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December 11, 2015

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENCY QUALITY ASSURANCE REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of the Alliance Human Services Foster Family Agency (the FFA) in January 2015. The FFA has three licensed offices, one located in the Fourth Supervisorial District, and two offices in the Counties of San Bernardino and Kern. The offices provide services to the County of Los Angeles DCFS placed children and youth. According to the FFA's program statement, its stated mission is, "to develop, implement, and maintain a system of care which provides children or non-minor dependents with complex circumstances options for living in the community, supports for attaining independence (when appropriate), and opportunities to grow and develop personal connections in natural settings."

The QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the FFA's practices and services over the most recent 90 days. The FFA scored at or above the minimum acceptable score in 7 of 9 focus areas: Safety, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the area of Permanency and Teamwork.

The FFA provided the attached approved Quality Improvement Plan (QIP) addressing the recommendations noted in this report. In August 2015, OHCMD Quality Assurance Reviewer met with the FFA to discuss the results of the QAR and to provide the FFA with technical support to address methods for improvement in the area of Permanency and Teamwork.

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

PLB:EM:KR:rds

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Luigi Grimaldi, FFA Executive Director, Alliance Human Services FFA
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENCY
QUALITY ASSURANCE REVIEW (QAR)
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of the Alliance Human Services Foster Family Agency (the FFA) in January 2015. The purpose of the QAR is to assess the FFA's service delivery and to ensure that the FFA is providing children with quality care and services in a safe environment, which includes physical care, social and emotional support, education and workforce readiness, and other services to protect and enhance their growth and development.

The QAR is an in-depth case review and interview process designed to assess how children and their families are benefiting from services received and how well the services are working. The QAR utilizes a six-point rating scale as a *yardstick* for measuring the situation observed in specific focus areas. The QAR assessed the following focus areas:

Status Indicators:

- Safety
- Permanency
- Placement Stability
- Visitation

Practice Indicators:

- Engagement
- Service Needs
- Assessment & Linkages
- Teamwork
- Tracking & Adjustment

For Status Indicators, the Reviewer focuses on the child's functioning during the most recent 30 day period and for Practice Indicators, the Reviewer focuses on the FFA's service delivery during the most recent 90 day period.

For the purpose of this QAR, interviews were conducted with three focus children, three Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), three certified foster parents and three FFA social workers.

At the time of the QAR, the placed children's average number of placements was nine, their overall average length of placement was 10 months and their average age was 11. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2014-2015 contract compliance review.

QAR SCORING

The FFA received a score for each focus area based on information gathered from on-site visits, agency file reviews, DCFS court reports and updated case plans, and interviews with the FFA staff, DCFS CSWs, Service Providers, and the children. The minimum acceptable score is 6 in the area of Safety and 5 in all remaining areas.

Focus Area	Minimum Acceptable Score	FFA QAR Score	FFA QAR Rating
Safety - The degree to which the FFA ensures that the child is free of abuse, neglect, and exploitation by others in his/her placement and other settings.	6	6	**Optimal Safety Status -** The focus children are optimally and consistently avoiding behaviors that cause harm to self, others, or the community and are free from abuse, neglect, exploitation, and/or intimidation in placement.
Permanency - The degree to which the child is living with caregivers who are likely to remain in this role until the child reaches adulthood, or the child is in the process of returning home or transitioning to a permanent home and the child, the FFA staff, caregivers and CSW support the plan.	5	4	**Minimal to Fair Status -** Focus children have minimally acceptable to fair permanence. The focus children live in a family setting that the children, FFA staff, caregivers, caseworker, and team members expect will endure until the focus children reach maturity.
Placement Stability - The degree to which the FFA ensures that the child's daily living, learning, and work arrangements are stable and free from risk of disruptions and known risks are being managed to achieve stability and reduce the probability of future disruption.	5	6	**Optimal Stability -** The focus children have optimal stability in placement settings and enjoy positive and enduring relationships with primary caregivers, key adult supporters, and peers. There is no history of instability over the past 12 months and little likelihood of future disruption.

