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December 7, 2015

To: Supervisor Michael D. Antonovich, Mayor
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From: Philip L. Browning
Director

SAN GABRIEL CHILDREN'S CENTER GROUP HOME 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 San Gabriel Children's Center Group Home (the Group Home) in November 2014. The Group Home has three sites located in the Fifth Supervisorial District and provides Rate Classification Level 14 services to the County of Los Angeles DCFS placed children and Probation placed youth, as well as children from other counties. According to the Group Home's program statement, its purpose is, "to develop the strengths within each child by providing a safe nurturing and appropriately challenging environment for behavioral and emotional growth."

The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 boys, ages 12 through 18.

The QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the Group Home'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.

In May 2015, OHCMD Quality Assurance Reviewer met with the Group Home to discuss results of the QAR and to provide the Group Home with technical support.

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
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Porfirio Rincon, President & CEO San Gabriel Children's Center
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

SAN GABRIEL CHILDREN'S CENTER GROUP HOME
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 San Gabriel Children's Center Group Home (the Group Home) in November 2014. The purpose of the QAR is to assess the Group Home's service delivery and to ensure that the Group Home 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 Group Home's service delivery during the most recent 90 day period.

For the purpose of this QAR, interviews were conducted with three focus children, two Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), one Deputy Probation Officer (DPO), two Group Home social workers and one Group Home administrator.

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 15. 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 Group Home 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 Group Home 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	GH QAR Score	GH QAR Rating
Safety - The degree to which the Group Home 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** - Although the focus children have presented behaviors that may cause harm to self or others, the children have not presented safety risk behaviors at any time over the past 30 days. Protective strategies used by the Group Home staff are fully operative and dependable in maintaining excellent conditions.
Permanency - The degree to which the child is living with caregivers, who are likely to remain in this role until the child reaches adulthood, or the child is in the process of returning home or transitioning to a permanent home and the child, the Group Home 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, Group Home staff, caseworker, and team members expect will endure until the focus child reaches maturity. Reunification or Permanency goals are being fully supported by the Group Home.
Placement Stability - The degree to which the Group Home 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	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 past 12 months with none in the past six months. Any known risks are now well-controlled.
Visitation - The degree to which the Group Home 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.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
Engagement - The degree to which the Group Home 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.	5	6	**Optimal Engagement Efforts** - To an optimal degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, DPO, biological family and the child/youth feel heard and respected. Reports indicate that excellent efforts are being used by the Group Home staff as necessary to find and engage the child, caregivers and other key people.
Service Needs - The degree to which the Group Home staff involved with the child, work toward ensuring the child's needs are met and identified services are being implemented and supported and are specifically tailored to meet the child's unique needs.	5	6	**Optimal Supports & Services** - An excellent array of supports and services fully matches intervention strategies identified in the case plan. The services are substantially helping the child make progress toward planned outcomes.
Assessment & Linkages - The degree to which the Group Home 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	6	**Optimal Assessment and Understanding** - The focus children's functioning and support systems are comprehensively understood. Knowledge necessary to understand the child/youth's strengths, needs, and preferences is continuously updated.
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	6	**Optimal Teamwork** - The team contains all of the important supporters and decision makers in the focus children's life, including informal supports. The team has formed an excellent, consistent working system that meets, talks, and plans together; face-to-face team meetings are held regularly and as frequently as the team sees the need as well as at critical points to develop plans.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
Tracking & Adjustment - The degree, to which the Group Home 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 child 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 Group Home provides optimal safety for the focus children. The Group Home is a level 14 placement and provides services to severely emotionally disturbed children, that have a history of presenting behaviors that may cause harm to self or others. The Group Home staff is trained and provides supervision at all times for the placed children. The Group Home has trained the staff on emergency intervention plans and provides monthly training. The Group Home staff and assigned clinicians are available at all times to help ensure the safety of the focus children. When a placed child is considered to be a danger to themselves or others, containment is utilized as a safety method and a Group Home clinician completes a mental health assessment and a safety plan for the child.

The focus children placed at the Group Home may frequently engage in risky behaviors that cause harm to themselves, others or the community; however, they have not presented safety risk behaviors at any time over the last 30 days. Protective strategies used by the Group Home staff are fully operative and dependable in maintaining excellent conditions. The focus children have been free from harm in other daily settings, and they have been free from abuse and neglect at the Group Home. The focus children reported that the Group Home is a safe place to live, and they feel safe in placement.

