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November 7, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
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From: *for Cynthia McCoy Miller*
Brandon T. Nichols
Acting Director

DAVID AND MARGARET HOME FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the David and Margaret Home Foster Family Agency (the FFA) in May 2017. The FFA has one office located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation Foster Youth. According to the FFA's Program Statement, its stated purpose is, "in partnership with others, provide therapeutic foster care services to children and families to protect, nurture and advocate on behalf of children and youth who have been abused and/or neglected and are removed from their families."

At the time of the review, the FFA supervised 27 DCFS placed children in 22 Certified Foster Homes (CFHs). The children's average length of placement was nine months and their average age was six.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe in the FFA CFHs; having been provided with good care and appropriate services; being comfortable in their placement environment; and being treated with respect. The Certified Foster Parents (CFPs) reported being supported by the FFA staff in their efforts to provide care and supervision to the children placed in their homes.

The FFA was in full compliance with 5 of 11 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing Division (CCLD) citations; CFHs, related to additional adults residing in the CFH without current health screenings and Tuberculosis (TB) tests; Maintenance of Required Documentation and Service Delivery, related to FFA Social Workers not obtaining or documenting efforts to obtain DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), Updated NSPs not being comprehensive, and monthly contacts with DCFS CSW's not being documented; Health and Medical Needs, related to follow-up medical and dental exams not being completed timely; Personal Needs/Survival and Economic Well-Being, related to children not having Life Books; and Discharged Children, related to the FFA not using all available resources to attempt to stabilize the placement prior to requesting removal of the child.

REVIEW OF REPORT

On June 1, 2017, Nicole Whaley, DCFS CAD, and Jui-Ling Ho, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the FFA representatives: Deena Robertson, Program Manager; Linda Thomas, Program Assistant; and Becky Schaal, Quality Improvement Coordinator. The FFA representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the FFA's compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

The FFA provided the attached approved CAP addressing the recommendations noted in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530.

BTN:KR
LTI:nw

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Charles Rich, Executive Director David and Margaret Home
Lenora Scott, Regional Manager, Community Care Licensing Division

**DAVID AND MARGARET HOME FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW SUMMARY**

License Number: 191592787

	Contract Compliance Review	Findings: May 2017
I	<p><u>Licensure/Contract Requirements</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Timely notification for child's relocation. 2. Timely, cross-reported Special Incident Reports (SIRs). 3. Runaway procedures. 4. Community Care Licensing Division (CCLD) citations/Out-of-Home Care Management Division (OHCMD) safety reports. 5. FFA ensures complete required Whole Foster Family Home (WFFH) training. 6. FFA pays Certified Foster Parents (CFPs) WFFH payments. 7. FFA conducted an assessment of CFPs prior to placement of two or more children. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Not Applicable 6. Not Applicable 7. Full Compliance
II	<p><u>Certified Foster Homes</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Home study and safety inspection conducted prior to certification. 2. FFA's inquiry with OHCMD for historical information prior to certification. 3. Timely criminal clearances from the Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), and Child Abuse Central Index (CACI), prior to certification. 4. Timely, completed, and signed criminal background statement. 5. Health screening & tuberculosis (TB) test prior to certification. 6. All required training prior to certification. 7. Certificate of approval on file including capacity. 8. Safety inspection completed at least every six months or per approved Program Statement. 9. Completed annual training hours for Re-certification and current Cardiopulmonary Resuscitation (CPR)/First-Aid/Water safety certificates. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