Visitation - The degree to which the FFA staff support important connections being maintained through appropriate visitation.	5	5	**Substantially Acceptable Maintenance of Visitation & Connections** - Generally effective family connections are being sought for all significant family members/Non-Related Extended Family Members (NREFM) through appropriate visits and other connecting strategies. All appropriate family/ NREFM have regular visits.
Service Needs - The degree to which the FFA staff involved with the child, work toward ensuring the child's needs are met and identified services are being implemented and supported and are specifically tailored to meet the child's unique needs.	5	6	**Optimal Supports & Services Needs** - An excellent array of supports and services fully matches intervention strategies identified in the case plan. The services are substantially helping the focus children make progress toward planned outcomes.
Assessment & Linkages - The degree to which the FFA staff involved with the child and family understand the child's strengths, needs, preferences, and underlying issues and services are regularly assessed to ensure progress is being made toward case plan goals.	5	5	**Good Assessment and Understanding** - The focus children's functioning and support systems are generally understood. Information necessary to understand the focus children's strengths, needs, and preferences is frequently updated. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood.
Teamwork - The degree to which the "right people" for the child and family, have formed a working Team that meets, talks, and makes plans together.	5	4	**Minimally Adequate to Fair Teamwork** - The Team contains some of the important supporters and decision makers in the focus children's life, including informal supports. The team has formed a minimally adequate to fair working system that meets, talks, and/or plans together.

Tracking & Adjustment - The degree, to which the FFA staff who is involved with the child and family is carefully tracking the progress that the child is making, changing family circumstances, attainment of goals and planned outcomes.	5	5	**Good Tracking and Adjustment Process** - Intervention strategies, supports, and services being provided to the focus children are generally responsive to changing conditions. Frequent monitoring, tracking, and communication of the focus children's status and service results to the team are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the focus children.

STATUS INDICATORS
(Measured over last 30 days)

What's Working Now (Score/Narrative of Strengths for Focus Area)

Safety (6 Optimal Status)

Safety Overview: The focus children have highly safe living situations with reliable and competent caregivers who protect the focus children at all times. The FFA is providing optimal safety for the focus children. The FFA Administration ensures that the focus children feel safe in placement. The DCFS CSWs for each of the focus children reported there were no safety issues regarding the focus children's current Certified Foster Homes (CFHs).

One focus child reported that she feels very safe and comfortable in her CFH. The second focus child reported that he really likes his Certified Foster Parents (CFPs) and feels safe in the home. The third focus child shared that she had no safety concerns, that she feels very safe in her CFH and that she sleeps very well each night. The focus children reported they are always supervised.

During the past 30 days, there were no Special Incident Reports submitted via I-Track database system regarding the FFA or the focus children. Further, the Out-of-Home Care Investigations Section (OHCIS) reported that there were no investigations or referrals for the FFA, and Community Care Licensing (CCL) reported that there were no citations issued.

Placement Stability (6 Optimal Stability)

Placement Stability Overview: The FFA has provided optimal stability, and the focus children enjoy positive and enduring relationships with the CFPs and key adult supporters. The CFPs appear genuinely concerned about the focus children's well-being and demonstrate being committed to the focus children. The focus children expressed being happy and wanting to remain in their current CFHs.

One focus child reported that prior to her placement in her current CFH, she was constantly running away from placement; she openly stated that this is the longest that she has remained placed. She reported that her foster mother has remained committed to working with her and that she is very patient with her. The focus child stated that she really likes her foster mother. Her foster mother shared that she understood early on that the focus child needed additional services in place to ensure placement stability; she strongly advocated for support services for the focus child.

The second focus child has been placed in his current foster home for 12 months, and the CFPs are genuinely committed to him. The focus child requires a lot of time, individualized attention, and structure, due to his special needs. His CFPs and the FFA are ensuring positive interactions, family outings, game nights, structure, and age-appropriate consequences for undesirable behaviors to reassure the focus child that he is a part of the family. The focus child has become very comfortable and has developed a close relationship with his foster family.

The third focus child reported that her foster mother helped her lose some weight by preparing healthier, well-balanced meals and incorporating exercise into her daily routine. This made the focus child very happy. The focus child stated that she feels her foster mother is her mother, because she helps her with everything and is supportive.

