County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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February 11, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

ALPHA TREATMENT CENTER 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 Alpha Treatment Center Foster Family Agency (the FFA) in February 2015. The FFA has one licensed office located in the First Supervisorial District. The office provides services to the County of Los Angeles DCFS foster children and youth. According to the FFA's program statement, its stated mission is, "to provide short-term and long-term foster care for the treatment of needy male and female minors, ages birth to 17 years."

The QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the Foster Family Agency's practices and services over the most recent 90 days. The FFA scored at or above the minimum acceptable score in 8 of 9 focus areas: Safety, Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the focus area of Teamwork.

The FFA provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In July 2015, the OHCMD quality assurance reviewer discussed results of the QAR and provided the FFA with technical support to address methods for improvement in the area of 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
Emmanuel Humphries, Executive Director, Alpha Treatment Center FFA
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

ALPHA TREATMENT CENTER 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 Alpha Treatment Center 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 children'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 one. Their overall average length of placement was 13 months and their average age was 11. The focus children were randomly selected. None of the focus children selected were in 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, 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 children are 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 but rarely may present a behavior that has low or mild risk of harm. The children may have had related history, diagnoses, or behavior presentations in the past but may have presented risk behaviors at a declining or much reduced level over the past 30 days.
Permanency - The degree to which the children are living with caregivers who are likely to remain in this role until the children reach adulthood, or the children are in the process of returning home or transitioning to a permanent home and the children, the FFA staff, caregivers, and CSW support the plan.	5	5	**Good Status** – The focus children have substantial permanence. The focus children live in a family setting that the children, FFA staff, caregivers, caseworker, and team members have confidence will endure lifelong.
Placement Stability - The degree to which the FFA ensures that the children'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	5	**Good Stability** - The focus children have substantial stability in placement and school settings, with only planned changes and no more than one disruption in either setting over the last 12 months, with none in the past six months. The children have established positive relationships with primary caregivers, key adult supporters, and peers in those settings. Any known risks are now well controlled.

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 are working with the children, 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 children's strengths and needs.	5	5	**Good Engagement Efforts** - To a strong degree, a rapport has been developed, such that the FFA staff, DCFS CSWs, CFP 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.
Service Needs - The degree to which the FFA staff involved with the children work toward ensuring the children's needs are met, and identified services are being implemented and supported and are specifically tailored to meet the children's unique needs.	5	5	**Good Supports & Services** - 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 dependable combination of informal and formal supports and services is available, appropriately used, and seen as generally satisfactory.
Assessment & Linkages - The degree to which the FFA staff involved with the children and family understand the children'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 are 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

Focus Area	Minimum Acceptable Score	FFA QAR Score	FFA QAR Rating
			recognized and well understood.
Teamwork - The degree to which the "right people" for the children 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 children's life, including informal supports. The team has formed a minimally adequate to fair working system that meets, talks, and/or plans together and 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 children and family is carefully tracking the progress that the children are 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 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 Safety Status)

Safety Overview: The FFA provided optimal safety for each of the focus children. The FFA staff ensures that the focus children feel safe in their placements and the CFPs provide a safe living environment. The FFA utilizes various methods to ensure the safety of placed children. The FFA provided its CFPs with training on different topics, such as Cardiopulmonary Resuscitation (CPR) and child development and Title 22 regulations. The CFPs also received training on reporting when placed children present self-endangering behaviors or behaviors that place others at risk. In cases where a child exhibits self-harming behaviors or are a danger to others, the CFPs are trained to immediately inform the FFA social workers. Together, the CFPs and the FFA social worker develop a safety plan to ensure the safety of everyone in the home. The FFA also provided the CFPs with a 24-

hour emergency contact number for the local law enforcement, the Psychiatric Mobile Response Team, and the DCFS Child Protection Hotline.

FFA social workers reported that during their home visits, they conduct visual inspections of the Certified Foster Homes (CFHs) to ensure there are no observable hazards. The FFA social workers reported that they interview the focus children privately to make certain that they feel safe in their CFHs.

All three of the focus children reported that their CFHs are a safe place to live. Each of the focus children stated that there have been no safety concerns while being placed in their current CFHs. The first focus child reported that she feels safe at this foster home because her foster parents provide assistance whenever she asks. The second focus child reported feeling safe in her current placement because her CFP always listens to her and provides her with supervision and support. The focus child stated that if anything happened to her, she would be able to report it to her CFP, DCFS CSW, FFA social worker, and her teacher. The third focus child reported feeling safe because her CFP is always at home with her and she feels comfortable talking to her CFP and knows that she can get support from her.

