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January 15, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
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DANGERFIELD INSTITUTE OF URBAN PROBLEMS 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 Dangerfield Institute of Urban Problems Foster Family Agency (the FFA) in February 2015. The FFA has one licensed office located in the Second Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children and youth. According to the FFA's program statement, its stated mission is, "to provide these children with continuity of care, nurturance and services, which will meet their individualized needs and those of their families."

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 9 of 9 focus areas: Safety, Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, Teamwork and Tracking & Adjustment.

The FFA did not require a Quality Improvement Plan, as the FFA scored at or above the minimal acceptable score in all focus areas of the QAR. In September 2015, OHCMD quality assurance reviewer met with the FFA to discuss results of the QAR.

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

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DANGERFIELD INSTITUTE OF URBAN PROBLEMS 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 Dangerfield Institute of Urban Problems Foster Family Agency (the FFA) in February 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 FFA staff members, and three Certified Foster Parents (CFPs).

At the time of the QAR, the focus children's average number of placements was two, their overall average length of placement was six months and their average age was ten. 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. The focus children may have had related history, diagnoses, or behavior presentations in the past but have not presented risk behaviors at any time over the 30 days. The focus children have a highly safe living situation with fully reliable and competent caregivers who protect the child well at all times.
Permanency - The degree to which the child is living with caregivers, who are likely to remain in this role until the focus 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, supports the plan.	5	5	**Good Status -** The focus children have substantial permanence. The focus children live in a family setting that the focus children, FFA staff, caregiver, and team members expect will endure until the focus child reaches maturity. Reunification or permanency goals are being fully supported by the FFA.
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. Only age-appropriate changes are expected in school settings.

Focus Area	Minimum Acceptable Score	FFA QAR Score	FFA QAR Rating
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/ Non-Related Extended Family Members (NREFM) through appropriate visits and other connecting strategies.
Engagement - The degree to which the FFA staff working with the child, biological family, extended family and other team members for the purpose of building a genuine, trusting and collaborative working relationship with the ability to focus on the child strengths and needs.	5	6	**Optimal Engagement Efforts** - To an optimal degree, a rapport has been developed, such that the FFA, staff, DCFS CSW, foster parent and the child/youth feel heard and respected. Reports indicate that excellent efforts are being used by the FFA staff as necessary to find and engage the child, caregivers and other key people.
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	5	**Good Supports & Services Needs** - A good and substantial array of supports and services substantially matches intervention strategies identified in the case plan. The services are generally helping the focus children make progress toward planned outcomes. A usually dependable combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory.
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 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.

Focus Area	Minimum Acceptable Score	FFA QAR Score	FFA QAR Rating
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	5	**Good Teamwork -** The team contains most of the important supporters and decision makers in the focus children's life, including informal supports. The team has formed a good, dependable working system that meets, talks, and plans together; face-to-face family team meetings are held periodically and at critical points to develop plans.
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 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 children.

STATUS INDICATORS
(Measured over last 30 days)

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

Safety (6 Optimal Safety Status)

Safety Overview: The FFA provided optimal safety status for all three focus children. The FFA staff stated that they utilize various methods to have the children feel safe in their placements. The FFA requires that CFPs participate in training prior to certification and on a monthly basis thereafter. Some of the training provided by the FFA includes Title 22 regulations; child safety; CFP expectations; child development; children's needs and collaboration with service providers. At intake, information is obtained about each placed child; their strengths and needs are discussed, which the FFA social workers share with the CFPs. The FFA social workers reported conducting safety assessments during their weekly home visits, which also include two unannounced visits per month. The CFPs have their FFA social worker and administrator's cell phone numbers for 24-hour accessibility to the FFA to report any concerns and to request assistance. The CFPs reported having daily discussions with all placed children. Two of the CFPs reported that they explain to each child

that they are available to hear any concerns. The DCFS CSWs reported there were no child safety issues regarding the CFPs.

The focus children reported feeling safe at all times while in their current placement. They have not shown any suicidal behaviors or exhibited any self-injurious behaviors. The focus children also reported that if there was a child safety concern, they would report it to their CFP and/or FFA social worker.

The FFA complied with the procedures and protocols and reported Special Incident Reports (SIRs) via the I-Track database in a timely manner. The FFA submitted one SIR in the last 30 days. The SIR did not involve the focus children or safety issues in the Certified Foster Homes CFHs). The SIR submitted consisted of a placed child not being allowed to remain in school for the day due to acting out behavior.

Based on the QAR, the protective strategies used by the FFA were optimal in reducing risks of harm to placed children. There were no substantiated allegations reported by the Out-of-Home Care Investigations Section for the FFA over the last 30 days.

