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January 5, 2016

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

From: Philip L. Browning
Director

JUNIOR BLIND OF AMERICA 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 Junior Blind of America Group Home (the Group Home) in November 2014. The Group Home has one licensed office located in the Second Supervisorial District in the County of Los Angeles. The Group Home provides services to County of Los Angeles DCFS placed children and regional center clients. According to the Group Home program statement, its stated mission is, "to enhance the lives of students with visual impairments/multiple disabilities and/or medically fragile by providing them with the means of achieving maximum independence."

The QAR looked at the status of the focus 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 Group Home scored at or above the minimum acceptable score in 6 of 9 focus areas: Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the focus area of Safety, Permanency and Teamwork.

The Group Home provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In April 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 to address methods for improvement in the area of Safety, 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
Barry Feinberg, Vice President of Children Services, Junior Blind of America
Corina Casco, Assistant Vice President of Children Services, Junior Blind of America
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

JUNIOR BLIND OF AMERICA 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 Junior Blind of America 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, three Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), three Group Home staff members, and the Group Home administrator. There were no group home social workers interviewed, as the Group Home was without a social worker during the review period.

At the time of the QAR, the focus children's average number of placements was six, their overall average length of placement was 11 months and their average age was 13. 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	4	**Fair Safety Status -** The focus children are usually avoiding behaviors that cause harm to self, others, or the community. The children have a minimally safe living arrangement with the present caregiver. Protective strategies used are at least minimally adequate in reducing risks of harm.
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	4	**Minimal to Fair Status** - The focus children have minimally acceptable to fair permanence. The children live in a family setting that the children, the Group Home staff, caregivers, caseworker, and team members expect will endure until the child reaches maturity.
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 sought for all significant family members/ Non-Related Extended Family Member (NREFM) through appropriate visits and other connecting strategies. All appropriate family/NREFM have regular visits.

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 strengths and needs.	5	5	**Good Engagement Efforts -** To a strong degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, and the focus children feel heard and respected. Reports indicate that good, consistent efforts are being used by the Group Home staff as necessary to find and engage the focus children, 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	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 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 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	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 recognized and well understood.
Teamwork - The degree to which the "right people" for the child and family, have formed a working team that meets, talks, and makes plans together.	5	4	**Minimally Adequate to Fair Teamwork -** The team contains some of the important supporters and decision makers in the focus children's lives, 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.

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)

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home provided substantial placement stability for the three focus children. In order to ensure good stability, the Group Home completes a thorough intake and talks to the placed children about the limits of the program. Two of the focus children reported liking their placement and expressed no concerns. The third focus child reported that he did not feel secure in placement due to being placed in prolonged restraints. Without intervention this focus child may have future disruptions related to his behavior and reported his dislike of the placement.

Two of the focus children stated that they feel comfortable going to some of the Group Home staff for help when they need something. The third focus child reported feeling comfortable speaking with the Group Home therapist regarding any concerns.

Two of the DCFS CSWs reported that the focus children on their caseload are stable in placement and that prior to placement the Group Home was provided with as much information related to the child's history of abuse/neglect and medical information about the children. The DCFS CSW for the third focus child indicated that the Group Home was addressing the child's escalating behaviors through therapy and recently began to provide the DCFS CSW with weekly behavior reports.

There have been no placement disruptions for the focus children in the last 30 days.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The Group Home is providing effective family connections for the focus children. The Group Home is committed to ensuring children receive visitation and allows visits to occur on the Group Home premises. The Group Home makes efforts to schedule visits at a time convenient for everyone. The visits usually occur on the weekends at the Group home site. When visits are not scheduled, the focus children are encouraged by the Group Home staff to call their family in order to maintain contact. The Group Home maintains communication with the DCFS CSWs regarding placed children's visitation plan and the DCFS CSWs, Group Home administrator and staff ensure that the plans are followed.