The DCFS CSWs for the focus children all expressed that they see the commitment and dedication each of the CFPs have toward the focus children. Each of the DCFS CSWs reported that the focus children are in stable homes with little likelihood of future disruptions.

Visitation (5 Substantially Acceptable Maintenance of Visitations & Connections)

Visitation Overview: The FFA has maintained generally effective family connections for the focus children. Each of the focus children has been able to maintain visitation and or contact with appropriate family members. The FFA arranges visitation for the focus children with their parents, relatives, and appropriate adults, in compliance with the court orders. The FFA transports the focus children and their parents to and from any visits, if needed. The FFA maintains visitation logs. Missed visits are immediately rescheduled. The CFPs encourage the focus children to visit and are supportive. The FFA and the treatment teams encourage and support alternative methods of communication in order to maintain those important familial connections such as via telephone calls, texting, and social media.

One focus child has weekly visits with his mother and siblings. Although there were times the focus child did not want to visit, the foster family and DCFS CSW worked with the focus child, encouraging visitation.

The second focus child visits with her grandfather, although sporadically, when he is available. The focus child also enjoys some freedom and privileges, as she is in middle school; she is permitted to visit with a friend whose family is close to the foster family and who resides nearby.

Although parental rights were terminated for the third focus child, the focus child continues to visit with her maternal grandmother and speaks with her on the phone regularly. Additionally, the focus child has a mentor with whom she visits with twice per month.

What's Not Working Now and Why (Score/Narrative of Opportunities for Improvement)

Permanency (4 Minimal Acceptable to Fair Permanence Status)

Permanency Overview: The FFA provided minimally acceptable to fair permanence for two of the focus children. Although the two focus children reside in family settings where the CFPs have expressed being committed to the focus children, the placement arrangements are temporary, until a more appropriate and permanent placement can be located.

The permanency plan for the first focus child is family reunification. However, the Needs and Services Plan (NSP) did not clearly document the plan to reunify with a relative. Further, the FFA and the DCFS CSW have not worked together to identify a relative to ensure reunification occurs. Additionally, the NSP indicated family finding efforts as the focus child's concurrent plan, with no potential relatives identified. The CFPs would like the focus child to remain in their care until the permanency goal is reached. However, it is not their plan to have the focus child remain with them permanently.

The second focus child's permanency plan is family reunification with his mother. His CFPs are committed to the focus child and are interested in pursuing legal guardianship of the focus child, should reunification not occur. Although the concurrent plan is legal guardianship, it was not documented in the focus child's NSP.

The third focus child has resided in her current CFH for over a year. Her permanency plan was family reunification with a concurrent permanency plan of Adoption. However, family reunification services have been terminated. Her foster mother expressed that she is not interested in pursuing adoption of the focus child, as her biological family has been extremely difficult to work with. An adoptive home was recently identified, and services to transition the focus child into a foster/adoption home are pending.

Although the CFPs are committed to the focus children, there is a need for the FFA to work with the DCFS CSWs and the CFPs to develop appropriate and clear permanency goals and concurrent plans. There is a need for better collaboration between the FFA staff, CFPs and the DCFS CSWs to ensure that the permanency plan and concurrent case plans are identified and are being implemented. Further, it appears that permanency options for the focus children had not been discussed among all key parties.

PRACTICE INDICATORS
(Measured over last 90 days)

What's Working Now (Score/Narrative of Strengths for Focus Area)

Engagement (5 Good Engagement Efforts)

Engagement Overview: The FFA makes consistent and good efforts to engage the focus children and key people in decisions that are being made for the children. Two of the focus children were able to identify their team members and reported they confide with key FFA staff members to discuss their needs and concerns. The two focus children also shared that they felt heard and respected by the

FFA staff and their CFPs. The third focus child, due to development delays, was not able to identify his team members, but was able to verbalize that he liked his foster parents.

All of the CFPs report good and constant communication with the FFA social workers. The FFA social worker and the DCFS CSW for one focus child complimented one foster parent on her "take control attitude" when she sought much-needed services for the focus child placed in her care.

It appears that the FFA continues to take the lead in engaging all parties; the FFA consistently telephones and e-mails all parties to keep them informed regarding the focus children's progress. The DCFS CSWs acknowledged the FFA's efforts. The DCFS CSWs also stated that they communicated regularly with the focus child's certified foster parent and Wraparound teams.