The CFP for the first focus child reported that the FFA's 24-hour emergency contact number is very helpful to her, because she is able to speak with her FFA social worker during emergencies. The second focus child's CFP stated that the trainings she receives from the FFA, such as CPR, are very helpful to her. The CFP for the third focus child reported that she always uses common sense and observation to find out if the focus child presents behaviors that place her or others at risk. The DCFS CSWs interviewed stated that they did not have any safety concerns regarding the FFA's CFHs.

The FFA complied with the protocols and reported Special Incident Reports (SIRs) via the I-Track database in a timely manner. The FFA submitted two SIRs during the past 30 days. The two SIRs included one incident with police involvement when a biological parent was trying to obtain the address of a CFH, and one incident related to the CFP's health. None of these SIRs were related to the focus children. According to the Out-of-Home Care Investigations Section, there were no substantiated referrals or open investigations for the FFA during the last 30 days.

Permanency (5 Good Status)

Permanency Overview: The FFA provided substantial permanence for each of the focus children. The FFA provides services that correspond to the permanency plan for each of the focus children. The FFA engages the DCFS CSWs in discussions regarding court orders about permanency for the focus children. The FFA social workers and CFPs support the focus children in maintaining contact with their family members and important people in their lives.

The permanency plan for the first focus child is adoption. The focus child reported that both she and her CFPs are committed to the plan. The CFP reported that she and her family members are working hard to make the focus child feel comfortable, as if she was in her own home. The CFP consistently encourages the focus child to verbalize her feelings regarding her CFP adopting her and her two siblings.

The second focus child is receiving reunification services with her mother. The focus child stated that she is pleased with staying with her foster parent and wants to continue to live with her if reunification is not successful. Her CFP stated that she works with the focus child's mother to arrange visitation. The CFP fully supports the plan of reunification, and since the focus child has become part of her family, she is willing to continue to care for her if reunification does not occur.

The third focus child is receiving reunification services with her mother. The focus child stated that her CFP always encourages her to maintain contact with her mother. The focus child reported that she enjoys living with her CFP. The CFP stated that they get along very well, and if reunification is not feasible, the focus child can stay as long as she wants. In March 2015, the focus child successfully reunified.

Placement Stability (5 Good Stability)

Placement Stability Overview: The FFA provides substantial stability for the focus children in which the focus children are able to enjoy positive relationships with the CFPs. To enhance placement stability, the FFA provides the CFPs with adequate support and ongoing training based on the needs of the CFPs. The FFA social workers discuss with the DCFS CSWs each focus child's needs prior to placement to ensure a good match with the CFP is made. The FFA social workers conduct weekly visits to the CFHs and meetings with the focus children and CFPs are also used as a method to continuously assess the well-being of the focus children.

There have been no disruptions for any of the focus children in their placement or school settings. The focus children reported that their CFPs are meeting their needs, such as providing adequate supervision and guidance. The focus children reported that they felt safe and comfortable in their current placement because their foster parents are supportive and helpful in addressing their needs. Each of the focus children also stated that there was nothing that could be changed about their placement.

The CFP for the first focus child stated that she works very well with the DCFS CSW and she receives a lot of support from the DCFS CSW and FFA social worker. The CFP for the second foster child reported that she received the focus child's history from the FFA social worker as a way to help her better understand how to work with the focus child. The third focus child's CFP reported that the FFA social worker provided her with adequate information prior to the focus child being placed in her home and by having this information, she felt more comfortable to handle issues as they arise, reducing the likelihood of placement disruption.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The FFA has established generally effective visitation and maintenance of family connections. The CFPs and FFA social workers support important connections being maintained with placed children and their family members through appropriate visitation. In situations where visits are not a viable option, the FFA social workers and CFPs always encourage and support alternative methods of communication, in order for the focus children to maintain connections with important people in their life. To support visitation, the FFA social workers and CFPs transport and monitor visits for the focus children as needed. The FFA documents the focus children's visitation plans in their Needs and Services Plans (NSPs). The FFA also keeps logs regarding visitation, and if

visits are missed, the FFA social worker follows up with the CFPs and family members to reschedule the visits in a timely manner. The DCFS CSWs interviewed stated that the FFA supports the visitation plans for the focus children.

The first focus child reported that she has visits with her grandmother once per month. Her CFP reported that since the focus child's grandmother has shown interest in visiting with the focus child, the CFP provides the grandmother flexibility with visitation. The CFP transports the focus child to a neutral place for the visit and monitors the visit.

