January 29, 2016

To: Supervisor Hilda L. Solis, Chair
    Supervisor Mark Ridley-Thomas
    Supervisor Sheila Kuehl
    Supervisor Don Knabe
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From: Philip L. Browning
    Director

FOSTER FAMILY NETWORK 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 Foster Family Network Foster Family Agency (the FFA) in May 2015. The FFA has three licensed offices located in the Fourth Supervisorial District and in the Counties of Kern and Riverside. 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 offer “long/short-term foster care and placement for children working toward family reunification and permanency.”

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 focus areas of Permanency and Teamwork.

The FFA provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In August 2015, OHCMD quality assurance reviewer met with the FFA to discuss results of the QAR and to provide the FFA with technical support to address methods for improvement in the areas 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
    Kathy Hughes, Chief Executive Officer, Foster Family Network FFA
    Lajuannah Hills, Regional Manager, Community Care Licensing Division
    Lenora Scott, Regional Manager, Community Care Licensing

“To Enrich Lives Through Effective and Caring Service”
SCOPE OF REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of Foster Family Network Foster Family Agency (the FFA) in May 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 placed children’s average number of placements was three, their overall average length of placement was six months and their average age was eight. 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.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Minimum Acceptable Score</th>
<th>FFA QAR Score</th>
<th>FFA QAR Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong> - 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.</td>
<td>6</td>
<td>6</td>
<td><strong>Optimal Safety Status</strong> - 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.</td>
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<td><strong>Permanency</strong> - 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 with the plan.</td>
<td>5</td>
<td>4</td>
<td><strong>Minimal to Fair Status</strong> - The focus children have minimally acceptable to fair permanence. The focus children live in a family setting that the focus children, FFA staff, caregivers, caseworker, and team members expect will endure until the focus children reach maturity.</td>
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<td><strong>Placement Stability</strong> - 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.</td>
<td>5</td>
<td>5</td>
<td><strong>Good Stability</strong> - The focus children have substantial stability in placement and school settings with only planned changes and no more than one disruption. The focus children have established positive relationships with primary caregivers, key adult supporters, and peers in those settings.</td>
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<td><strong>Visitation</strong> - The degree to which the FFA staff support important connections being maintained through appropriate visitation.</td>
<td>5</td>
<td>6</td>
<td><strong>Optimal Maintenance of Visitation &amp; Connections</strong> - Fully effective connections are being excellently maintained for all significant family/Non-Related Extended Family Member (NREFM) through appropriate visits and other connecting strategies. All appropriate family/NREFM have regular and, where appropriate, increasingly frequent visits.</td>
</tr>
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<tr>
<td>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’s strengths and needs.</td>
<td>5</td>
<td>5</td>
<td><strong>Good Engagement Efforts</strong> - To a strong degree, a rapport has been developed, such that the FFA staff, DCFS CSWs, certified foster parents and the focus children feel heard and respected. Reports indicate that good, consistent, efforts are being used by the FFA staff as necessary to find and engage the focus children, caregivers and other key people. Useful accommodations are used to provide scheduling times and locations based on convenience of appropriate parties. Engagement efforts are made frequently and on an ongoing basis.</td>
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<td>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.</td>
<td>5</td>
<td>5</td>
<td><strong>Good Supports &amp; Services</strong> - 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. The array provides an appropriate range of options in the selection of providers.</td>
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<td>Assessment &amp; 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.</td>
<td>5</td>
<td>5</td>
<td><strong>Good Assessment and Understanding</strong> - 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. Necessary conditions for improved functioning and increased overall well-being are generally understood and used to select promising change strategies.</td>
</tr>
</tbody>
</table>
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 | 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; at least one face-to-face team meeting has been held 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 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 Safety Status)**

**Safety Overview:** The focus children have highly safe living situation with reliable and competent caregivers who protect the focus children at all times. The FFA is providing optimal safety for the focus children. The focus children reported feeling safe at all times while in their current Certified Foster Homes (CFHs) and have not shown or exhibited any self-injurious behaviors. The focus children are free from harm in their placements and other daily settings, including at school and in the community. The DCFS CSWs for each focus children reported there were no safety concerns regarding the focus children’s current CFHs.