All of the focus children have visitation with their family at the Group Home. The first focus child has court ordered monitored visitation three times a week, however it is indicated in the Needs and Services Plan (NSP) that the family has difficulty getting to the Group Home due to the distance between the home and placement. The second focus child has monitored visits with her father. The visits have been inconsistent, but the focus child is able to stay in contact with some family members that are important to her via social media. Despite inconsistent visits with her father, the DCFS CSW indicated that the focus child is not interested in being linked with a mentor and has difficultly attaching due to her history of trauma. The third focus child has unmonitored visits with his mother, but has not been able to visit with his siblings due to his siblings being adopted. He stated that he is encouraged to maintain contact via telephone when visits are not possible.

All of the focus children have expressed being satisfied with their visits. The DCFS CSWs for each of the focus children indicated that they have no complaints about the visits, as the Group Home monitors the visits for two of the focus children and the other focus child's visits occur at the Group Home but are unmonitored.

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

Safety (4 Minimal to Fair Safety Status)

Safety Overview: The Group Home's safety status was fair as the focus children have a minimally safe living arrangement. Two of the focus children reported feeling safe in their current placement. However, the third focus child reported not feeling safe in placement and made allegations that some of the Group Home staff was physically inappropriate and twisted the child's arm in a restraint. As a result of the disclosure, a referral was generated through the Child Protection Hotline. This referral was investigated by a DCFS Emergency Response CSW and was deemed Inconclusive.

The Group Home submitted a total of 32 Special Incident Reports (SIRs) through the I-Track database during the past 30 days. The SIRs included ten medically related; four hospitalizations; one each for police involvement; sexual abuse; physical abuse; self-injury and injury. There were two SIRs for assaultive behavior, three for property damage and eight runaway incidents. One of the SIRs involved a focus child; the incident was medically related where the child refused to go to a scheduled medical appointment. Eight of the SIRs were incidents that occurred at the placed children's school and one SIR occurred at the home of the placed child's parent.

Two of the DCFS CSWs indicated that the Group Home generally provides a safe living environment for the focus children. The third DCFS CSW reported that the Group Home staff are verbally responsive, but do not act on keeping the placed children safe from other children.

The Group Home fell below the minimum acceptable score in the area of Safety due to the Group Home not following policies and protocols for reporting SIRs, as SIRs reported over the last 30 days were not crossed-reported to all required parties.

The Group Home had no substantiated investigations from the Out-of-Home Care Investigations Section over the last 30 days. The protective strategies utilized by the Group Home were minimally adequate in reducing risks of harm to the placed children.

Permanency (4 Minimal to Fair Status)

Permanency Overview: The Group Home provides minimally acceptable to fair permanence for the three focus children. One of the focus children has reached her goals and is ready to move to a lower level placement, however there seems to be a disconnect between the Group Home and the DCFS CSW's understanding of where the child needs to be placed.

The first focus child is receiving family reunification services and stated that the Group Home supports this goal in several ways. She stated that she is able to discuss the plan in therapy, and she has monitored visits and can call her family. The DCFS CSW for the focus child stated that he is working with the Group Home therapist to develop a plan to begin conjoint counseling with the child and mother to help support the plan for reunification.

The other two focus children were unsure as to their permanent plan and also reported not being involved in any discussion with the Group Home staff or DCFS CSW regarding their permanency plan. The DCFS CSW for the second focus child stated that although the focus child is stable in her placement and could move to a lower level of care, it is not recommended because the focus child has reactive attachment disorder and has difficulty attaching. The DCFS CSW stated that the focus child feels the safest that she has ever felt, therefore she has no immediate plan to move her. The DCFS CSW stated that there has been no discussion with the Group Home about a more permanent plan. The third focus child stated that he has not attended the last three court hearings because he was either not informed or transportation was not arranged. The DCFS CSW for the third focus child indicated that his permanent plan is Permanent Planned Living Arrangement (PPLA) and that the child wants to move to a lower level placement; however, his behavior may be preventing him from moving to a less restrictive environment. The DCFS CSW stated that the Group Home staff is made aware of the plan for the child through staffing meetings with the therapist and case manager to address any concerns/updates.