The second focus child has unmonitored overnight visits with her mother and brother. The focus child reported that she enjoys her visits with her mother and brother. She stated that her mother picks her and her brother up at their CFHs and they eat together at the mall. The focus child reported that she feels more attached to her mother and her relationship with her brother is much better than before. Her CFP stated that she always follows up with the focus child to ensure that visits with her mother are going well.

The third focus child reported that her parents reside outside of the County. The focus child has unmonitored weekend visits with her aunt and her cousins. She is also able to spend holidays and vacation time with them. The focus child enjoys her visits with her aunt and cousins. Her CFP reported that she always encourages the focus child to maintain contact with her parents through telephone and her parents are encouraged to call her too.

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 good rapport between the DCFS CSWs, CFPs and the focus children. The FFA has made reasonable efforts to engage key people. During their home visits, the FFA social workers always ensure that connections are made between the focus children and their CFPs. The FFA social workers also maintain regular contact with the focus children's DCFS CSWs by telephone and e-mail.

All of the focus children reported that their concerns are heard and they feel respected. Each of the focus children reported that they are able to discuss their issues and concerns with their family members, CFPs, FFA social workers, and DCFS CSWs without any problems.

The first focus child reported that she is able to ask her foster parents for assistance and her CFPs really listen to her and make her feel that her concerns are being heard. The second focus child reported that her concerns and needs are heard and respected by her CFP and DCFS CSW. She stated she has no problem discussing her concerns with them. The third focus child reported that she feels very comfortable discussing her needs with her CFP because she always listens to her.

The FFA social workers, CFPs, DCFS CSWs, and focus children agree that engagement efforts are made on a regular basis and reasonable efforts have been made by the FFA to engage key parties involved in the focus children's lives.

Service Needs (5 Good Supports & Services)

Service Needs Overview: The FFA provided the focus children with a good array of supports and services to help the focus children make progress toward their planned outcomes. The focus children are receiving therapeutic services to address their mental health needs. Therapeutic services are designed to assist the focus children with communicating their needs in their relationships with their parents, extended family members, and CFPs.

The first focus child is currently participating in speech therapy once a week at school. The focus child also receives tutoring services, as she struggles with math and reading. The CFP assists the focus child with her math assignments and also reads with the focus child daily. The focus child reported that she has shown a slight improvement in her grades and also her reading level.

The second focus child reported that she is receiving family therapy to assist her in communicating her needs to her mother and improving her relationship with her brother. The focus child does not present any academic challenges; however, she participates in an after-school tutoring program at her school to complete her homework or special projects. The CFP also attends the focus child's school conferences to understand how she performs at school.

The third focus child is receiving individual counseling to increase her ability to express her feelings with her CFP. The focus child reported that she is the teacher's assistant and is also involved in a youth group at her church.

Each of the CFPs reported that the support they receive from the FFA is great because the FFA social workers always respond expeditiously and provide them with support and direction. In addition, the FFA social workers collaborate with the DCFS CSWs, the focus children, and their CFPs to develop their NSP goals. According to the DCFS CSWs, they collaborate with the FFA social workers and the CFPs to determine the services needed for the focus children.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The focus children's functioning, challenges, and support systems are generally understood by all parties involved. The focus children's strengths and underlying needs were assessed by the FFA and are recognized and well-understood among team members. Educational supports, such as tutoring and speech therapy, are provided and participation in extracurricular activities is always encouraged by the FFA.

As reported by the FFA social workers, they meet with the focus children and CFPs to assess the focus children's progress. The DCFS CSWs reported that they review the focus children's NSP goals and provide feedback to the FFA staff and CFPs. If it is determined that the focus children are not progressing toward meeting their case plan goals, the FFA social workers discuss this with the focus children, CFPs, and DCFS CSWs, and modify the goal when necessary to meet the children's needs.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: The FFA's intervention strategies, supports, and services provided to the focus children were generally responsive to changing conditions. The FFA tracks the implementation of strategies, supports, and services via monthly reports, progress notes, NSPs, and communication with the focus children. The FFA ensured the DCFS CSWs were updated with the focus children's progress and any changes regarding the focus children. The services and supports for the focus children are regularly assessed and modified to ensure progress is being made toward their case plan and NSP goals. The FFA social worker stated that they track the focus children's progress during their regular face-to-face visits to the CFHs. The FFA is aware of the changing needs of the focus children and the FFA therapist modifies services being provided on an as-needed basis.

An example of the tracking and adjustment of services can be seen with the first focus child who was behind academically and struggling with math. The CFP discussed her concerns with the focus child's schoolteacher. Following the discussion, the focus child was moved to the front of the classroom to give her the ability to ask questions. This change has made a big difference with the focus child. She is now showing improvement in math.