DAVID AND MARGARET HOME FOSTER FAMILY AGENCY CONTRACT
 COMPLIANCE REVIEW
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	<ol style="list-style-type: none"> 10. Current California Driver's License (CDL), auto insurance and annual vehicle maintenance documentation for CFPs and designated drivers. 11. Criminal clearances from the FBI, DOJ and CACI; health screening and TB test; auto insurance and current CDL for other adults in the home. 12. FFA assists CFPs in providing transportation needs. 	<ol style="list-style-type: none"> 10. Full Compliance 11. Improvement Needed 12. Full Compliance
<p>III</p>	<p><u>Facility and Environment</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Exterior grounds well maintained. 2. Common quarters well maintained. 3. Children's bedrooms well maintained. 4. Sufficient recreational equipment and educational resources (e.g. computer). 5. Adequate perishable and non-perishable food. 6. CFP conducted disaster drills and documentation maintained. 7. Money and clothing allowance logs maintained. 	<p>Full Compliance (All)</p>
<p>IV</p>	<p><u>Maintenance of Required Documentation and Service Delivery</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. FFA obtained or documented efforts to obtain DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs). 2. CFPs participated in development of the NSPs. 3. Children progressed towards meeting NSP goals. 4. FFA Social Workers developed timely, comprehensive Initial NSPs with the child's participation. 5. FFA Social Workers developed timely, comprehensive Updated NSPs with the child's participation. 6. Therapeutic services received. 7. Recommended assessment/evaluations implemented. 8. DCFS CSW's monthly contacts documented. 9. FFA Social Workers conducted required visits. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance

<p>V</p>	<p><u>Education and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Children enrolled in school within three school days. 2. Children attended school as required and FFA facilitated in meeting the children's educational goals. 3. Children's report cards/progress reports maintained. 4. Children's academic performance and/or attendance increased. 5. FFA facilitated the children's participation in Youth Development Services (YDS) or equivalent services and vocational programs. 	<p>Full Compliance (All)</p>
<p>VI</p>	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Initial medical exams conducted timely. 2. Required follow-up medical exams conducted timely. 3. Initial dental exams conducted timely. 4. Required follow-up dental exams conducted timely. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed
<p>VII</p>	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current court authorization for administration of psychotropic medication. 2. Current psychiatric evaluation. 	<p>Full Compliance (All)</p>

<p>VIII</p>	<p><u>Personal Rights and Social/Emotional Well-Being</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Children informed of FFA's policies and procedures. 2. Children feel safe in the Certified Foster Home (CFH). 3. CFPs' efforts to provide nutritious meals and snacks. 4. CFPs treat children with respect. 5. Children allowed private visits, calls and to receive correspondence. 6. Children free to attend or not attend religious services/activities of their choice. 7. Children's chores are reasonable. 8. Children informed about their medication and right to refuse medication. 9. Children aware of right to refuse or receive voluntary medical, dental and psychiatric care. 10. Children given opportunities to participate in extracurricular, enrichment and social activities in the CFH, school and community. 	<p>Full Compliance (All)</p>
<p>IX</p>	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Clothing allowance provided in accordance with FFA Program Statement. 2. Adequate quantity and quality of clothing inventory. 3. Children involved in the selection of their clothing. 4. Routine provision of all personal care items that meet ethnic needs including towels and toiletries. 5. Minimum monetary allowances. 6. Management of allowance/earnings. 7. Encouragement and assistance with a Life Book. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
<p>X</p>	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Completed discharge summary. 2. Attempts to stabilize children's placement. 3. Child completed high school (if applicable) 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance

XI	<u>Personnel Records</u> (9 Elements) <ol style="list-style-type: none">1. Timely criminal clearances from the FBI, DOJ and CACI.2. Timely, completed and signed criminal background statement.3. FFA Social Workers met education/experience requirements.4. Timely employee health screening and TB clearances.5. Valid CDL and auto insurance.6. FFA employees signed copies of FFA policies and procedures.7. FFA employees completed all required training and documentation maintained.8. FFA Social Workers have appropriate caseload ratio.9. FFA maintained written declarations for part-time contracted FFA Social Workers caseloads not to exceed a total of 15 children.	Full Compliance (All)
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**DAVID AND MARGARET HOME FOSTER FAMILY AGENCY CONTRACT
COMPLIANCE REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The following report is based on a “point in time” review. This compliance report addresses findings noted during the May 2017 review. The purpose of this review was to assess the FFA’s compliance with its County contract. The review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, six placed children were selected for the sample. CAD interviewed four of the six children, as two children were too young to be interviewed. CAD reviewed the six children’s files to assess the level of care and services they received. During the home visits, the children were observed to be comfortable and well cared for in the CFHs and the CFPs were observed to be responsive to the children’s needs. Additionally, four discharged children’s files were reviewed to assess the FFA’s compliance with permanency efforts. At the time of the review, one placed child was prescribed psychotropic medication. The child’s file was reviewed to assess for timeliness of Psychotropic Medication Authorization and the required documentation of psychiatric monitoring.

