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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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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

MARYVALE 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 Maryvale Group Home (the Group Home) in September 2014. The Group Home has one site located in the First Supervisorial District and provides services to County of Los Angeles DCFS placed children and Probation Department youth. According to the Group Home's program statement, its purpose is "to create a healthy, therapeutic milieu in which each individual child is able to grow physically, emotionally, educationally and spiritually." Maryvale is licensed to serve a capacity of 60 children, ages 6 through 17.

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 Group Home scored at or above the minimum acceptable score in 7 of 9 focus areas: Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the focus areas of Safety and Teamwork.

The Group Home provided the attached approved Quality Improvement Plan addressing the recommendation 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 areas of Safety 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
Steven Gunther, Executive Director, Maryvale Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

MARYVALE 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 Maryvale Group Home (the Group Home) in September 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), one Group Home intake coordinator, one Group Home counselor, two Group Home social workers, and the Group Home administrator.

At the time of the QAR, the placed children's average number of placements was five, their overall average length of placement was three months and their average age was 16. The focus children were randomly selected.

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	Group Home QAR Score	Group Home 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	5	**Good Safety Status** - The focus children are generally and substantially avoiding behaviors that cause harm to self, others, or the community and is generally free from abuse, neglect, exploitation, and/or intimidation in placement.
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, the Group Home staff, caregivers, caseworker, and team members have confidence will endure lifelong.
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. The focus children have established positive relationships with primary caregivers, key adult supporters and peers in those settings.
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 Member through appropriate visits and other connecting strategies.

Focus Area	Minimum Acceptable Score	Group Home QAR Score	Group Home 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	5	**Good Engagement Efforts** - To a strong degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, certified foster parent and the focus children feel heard and respected.
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.
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 child'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	Group Home QAR Score	Group Home 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 the focus children's status and service results to the team are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the focus children.

STATUS INDICATORS
(Measured over last 30 days)

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

Permanency (5 Good Status)

Permanency Overview: The Group Home provided substantial permanence for the three focus children. The Group Home works with the DCFS CSWs, the focus children, and their families to assist in the development of the permanent plan and to ensure that progress is made toward achieving permanency for the focus children. The Group Home case managers, therapists, and social workers maintain consistent contact with the DCFS CSWs and discuss permanency goals for the focus children. The Group Home documents permanency plan goals for the focus children's Needs and Services Plans (NSPs) to ensure that the Group Home staff and the treatment team are aware of each focus child's permanency goals. Meetings are held between the Group Home cottage staff and therapists in order to discuss the permanency goals for the focus children. The permanency goals are also discussed with the focus children to ensure that they are aware of their permanency goals. The Group Home staff also provides support and encourage the focus children to work on their treatment goals to ensure timely permanency. The Group Home understood and fully supported the three focus children's permanency goals and worked hard to establish and support lifelong connections for the focus children.

The first and second focus children have reunification services in place, with a concurrent plan of Permanent Planned Living Arrangement (PPLA). Both of the focus children reported they do not wish to be adopted or under legal guardianship. If family reunification is unsuccessful, the alternate plan of PPLA will be initiated for the two focus children. The Group Home assists the focus children's parents in attending the parent support group that is held at the Group Home. The Group Home also provides a flexible visitation schedule for the parents to maintain consistent contact with the focus children.

The third focus child's permanent plan is adoption. The focus child reported that she was very open about her desires to be adopted and she expressed her interest to her DCFS CSW. The DCFS CSW referred her to the Kid Save Program. Through this program, a prospective adoptive family was located and the focus child was subsequently replaced with the family through the FFA Intensive Treatment Foster Care program. The focus child was also referred to the Permanency Partner's Program (P3) for exploration of other family members and non-related extended family members with whom she could develop a relationship.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home provided substantial placement stability for the focus children. The intake coordinator communicates with the DCFS CSW and assesses each focus child's past placement and child's history prior to placement. The Group Home utilizes the intake assessment, welcome meetings, orientation, and facility tours to ensure the best possible fit is achieved and the focus children are placed in the most suitable cottage. To ensure placement stability, the Group Home educational liaison enrolls the focus children in school and works with the school staff closely to monitor the focus children's status when there has been a change to new school settings. The Group Home always maintains sufficient staff and training is provided to the staff to assist them with understanding the needs of the focus children. The Group Home staff is encouraged to listen to and interact with the focus children. The Group Home staff assists the focus children with expressing themselves and talking about their needs or concerns. The DCFS CSWs reported that they always discuss the focus children's strengths, needs and concerns with the Group Home staff during their face-to-face visit with the focus children, on the telephone, or through email. The focus children reported positive relationships with the Group Home staff and have not had any placement disruptions during the last 30 days.

