILES

78. Personnel are receiving annual on-going trainings as defined in the SOW and ILS [Training Matrix and EXHIBIT A SOW Part C, 17.8 & 17.8.5]

78b. Implicit BiasSOW, Part B, Section 9.4

Facility
Site 1216
Site 1215
Site 1214

## 1. Explain the Cause.

The agency failed to track the topics and therefore Staff #1, #2, and #3 did not complete Implicit Bias Training during the review period.

## 2. Corrective Action Taken.

On 9/21/23, the deficiency was discussed during our staff meeting. Training logs were reviewed as a team to ensure all mandatory topics were covered. Staff #1 completed the training on 9/21/23 (See Attached updated training Log for Staff #1). Staff #2 completed the training on 7/10/23. Staff #3 completed the training on 7/10/23.

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

The CEO sends an email to staff with a training link or PowerPoint at the beginning of the month. Staff will submit the proof of completion to their supervisor and then place the certificate in their employee file. ATC Social Worker Supervisor will monitor the trainings on a weekly basis during supervision. Staff will be required to complete their monthly training before moving onto the next topic. Alpha will utilize Foster Trak as a tool to track the training topics.