



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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May 16, 2024

To: Supervisor Lindsey P. Horvath, Chair
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From: Brandon T. Nichols
Director
Cynthia May Miller for

LATINO FAMILY INSTITUTE 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 Latino Family Institute Foster Family Agency (the Contractor) in October 2023. The Contractor has one office located in the First Supervisorial District. 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

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 7
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

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 and Transition Services; 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 7 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; RFH Requirements; Engagement and Teamwork; Education and Independent Living Program Services; Health and Medical Needs; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, six DCFS placed children were selected for the sample. CAD reviewed the files of the six selected children and virtually interviewed five of the children to assess the level of care and services they received; one child (age 3) was too young to be interviewed and was virtually observed to be clean and well-groomed. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four 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's location and RFHs.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment (1 finding)
 - One Resource Foster Home did not have a functioning carbon monoxide detector installed.

Priority 2

- Needs and Services Plans (NSPs) (5 findings)
 - One child NSP was not comprehensive and accurate and, was not signed by the age/developmentally appropriate child.

- One child NSP was not signed by the age/developmentally appropriate child, nor by the Resource Foster Parent or the Children's Social Worker/Deputy Probation Officer.
 - One child NSP was neither signed by the age /developmentally appropriate child nor by the Resource Foster Parent.
 - One child NSP was neither signed by the age/developmentally appropriate child, the Resource Foster Parent nor by the Foster Family Agency staff.
 - One child NSP was not signed by the Resource Foster Parent.
- Permanency and Transition Services (1 finding)
 - One child NSP Permanency section did not document the child's concurrent case plan goals.
- Personal Rights and Social/Emotional Well-Being (1 finding)
 - One child reported not having a voice and choice in the Child and Family Team meeting.

On February 8, 2024, 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:ea

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office

Each Supervisor
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Audit Committee

Maria Quintanilla, Chief Executive Officer, Latino Family Institute

Kellee Coleman, Regional Manager, Community Care Licensing Division

Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

Celeste M. Fitchett, MSW, Bureau Chief, CDSS Fiscal and Performance Audits



LOS ANGELES COUNTY
LATINO FAMILY INSTITUTE INC. (FFA)



Corrective Action Plan

2023

FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained

15f. A functioning smoke detector & carbon monoxide detector is installed in the hallways of all sleeping areas or an indoor sprinkler system is used Title 22 80020; Title 19 754, Title 19, c. 5, Art. 4 [Title 22 80020](#); [Title 19 754](#), [Title 19, c. 5, Art. 4](#)

Facility

Site 1367

1. Explain the Cause.

The resource parents were renovating their upstairs apartment and it flooded. This cause flood damage to their kitchen roof and their carbon monoxide detector. The FFA was unaware that the Resource home did not have a functioning carbon monoxide detector installed at the time of the home inspection that took place on 12/21/23. The resource parents were waiting for the roof repairs to dry before replacing the carbon monoxide detector. It was replaced on 12/27/23. A picture of installed carbon monoxide detector is attached.

2. Corrective Action Taken.

FFA SW confirmed that the resource parents purchased and installed a new carbon monoxide detector. FFA supervisor conducted group supervision with FFA SW staff on 2/13/24, 2/20/24, 2/27/24 and 3/26/24, and time was devoted to issues related to the safety and maintenance of common areas, including the importance of functioning carbon monoxide detectors.

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

Beginning 2/13/24 the following was instituted: FFA supervisor will devote time during group supervision to discussing issues related to the safety and maintenance of common areas. On 3/30/24 FFA supervisor and MSW Intern will co-facilitate a quarterly training with the FFA's resource parents; the meeting will focus on each of the findings identified in the 2023 compliance review. FFA SW staff will conduct quarterly walk-throughs of their certified resource homes to verify compliance with facility and environment standards.

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.]

23b. Are comprehensive and accurate

Facility

Site 1338

23d. Signed by children when age or developmentally appropriate

Facility

Site 1366

Site 1366

Site 1366

23e. Signed by RFPs (and parents if applicable)

Facility

Site 1366

Site 1366

Site 1366

Site 1368

23f. Signed by FFA staff

Facility

Site 1366

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

Facility

Site 1366

Site 1338

1. Explain the Cause.

23b) On one occasion, FFA SW and FFA supervisor did not ensure that the NSP's Permanency section was updated for a child; 23d) On three occasions, FFA SW and FFA supervisor did not ensure that required children's signatures were included in NSPs; 23e) On four occasions, FFA SW and FFA supervisor did not ensure that required RFP signatures were included in NSPs; 23f) On one occasion, a required FFA signature was missing from an NSP due to glitch with PMIS; 23g) On two occasions, FFA SW needed to have taken a more active role in contacting CSW and/or going up the chain of command to obtain CSW signature.