The first focus child reported that she feels comfortable in the Group Home and she is pleased that she can maintain contact with her sister who is also placed at the Group Home. She has positive relationships with the Group Home staff.

The second focus child stated that she has no problems residing in the Group Home because the Group Home is meeting her needs by providing food, shelter, clothing, counseling, and medical care.

The third focus child reported that the Group Home was her third group home placement. She continues to struggle with her grades due to the placement disruptions. She does not like living in the Group Home and has asked her DCFS CSW to replace her because she thinks the Group Home has too many children. The Group Home continued to work with her DCFS CSW to monitor the focus child's progress and address the focus child wanting to be replaced.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The Group Home provided generally effective family connections. Visits take place in the Group Home's living room, on the front porch, and in other places where all parties feel comfortable. The Group Home is flexible in accommodating visitation and ensures the focus children are prepared and punctual for visits. The Group Home showed efforts in arranging visitations with all parties listed in the case plan. The Group Home follows the court ordered visitation plans and engages the DCFS CSWs in discussions on the focus children's visitation plans on a regular basis. If the focus children's parents or family members cannot obtain transportation, the Group Home has

also provided transportation for the focus children's parents, family members, and siblings to enable them to visit the focus children. When visitation does not occur, the Group Home and the treatment team, consisting of the DCFS CSW, Group Home therapist, cottage staff, and cottage supervisor, encourage and support the focus children with alternative methods of communication, such as telephone calls and texting, in order for the focus children to maintain connections with their parents and family members.

The first focus child has monitored visits with her mother and her older brother every weekend. The focus child stated that the Group Home has also provided transportation for her mother and older brother, enabling them to visit. The focus child stated that the weekly on-ground visits with her mother and older brother have improved their relationship and she continues to build a stronger connection with them.

The second focus child is scheduled to have three-hour monitored visits with her mother. The focus child reported that visits with her mother have been sporadic, due to her mother's recent medical condition, but she has maintained regular phone calls with her mother.

The third focus child maintains telephonic contact with her mother and other family members. The focus child was referred to both, the Kid Save and P3 programs to locate an adoptive family or find family members and non-related extended family members with whom she could establish and maintain lifelong connections.

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

Safety (5 Good Safety Status)

Safety Overview: The Group Home's safety status was good. The Group Home provides a safe living environment for each of the focus children. The Group Home provides adequate trainings to staff, such as Pro-Act, Crisis Intervention and Title 22 regulations. The Group Home makes sure that staff follows through with the Group Home's safety protocol and policies to ensure placed children are safe. In order to maintain a safe living environment, the Group Home staff are required to document the focus children's activities every 15 minutes. The cottage supervisor and lead social worker also provide support and supervision to staff and children, particularly during a crisis or an emergent situation. The Group Home staff reported that they are always interacting with the focus children and provide proper supervision and support. They are also familiar with each focus child's placement history and their behaviors.

Although, the protective strategies used by the Group Home are generally operative and dependable in reducing risks of harm, the Group Home fell below the minimum acceptable standards in the area of Safety, as the Group Home submitted a total of 73 SIRs during the past 30 days. The SIRs included 15 SIRs that were related to child safety. Three involved assaultive behavior (peer), four involved assaultive behavior (caregiver), four involved self-injurious behavior by placed children, three involved property damages, and one incident reported suicidal attempts. Among the 73 SIRs submitted, two SIRs were not submitted timely.

For incidents of assaultive behavior related to peers, the Group Home cottage staff work with the therapist and the children involved in the incident to develop a safety plan. The incidents are also documented in the staff communication log to ensure that Group Home staff who are working the next

shift are made aware of the situation and able to provide close supervision. The Group Home therapists follow-up with the children by providing counseling to address the behavior.

Although the focus children present challenging behaviors, none of the focus children have been involved in any of the SIRs. Each of the focus children stated that the Group Home is a safe place to live and the Group Home staff supervise and support them. All three DCFS CSWs reported that there were no safety concerns regarding the Group Home. In the last 30 days, there have been no substantiated referrals by Out-of-Home Care Investigations Section for the Group Home.