Service Needs (6 Optimal Supports & Services)

Service Needs Overview: The FFA provides an optimal array of supports and services that fully matches intervention strategies identified in each focus child's case plan, including weekly therapy, educational support and tutoring, and transportation to school, recreational activities, medical and dental services, as well as visits. Services are substantially helping the focus children make progress toward their planned goals. The CFPs are supportive of the focus children, and they are working closely with the FFA staff to ensure each focus child is receiving appropriate services.

One focus child is receiving Wraparound services; she receives intensive case management and weekly therapy services to develop effective coping and anger management skills. The focus child had demonstrated progress, as she has improved her coping skills and learning not to run away when things become difficult. The focus child is also actively participating in extracurricular activities at school; she plays on the school basketball team.

The second focus child is a regional center client. He receives special education services at school, through his Individualized Education Plan, which includes speech therapy and behavioral therapy with the school psychologist. The focus child is also receiving Wraparound services, which includes case management and weekly therapy. The services the focus child is receiving have created structure for the focus child, and the focus child has demonstrated improved behavior. The focus child has learned to verbalize his feelings and needs.

The third focus child had been attending therapy; services were recently terminated as the child had made progress and was stable. The focus child has demonstrated good academic progress. The FFA social worker meets with the child twice monthly. The child has been connected with a mentor. The focus child is pending transition into a foster/adoptive foster placement.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The focus children's functioning, challenges, earlier life traumas and support systems are generally understood by all parties involved. The FFA and the CFPs generally understand the focus children's functioning and support systems. Information necessary to understand the focus children and their family strengths, needs, and choices are frequently updated and communicated. The FFA staff visits the focus children and the CFPs at least twice a month to evaluate the needs of the focus children and assess their progress. The FFA

determines if the focus children are making progress toward their NSP goals by observing if there is a reduction in incidents, occurrences and acting-out behaviors exhibited by the focus children. Progress is also determined by observation and reports from the foster parents. There is open communication between the FFA staff and the CFPs to ensure the sharing of information regarding the focus children's needs, daily occurrences, and to provide updates.

DCFS CSWs reported that the FFA staff has kept them informed regarding the focus children. The CFPs and FFA social worker are in tune with the focus children's needs and advocate for support services to ensure needed services are in place. Two of the focus children reported that they feel their CFPs are helping them to become a better person.

Tracking & Adjustment (6 Optimal Tracking and Adjustment Process)

Tracking & Adjustment Overview: The focus children's needs and progress are regularly evaluated, and services provided are modified accordingly. Intervention strategies, supports and services provided are generally responsive to changing conditions. The focus children's needs and progress are regularly evaluated, and services provided are modified accordingly. The FFA uses NSPs to closely document and monitor each focus child's progress toward their treatment goals. The FFA completes a NSP for every focus child; the NSP is also forwarded to the CSW for review and signature. FFA social worker visits the CFHs weekly and addresses how the focus children are adjusting to their homes as well as the progress each focus child is making toward their treatment goals. The DCFS CSWs are aware of how strategies, supports, and services were being tracked.

One focus child has made marked progress in the foster home. The focus child had ceased running away since having been placed in the CFH. The focus child stated that the foster mother communicates well with her, which has assisted her to better adjust to her current living situation.

The second focus child has made progress in the foster home; the foster parent reports that the focus child is more comfortable and is understanding that he is part of the family. The focus child interacts more with the foster family and their biological children and appears to be adjusting well.

The third focus child has continued to demonstrate stability. She is doing well academically and has a good relationship with her foster mother.

<u>What's Not Working Now and Why (Score/Narrative of Opportunities for Improvement)</u>

Teamwork (4 Minimally Adequate to Fair Teamwork)

Teamwork Overview: There are several treatment teams working with the focus children. The FFA has its team that includes the focus child, the FFA social worker and the CFPs. Two of the focus children are receiving services from the Wraparound team. The regional center is also involved with one of the focus children. There are also key people in the focus children's lives, such as the DCFS CSWs, family members and mentors. Each of these teams and key persons is part of a larger team. Although it appears that each individual team has formed a fair working system that has communication between some of the team members who work collaboratively and contribute to the development of the focus children's case plans, this work has been without input from the "whole" team.

