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January 5, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

MCKINLEY 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 McKinley Children's Center Group Home (the Group Home) in June 2014. The Group Home has one site located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS placed children and youth, as well as children placed through San Bernardino and Riverside Counties. According to the Group Home's program statement, its purpose is "to provide services to children who exhibit behavioral, social and emotional difficulties."

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 6 of 9 focus areas: Permanency, Placement Stability, Visitation, Engagement, Assessment & Linkages and Service Needs. OHCMD noted opportunities for improved performance in the focus areas of Safety, Teamwork and Tracking & Adjustment.

The Group Home provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In October 2014, 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, Teamwork and Tracking & Adjustment.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530.

PLB:EM:KR:tm

Attachments

c: Sachi A.Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Anil Vadaparty, Chief Executive Officer, McKinley Children's Center GH
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Leonora Scott, Regional Manager, Community Care Licensing Division

MCKINLEY CHILDREN'S CENTER GROUP HOME
QUALITY ASSURANCE REVIEW (QAR)
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of McKinley Children's Center Group Home (the Group Home) in June 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 children'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), four Group Home staff members, one Group Home social worker, and two Group Home administrators.

At the time of the QAR, the focus children's average number of placements was two, their overall average length of placement was 15 months and their average age was 16. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2013-2014 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.

Focus Area	Minimum Acceptable Score	Agency Score	QA Rating Score
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 children are usually avoiding behaviors that cause harm to self, others, or the community but rarely may present a behavior that has low or mild risk 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	5	**Good Status** - The children have substantial permanence. The children live in a family setting that the 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	6	**Optimal Stability** - The children have optimal stability in placement settings and enjoy positive and enduring relationships with primary caregivers, key adult supporters, and peers. There is little likelihood of future disruption.
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 (NREFM) through appropriate visits and other connecting strategies.

Focus Area	Minimum Acceptable Score	Agency Score	QA Rating Score
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 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 Needs** - A good and substantial array of supports and services substantially matches intervention strategies identified in the case plan. The services are generally helping the 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 children's functioning and support systems are generally understood. Information necessary to understand the 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 children's life, including informal supports. The team has formed a minimally adequate to fair working system that meets, talks, and/or plans together; at least one face-to-face team meeting has been held to develop plans.

Focus Area	Minimum Acceptable Score	Agency Score	QA Rating Score
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	4	**Minimally Adequate to Fair Tracking and Adjustment Process** - Intervention strategies, supports, and services being provided to the children are minimally responsive to changing conditions.

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 shows support of the identified reunification or permanency plan established by the DCFS and worked with all three DCFS CSWs in ensuring that the children's identified goal is being followed.

For the first and the second focus child, the permanent plan in place centered on residing with relative caregivers who were thought to be capable of providing a lifelong commitment to the children. The first focus child's plan is to transition to relative care, once the relatives are cleared for placement. The second focus child's case plan goal is to reunify with his grandmother when his behavior has improved, he is enrolled in counseling to address his disruptive behaviors. For the third focus child, the case plan goal is to become self-sufficient and move into transitional housing; however, definitive plans have not been arranged. Continued collaborative efforts are needed for the focus child, his DCFS CSW and the Group Home in order for him to achieve self-sufficiency.

Placement Stability (6 Optimal Stability)

Placement Stability Overview: The Group Home has provided optimal stability in the placement setting for each of the focus children. Each of the children enjoy positive relationships with the primary caregivers and key adult supporters. Although the first focus child has only been in the Group Home for a month; he remains stable at this time. The focus child feels that he can talk with his clinician and cottage supervisor about any concerns.

The second focus child has resided in the Group Home for three and a half months. He believes that the Group Home is very considerate of his culture as he is able to listen to the music of his choice, which makes him very happy.

The third focus child has remained in this Group Home for approximately three and a half years. He has developed a good relationship with the Group Home staff and feels he is heard. The Group Home has maintained its commitment to him even when he regularly went AWOL or displayed aggressive behaviors. The Group Home has been able to manage known risks to achieve stability and reduce the probability of future disruption for the focus child.