CAD reviewed two CFP files and five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted at the FFA and the CFHs to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following six areas out of compliance:

Licensure/Contract Requirements

- CCLD citations.

CCLD cited the FFA on June 8, 2016, for having three children sharing a bedroom without the FFA receiving an exception from CCLD. The FFA submitted a Plan of Correction (POC) stating they would ensure all exception requests were submitted to CCLD prior to implementing any changes and the citation was cleared on June 21, 2016. There was no DCFS Out-of-Home Care Investigation Section (OHCIS) investigation, action or corrective action required.

CCLD cited the FFA on August 23, 2016, and assessed a civil penalty for allowing a CFP to have an additional adult living in the home who had not been criminally cleared or associated to the home. The FFA submitted a POC indicating they would ensure all adults living in their certified homes were criminally cleared and associated to the home, and CCLD cleared the citation on September 6, 2016. There was no DCFS OHCIS investigation, action or corrective action required.

Recommendation:

The FFA's management shall ensure that:

1. The FFA is in full compliance with Title 22 Regulations and free of CCLD citations.

Certified Foster Homes

- Health screenings and TB tests for additional adults in the home were not maintained.

One CFH had two additional adults living in the home who did not complete the health screenings and one of those adults did not complete the TB test.

Recommendation:

The FFA's management shall ensure that:

2. Health screenings and TB tests for all additional adults in the home are maintained.

Maintenance of Required Documentation and Service Delivery

- The FFA did not obtain or document efforts to obtain DCFS CSW's authorization to implement NSPs.

Four NSPs reviewed were not signed by the DCFS CSW and did not document sufficient efforts to obtain the signatures prior to implementation.

- FFA Social Workers did not develop timely, comprehensive Updated NSPs with the child's participation.

Four Updated NSPs had no dates on the CFP's signatures. One Updated NSP had no date next to the CFP's or child's signature. Another Updated NSP had no reason documented for modifying the child's outcome goal. The last Updated NSP had outcome goals that were not measurable or appropriate for a pre-verbal child and there were no specifics documented in the NSP that would allow the FFA to monitor the child's progress toward their goals.

During the exit conference, the FFA representatives stated they would be conducting a training for all their Social Workers on correct NSP procedures, including timeliness and the development of goals that are specific, meaningful, and measurable.

- FFA Social Workers' monthly contact with DCFS CSWs was not documented.

Three children's files did not have records of any monthly contacts with the DCFS CSWs for July 2016, August 2016, January 2017, and March 2017.

The FFA representatives stated they would be conducting training for their Social Workers to reinforce the importance of making and documenting monthly contact with DCFS CSWs.

Recommendations:

The FFA's management shall ensure that:

3. The FFA obtains or documents efforts to obtain DCFS CSW's authorization to implement NSPs.
4. FFA Social Workers develop timely, comprehensive Updated NSPs with the child's participation.
5. FFA Social Workers' monthly contact with DCFS CSWs is documented.

Health and Medical Needs

- Required follow-up medical exams were not conducted timely.

Two children did not receive their 2016 annual medical exams. When this was brought to the FFA's attention, they ensured medical exams were completed for the children on June 12, 2017.

- Required follow-up dental exams were not conducted timely.

Three children's follow-up dental exams, due November 6, 2016, were completed January 6, 2017.

The FFA stated the reason for the missed medical exams was that the doctor told the CFP that medical exams for the children were only needed every two years. The FFA acknowledged that their Social Workers should have been monitoring and ensuring timely medical and dental exams were completed for all placed children and indicated there was a lack of strong internal controls and need for increased monitoring and accountability by their Social Workers related to this issue. The FFA indicated they would be putting a monitoring system in place that included agency Social Workers tracking due dates for medical and dental exams for all the children, notifying CFPs when exams were due, and following up to ensure the exams were completed.

Recommendations:

The FFA's management shall ensure that:

6. Required follow-up medical exams are conducted timely.
7. Required follow-up dental exams are conducted timely.

Personal Needs/Survival and Economic Well-Being

- Children were not encouraged and assisted in creating a Life Book.

