



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 7, 2025

To: Supervisor Kathryn Barger, Chair
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Supervisor Lindsey P. Horvath
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From: Brandon T. Nichols
Director

ASPIRANET INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY FOR CHILDREN WITH SERIOUS EMOTIONAL BEHAVIORAL NEEDS CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of Aspiranet, Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) for Children with Serious Emotional Behavioral Needs (SEBN), (the Contractor) in July 2024. The Contractor has one office located in the Fourth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children and Non-Minor Dependents (NMDs), Probation foster youth and NMDs, and children and NMDs placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 8
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

The CCD 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 Plan; Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

The Contractor was in full compliance with 5 of 11 applicable areas of the CCD's Contract Compliance Review: Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; and Discharge Planning.

For the purpose of this review, one DCFS placed youth (age 17) was selected for the sample. The CCD reviewed the files of the selected youth and virtually interviewed the youth to assess the level of care and services received. The youth was virtually observed to be clean and well-groomed. The agency did not discharge any children during the review period; as such, there were no discharged files to review to assess the Contractor's compliance with permanency efforts.

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

The CCD noted findings in the areas of:

Priority 1

- Facility and Environment (1 Finding)
 - The common quarters of the ISFC-FFA home did not meet required health and safety standards, as the knives and sharp objects were not safely stored and locked and the disinfectants and cleaning solutions were accessible to the placed youth.

Priority 2

- General Contract Requirements (2 Findings)
 - The RFH did not conduct disaster drills at least every 6 months.

- Serious Incident Reports for one child were not properly cross-reported in the iTrack system.
- RFH Requirements (2 Findings)
 - The Resource Family Parent did not complete the comprehensive trauma-informed training or the 24 hours of ongoing training.
 - The agency did not provide TB clearance for a Resource Family Parent.
- Engagement and Teamwork (1 Finding)
 - Child and Family Team meetings were not held at least once a month or more frequently if needed.
- Needs and Services Plan (2 Findings)
 - Individualized Needs and Services Plans (NSPs) were not comprehensive, complete and in compliance with all requirements; the need for on-going ISFC-FFA services was not documented.
 - The agency did not ensure any respite care was established, maintained and documented in the NSP or in the RFH records.
- Personnel Files (1 Finding)
 - One staff criminal record statement was not signed prior to their start date.

On September 26, 2024, the Children Services Administrator teams from DCFS' CCD and Bureau of Clinical Resources and Services 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) 371-6052.

Each Supervisor
March 7, 2025
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BTN:CMM
RW:DF:lf

Attachments

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



August 22, 2024

[REDACTED]

Children Services Administrator I

Contract Compliance Division

510 S. Vermont Avenue; 14th Floor,

Los Angeles, CA, 90020

Re: Corrective Action Plan for Foster Family Agency- ISFC SHCN Review (May 2024)

Dear [REDACTED]

Per your request, we submit the following as our Corrective Action Plan (CAP) consequent to the finding of the Foster Family Agency Review Exit Summary for our Intensive Services Foster Care (Special Health Care Needs) issued on July 25, 2024, at the Exit Review.

The following CAP is therefore submitted for the Department's review:

Item/Area not found in compliance:

Section II: Record Keeping

5. The RN's number of hours supervising and monitoring was recorded in each child's file and the total number of caseload hours did not exceed 40 hours per week. (SOW Part C, 4.5.1 and WIC 17731 (C) (9)
 - Missing information regarding RN's required number of hours supervising and monitoring child. Per Nursing Contact Records, C1 was seen by the RN on the following dates during the contract compliance review period of 5/1/23 thru 4/30/24: 6/11/23 (2hrs); 7/8/23 (1:20hrs); 8/5/23 (1hr); 9/30/23 (2hrs); 10/27/23 (2hrs); 11/26/23 (1hr); 12/26/23 (1:10hrs); 1/20/24 (1hr); 2/21/24 (1hr); 3/23/24 (1hr). Missing records for May 2023 and April 2024.

- The aforementioned missing records were kept, maintained, and sent to Contract Compliance Reviewer prior via email prior to the Exit Conference on July 25, 2024. Please see attached documents in this email (original email sent, RN records 5/2023, RN records 4/2024).