The DCFS CSWs and DPO indicated that the Group Home staff immediately report any concerning behaviors regarding their focus children.

The Group Home submitted a total of 17 Special Incident Reports (SIRs) during the 30 day review period; however, none of these SIRs involved the focus children. Five SIRs reported medical related incidents consisting of the same placed child refusing to take his psychotropic medication; three SIRs reported runaways; three SIRs reported assaultive behavior; two SIRs reported substance abuse (where a child exhibited symptoms at the Group Home); one SIR reported for each of the following incident types included: suicidal ideation; self-injurious behavior; psychiatric hospitalization; sexual abuse (incident occurred prior to placement). There were mainly three placed children involved in the SIRs; one placed child was involved in eight of the SIRs, another child was involved in five, and the last placed child was involved in three SIRs. The Group Home managed all 17 child safety related incidents appropriately.

The Group Home complied with SIR reporting guidelines. All SIRs were properly cross-reported and submitted timely via the I-Track database. There were no substantiated allegations reported by the Out-of-Home Care Investigations Section (OHCIS) for the Group Home during the 30 day review period.

Permanency (5 Good Status)

Permanency Overview: The Group Home provided substantial permanence support for the focus children. The Group Home makes good efforts to collaborate with the DCFS CSWs, DPO and the focus children to assist in the determination of the best permanent plan for the focus children. The permanency goals that are established by the DCFS CSW or DPO are supported by the Group Home.

The DCFS CSWs and DPO indicated that the Group Home is supportive and works toward maintaining family ties for the focus children. Family reunification (a parent or legal guardian) is the plan for all three focus children. Two focus children with family reunification potentially occurring within a few months indicated that the Group Home staff discuss and support family reunification. The Group Home staff indicated that there are ongoing efforts and discussion pertaining to what the focus children need to work on, such as maintaining appropriate boundaries and improving their behavior prior to transitioning to their home environment. The Group Home staff assist placed children with mastering acceptable social skills by incorporating a family style living environment (eating together, respecting everyone and abiding by house rules) to enhance social skills development and successful reunification.

The third focus child's plan to reunify with their legal guardian does not appear feasible. The legal guardian is not in compliance with visitation and the DCFS CSW has submitted a Permanency Partner's Program (P3) CSW referral to search for any relative willing to care for the focus child on a permanent basis. The DCFS CSW indicated that if no relatives are found, the focus child would remain in his current placement under Permanent Planned Living Arrangement (PPLA). The Group Home staff maintain contact with the focus child's legal guardian and continue to encourage visitation. Although limited in his responses, the focus child was able to communicate that he did not know what his permanent plan was, but he hoped to be reunified with his legal guardian. The focus child also indicated that he feels that the Group Home Staff support his desire to return to his legal guardian's care.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home provided substantial placement stability for the focus children. Each of the focus children have established positive relationships with their primary Group Home staff, therapists and peers. The Group Home conducts a thorough intake assessment prior to placement, which allows the staff to tailor support and services to meet the needs of each of the focus children. Due to the higher level of mental health needs, the Group Home administrator reported that there is also sufficient Group Home staff coverage and when there is an issue with one child, interventions are immediately implemented by Group Home staff. The DCFS CSWs and DPO also reported the ongoing communication with the Group Home staff, which has assisted in placement stability.

All focus children indicated that they trust and have at least one Group Home staff that they could confide in. One of the focus children indicated that he has shown improvement in his behavior and was rewarded by the Group Home staff with an increase in the number and length of time of his community passes. The focus child indicated that the increase of community passes, has allowed him more contact with his family.

During the QAR review period, there have been no placement or school disruptions for any of the focus children.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The Group Home has established generally effective visitation and maintenance of family connections for the three focus children. The Group Home engages the DCFS CSWs/DPOs and family in discussing the visitation orders. In general, the Group Home makes visitation arrangements with the parties listed in the case plan and on court orders. To support visitation, the Group Home provides the placed children who have visits outside of the Group Home with transportation. If a child's family has a hardship, then the Group Home staff provides transportation to and from visits to ensure that family visits occur. The Group Home staff makes ongoing efforts of encouraging family members to visit and/or have telephone contact with placed children. When family visits are cancelled or postponed, the placed children are encouraged by the Group Home staff to have telephonic contact with family members. In addition, the children are taken on an outing while the other placed children are having family visits.