2. Corrective Action Taken.

TA from OHCMMD on 2/22/24 with FFA Founder & CEO, FFA Worker, FFA Case Worker, and MSW Intern. FFA supervisor conducted group supervision with FFA SW staff on 2/13/24, 2/20/24, 2/27/24 and 3/26/24, and time was devoted to issues related to the completion of NSPs in a comprehensive and accurate manner.

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

As of 2/13/24 the following was instituted: FFA SW will ensure that NSPs are updated in a comprehensive and accurate manner on a quarterly basis, which includes ensuring that all required signatures are obtained and updated summaries are provided in the NSP even if the child has not made notable progress. This will be verified by FFA supervisor on an ongoing basis. FFA SW will ensure that signatures by children (when applicable), RFPs, and FFA staff are obtained/provided on a monthly basis in conjunction with monthly visits or via email if appropriate. FFA supervisor will continue to conduct group supervision with FFA SW staff and devote time to discussing issues related to the completion of NSPs in a comprehensive and accurate manner. FFA SW will utilize PMIS to track upcoming due dates of NSPs to ensure all required signatures are obtained in a timely manner and will also send a minimum of two email reminders to DCFS CSW and SCSW requesting signature once NSP has been submitted on PMIS. FFA SW and FFA supervisor will contact Business Information Systems (BIS) as needed for support/guidance.

PERMANENCY AND TRANSITION SERVICES

30. The NSPs Permanency section documented the children's case plan goals (i.e. concurrent case plan goals, progress made, barriers) (SOW, Part C, Sections 19.1.2.3, ILS Section 88268.2)

Facility

Site 1338

1. Explain the Cause.

This was an oversight. The tab for concurrent case plan was missed.

2. Corrective Action Taken.

TA with OHCMD was held on 2/22/24. FFA staff present included Founder & CEO; FFA Worker; BSW FFA Caseworker & MSW Intern. FFA supervisor conducted weekly group supervision with FFA SW staff on 2/13/24, 2/20/24, 2/27/24 and 3/26/24, and time was devoted to issues related to the appropriate documentation of the NSP Permanency section, which includes providing a summary of children's concurrent case plan goals, progress made, and barriers (if applicable).

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

As of 2/13/24 FFA supervisor continues to conduct group supervision with FFA SW staff and devote time to discussing issues related to the appropriate documentation of the NSP Permanency section, which includes providing a summary of children's concurrent case plan goals, progress made, and barriers (if applicable). FFA SW will ensure that permanency and concurrent planning has been discussed with CSW and that it is aligned with child's minute order. FFA supervisor will also ensure that all relevant information is reflected on all NSPs prior to approval.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

52. Children reported having a voice and choices in the CFT meetings (SOW, Part C, Sections 19.2) AND [WIC§16001.9 (a) (15); Master Contract, Exhibit A, SOW, Part C, 17.13.1 & 18.11]

Facility

Site 1366

1. Explain the Cause.

Foster youth was present at her CFT along with her five younger siblings. It appears that youth may not have understood this particular meeting. One youth reported that they did not recall expressing their voice/choice in a CFT during the review period. Although the youth may have been present at the CFT meeting in question, their voice/choice was not sufficiently documented in the CFT notes.

2. Corrective Action Taken.

TA with OHCMD was held on 2/22/24. On 2/9/24 FFA SW reviewed with the impacted youth the purpose and goals of CFTs and encouraged her active participation. On 2/6/24 FFA SW consulted with CSW/CFT Facilitator and requested that the feedback, input, and signatures of all participants be included in the CFT document. FFA supervisor conducted weekly group supervision with FFA SW staff on 2/13/24, 2/20/24, 2/27/24, and 3/26/24 time was devoted to the issue of ensuring (and documenting) that age-appropriate and developmentally appropriate children have the opportunity to express their voice and choices in CFT meetings.

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

As of 2/13/24 once the agency receives the CFT notes/document, FFA SW reviews the notes/document and follows up with the CFT Facilitator as needed to ensure that the feedback, input, and signatures of all participants are included. FFA supervisor continues to conduct group supervision with FFA SW staff and devote time to issue of ensuring (and documenting) that age-appropriate and developmentally appropriate children have the opportunity to express their voice and choices in CFT meetings.