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 built a strong rapport with key parties. The Group Home ensures family engagement efforts are being made on a regular basis on behalf of the focus children. The Group Home staff maintains regular contact with the DCFS CSWs and the family members of the focus children through face-to-face contact, by telephone and email. According to the Group Home program director, the focus children are able to contact their DCFS CSWs and Group Home staff members as they desire. In addition, the Group Home encourages parents to attend parents' support group meetings at the Group Home.

The focus children reported that they have regular contact with their DCFS CSWs, family members, and others who are involved in their lives. The focus children stated that they have good and positive communication with their therapists. They feel comfortable informing the Group Home staff of their needs and the Group Home staff work their best to meet their needs. The first and second focus children reported that their concerns were addressed and they felt respected. The second focus child stated that she has a good relationship with one of her cottage staff and that she can go to any Group Home staff anytime, if she needs something.

All of the DCFS CSWs reported that they have good communication with the Group Home and stated that the Group Home is responsive.

Service Needs (5 Good Supports & Services)

Service Needs Overview: The Group Home has a substantial array of supports and services that match intervention strategies identified in the case plans for each of the focus children. The Group Home appears to be providing support and mental health services to assist the focus children in making progress towards their planned outcomes. The Group Home provides on-grounds tutoring, extracurricular activities and outdoor activities. The focus children stated that their current placement is meeting all of their needs, especially mental health services. The focus children reported that they were satisfied with their services such as medical, individual therapy, group therapy, psychiatric evaluation, social skills building and academic instruction including monitoring the completion of homework. The DCFS CSWs reported that they are included in the development and implementation of the focus children's treatment goals.

The first focus child participates in individual and group therapy. She also participates in the Group Homes' Life Program. Through this program she is working on her independent life skills, such as learning how to do laundry and keeping her room clean. Through the Life Program, the Group Home staff also provided one-on-one help to assist the focus child with maintaining good hygiene. The focus child's mother and sister have been involved in her treatment through the Group Home's parents support group and also through conjoint therapy. The focus child participates in sibling therapy with her sibling who also resides in the Group Home. The focus child's therapist is currently working on re-establishing regional center services in order for the focus child to receive the proper care that she needs.

The second focus child is receiving weekly individual therapy and attends group therapy facilitated by the Group Home's mental health staff. In addition, the Group Home mental health staff also monitors her use of psychotropic medication. The focus child participated in swimming and art classes at the Group Home. The Group Home referred the focus child to the Life Program, which focuses on teaching independent living skills, job search techniques including how to prepare for a job interview and how to complete a job application.

The third focus child displayed suicidal ideations and is receiving individual and group therapy through the Group Home. The focus child stated that the therapeutic services provided by the Group Home are addressing her mental health needs. The focus child participated in "Kids in the Spotlight", a short term program that educated children on all aspects of creating a film. The focus child also participated in painting a large mural at the Group Home. The focus child also participated in Independent Living Program (ILP) on-ground classes. The ILP classes were geared toward helping the focus child gain banking, cooking and job skills. The focus child expressed appreciation for the resources provided by the Group Home.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The Group Home generally understood the focus children's functioning and support systems. The Group Home utilizes a grievance filing process to assist in determining whether the focus children are satisfied with the services they are receiving while at the Group Home. If the focus children were not satisfied with the services or had any complaints, they were able to submit a grievance form to the Group Home program director. The Group Home staff and Group Home therapists review the focus children's NSP on a regular basis to determine if the focus children are making progress towards their NSP goals. The NSP is also utilized to determine if there is any reduction in special incidents for the focus children. The Group Home cottage supervisor, therapists, focus children, and the Group Home social workers meet weekly to discuss the focus children's treatment goals and to ensure that all services provided are appropriate to meet the needs of the focus children.

When the first focus child's mother was unable to visit regularly, due to lack of transportation, the Group Home assessed the situation and modified the visitation plan in order to increase visitation and assist with reunification efforts. The Group Home began transporting the focus child's mother to the Group Home for visits and provided a more flexible on-ground visitation schedule.

The Group Home staff monitors the children's visitation logs and discovered that the second focus child's visitation with her mother was inconsistent. The Group Home staff reported this to the DCFS CSW and encouraged the focus child to maintain consistent telephone contact with her mother.