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 Group Home has developed and maintained a strong rapport among all team members. Ongoing communication exists with all appropriate parties including the DCFS CSWs and when appropriate, family members. Communication between the DCFS CSWs and the Group Home administrator and Group Home staff is ongoing. The first focus child reported that she can count on the Group Home staff if she needs something and her DCFS CSW stated that the Group Home staff has open communication and follows up on issues. The second focus child reported feeling respected and heard. The DCFS CSW for the second focus child indicated working closely with the group home staff, receiving weekly updates and attending quarterly meetings to discuss the child's progress. The third focus child reported not feeling comfortable talking with staff because there has been no rapport built between them due to the change in shifts. The DCFS CSW stated that the progress that the child makes is discussed with the Group Home therapist and case manager, however the DCFS CSW stated that there appears to be a gap in the medical staff's communication with the DCFS CSW. In addition, medical documentation is not provided in a timely manner when it is requested.

The Group Home is accommodating as to scheduling staff meetings and communicating with key adult supporters including the DCFS CSWs, Group Home staff, case managers and therapists to ensure uniformity, clarity and understanding of the focus children.

Service Needs (5 Good Supports & Services)

Service Needs Overview: The Group Home has a good array of supports and extracurricular activities to help the focus children make progress toward their planned outcomes. Once the child is placed, the Group Home ensures that the mental health team works on any mental health issues the children may be facing and develops a plan to address any concerns. Each of the focus children expressed being linked to all of the services that they need. The Group Home works to ensure the focus children's needs are met and identified services are being implemented and supported.

Each of the focus children participate in individual psychotherapy once a week to address case issues. The first focus child is linked to therapy, conjoint therapy and receives medical support from the nursing staff. The focus child reported that the Group Home is helping her address her medical condition and that she feels that her needs are being met. The DCFS CSW indicated that he provides the Group Home with goals that he would like to see the child work on and the Group Home always asks his opinion about what should be included in the NSPs; however the DCFS CSW was not sure if the focus child was included in planning the goals.

The second focus child reported that she is participating in individual therapy, but that she does not have any expectations from the services being provided, as she doesn't report having any current needs. The DCFS CSW stated that she is not included in the development of the treatment goals or planning and that many times the NSPs are sent to her late.

The third focus child reported that the Group Home only meets his medical needs and that he wants more freedom and to be able to participate in more activities. The DCFS CSW reported communicating with the therapist and case manager at the Group Home to develop the treatment goals for the focus child. The DCFS CSW stated that he talks with the focus child to find out what barriers are stopping him from reaching a goal and then the DCFS CSW works with the Group Home to see if additional resources are needed.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The Group Home generally understands the focus children's functioning and support systems. Necessary conditions for improved functioning and increased overall well-being are generally understood and used to develop changes. The Group Home staff utilizes daily point sheets to track the focus children's behavior and progress toward NSP, case plan and mental health goals. The Group Home determines what services are needed by talking with the child, the DCFS CSW, family and medical providers.

Two of the DCFS CSWs indicated that they, the Group Home therapist and Group Home case manager collaboratively work on the NSP, and that the Group Home staff provides frequent updates about the focus children. One of the DCFS CSWs interviewed indicated that the Group Home does not communicate effectively regarding how the child is progressing and that the medical staff does not address the medical concerns related to the focus child. The DCFS CSW for the second focus child indicated that the focus child requested a medical device a year ago and to date the device has not been given to the child.

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 focus children appeared well adjusted. The Group Home staff ensured the DCFS CSWs were regularly updated with any changes related to the focus children. The Group Home utilizes a points system, daily shift logs, and weekly staff meetings in order to track the services being provided to the focus children.

The Group Home child care workers indicated that they are informed by the Group Home therapist of the children's goals and the therapists are updated by the Group Home staff about how the children are progressing toward meeting their case plan goals. The Group Home child care workers indicated that the staff completes shift logs where they document both progress and lack of progress. The DCFS CSWs are provided with daily care and behavior logs completed by the Group Home staff. The status of the children is reviewed minimally every quarter but more often if needed. Progress or challenges are communicated between Group Home staff and if adjustments are needed, the therapist will modify the goals.

