



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: Brandon T. Nichols
Director

EXTRAORDINARY FAMILIES 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 Extraordinary Families Foster Family Agency (the Contractor) in October 2023. The Contractor has one office located in the Second Supervisorial District. The office provides services to the County of Los Angeles DCFS and Probation placed children, youth and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 13
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: Engagement and Teamwork; RFH Requirements; Facility and Environment; 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, ten DCFS placed children were selected for the sample. CAD reviewed the files of the ten selected children and virtually interviewed one of the children to assess the level of care and services they received; one refused to be interviewed; eight children (ages 2 to 6 years) were too young to be interviewed and were 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 four 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

- General Contract Requirements (3 Findings)
 - Four Special Incident Reports for three children were not properly cross-reported in the I-Track system.

Priority 2

- Needs and Services Plans (NSPs) (10 Findings)
 - Two children NSPs were not developed timely and were not signed by the Resource Family Parents.
 - Three children NSPs did not have the date they were signed by the age appropriate children or the approved Resource Family Parents.

Each Supervisor
May 24, 2024
Page 3

- Five children NSPs did not have the date they were signed by the approved Resource Family Parents.
- Permanency and Transition Services (2 Findings)
 - Discharge summaries for two children were not submitted timely to the Children's Social Worker.
- Personnel Files (1 Finding)
 - There was no criminal record statement for one staff.

On January 31, 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:lf

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Ms. Barnaby Murff, Chief Executive Officer, Extraordinary Families
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

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.

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.