Subsequently, the focus child's mother has become more consistent with her visits. The Group Home staff also has regular contact with the focus children's DCFS CSWs and therapists to determine if the focus children are making progress towards their goals and are ready to be placed in a lower level of care.

The third focus child reported that the Group Home staff met with her on a regular basis to assess her progress and to evaluate her mental health needs.

The DCFS CSWs reported that they maintain consistent communication with the Group Home therapists and social workers in regards to the focus children's strengths and needs, and to ensure that appropriate services are provided to the focus children and they are making progress toward achieving their NSP goals.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: The Group Home generally understands the focus children's functioning and support systems. Regular monitoring and tracking of the focus children's status is communicated between the Group Home staff, DCFS CSWs and the focus children. The Group Home cottage staff and supervisors review the focus children's status on a daily basis. The focus children's behaviors, mental health, and emotional status are documented in the Group Home communication log by the Group Home cottage staff. This log tracks the focus children's behaviors and well-being in the Group Home and is also used to share the focus children's information with other Group Home staff. The Group Home utilizes various tools such as daily progress notes of the focus children for monitoring the focus children's behaviors and well-being in the Group Home, at school and in the community. The Group Home therapist meets with the focus children weekly to ensure the focus children review their goals and monitors what is working and what is not working and makes adjustments accordingly. For example, the Group Home therapist and Group Home staff found that the third focus child was having difficulty adjusting to being placed at the Group Home. They worked together and arranged for the focus child to work at the library to assist her with a sense of belonging. The Group Home cottage staff and supervisors meet weekly to discuss how the focus children are progressing towards meeting their NSP goals.

The focus children reported that the Group Home staff is always there to talk with them when they ask for assistance. The third focus child reported that things are going well and she enjoyed participating in painting a large mural at the Group Home. She appreciated that the Group Home therapist and staff listen to her and provided her an opportunity to express her artistic talent through working on the mural.

The DCFS CSWs reported that they received the focus children's NSPs, SIRs, school report cards, medical and dental information from the Group Home staff on a regular basis. If the focus children's treatment goals appear to be insufficient, or if there is no progress, the DCFS CSW, Group Home therapist and Group Home staff work together to review and modify the treatment 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 in each of the focus children's lives. The focus children are aware of their team members who they identify as their family members, the Group Home staff, Group Home therapist, and their DCFS CSWs. Although it appears that there are occasional team meetings occurring, the majority of teaming occurs between some of the members of the team; not the entire team. All three of the focus children identified their cottage staff or DCFS CSWs as people they could talk with if needed. There is ongoing communication amongst various members of the team such as the Group Home staff and the DCFS CSWs; however, the communication is between individual members and does not include the entire team. The Group Home does not facilitate actual face-to-face team meetings where the focus children and all key parties are present.

The first and second focus children reported that occasionally, the Group Home cottage supervisor would call a team meeting, but the meeting would actually be a weekly unit meeting or regular monthly cottage meeting with Group Home staff and placed children; members of the focus children's team were not present. The DCFS CSWs stated that there have been no face-to-face team meetings where the focus children and all key parties are present.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In September 2014, the OHCMD provided the Group Home with technical support related to findings indicated in the 2013-2014 Contract Compliance Review. Areas related to Licensure/Contract Requirements were discussed including developing and maintaining vehicle logs with documentation for vehicle safety inspection; training in SIR guidelines; clothing allowance logs; and how to develop and maintain thorough Sign-In/Out logs; Community Care Licensing citations and Title 22 rules and regulations.

In November 2014, as requested by the Group Home, the quality assurance reviewer provided the Group Home with SIR training related to submitting SIRs timely and developing comprehensive case plan goals for the NSP.

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

Kong Ng, MSW
Children Services Administrator I
Department of Children and Family Services
Contract Services Bureau
Out-of-Home Care Management Division
9320 Telstar Avenue, Room 216, El Monte, CA 91731

May 18, 2015

Dear Mr. Ng,

Per your request, the following Quality Improvement Plan was implemented in response to the late submission of two **Special Incident Reports** during the month of September 2014 and for noted deficiency in the areas of **Teamwork** during the same review period.