Visitation (5 Substantially Acceptable)

Visitation Overview: The Group Home has substantially established effective visitation and maintenance of family connections. At the time of placement, the Group Home engages the DCFS CSWs in discussions of court ordered visitation. The Group Home seeks to arrange visitation with all parties listed in the case plan and court order. Transportation is provided by the Group Home as needed to ensure visits occur. On a monthly basis, the Group Home discusses visitation plans with each child's DCFS CSW. When visitation is not a viable option due to outside circumstances, the Group Home, and the treatment teams encourage and support alternative methods of communication in order to maintain those important connections such as, telephone calls, texting, and social media.

The Group Home has sought to establish, maintain, and support important family connections for each of the focus children. The first focus child's father did not want to have any contact or visitation, as a result, the Group Home staff and treatment team worked to connect the focus child with two other relatives for the purpose of visitation and establishing possible placement options.

The second focus child enjoys spending overnight weekend visits with his grandmother. He indicated that the visits have improved their relationship and built a strong connection for them. The focus child is thankful that the Group Home shows flexibility in providing transportation services to meet their schedules. The court has ordered monitored visits for the focus child and his mother with a DCFS approved monitor, however, at the time of the QAR there had been no visits, as his mother has not obtained an approved monitor.

Despite the third focus child stating that he did not want visits from his family, the family attended his high school graduation and he speaks with his relatives at random times of the year. The focus child is able to have unmonitored visits with his mother and brother; however he chooses not to visit them. The Group Home and treatment teams have continued to encourage this youth to accept visits and communication with his family.

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

Safety (4 Fair Safety Status)

Safety Overview: The Group Home provided minimally adequate to fair safety status. During the QAR, two of the focus children reported that the Group Home is a safe place to live. However, protective strategies put in place for the third focus child were minimally adequate, as the child reported that he does not feel safe in the Group Home.

Both the first and second focus child reported that the Group Home is a safe place to live and that they feel well cared for by staff. The third focus child reported that he does not feel safe in the Group Home because he gets into fights with other boys in his cottage. He reported that he does not like

living in the Group Home and stated that he was asked to leave the last Group Home due to his fighting with other boys.

There were 25 Special Incident Reports (SIRs) submitted via the I-Track database by the Group Home during the 30 day period prior to the beginning of the QAR. Three of the SIRs were on two of the focus children (assaultive behavior against a peer and two incidents reporting youth smoking on campus). It should be noted that staff did speak with the youth about alternatives to aggressive behavior towards peers. During this same period, Community Care Licensing (CCL) substantiated a violation of Personal Rights when a child was grabbed by the neck and threatened by a Group Home staff member. Also, during the annual contract compliance review, two of seven children reported not feeling safe while placed at the Group Home; they reported "too much drama between the boys here".

As a result of serious concerns related to children reporting that they do not feel safe at the Group Home, and an increasing rise in serious incidents, OHCMD subsequently recommended a "Hold" status be placed on August 22, 2014. The "Hold" status progressed to a "Do Not Use" (DNU) status on October 24, 2014, when the Group Home failed to take immediate actions to address the concerns and did not submit a Corrective Action Plan (CAP) that could be approved by DCFS. All children were transitioned from the Group Home on November 24, 2014. OHCMD continued to work with the Group Home and was able to approve the CAP on December 17, 2014. The DNU status was lifted and the Group Home resumed accepting referrals for placements.

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 made reasonable engagement efforts. There is a genuine, trusting relationship being developed and built among the Group Home staff, DCFS CSWs, and all three of the focus children. All of the focus children reported they are able to confide in key Group Home staff members as needed to discuss their issues of concern. Each of the focus children reported that they felt heard and respected.

Service Needs (5 Good Supports & Services)

Service Needs Overview: The Group Home provides the focus children with a substantial array of supports and services that match intervention strategies identified in their case plans and help each of the focus children make progress toward their planned outcomes.