Permanency (5 Good Status)

Permanency Overview: The FFA provided substantial permanence for the focus children. The FFA provides supports and services that correspond to the plan for each of the focus children. The FFA works with the DCFS CSWs and CFPs in supporting the specific goals of the DCFS case plans. At intake, the FFA initiates permanency efforts by inquiring about the case plan. If age appropriate, the FFA social workers start discussing permanency planning with the children immediately after being placed in one of the FFA's CFHs. The FFA supports permanency in several ways, depending on the specific plan in place. When the case plan is family reunification; the FFA assists with facilitating family visitation. When adoption is the plan; the FFA works as the liaison between the agency completing the adoption homestudy and the DCFS CSW. For a plan of Permanent Planned Living Arrangement (PPLA), the FFA facilitates independent living services and the CFPs teach life skills.

The first focus child has family reunification as his permanency plan. According to the DCFS CSW, the FFA social worker encourages the parent to be positive and comply with their case plan.

The second and third focus children have a permanency plan of PPLA. However, both children have an identified relative that is being assessed and supported for placement. The second focus child also has a Non-Related Extended Family Member (NREFM) who is simultaneously being assessed for adoption. The FFA social workers discuss the focus children's progress with the DCFS CSWs and provide updates as to the focus children's family visitation, telephonic contact and the children's feelings toward their identified permanent plan. The DCFS CSWs reported that the FFA social workers were supportive of the focus children's permanency plans and their work supports the plan.

The DCFS CSWs, FFA social workers, CFPs and the focus children reported being aware of the concurrent plan and the three focus children reported that the FFA social workers and CFPs were supporting their permanent plans. Subsequent to the QAR, the second focus child was replaced with his younger brother into his NREFM home.

Placement Stability (6 Optimal Stability)

Placement Stability Overview: The FFA provided optimal placement stability for the focus children. At intake, the FFA staff obtains information on the child from the DCFS CSW and then determines the best placement match for each child. During the first 30 days of placement, the FFA social worker completes a needs assessment and works on obtaining appropriate services for placed children. Each of the focus children appeared well adjusted to their living environment and attached to their certified foster family. The focus children reported that they have formed a good, supportive relationship with their CFPs.

The FFA works with their CFPs to assist them in meeting the children's needs and establishing positive relationships with the focus children. According to the CFPs, the FFA social workers conduct immediate meetings to address any placement issues that arise. All of the CFPs reported that they have ongoing communication and support from their FFA social workers and administrator. The focus children's placements have been stable with no recent disruptions. The DCFS CSWs indicated that the focus children are adapting well and having their needs met in their current CFHs.

The first focus child has been stable with no placement or school disruptions. The CFP indicated that the focus child is not presenting the behavior issues he had at his previous placement. The CFP indicated that the focus child is a good listener at home and at school. The CFP indicated that no concerns have been reported by the teacher. The focus child indicated that his CFP is nice to him and cooks well.

The second focus child has been stable with no placement or school disruptions. The CFP indicated that the focus child has a history of having behavior issues at school. His CFP indicated that the focus child is no longer presenting behavior issues at school. The CFP indicated that he is working on getting transitioned from special education classes to mainstream classes. The focus child indicated that he is able to talk to his CFP and ask her whatever he needs. The focus child also indicated that his CFP is a great provider and knows how to care for him properly.

The third focus child has been stable with no placement or school disruptions. Her CFP indicated that the focus child is a pleasure to have in her home. The CFP indicated that she and the focus child communicate well. The focus child addresses her CFP as her mother. The focus child stated that she is well cared for by her CFP. The focus child is doing well in school and is earning all "As" at school.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The FFA has established generally effective visitation and maintenance of family connections for the focus children. The FFA engages the DCFS CSWs and biological family in conversations regarding the visitation plan. The FFA social workers make visitation arrangements and CFPs also provide transportation for the placed children visiting with family. The FFA social workers are available to provide placed children with transportation and visitation monitoring. The CFPs share visitation progress for the focus children and their families with the FFA social workers during their weekly home visits and with the DCFS CSWs during their monthly home visits.

The focus children have ongoing family visits. The DCFS CSWs and focus children indicated that the CFP and FFA social workers have been supportive of family visitation and maintaining important relationships.

The first focus child has monitored visits twice per week with his mother and younger sibling. Visits are monitored by his FFA social worker at the FFA office. Whenever a family visit is not feasible, the visit is rescheduled by the FFA social worker who obtains the parent and CFP's input. The focus child indicated that he enjoys visiting with his parent and sibling.