The FFA submitted a total of eight Special Incident Reports (SIRs) via the I-Track database. The FFA followed SIRs reporting guidelines and procedures and submitted the SIRs timely. None of these SIRs involved the focus children. One SIR reported a placed child being interviewed by law enforcement. Four SIRs reported incidents of minor illnesses or injury, two involved incidents of a fight toward peers at school. The FFA social workers spoke with the CFPs and the placed child about alternatives to engaging in aggressive behavior towards others. And one SIR was related to a placed
child inappropriately exposed herself to the CFPs’ biological child. The CFPs immediately changed the sleeping arrangement at their CFH and ensured close supervision of the children in the home. The FFA also referred the placed child to therapeutic services. Appropriate actions and increased supervision were timely implemented by the FFA and the CFPs for each incident.

The Out-of-Home Care Investigations Section (OHCIS) did not conduct any child abuse referral investigations on the FFA over the last 30 days.

Placement Stability (5 Good Stability)

Placement Stability Overview: The FFA is providing good placement stability for the focus children. The focus children’s placements have been stable with no placement or school disruptions. All three focus children reported that they enjoy being in their CFHs and love spending time with the members of their foster families. The focus children reported that they feel safe, comfortable and respected. The first focus child reported that she enjoys being in the home and loves spending time with all members of her foster family. The second focus child was placed in his current CFH approximately five months ago. Although he is adjusting to this new placement, he reports that he feels safe. The third focus child refers to his foster mother as “grandma”. The focus child is eager to participate in all family activities. The focus children have formed a good, supportive relationship with their caregivers, as well as other children in the home and there have been no major issues or concerns.

The DCFS CSWs all agree that the focus children will remain with their current caregivers and there is little likelihood of future disruptions at their placements and school settings.

Visitation (6 Optimal Maintenance of Visitation & Connections)

Visitation Overview: The FFA has established and maintained excellent family connections for the focus children. All three focus children have regular weekly visits with their family members. The FFA seeks to arrange visitation with all parties as per the court orders. The FFA staff ensures that each child’s visitation plan is supported. The FFA provides transportation for the visits, if needed. The FFA maintains visitation logs and if visits are missed, the visits are rescheduled in a timely manner. DCFS CSWs and CFPs indicated that the FFA makes great efforts to ensure the focus children’s visits are successful.

The focus children reported that they enjoy the visits with their family members and appear to be comfortable in the visits. The first focus child stated that she likes for her mother to braid her hair during visits. She also enjoys when her mother brings her laptop to the visits to entertain her and her siblings.

The second focus child has weekly monitored visits with his mother and siblings at a neutral location. Visits are for two hours and are monitored by the foster mother. His foster mother reported that the focus child appears happy to be in visit with his mother; however, gets easily upset during the visit. He cries when he feels that his mother does not pay attention to him. This focus child’s foster mother reported that the separation from his mother has affected him and they are working to rebuild trust and improve connections for the family.

The third focus child has weekly monitored visits with his mother, grandmother and siblings. Each visit is three hours in duration, at the FFA office. Both the DCFS CSW and the FFA have worked out
an arrangement to ensure the visits for the focus child occur as ordered. The visits are monitored by a FFA social worker and DCFS CSW (one and half hours each). The focus child is happy when he is meeting with his mother and siblings and enjoys the visits.

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

Permanency (4 Minimal to Fair Status)

Permanency Overview: The FFA provided minimally acceptable to fair permanency for the three focus children. The DCFS CSWs and the FFA social workers expressed that there is always open communication between the focus children’s key team members, which included the DCFS CSWs, appropriate family members, the CFPs and the FFA social workers. The team works in the best interest of the focus children to ensure each focus child achieves permanency. However, a review of records determined that there was no documentation regarding efforts made by the FFA, or the team, to ensure the focus children are making progress toward achieving their permanency goals.

The permanency plan for two focus children is family reunification; however, there were no concurrent or alternative plans developed to ensure safeguards in the event reunification with family did not occur. The first and second focus children stated that they want to be home with their families; they do not know what will happen if the permanency plan of family reunification is not possible.