Three children did not have a Life Book or photo album. The FFA indicated they had provided the CFPs with Life Books to work on with the children but that the CFPs had not followed through. The FFA stated they would ensure that the CFPs work with the children and create Life Books for each of them and notified CAD on July 17, 2017 that this had been completed.

Recommendation:

The FFA's management shall ensure that:

8. Children are encouraged and assisted in creating Life Books.

Discharged Children

- Attempts were not made to stabilize children's placement prior to requesting the removal of children.

Two of the four discharged files reviewed did not contain documentation of the FFA's efforts to stabilize the children's placements prior to requesting their removal.

The FFA acknowledged the issue and indicated their plan to include details of stabilization efforts and reasons for discharge in the NSP and also their plan to re-train their Social Workers on completion of the discharge summary form.

Recommendation:

The FFA's management shall ensure that:

9. Attempts are made to stabilize children's placements prior to requesting the removal of a child.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S FFA CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated March 16, 2017 (review conducted in April 2016), identified 11 recommendations.

Results:

Based on the results of the current review, the FFA fully implemented 10 of 11 recommendations for which the FFA was to ensure that:

- CFPs maintain valid vehicle registration.
- Common areas are well maintained.
- Adequate perishable and non-perishable food is maintained.
- Money and clothing allowance logs are maintained.
- FFA develops comprehensive Initial NSPs.
- Clothing allowance amount is provided in accordance with the agency's program statement.
- Children's ongoing clothing inventories are of adequate quantity and quality.
- Children are involved in the selection of their clothing.
- Children are provided with a sufficient supply of clean towels.
- Children are always provided with weekly monetary allowances.

Based on the results of the current review, the FFA did not implement 1 of 11 recommendations for which the FFA was to ensure that:

- FFA is in full compliance with Title 22 Regulations and free of CCLD citations.

Recommendation:

The FFA's management shall ensure that:

10. The outstanding recommendation from the prior report noted in this report as recommendation number 1 is fully implemented.

At the exit conference, the FFA representatives expressed their desire to remain in compliance with Title 22 Regulations and contract requirements. The FFA will consult with the OHCMD for additional support and technical assistance, and CAD will assess contract compliance during the next review.



First Submission: 6/30/17

Re-submission 7/20/17

Contracts Services Bureau Contracts Administration Division
Contract Compliance
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

Re: **David and Margaret Home Youth and Family Services FFA Lic # 191592787**
Foster Family Agency Monitoring Review Field Exit Summary Corrective Action Plan

To Whom It May Concern:

The following will outline and address the findings of the report dated 6/1/17

I. Licensure/Contract Requirements

#4 Human error/non-compliance. The agency retrained the foster parents and staff and completed the requested CAP that was due from CCL.

II. Certified Foster Homes

#18 Human error/non-compliance. The FP grandson turned 18 while residing in the home and he did not receive a physical or TB. The grandson will receive a physical and TB by 8/30/17.

IV. Maintenance of required documentation and service delivery

#27 Human error/non-compliance. The administrative assistant position is responsible for contacting the county workers who do not return the signed quarterly along with documenting the process.

Staff will be retrained regarding the process and the importance of documenting the process.

A new procedure has been instituted as of 7/1/17, whereas the administrative assistant will check on the first day of the work week regarding the return of the signed NSPs by the worker and begin the process towards compliance. The administrative assistant will notify her supervisor of any county worker's that are out of compliance with the process and delineate what is being done to correct the noncompliance.

#31 Human error. Some of the signature lines on the NSP signature page were not dated, due to the FFASW not being sure of when they were going to the home but were never filled in later.

Staff will be retrained regarding the importance of dating the NSPs and insuring that they are dated by 7/30/17

Completion of dates on the signature page will be reviewed by the staff reviewing the NSPs along with the administrative assistant before sending the reports out. Review of dates on signature page will be added to the FFA's quarterly review of files and the agency's quarterly chart review by 7/30/17

**David and Margaret Home Youth and Family Services FFA Lic # 191592787
Foster Family Agency Monitoring Review Field Exit Summary Corrective Action Plan**

#34 Human error. The FFASW was aware that they needed to document monthly contact with the county worker but did not do so.