The second focus child has court ordered monitored visits with his mother and weekend overnight visits with his previous CFPs and younger brother. The parent resides out of state and visits inconsistently, which results in the FFA social worker making immediate arrangements for a visit to take place when the parent arrives. The FFA social worker or CFP monitors the visits between the focus child and his mother. The CFP and previous CFPs maintain contact and work together to positively support the focus child. The focus child indicated that he looks forward to spending the weekend with his previous CFPs, who at times he refers to as his parents.

The third focus child has day visits with her adult sibling who was the child's previous relative caregiver. The adult sibling confirms the visit with the CFP, who transports the focus child to a visit location that is most convenient for the adult sibling. The focus child indicated that she misses her sibling and hopes that her adult sibling is able to visit her on a weekly basis. When the adult sibling is unable to visit, the certified foster parent plans an activity or an outing for the focus child.

PRACTICE INDICATORS

(Measured over last 90 days)

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

Engagement (6 Optimal Engagement Efforts)

Engagement Overview: The FFA developed optimal rapport and is making excellent efforts toward engaging key parties and bringing the team together to meet the needs of the focus children. The FFA social workers have maintained contact and update the DCFS CSWs, family members of the focus children, CFPs and service providers. In an effort to assist with any case related issues, the FFA social workers make themselves available when the DCFS CSWs complete their monthly home visits with the focus children.

The focus children and the CFPs reported that they felt respected and that their concerns were heard by both the FFA social workers and the DCFS CSWs. The focus children reported that they could confide in various team members, if needed to discuss any issues or concerns that may arise; but they mainly relied on their CFPs and FFA social workers.

The CFPs expressed ongoing support and great working relationships with the FFA social workers and DCFS CSWs. The CFP of the first focus child indicated that she speaks to the FFA social worker on a daily basis. She added that the FFA social worker meets with the focus child twice per week as she picks him up for his monitored visits with his mother and that the FFA social worker and DCFS CSW are wonderful with the focus child. The CFP of the second focus child indicated that she

appreciates that the DCFS CSW and FFA social worker returning her phone calls immediately. The CFP of the third focus child indicated that she appreciates that the FFA social worker and administrator are always available to assist her and provide guidance.

The DCFS CSWs reported that the FFA staff were supportive and continuously provided updates. One of the DCFS CSWs indicated that the FFA social worker positively engaged the focus child's biological parent to comply with case planning, including visitation, resulting in consistent family visits.

Service Needs (5 Good Supports & Services)

Service Needs Overview: The FFA had a good array of supports, extracurricular activities and services to help the focus children make progress toward planned outcomes. At time of placement, the FFA social workers discuss with the DCFS CSW service needs of placed children. The FFA social workers then refer the focus children to the needed services. If needed, the FFA social workers and CFPs follow-up with the service providers to expedite the linkage process. The CFPs and FFA social workers indicated that they discuss the focus children's progress with service providers, and this information is shared with the DCFS CSWs. The focus children indicated that they are provided with needed services, including individual therapy, after school programs and Individualized Education Plans (IEP).

Two of the focus children are participating in services. The first focus child is participating in weekly individual in home therapy, after school tutoring and extracurricular activities. The tutoring and extracurricular activities are incorporated in the after school program that the CFP enrolled the focus child in. The CFP indicated that she, the FFA social worker, and therapist developed therapeutic goals for the focus child. The CFP indicated that the focus child is not presenting any of the behaviors he exhibited in his previous placement, which she attributes to her structured home environment and therapy.

The second focus child has an IEP and is receiving special education services to address his learning disabilities and defiant behavior. He is also receiving individual therapy. The focus child indicated that he does not want to be in special education classes. The CFP explained that the IEP team agreed to a probationary period of slowly incorporating mainstream classes one at a time. The CFP and focus child indicated since his classes have mainstreamed, his behavior has improved and he is excelling academically.

The third focus child is not participating in any services. According to the DCFS CSW, the focus child is presently stable and not presenting any mental health or academic concerns. The DCFS CSW and CFP indicated that the focus child does well in school and is a straight "A" student. During the QAR, the focus child did not express the need for any services. The focus child indicated that she did not want to participate in any extracurricular activities at this time, as she is focusing on her academics.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: In general, the FFA understands the focus children's functioning, strengths, needs, preferences and support systems. The necessary support and services for improved functioning and increased overall well-being are also generally understood by the FFA and used to develop changes. During the initial 30 days of placement, the FFA social

workers and supervisor complete the Needs and Services Plan (NSP) for placed children and then refers the children to the appropriate services. On a weekly basis, during home visits, the FFA social workers are assessing the children's progress toward fulfilling their NSP goals by having an open dialog with the children, CFPs and service providers. The FFA social workers utilize positive remarks and reinforcement to encourage the children toward accomplishing their NSP goals and case plan.