Although, the FFA has taken the lead and has demonstrated good efforts in keeping all parties informed, there was no record of a face-to-face team meeting or of efforts to include all team members in a treatment meeting. The FFA shared that it wants to develop a better working relationship with all key people. The DCFS CSWs also understand that better teamwork is necessary. The FFA has initiated a process to ensure all team members are invited to treatment meetings. Team meetings will be held at least quarterly.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In December 2014, OHCMD provided the FFA with technical support related to findings indicated in the 2013-2014 contract compliance review, which consisted of maintenance of required documentation and service delivery in the NSPs.

In August 2015, the quality assurance reviewer met with the FFA to discuss the results of the QAR and to provide the FFA with technical support to address methods for improvement in the areas of Permanency and Teamwork. The FFA submitted the attached Quality Improvement Plan (QIP). OHCMD Quality Assurance staff will continue to provide on-going technical support, training, and consultation to assist the FFA in implementing their QIP.

Alliance
HUMAN SERVICES, INC.

September 4, 2015

Ms. Bolanos-Gonzalez
County of Los Angeles Department of Children and Family Services
Out of Home Care Management Division (Quality Assurance Review)

Dear Ms. Patricia Bolanos-Gonzalez:

On August 7, 2015, Alliance Human Services, Inc. (Facility No. 197806287) received the findings from the Department and Children and Family Services Out-of-Home Care Management Division (OHCMD).The findings were in regards to a Quality Assurance Review that was conducted in Jan 2015. Alliance Human Services Inc. received minimum acceptable scores in 7 of 9 focus areas. OHCMD identified 2 opportunities for improved performance in the area of Permanency and Teamwork. This Quality Improvement Plan (QIP) addresses the opportunities for improved performance identified.

(1) Permanency

Finding: Focus children have minimally acceptable to fair permanence. The focus children live in a family setting that the child, FFA staff, caregivers, case workers, and team members expect will endure until the focus children reach maturity.

Effective July 2015 Alliance made revisions to their weekly progress note which put a further emphasis on specific goals/ progress and barriers related to individual goals or permanency plan. The weekly progress note also looks at services, activities, and or interventions outlined in the treatment plan for each goal and dates of services.

Furthermore, the Executive Director Luigi Grimaldi will conduct an all staff meeting on September 25th to go over the Quality Assurance Review Audit and the findings from the January 2015 Audit. The Executive Director will go over specifically the findings in terms of permanency.

The training will also consist of going over the LA County Program Statement areas that discuss permanency. In addition, Executive Director will provide training on the importance of concurrent planning. Moreover, the importance of concurrent planning and its relation to treatment decisions. Collaboration and involvement of the treatment team will be sought out and documented effectively in the case record. Finally, we are continuously training staff to discuss and review concurrent planning at Needs and Service Planning meetings to ensure that every possible avenue for permanency is being explored.

(2) Teamwork

Finding: The team contains some of the important supporters and decisions makers in the focus children's life, including informal supports. The team has formed minimally adequate to fair working systems that meets, talks and or plans together.

In July 2015 Alliance Human Service Inc. began using a Needs and Service Addendum in which focuses on client participation, family participation, and summary of others involved in the plan.

Concurrent planning is to be stressed throughout the entire Needs and Service plan. Furthermore, a Needs and Service Letter has been developed and sent every 90 days inviting the treatment team to come together to discuss the clients goals and case plan. Alliance Human Service Inc. Social Worker will then follow up either with an email or phone call asking if they received the letter and if the worker will be able to attend. This will be documented in the file. Staff have been encouraged to contact county social workers at a minimum 1x per month. During these contacts the Alliance Human Services Inc. worker has been instructed to ask the county worker if they could accompany the county worker during their monthly home visit to see the client in the home. At this point the treatment team will be together and will be able to have a semi-formal treatment meeting. These above mentioned topics will again be discussed during the all staff meeting on September 25th, 2015 as many of these changes to practice have been in effect since July 2015.

Thank you for your consideration at this matter. If you have any questions, please contact me at 310.792.8920.

Sincerely,

Luigi Grimaldi
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