Two of the focus children, have regular visitation and the Group Home provides transportation to the visit location and the family provides transportation back to the Group Home. One of the focus children is allowed by his DPO to have weekly day visits with his parents. However, the parents' schedule does not permit for weekly day visits, and therefore they have day visits every other week. This focus child is encouraged to have telephonic contact when family visits do not take place. The focus child indicated that he loves every second that he spends with his family.

The second focus child has monitored visits with his mother outside of the Group Home and a DCFS approved relative monitors the visits. The DCFS CSW indicated that the relatives speak positively about the Group Home staff and have expressed that the staff are supportive. The focus child indicated that he loves his visits with his mother and looks forward to them.

The third focus child has monitored visits with his legal guardian who he refers to as "mom" in a therapeutic setting at the Group Home. The visits are set up to be monitored by the Group Home therapist; however, the legal guardian rarely visits the focus child. The Group Home staff engages the legal guardian to discuss with them a plan on how they could work together to establish ongoing regular visits; the Group Home staff and therapist encourage the legal guardian to visit or call the focus child on a regular basis. The Group Home staff also encourages the focus child to initiate weekly telephonic contact with his legal guardian. In an effort to provide the focus child with alternatives, while other placed children visit with their family, the Group Home house manager keeps the focus child busy with fun activities, such as going to the theater and playing board games.

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 Group Home has established and maintained optimal engagement efforts with the focus children and key parties. The Group Home developed a strong rapport with the DCFS CSWs, DPOs, focus children and their family. The Group Home frequently makes efforts to engage the key people. On a monthly basis, the focus children, DCFS CSWs, DPOs, family members and Group Home staff are invited to treatment meetings.

The focus children indicated having ongoing communication and assistance from specific Group Home staff including the house manager, lead residential counselor and therapist. One of the focus children also indicated having their drug counselor as one of the Group Home staff with whom they are able to share their concerns and receive assistance. Two of the focus children indicated having ongoing communication and assistance from their DCFS CSW and DPO. The DCFS CSW and DPO for the focus children indicated having positive working partnerships with the Group Home staff assigned to work with their focus child. The DCFS CSW and DPO also indicated that they received regular updates as to the focus children's status. The Group Home staff also indicated that the DCFS CSW and DPO were supportive, returned phone calls promptly and participated regularly in the monthly treatment meetings.

The third focus child was indifferent regarding his relationship with the DCFS CSW and only expressed feeling connected to the Group Home staff. The DCFS CSW for this focus child stated that she would participate in the monthly treatment meetings when it was feasible for her, which was not always on a monthly basis.

Service Needs (6 Optimal Supports & Services)

Service Needs Overview: The Group Home is providing the focus children with an excellent array of supports and services which appear to appropriately match the intervention strategies in the case plan. When a placed child presents placement or mental health instability, the Group Home provides increased levels of therapeutic support, structure and greater staffing ratios. Prior to placement, the intake staff review all information obtained from the DCFS CSW and/or DPO and discuss appropriate services. With this information, the Group Home is able to develop and implement treatment goals and services specific to each of the focus children's needs.

The Group Home provides individual therapy, family therapy, Day Treatment Intensive Treatment (five times a week), psychiatric services, psychotropic medication management, Therapeutic Behavior Services (TBS), substance abuse counseling and Independent Living Program (ILP) services. During the weekends, the Group Home incorporates extracurricular activities for the children that do not have family visits.

One of the focus children is participating in individual therapy sessions and family therapy twice a week, Day Treatment Intensive Treatment five times a week, receives psychiatric services and participate in psychotropic medication management services. The focus child indicated that the services that he is receiving are helping him prepare for family reunification and that they are meeting his needs. The focus child indicated that he is managing his behavior better, which will help him remain stable when he returns home.

The second focus child is participating in individual therapy sessions twice a week and group therapy five times a week. The focus child receives psychiatric services and participates in psychotropic medication management services. The focus child indicated that his services are appropriate and are meeting his needs.