Staff will be retrained on the importance of documenting worker contact by 7/30/17

Currently a new process has been added regarding an audit by an agency quality improvement staff that randomly audit the FFA client files. The above area is addressed in the audit as well as staff randomly audit files on a quarterly basis. The staff reviewing NSPs will also check to make sure that the required amount of contacts to county workers has been completed.

#35 Lack of training. Staff did not understand and include an individual goal for the child to work on in the NSP. Staff need more training in NSP completion of goals for minors

Staff will receive increased training on NSPs & completion of goals by 7/30/17

VI. Health and Medical Needs

#43 Misinformation and incomplete documentation. Staff did not include detailed acceptable reasons why physicals and dentals were not within the required time frame. Regarding the yearly physical check-up FM stated that the doctor's office had told her that medical regulations were due to this child's age that they did not need a physical for two years. Physicals on the children were completed on 6/12/17 and FM informed of the misinformation given by doctor along with the requirement. Copies of the physical were e-mailed on 7/20/17.

#45 Incomplete documentation and non-compliance. Staff did not document clearly the acceptable reasons for physicals and dentals not being completed in a timely fashion. Currently a new process has been added regarding an audit by an agency quality improvement staff that randomly audit the FFA client files. The above area is addressed in the audit as well as staff randomly audit files on a quarterly basis. The staff reviewing NSPs will also check to make sure that the required amount of contacts to county workers has been completed. A client audit sheet which delineated the time frames for the medical appointments was previously created but there was not a strong accountability process. As of 7/1/17 we have increased the accountability process and follow up to include it being reviewed in our staff meeting and that the FFASWs need to be notifying FPs when appointments are due along with documenting the reasons and insuring compliance.

David and Margaret Home Youth and Family Services FFA Lic # 191592787
Foster Family Agency Monitoring Review Field Exit Summary Corrective Action Plan

IX. Personal Needs/Survival and Economic Well-Being

#64 Noncompliance & Oversight. Although the agency had provided life books to the FP there was not a photo album or life book available for the children.

FFASW will work with the FP to come up with a plan to rectify the situation and insure that a life book or album is started and available to children by 8/30/17. Copies of the life book were emailed on 7/19/17 to the contract service division.

Although this is an expectation for the agency with the FPs with FFA oversight it was not being completed in one home. A life book goal will be added to the NSP to insure that we are revisiting the importance of life books. Life books will be added to the agency quality assurance quarterly review just to assess compliance and reported to the FFASW

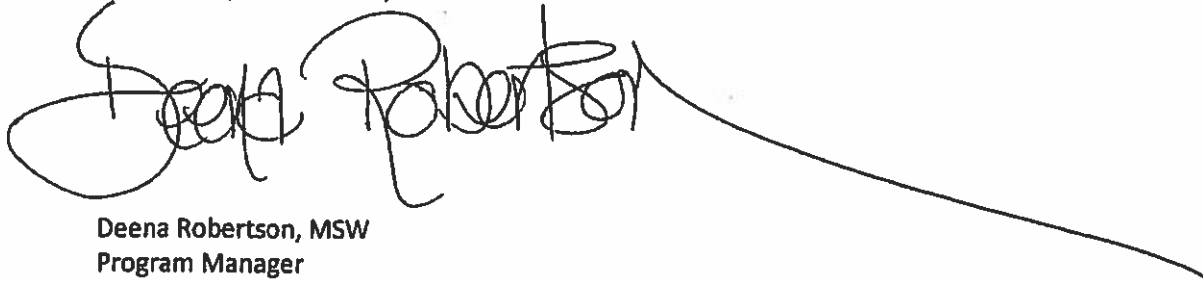
X. Discharged Children

#65 Lack of training & implementation. Discharged summaries did not include all the required information regarding permanency plan and follow up now required by DCFS.

Program manager had not delineated, included and trained staff on increase in required information

Program manager will be re-trained in required information on discharge summaries By 8/30/17. A specific discharge summary report will be added to the NSPs which outlines the required information by 8/30/17.

Respectfully submitted by:

A handwritten signature in black ink, appearing to read "Deena Robertson", with a long horizontal line extending to the right.

Deena Robertson, MSW
Program Manager
DMYFS FFA