



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020
(213) 351-5602



BRANDON T. NICHOLS
Director

JENNIE FERIA
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
LINDSEY P. HORVATH
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

May 24, 2024

To: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: *Cynthia McCoy Miller for*
Brandon T. Nichols
Director

A GREATER LOVE 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 A Greater Love Foster Family Agency (the Contractor) in October 2023. The Contractor has one office located in the Fourth Supervisorial District and one office in San Bernardino County. Both offices provide 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 9 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Facility and Environment; Engagement and Teamwork; 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.

For the purpose of this review, seven DCFS placed children were selected for the sample. CAD reviewed the files of the seven selected children and virtually interviewed six of the children to assess the level of care and services they received; one child (age 2 years) 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 three RFH files and four staff files for compliance with Title 22 Regulations and County contracting requirements. CAD also conducted telephonic interviews with staff and the 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

- General Contract Requirements (1 finding)
 - Special Incident Reports for one child was not properly cross-reported in the i-Track system.

Priority 2

- Needs and Services Plans (NSPs) (7 findings)
 - Seven children NSPs were not completed accurately or timely.

Each Supervisor
May 24, 2024
Page 2

On November 28, 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:gt

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Elizabeth Viramontes, Chief Executive Officer, A Greater Love Foster Family Agency
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing
Celeste M. Fitchett, MSW, CDSS Bureau Chief Fiscal & Performance Audits



LOS ANGELES COUNTY

A GREATER LOVE FOSTER FAMILY AGENCY INC (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 1328

1. Explain the Cause.

During the site visit it was noted that two SIRs were not cross reported to CCL. After a management meeting to evaluate this issue, this was deemed to be a training issue.

2. Corrective Action Taken.

On December 8, 2023, A Greater Love FFA participated in a Compliance Review meeting with Out of Home Care Management Division to review an overview of Special Incident Report (SIR) procedures. On December 12, 2023, A Greater Love FFA Administrator trained its staff on Special Incident Reporting (SIR) Guidelines. A Greater Love FFA Administrator trained its staff to properly and timely cross-report SIRs to CCL in the I-Track system.

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

It is expected that all SIR will be submitted timely and properly cross reported in the I-Track. To correct and prevent future deficiencies in this area A Greater Love FFA will/has: a. A Greater Love FFA administrator conducted a comprehensive training for all FFA social workers on 12/12/2023. The training included SIR procedure and expectations to ensure cross reporting of SIRs to CCL. b. Foster Care Supervisor and QA department will provide additional efforts to ensure SIRs are submitted timely and cross-reported in the I-track System. QA to conduct quarterly audits of random selected files to ensure Special Incident Reporting (SIR) Guidelines are met and in compliance. This expectation will be added to the QA file reviews. Foster Care Supervisor to review QA results and provide additional training to FCSW's as necessary.

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.]

23a. Developed timely

Facility

Site 1326

23b. Are comprehensive and accurate

Facility

Site 1326

Site 1328

Site 1328

Site 1327

Site 1327

Site 1326

Site 1327

1. Explain the Cause.

FFA social workers are trained to submit NSPs to their supervisor at least seven calendar days prior to the due date to their supervisor for revision and approval, then obtain the signatures from RP and child. It was found as a training issue for FCSWs, who did not include updated information of received services and goals being properly documented. Additionally, an NSP was not developed timely due to FCSW waiting for additional information relevant to that NSP. After a management meeting to evaluate this issue, this was deemed to be a training issue.

2. Corrective Action Taken.

On December 8, 2023, A Greater Love FFA participated in a Compliance Review meeting with Out of Home Care Management Division to review an overview of Needs and Service (NSP) procedures and template. On December 12, 2023, the FFA Administrator conducted a comprehensive training for all FFA social workers. The training included reviewing the NSP template, expectations, and procedures to prepare and submit reports on time, obtain CSW approvals on NSPs and document efforts to include approval signature. FFA supervisor and social workers were re-trained on NSP expectations and documentation.

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

It is expected that all NSPs are submitted including all services provided, information on PMA, medical examination, permanency plans, and Goals which are comprehensive and timely, and the agency makes reasonable efforts to obtain CSW approval. To correct and prevent future deficiencies in this area A Greater Love FFA will/has: a. The FFA administrator conducted a comprehensive training for all FFA social workers on 12/12/2023. The training included but is not limited to reviewing the NSP template, expectations and procedures to prepare and submit reports, obtain CSW approvals on NSPs and document efforts to include approval signature. b. Foster Care Supervisor and QA department will keep track of approved signed NSP and documented efforts. This expectation will be added to the QA file reviews.