Section VI: Needs and Services Plan

23. Required signatures of FFA SW, Child, CSW, SRP and RN were obtained for all NSPs [FFA MC, 19.1.3]

Deficiency: C1 NSP due 3/13/24 is missing CSW signature with three documented efforts to obtain the missing signature of which one was timely on 3/12/24 and two were untimely on 4/8/24 (27 days late) and 4/22/24 (41 days late).

Cause: Protocol not followed.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that all efforts to obtain CSW Signatures must occur within five days.
- Case Managers will set daily reminders and/or calendar invites via Outlook to send requests for CSW signatures. These reminders and/or calendar invites will include direct supervisor and/or program director.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section VII: Child & Family Team Meetings

24. The CFT Meetings took place in accordance with all requirements and were documented in the NSP. [SOW, Part B 3.2.1]

Deficiency: C1 had four CFT Meetings during the current review period (5/1/23 thru 4/30/24) on 5/1/23, 7/27/23, 11/13/23, and 12/6/23 which is out of compliance with the SOW requirement to have a CFT meeting at least once a month or more frequently if needed to meet the needs of the child and their families. CFT meeting scheduled for 2/7/24 was cancelled due to meeting not needed.

Cause: Protocol not followed.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that CFT Meetings will occur at minimum on a monthly basis.

- All efforts to schedule CFT meetings will be documented in child's file. Supervisors will maintain CFT Meetings as a bullet point during first supervision of every month, to remind and track that monthly CFT meetings are occurring.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section X: Core Services

31: Support services were provided. (SOW, Part C, 2.2.6)

Deficiency: Agency was non-compliant in ensuring the SRPs participated in the ISFC team meetings at least once per month. (Note: Agency provided notes for one ISFC Team meeting dated 9/13/23 and the SRPs were not present during the meeting. Agency did not provide verification of other ISFC Team meetings held during the current review period of 5/1/23 thru 4/30/24).

Cause: Lack of training.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that SRPs are invited to and are present at all CFT Meetings.
- Team meetings will be scheduled mindfully and collaboratively so that SRP availability and presence is prioritized. All text threads and/or emails regarding the scheduling of team meetings with SRPs will include direct supervisor and/or program director.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section X: Core Services

Question 32: Health care services and supports were provided. [SOW, Part C, 2.2.2, 4.5.1-4.5.5]; [FFA MC, 15.3.12-.13]; [ILS 88487.15(e)]; [WIC 16010 (a) – (e)]

Deficiency: Agency was non-compliant in ensuring the ISFC team met face-to-face, at least weekly, to review, track and adapt plans as necessary. (Note: Agency provided notes for one ISFC Team meeting dated 9/13/23, but did not provide verification of any other ISFC Team meetings held during the current review period of 5/1/23 thru 4/30/24).

Cause: Protocol not followed.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that team meetings occur face-to-face, at least weekly.
- Team meetings will be scheduled mindfully and collaboratively so that FFA and DCFS availability and presence are prioritized. Team meetings will be scheduled for the following week during the team meeting prior. All text threads and/or emails regarding the scheduling of team meetings with SRPs will include direct supervisor and/or program director.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section XIII: Staff Qualifications & Requirements

Question 48: Criminal clearance requirements (DOJ, FBI, CACI) were completed prior to start date. [Title 22, 80019(d) & (e), 80065(i), 80066(a) (12) (A9 & (B))]; [SOW, Part B, 1.1.1, 1.3 & 1.4].

Deficiency: S1 missing Criminal Record Statement.

Cause: Human Error (all documents for this staff were sent to LA Program Director from Inland region; LA Program Director forwarded all documents; Out of State Disclosure was included but missing CRS in the attachment).

Agency Response:

- Please see attached documents in this email.

Section XIII: Staff Qualifications & Requirements

49: Medical clearance were completed as required. [Title 22, 80065(g)(1) & (2)]

- S4 Medical clearance was completed untimely on 8/23/21 which exceeds the requirement of having it completed within 1 year prior to hire date (8/29/22) or within seven days after hire date.
- S4 TB clearance was completed untimely on 8/23/21 which exceeds the requirement of having it completed within 1 year prior to hire date (8/29/22) or within seven days after hire date.
- After speaking with Olive Crest- Inland Program Director and HR Department, the medical clearance/TB clearance was completed for S Doiron upon start of her internship in 8/2021. Agency maintained this medical clearance/TB clearance when she became employed with Olive Crest on 8/29/22.

Respectfully,



Foster/Adoption Director

Olive Crest- LA Region