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

Teamwork (4 Minimally Adequate to Fair Teamwork)

Teamwork Overview: The Group Home involves some of the important supporters and decision makers in the focus children's lives. The team consists of the focus child, DCFS CSW, Group Home staff, case managers and therapists. The team has formed a minimally adequate to fair working system that has discussions and work collaboratively in case planning. There have been no face-to-face team meetings where the focus child and all of the key team members are present. The team also lacks family member inclusion and the DCFS CSW's face-to-face participation.

One DCFS CSW indicated that the medical staff is not effective at providing information to the DCFS CSW timely and that the teamwork between the staff and the DCFS CSW could be improved. Two of the DCFS CSWs interviewed indicated that they shared good communication and teamwork with the Group Home staff via telephone and emails between the Group Home therapist, case manager and nursing staff. Two of the focus children reported not being included in any meetings. One focus child reported involvement in a meeting and the DCFS CSW for this focus child stated that they attend quarterly meetings; however, there have been no face-to-face team meetings where the focus child and all of the key team members are present. There is a fairly coherent pattern of teamwork between the DCFS CSW, and the Group Home staff, however the focus children need to be involved in the process.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In January 2015, OHCMD provided the Group Home with technical support related to completing SIRs in a comprehensive and timely manner and ensuring that the SIRs are cross-reported appropriately.

In April 2015, the quality assurance team met with the Group Home to discuss the results of the Quality Assurance Review, and to provide the Group Home with technical support addressing methods on improving areas of Safety, Permanency and Teamwork. The Group Home submitted the attached Quality Improvement Plan (QIP). OHCMD Quality Assurance staff will continue to provide technical support, training, and consultation to assist the Group Home in implementing their QIP.

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September 22, 2015

Aiyana Rios, CSA I
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9230 Telstar Avenue, Suite 216
El Monte, CA 91731-2895

Re: Quality Assurance Review
License #191800260
Vendor # 0346

Dear Ms.Rios:

Please find enclosed Junior Blind's Quality Improvement Plan (QIP) for the Quality Assurance Review results dated 4/27/15 with requested revisions.

1. **Area of Review: Permanency**

The group home provided minimally acceptable to fair permanence. The children stated they did not know their permanent plan and were not involved in any discussion with the group home staff or DCFS CSW.

QAR Rating 4

Plan to Improve in the area of Permanency

The plan implemented to improve in the area of permanency and ensure that all parties are involved and aware of case plan/goals for each resident is to hold quarterly meetings with DCFS CSW, Therapist, Case Manager, Rehabilitation Specialist, parent and other parties involved in the case. During these meetings the following is discussed:

1. Case Plan/Permanency
2. Education- academic progress
3. Medical/Dental
4. Mental Health -treatment goals, interventions and response to treatment

5. ILP services {if applicable)
6. NSP goals

All parties are involved in the development and discussion of goals. If all are in agreement signatures are obtained and copies given to all parties. If there are change or amendments needed the therapist/case manager makes the necessary changes and sends via email the amended copy for signatures. Additionally, we hired a case manager to complete the NSP's, coordinate and facilitate the meetings with all involved parties.

The new protocol was developed in late June 2014 and full implementation as of May 2015; the meetings were to be scheduled on a quarterly basis to coincide with the residents initial or quarterly NSP's.

Subsequent to the above mentioned finding a review of all residents' files was completed April 28-30, 2015. This review consisted of determining the appropriate parties to invite to meetings and if quarterly meetings were being held as outlined in the protocol. After review it was found that most of the residents were having quarterly meetings to discuss goals, case plan, etc.. For those residents that we were experiencing difficulty scheduling meetings, we reinstated the submission of weekly updates to all residents CSW's effective 6/1/15 to aid in increasing communication and identification of any issues that may need to be addressed. Additionally, it was determined that there was a need for an additional case manager to decrease the caseload and increase oversight of resident's needs. The new case manager was hired and caseload divided effective 7/1/2015.

The Director of Children's Residential and case manager will continually audit files to ensure that meetings are being held and all appropriate parties are invited to participate. If a meeting is not able to be conducted with all parties those not able to participate and the reason is documented in the residents file and the case manager will review and discuss the case plan and all pertinent information with those parties not able to participate.