The third focus child’s permanency plan is adoption. The focus child lives in family setting, which is temporary until a more appropriate and permanent family setting can be identified, as his CFP has indicated that she is not interested in perusing adoption of the focus child. The focus child stated that he wants to remain with his CFP for as long as he is able.

There is a need for better collaboration between the FFA staff, CFPs and the DCFS CSWs to ensure that the permanency plans and concurrent plans are identified and implemented in a timely manner. In addition, all efforts made by the FFA to assist the focus children progress toward their permanency goals needs to be documented and communicated with key members in the focus children’s life.

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 developed a good rapport with and consistently engages the key persons in the focus children’s lives. The focus children felt that their concerns were heard and they felt respected. The focus children reported that they could confide in various team members whenever they needed to discuss issues of concern.

The CFPs reported that prior to the focus children being placed in their homes they were provided with information regarding the child’s history and trauma, which helped them prepare for and provide better care for the focus children. One CFP stated that she makes sure to communicate with the focus child and his biological mother to ensure that the focus child’s needs are being met. She reported improvements in the focus child’s behavior and in their ability to accommodate the needs of
the focus child would not have been possible without the input and supports from the DCFS CSW, biological family and the FFA. The other two CFPs also expressed being supported by the FFA and having a good working relationship with the FFA social worker. The CFPs further reported a high level of confidence in the FFA social worker and appreciated their timely assistance.

The FFA is flexible in scheduling staff meetings and at keeping communication open with all the key supporters to ensure a clear understanding of the strengths, needs and progress made by the focus children. The FFA and the CFPs are dedicated to providing the focus children with whatever is needed to assist them in making progress towards their case plan goals.

The DCFS CSWs for the focus children are in agreement that good engagement efforts are consistently made by the FFA. The FFA maintains contact via telephone contacts, emails, as well as through visits to ensure all team members are engaged in the process. They further reported that the FFA social workers are in regular communication with them to keep them informed of the progress of each focus child. The FFA staff is available to the focus children, the CFPs and the DCFS CSW; the FFA takes the initiative to ensure all parties are included and receive information for each focus child.

**Service Needs (5 Good Supports & Services)**

**Service Needs Overview:** The FFA provides the focus children with a good array of supports and services that match intervention strategies identified in the focus children’s case plans. The FFA ensures the focus children are receiving academic support services to help them improve academically. All focus children are attending an after-school tutoring program. The focus children are also receiving individual therapy at least weekly, or more often if needed. Therapy sessions are held one to two times per week. Therapists report that the focus children are making progress in therapy.

The first focus child is receiving tutoring service and is currently performing at grade-level. The FFA social workers continue to monitor and attend all school conferences to advocate and address the needs and concerns of the focus children. The CFP and the FFA social worker reported that the child has also shown improvements, as she is more self-confident. The focus child enjoys spending time with and participating in outings, such as hiking and amusement parks, with her foster family.

The second focus child who was performing below grade level was referred for language assessment testing. Based on the results, he was placed in English as a second language class for a portion of the school day. The focus child’s teacher stated that the focus child entered the school “not reading a word, now he can read many small words.” Additionally, the focus child was referred to the regional center for an assessment. The CFP also reported that there were concerns regarding the focus child’s behavior and emotional well-being as the focus child initially cried a lot during and after visits with his mother. The focus child has made progress and is now able to communicate his feelings around loss and separation from his mother.

The third focus child is performing below grade level in reading and math. He receives additional tutoring and assistance from a literacy aide at school. The focus child’s teacher reported that the focus child has made some improvement and recently completed the 3rd grade. The FFA social worker and the CFP reported that initially, the focus child was very passive and soft spoken. Through therapy and with the CFP’s support, the child is less timid and more assertive. The CFP reported that now, the child is able to say “no” when the other placed children ask him for favors for them.
Although he enjoys arts and crafts, as well as dancing, he declined participation in dance and art classes. He recently began participating Cub Scouts.

The FFA social workers, CFPs, and the children’s family members also provide support to assist the focus children in making progress towards their case plan goals. The FFA is in constant contact with service providers and the focus children are benefitting from the services they are receiving. The FFA social worker collaborates with the DCFS CSWs, the focus children, family members and the CFPs to develop Needs and Services Plan (NSP) goals for the focus children. All focus children reported that the services received are appropriately meeting their needs.