The first focus child is receiving therapeutic services by Group Home mental health staff. The Group Home is working with the focus child to assist him in learning how to control his temper and improve his interactions with peers and others. In addition, the Group Home mental health staff also monitors his use of psychotropic medication. The Group Home ensured that he was enrolled in the local high school promptly at the time of placement and that services were provided according to his Individualized Educational Plan. The Group Home ensured the second focus child is provided with weekly individual therapy, substance abuse rehabilitation groups, and an off-grounds drug diversion

program to address his marijuana use. The third focus child is receiving emancipation planning and support from his Group Home treatment team. His DCFS CSW reported that the Group Home made accommodations and worked with DCFS to assist the focus child in graduating from high school, securing part-time employment in the Group Home cafeteria, and working toward reaching his emancipation goals. The Group Home is also able to obtain mentors and services from the local faith-based programs in the community, as needed.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The Group Home provides good assessment as it relates to understanding each of the focus children's strengths and underlying needs. Through this understanding, the Group Home was able to link each of the focus children with appropriate supports in an effort to create positive change where needed. The Group Home staff has incorporated the mental health reports into the case plan for the first focus child. When a potential placement fell through for the focus child, the Group Home understood his needs and worked with DCFS to secure two other viable options for him. The second focus child receives a variety of services through a clinician, public health nurse, a youth advocate, Independent Living Services, the Department of Public Social Services, and mental health personnel to meet his needs. The Group Home understands the third focus child's need for independence from the system and has put in place supports to assist him.

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

Teamwork (4 Minimally Adequate to Fair Teamwork)

Teamwork Overview: The Group Home has a fair working system of teamwork. For two of the focus children, members of the team all believed different people were part of the team, as a formal team has not been developed. In one case, although two formal Child and Family Team meetings were initiated and scheduled by a DCFS facilitator; the meetings were cancelled due to a schedule conflict and the Group Home representative not showing up.

However, in the first focus child's case, the Group Home made an effort to form teams with key people. The team members, including the focus child have met twice to discuss possible relative placements. The Group Home staff and the DCFS CSW are working together to secure a relative placement. The cottage manager is encouraging the focus child to participate in the monthly cottage meetings to discuss his concerns, goals, and plans with Group Home staff.

Tracking & Adjustment (4 Minimally Adequate to Fair Tracking and Adjustment Process)

Tracking & Adjustment Overview: Although the Group Home made somewhat successful adaptations to monitoring, and tracking services for two of the three focus children, information regarding efforts is minimally communicated with the key members of the team.

The second focus child did not know if any strategies had been changed or addressed regarding his progress and his DCFS CSW was unaware of how strategies, supports and services were being tracked. The third focus child is having difficulty putting his plans into action; therefore, has not fully completed the necessary steps to solidify his future. The Group Home is aware of his difficulties, but

they seem unable to get the youth directed or motivated and the intervention strategies, supports, and services being provided to him have had minimal impact.

However, in the first focus child's case, frequent monitoring, tracking, and communication of the youth's status and services are occurring. The Group Home staff worked closely with the DCFS CSW and the child to secure possible relative placements and track the progress of the placement. When the first placement fell through, the Group Home secured two other possible placements. The Group Home is aware of the ongoing and changing needs of the child's case and they are able to modify the needed services accordingly.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

On June 25, 2014, the quality assurance reviewer discussed with the Group Home intake coordinator/former cottage supervisor and the clinician, the importance of consistent collaboration. The Group Home admits to not having formally identified a "team" for two of the focus children; the Group Home now understands that a formal meeting should be taking place so that all parties are aware of identified team members to ensure optimal teamwork. Also discussed was the importance of collaborating with all parties on a regular basis to ensure consistent tracking and adjustment for each child. The Group Home is now aware of the difficulty that one of the focus children was having in executing his emancipation plans, due to his fear of being on his own. The Group Home reported that they will be more supportive and involved with placed children to ensure that proper tracking and adjustment are in place.