The third focus child is participating in individual therapy sessions once a week, group therapy sessions five times a week and receives substance abuse treatment, psychiatric and psychotropic medication management services. The focus child indicated that the services he receives at the Group Home are helpful, appropriate and helping him address his mental health needs and substance abuse issues; therefore, he is more stable and will be able to reunify with his parents and live under their care.

Each of the focus children participate in ILP services that address self care, healthy living, safety, vocational training and money management.

The DCFS CSWs and DPO had no concerns about the services their focus children are receiving from the Group Home, as they believe all needed services were being provided. The DCFS CSW and DPO indicated that the focus children have lessened their problematic behaviors as a result of the services the Group Home is providing.

Assessment & Linkages (6 Optimal Assessments and Understanding)

Assessment & Linkages Overview: The Group Home comprehensively understands the focus children's functioning and support systems. The focus children's strengths and underlying needs are recognized and understood by the Group Home and all key parties. The services provided such as therapy, psychiatric services, TBS and day treatment intensive treatment are geared to assist the focus children toward making progress and improving their functioning, mental health and overall well-being.

According to the Group Home staff, focus children, DCFS CSW and DPO, the treatment goals, services, progress and any needed modification are addressed as a group during the monthly treatment meetings. The DCFS CSWs and DPO indicated that they would allow the Group Home to determine the mental health related goals and services due to the Group Home having the clinical team that is directly responsible for assessing and treating the children's mental health and psychiatric needs.

Teamwork (6 Optimal Teamwork)

Teamwork Overview: The Group Home effectively involves most of the important supporters and decision makers in the focus children's lives. The Group Home has monthly face-to-face treatment team meetings, which regularly include the DPO, DCFS CSW, Group Home house manager, the Group Home nurse, therapist, clinical supervisor, Department of Mental Health Liaison, TBS staff, focus children and their families.

Two of the focus children generally have their family members and their DCFS CSW or DPO participates in their monthly treatment team meetings. These two focus children indicated that they observed their team work well together and felt supported by their team. The DCFS CSWs and the DPO indicated that they value the monthly treatment meetings.

The third focus child's DCFS CSW and the Legal Guardian do not regularly attend the monthly treatment meetings. Whenever their attendance is not possible, the Group Home staff invites the Legal Guardian and DCFS CSW to participate telephonically. The Group Home staff and the therapist, maintain regular contact and provide updates to the DCFS CSW and Legal Guardian. This focus child indicated that he only perceived the Group Home house manager and the Group Home therapist as the people he can count on and approach with any concerns.

The DCFS CSWs and DPO reported receiving needed information, updates and Needs and Services Plans (NSPs) from the Group Home on a regular basis.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: The Group Home's intervention strategies, supports, and services provided to the focus children are generally responsive to changing conditions. The ongoing adjustments to interventions, goals and services are tracked by the Group Home, DCFS CSWs and DPOs. The Group Home staff track all adjustments and progress through their daily notes, clinical/psychiatric notes, monthly team treatment meetings, SIRs and NSPs. During the monthly treatment team meetings, the team participants discuss progress the focus child has made, visitation, mental health services, case planning and child's overall participation in services being provided by the group and when appropriate modifications are made to the treatment plan goals. The team as a whole agrees to modifications to interventions, services and treatment plan goals. Also, day-to-day modifications are made by the Group Home site managers, to address placed children's presenting behaviors, such as developing a safety plans to maintain the safety of all placed children. The DCFS CSWs and DPO stated that they are updated immediately with any changes related to their focus children and are included in the monthly treatment meetings where possible modifications are collaboratively considered and executed as needed.

The focus children indicated that they are involved in developing their NSP goals, which takes place at the monthly treatment meetings.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In November 2014, OHCMD provided the Group Home with technical support related to findings indicated in the 2014-2015 Contract Compliance Review, including reporting special incidents,

following Title 22 guidelines, appropriate monetary weekly allowance, clinicians documenting dates of service and progress, developing NSP specific, measurable, attainable, results-oriented and time limited goals, timely school enrollment, obtaining school records, ensuring follow-up medical and dental treatment occurs, personal rights and proper documenting of staff training.

In May 2015, the Quality Assurance Reviewer met with the Group Home to discuss the results of the Quality Assurance Review. The Group Home 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 Group Home with ongoing technical support, training, and consultation.