Assessment & Linkages (5 Good Assessment 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 assesses the focus children’s strengths and needs and provides intervention for them to function effectively in daily settings. The services and supports are regularly assessed and modified to ensure progress is being made toward case plan and NSP goals. Educational supports such as tutoring are provided, and participation in extracurricular activities is encouraged by the FFA.

 According to the CFPs, the FFA staff always keeps them abreast as to any updates regarding the focus children. The FFA staff also report that the CFPs keep them informed regarding the children's needs or any changes in behavior. The CSWs reported that the FFA staff also kept them informed, providing regular updates on the focus children.

In addition, the FFA explores and connects various community resources to meet the needs for the focus children. An example of the FFA's efforts in ensuring the focus children's needs are met by properly assessing and linking to appropriate services is in the case of the second focus child. The focus child is performing below grade level and continuously expresses he wants to return to his biological mother; he always cries during and after visits with his mother. In order to meet the needs of the focus child, the child was referred to the FFA’s Behavioral Health Services program for mental health assessment and services and with these services in place the focus child is comfortable expressing his feelings of loss and separation, which come up around visits with his mother.

The FFA provides services required to help the children and supports them to make their placement successful. The FFA seems to have a good assessment and understanding in the functioning and support systems for the focus children.

Tracking & Adjustment (5 Good Tracking and Adjustment Process)

Tracking & Adjustment Overview: Intervention strategies, supports, and services provided to the focus children are generally responsive to changing conditions. There is continuous monitoring, tracking of and communication regarding the focus children’s progress and services. The FFA staff track through weekly contact records, monthly contacts with DCFS CSWs, and quarterly health and safety assessments. The FFA also develops a NSP for each of the focus children. The FFA determines if the focus children are making progress towards their NSP and case plan 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 CFPs.
The FFA social worker and FFA program manager ensure that any barriers encountered or any strategies that are modified are communicated with all members of the team. Modifications to strategies are promptly made when it is determined the focus children are experiencing difficulty in achieving their treatment goals. Also, if it is determined that the focus children are in need of support services then, appropriate services are initiated. To assist the focus children in being successful at their CFH and in treatment, tasks may be modified or broken down into smaller tasks to help produce desired results.

An example of the FFA’s continuous tracking and adjustment of services is when the first focus child was demonstrating poor academic progress, as she was struggling with staying focused and completing her school work, but had a lot of energy and enjoys playing outside. The FFA referred the focus child for tutoring and she is receiving tutoring services three times a week. The team also worked together to develop a plan and modified academic treatment goals. The focus child was enrolled in her school’s Science, Technology, Engineering and Math program, which provided hands-on learning experiences, enriching her educational needs while expending energy. This enabled the focus child to learn subjects in which she had an interest, in an environment she enjoyed. The focus child reported that “she loves it” and has “a lot of fun”. Since then, the focus child has shown more interest in school and is making steady progress.

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

**Teamwork (4 Minimally Adequate to Fair Teamwork)**

**Teamwork Overview:** The team included some of the important supporters and decision makers in the focus children’s lives. For each of the focus children, the team consists of the DCFS CSW, the FFA social worker, CFPs, therapist and the focus children. Although each team has formed a good working system that has ongoing communication, works collaboratively and contributes to the development of the focus children’s case plan; the team did not involve the focus children’s family members with whom they visit and are attached to. None of the family members are part of the team or involved in the decision making process. Further, there have been no face-to-face meetings that include all members of the team.

Two DCFS CSWs reported that the FFA does not hold regular team meetings for the focus children. They reported that the focus children’s progress is communicated through the telephone or email contacts, or only when they visit the focus children at their CFHs.

The FFA, the focus children and their families would greatly benefit from regular team meetings.

**NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES**

In June 2015, OHCMD provided the FFA with technical support related to findings indicated in the 2014-2015 Contract Compliance Review. The technical support address compliance with Title 22 regulations, and NSP training was provided to the FFA treatment team.

In August 2015, quality assurance reviewer met with the FFA to discuss 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 ongoing technical support, training, and consultation to assist the FFA in implementing their QIP.