The CFP of the first focus child indicated that she observes a child's behavior, manners, anxiety levels and emotions which she reports to the FFA social worker, therapist and DCFS CSW. The CFP indicated that she and biological mother discuss the focus child's daily conduct and encourage the focus child to listen, be respectful and they tell him that both of them care about him.

The CFP of the second focus child indicated that she has daily discussions with the placed children and listens to their feedback. The CFP indicated that she values and nurtures academic success for each placed child. The CFP indicated that she follows up with case plan tasks and services. The CFP indicated that she encourages placed children to be active and try a sport.

The CFP of the third focus child indicated that she identifies the strengths and needs of each child by observations and discussions with placed children. The CFP then discusses with the FFA social worker and DCFS CSW what services are needed and the availability of such services in her area. The CFP indicated that she speaks frequently with the children and encourages them to participate in services and explore new extracurricular activities.

The DCFS CSWs indicated that the FFA follows the court orders and provide supportive services to the focus children. The DCFS CSWs reported that they receive the NSPs, which they review and approve. The focus children and CFPs indicated that they work collaboratively with the FFA social workers and therapists to develop the NSP goals.

Teamwork (5 Good Teamwork)

Teamwork Overview: The FFA established good teamwork and involved most of the important supporters in the focus children's lives. The FFA teams with the placed child and their relatives, CFPs, DCFS CSWs and service providers. The FFA social workers reported having at least weekly home visits with the focus children and CFPs. During the DCFS CSW's monthly visits to meet with the focus children and CFPs, the assigned FFA social worker makes efforts to be present. As a result, each of the three focus children had team meetings in their CFHs or at the FFA to discuss family visits, concerns and case plan progress. For the first focus child, the biological parent participated in the team meetings to discuss family visits and reunification. For the second focus child, the FFA social worker, CFP and previous CFP who hold the educational rights, participated in an IEP meeting. For the third focus child, the team discussion was regarding family visits.

The CFPs and FFA social workers reported that they have informal family meetings in the CFHs with participation from the focus children, other children placed in the home, CFPs and FFA social workers. The CFPs indicated that the informal family meetings assist with strengthening communication, enhancing adjustment to house rules for the focus children and maintaining placement stability.

The focus children reported that they considered their FFA social workers, family, CFPs and DCFS CSWs as part of their teams and support system. The DCFS CSWs indicated that the FFA social workers and CFPs worked very well with the focus children.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: The FFA's intervention strategies, supports, and services provided to the focus children are generally responsive to changing conditions. During the weekly home visits, the FFA social workers assess the status of the focus children and have a general understanding of what is working and what is not working. The FFA social workers also discuss their assessment during the FFA staff meetings, which take place at least twice a month. During the FFA staff meetings, tracking of the children's progress occurs and modifications are made by the FFA social worker and FFA supervisor. On a quarterly basis, the FFA social workers document the modifications and progress in the children's NSP. The FFA social workers and CFPs communicate with the DCFS CSWs, service providers and family regarding any changes in the status of the focus children. One of the FFA social workers indicated that she obtains progress from service providers on a weekly basis, and the information is documented and shared with the DCFS CSW. Each of the focus children reported being involved in developing NSP goals.

The CFPs and FFA social workers indicated that they discuss issues with focus children to determine whether a modification is needed to a service and/or NSP goal. Then, the FFA social worker discusses any potential modifications with the DCFS CSWs to determine actual modifications. The ongoing adjustments to interventions, goals and services are tracked by the FFA social workers and DCFS CSWs. The FFA social workers track all adjustments and progress through their weekly home visit notes, visitation contacts, DCFS contact sheets, SIRs and NSPs.

The DCFS CSWs reported that they are updated by the FFA social workers with any modifications related to their focus children's services and/or NSP goals. The DCFS CSWs also indicated that they may also modify services, interventions and NSP goals. The DCFS CSWs reported that they have not had to request any modifications to the NSPs, as they have been appropriate.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In April 2015, OHCMD provided the FFA with technical support related to findings indicated in the 2014-2015 Contract Compliance Review; technical support consisted of complying with Title 22 foster home requirements; completing timely CFPs' home studies, home inspections and vehicle inspections; maintaining age-appropriate car seats; maintaining appropriate bedrooms for placed children; completing comprehensive and timely NSPs with appropriate signatures; obtaining current school report cards; ensuring timely initial medical/dental examinations; and ensuring children are provided weekly monetary allowance guidelines.

In September 2015, OHCMD met with the FFA to discuss the results of the QAR. The FFA met the minimum acceptable level in all focus areas; therefore no Quality Improvement Plan is required. As needed, the OHCMD quality assurance staff will continue to provide the FFA with ongoing technical support, training, and consultation.