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

Teamwork (4 Minimally Adequate To Fair Teamwork)

Teamwork Overview: The FFA involved some of the important supporters in each of the focus children's lives. The focus children, CFPs, FFA social workers and DCFS CSWs are familiar with the team members for the focus children. All interviewed parties reported that there is consistent communication between the FFA social worker, DCFS CSW, CFPs, and the focus child. However, there have been no face-to-face team meetings facilitated by the FFA. The FFA could benefit from the participation of the focus children and all key team members to address the needs of the focus children and make decisions together as a whole team.

As reported by the focus children, FFA social workers, and CFPs, formal Child and Family Teams have not been identified and established. However, the focus children are able to identify their team members and reported that there are no issues with communication between all team members.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In January 2015, OHCMD quality assurance reviewer provided the FFA with technical support related to findings indicated in the 2013-2014 Contract Compliance Review. Technical support and training provided to the FFA related to SIRs being appropriately documented and cross-reported to OHCMD; Title 22 Rules and regulations; inquiry with OHCMD for historical information prior to certification; annual documentation of CFPs' vehicle maintenance; developing timely, comprehensive, updated, and quarterly NSPs; children's personal needs and economic well-being; assisting children with updating their life book and staff personnel records.

In July 2015, the OHCMD quality assurance reviewer discussed results of the QAR and provided the FFA with technical support to address methods for improvement in the area of 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.

ALPHA TREATMENT CENTERS
FOSTER FAMILY AGENCY
License #'s Riverside 330600001 - Los Angeles 197805881

Alpha Adoption Centers
One World, One Heart, One Family
License # 336424024

January 6, 2016,

Date Initial Quality Improvement Plan Submitted: August 25, 2015
Date Amended Quality Improvement Plan Submitted: January 6, 2016

ATTN: Kong Ng, CSA I - DCFS
Out-of-Home Care Management Division
9320 Telstar Avenue, Room 216
El Monte, CA 91731

Addendum: *Please review below revised Quality Improvement Plan. The agency will plan to have the Social Services Director implement the below Quality Improvement Plan during the agency training on Wednesday, January 13, 2016.*

Dear Kong,

Thank you for taking the time to speak with me recently regarding an identified area of improvement. You discussed the need to improve teamwork by means of including the biological family in the team efforts towards reunification. After discussing this with our Administrative Team, we have developed the following avenues which can be taken to better include the biological family in the process towards reunification:

Developing Teamwork with the Biological Parents:

In considering the development of the Needs and Services Plan, the Alpha Treatment Centers Social Worker will provide a monthly contact to the biological parents who are receiving reunification services to request their input towards the development of the child's Needs and Services Plan goals. The ATC Social Worker will include input the biological parent provides when developing the goals for the child as appropriate. The biological parents, who are receiving reunification services, will be asked to provide feedback regarding what they have observed the needs of the child to be as well as what positive reinforcements they believe might work well with that particular child. These goals will be reviewed with the foster parent and the concerning foster child, age 10 and above, as well and will be submitted to the County Social Worker in the NSP report. The ATC Supervisor will review the NSP reports.

Family Centered Conference with CSW: The assigned ATC Social Worker can request that the CSW coordinate a Family Centered Conference by requesting the CSW to submit the DCFS 174 Referral form and by inviting the foster family, biological family, the children and any other approved participants, when appropriate and at the discretion and authorization of the CSW as outlined in the **DCFS Policy 0070-548.03:** http://policy.dcfs.lacounty.gov/default.htm#Family_Centered_Conferen.htm

Intake Procedures: The Intake Worker can ask that the CSW, or County Representative processing the intake/placement, provide the phone number for the biological parents at the time of intake.

After Intake: The assigned ATC Social Worker can request that the CSW make them aware of any the biological parent's responses if there are any preferred foods, activities, cultural and/or religious rituals to which the child(ren) is accustomed.

Alpha Treatment Centers FFA is committed to providing quality service to our foster youth, meeting the needs of our foster youth and continues to provide ongoing training to our FFA Social Work Staff as well as our Certified Foster Parents to ensure that our agency continues to comply with all CCL Regulations and LA County Contract Requirements.

Should you have any questions or need any additional information, please do not hesitate to contact me at (626) 939-9100 ext. 113 and I will be happy to assist you.

Respectfully,

Rachel Dyer, MSW
Social Services Director
Alpha Treatment Centers FFA
Email: Rachel@alphaadopt.com
Phone: (626) 939-9100 ext. 113