Special Incident Reports:

A. Maryvale Group Supervisors were trained and held responsible for review and approval of all of their respective group Special Incident Reports including submission time deadlines per Community Care Licensing and Department of Children and Family Services contractual guidelines. Additional staff were also trained. All trainings covered how to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission. Examples and samples of preferred Special Incident Reports were provided. Trainings noted below were generally .5-1.75 hours in length (length of trainings were dependent on how many attended or pre-existing knowledge base of participants) with the exception of the training on 10.23.14 which was 4 hours in length as it was considered an initial new hire training. Trainings occurred as follows:
   1. 10.2.14- "Supervisor Special Incident Reporting Updates 2014"- Supervisor Level Training aka "Train the Trainer" (1.75 hours) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
   2. 10.8.14 – "Special Incident Reporting Updates 2014" -Group Training (1 hour) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*

3. 10.15.14- "SIR Training 2014 Updates"- Group Training (1 hour) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
4. 10.16.14- "Special Incident Reporting Updates 2014"- Group Training (1 hour) Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
5. 10.19.14- "Special Incident Reporting Updates 2014"- Group Training (1.5 hours) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
6. 10.23.14-"(Complete) Special Incident Reporting 2014" (4 hours) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
7. 10.25.14- "Special Incident Reporting Updates 2014"- Group Training (.5 hours) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
8. 10.26.14- "Special Incident Reporting Updates 2014"- Group Training (.5 hours) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
9. 10.30.14-"Special Incident Reporting Updates 2014"- Group Training (.5 hours) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*
10. 11.16.14- "Special Incident Reporting Updates 2014"- Group Training (.5 hours) -Topics covered: *How to write a comprehensive and concise Special Incident Report, how to verify accuracy of information, deadlines for timely submission and internal protocol for completion and submission.*

B. As of October 2014, Special Incident Reports are reviewed by the Administrative Improvement Committee to ensure accuracy and timeliness. Said committee consists of Director of Milieu Services, Ancillary Services and/or Residential Manager and at least one program support staff. Group Supervisors submit their Special Incident Reports to the Ancillary Services and/or Residential Manager who then review content for comprehensiveness and follow up. The Director of Milieu Services provides additional review. Program Support staff then submits all Special Incident Reports to the I-Track system by 5pm Monday through Friday.

Teamwork: (Maryvale received a score of 4 (out of 6 possible points) in the area of Teamwork. Teamwork is the degree to which: *The "right people" for this child and family have formed a working Team that meets, talks, and plans together. The Team has the skills, family knowledge, and abilities necessary to define the strengths and needs of this child and family and to organize effective services for this child and family, given the level of complexity of circumstances and cultural background of the child*

and family. Members of the child and family's team collectively function as a unified team in planning services and evaluating results. The decisions and actions of the team reflect a coherent pattern of effective teamwork and collaborative problem solving that builds upon child and family strengths and needs to benefit the child and family).

A. The Residential Treatment Program will utilize a Multidisciplinary mental health treatment teams to provide integrated treatment in which team members work collaboratively, sharing responsibility for the children and families served. The range of treatment and services will be comprehensive and flexible, with home visits and intensive care coordination provided as needed. Treatment plans result from a collaborative effort between team members and clients. Team members will include the child, treatment personnel, family members, informal support systems, and County Social Workers. All relevant Team members will be contacted by the assigned Maryvale Social Worker within the first week of placement and invited to attend the first Child and Family Team Meeting that occurs within 30 days of placement. This Multidisciplinary approach will be implemented by 6/1/2015.

B. Treatment planning in the Residential Treatment Program will be a continuous process that involves the parties –treating team, child, caregivers, social worker, and informal support systems –in a collaborative exchange of ideas about the best ways to provide treatment for the individual child and family. Treatment planning will provide a framework within which to:
    1. Engage the patient and caregivers
    2. Conduct a constructive dialogue between the treating team, the child, caregivers and other relevant service providers
    3. Enable the child to reflect upon their own treatment
    4. Identify priority needs and potential risk factors
    5. Discuss preferred treatment strategies and objectives, and to consider alternatives
    6. Discuss the benefits and risks of preferred treatments, alternative treatments and no treatment.
    7. This treatment planning approach will be implemented by 6/1/2015.

Please do not hesitate to contact me directly at 626-537-3337 or at gpeck-sobolewski@maryvale.org should you have any questions.

Sincerely,

Gina Peck-Sobolewski, MA, LMFT
Senior Director of Residential Treatment Services
Maryvale