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2. **Area of Review: Safety**

The group home's safety status was fair. One resident reported not feeling safe in placement and made allegations that some staff are physically inappropriate, as a result of the disclosure a referral was generated. One of the residents reported not feeling comfortable talking to staff because there was no rapport built between them due to the change in shifts. One of the CSW's stated that group home staff is verbally responsive but do not act to keep children safe from the other children in placement.

QAR Rating 4

Plan of Improvement in the area of Safety

The plan for improvement in the area of safety is to conduct regular and consistent bi weekly meetings where the residents have the opportunity to express any issues/concerns, ask questions and make suggestions of ways to improve the program. Any issues that are brought up are immediately addressed by the Program Manager. If the residents do not feel that the issue was resolved they all are aware that they can speak with the Director of Children's Residential to find resolution. This process has been very instrumental in identifying training issues for staff and providing resolution to staff/residents and resident/resident issues.

The implementation of bi weekly meetings was started in July 2014; however, subsequent to the results of the Quality Assurance Review we identified the need to be more consistent with the meetings. After feedback from the residents and observation of increased responsiveness in smaller groups and with the therapist leading the meetings, the format of the meetings was changed effective 8/19/15. The meetings continue to be held on a biweekly basis but are conducted in smaller groups and by the therapists. The therapists then provide feedback to the Program Supervisor of the residents' issues, concerns, request, etc. These issues are addressed individually by the Program Manager or Director of Children's Residential with the resident(s) if needed or ideas provided by the residents are implemented to address the needs and improve the program from the residents' perspective.

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3. **Area of Review: Teamwork**

The group home involves some of the important supported and decision makers in the focus of the children's lives. The team consisting of DCFS CSW, GH staff, case managers and therapist have formed a minimally adequate to fair working system that have discussions and work collaboratively in case planning. The team lacks family member inclusion.

QAR Rating 4

Plan of Improvement for the are of Teamwork

The plan of improvement in the area of teamwork is to conduct quarterly meetings with DCFS CSW, Therapist, Case Manager, Rehabilitation Specialist, resident, birth family and other parties involved in case plan. This new protocol was developed to include all of the above mentioned parties in working more inclusively and collaboratively when developing and discussing the case plan. The new protocol began implementation to coincide with the initial and quarterly NSP's due after July 1, 2014. The protocol was fully implemented by 5/1/15. While the protocol began implementation after July 1, 2014, there was not adequate time to address all of the residents in the group home prior to the QA audit in November 2014.

During this meeting the following is discussed:

1. Case Plan/Permanency
2. Education- academic progress
3. Medical/Dental
4. Mental Health -treatment goals, interventions and response to treatment
5. ILP services {if applicable)
6. NSP goals

All parties are involved in the development and discussion of goals. If all are in agreement signatures are obtained and copies given to all parties. If there are changes or amendments needed the therapist/case manager makes the necessary changes and sends via email the amended copy for signatures.

Subsequent to results of the Quality Assurance Review a review of all residents' files was completed April 28-30, 2015. This review consisted of determining the appropriate parties to invite to meetings and if quarterly meetings were being held as outlined in the protocol. After review it was found that most of the residents were having quarterly meetings to discuss goals, case plan, etc.. For those residents that we were

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experiencing difficulty scheduling meetings, we reinstated the submission of weekly updates to all residents CSW's effective 6/1/15 to aid in increasing communication and identification of any issues that may need to be addressed. Additionally, it was determined that there was a need for an additional case manager to decrease the caseload and increase oversight of resident's needs. The new case manager was hired and caseload divided effective 7/1/2015.

The Director of Children's Residential and case manager will continually audit files to ensure that meetings are being held and all appropriate parties are invited to participate. If a meeting is not able to be conducted with all parties those not able to participate and the reason is documented in the residents file and the case manager will review and discuss the case plan and all pertinent information with those parties not able to participate.

If you have any questions regarding the QIP, please feel free to contact me at 323/295-4555 ext. 275 or by email at ldozier@juniorblind.org.

Respectfully,

, LMFT

Lisa Dozier, LMFT
Director of Children's Residential