On July 2, 2014, OHCMD provided technical support to the Group Home addressing findings from the 2013-2014 contract compliance review and SIR training was provided to Group Home staff on September 30, 2014.

On October 23, 2014, the quality assurance team 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, Teamwork and Tracking & Adjustment.

The quality assurance reviewer also discussed with the director of residential treatment the things that could be done differently to decrease CCL citations and special incidents from occurring. The director of residential treatment reported that they can and will increase training for all personnel to specifically address Personal Rights Violations. The Group Home director of residential treatment also stated that they will make a better effort and pay closer attention to all placed children so that every child feels safe while placed at the Group Home.

The Group Home developed the attached Quality Improvement Plan (QIP). OHCMD quality assurance staff will provide ongoing technical support, training, and consultation to assist the Group Home in implementing their QIP.

November 24, 2014

Via Overnight and Mail & Electronic Mail
Jui-Ling Ho
Department of Children and Family Services
9320 Telstar Avenue #216
El Monte, CA 91731

Chief Executive Officer
Al Mason

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International Association of Continuing Education and Training

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Child Welfare League of America

Review Date: June 19, 2014

RE: FFA-GH Quality Assurance Review
Quality Improvement Plan for McKinley Children's Center

Group Home will develop and submit a Quality Improvement Plan to the Quality Assurance Reviewer when the focus area falls below the minimum acceptable standard. All focus areas met or exceeded minimum acceptable standards except:

Focus Area	Minimum Score	Agency Score
Safety	6	4
Teamwork	5	4
Tracking and Adjustment	5	4

Safety

See attached CCLD clearance of 80078 (a) dated 08/08/2014.

To ensure the safety of our youths, the staff to youth ratio has been increased by adding an additional Residential Counselor, Sunday- Saturday to each PM shift. One clinician is on grounds until 10pm each evening M-F, with a clinician and campus supervisor being on call 24 hours a day.

Staff trainings which include Care and Supervision, Child Abuse and Neglect, Therapeutic Activities and Interventions and Emergency Intervention Planning will be given by the Training Department for all staff and subsequently be included as a part of the initial 40 hours of training for all new employees. The new staff trainings include interactive and experiential opportunities for management and staff to work together towards a more complete understanding of our program and the needs of our youths. Mentoring and shadowing by veteran staff is also included. All veteran staff have been

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retrained utilizing the treatment model that is to be implemented in the cottages.

Weekly youth cottage meetings are being conducted by cottage staff to discuss and address issues that a youth might encounter. A Residential Council has been established as an avenue for youths to voice their opinions and concerns in every aspect of their daily program. Main topics of discussed are the quality and quantity of food served by Huntington Culinary Food Service and the planning and completion of specific therapeutic activities which are enjoyable and cost effective. The activities budgets have been increased by $300 a month per cottage to ensure funding is available for these activities.

Because of the increased incidents of substance abuse the agency has put the following guidelines for all substance abuse and contraband incidents. Staff will have youth conduct a self-search and a room search of the youth involved. An immediate search of the perimeter will be conducted by the Campus Supervisor. The youth will be assessed by a nurse and the clinician will be notified. The youth will remain under close supervision by staff and the treatment team will create a plan of action to address the issue of substance abuse.

Incidents that threaten the safety of the youth including self-harm, self-injurious behavior, suicidal ideation, or are dangerous to resident or staff will be treated with the following guidelines. Clinicians will complete a one on one assessment of youth, and this assessment must be in person. The youth will remain under close supervision and placed on a 24 hour safety plan until cleared by clinician or PMRT. The staff will contact PMRT for a consult on all incidents of self-harm and a special incident report will be submitted with all the information regarding the incident and it will be cross reported to all pertinent parties.

Teamwork

A new intake policy has been established to provide a more collaborative approach to intake and treatment. The Intake Team consisting of Intake Coordinator, Residential Director, Residential Clinical Supervisor and the Chief Program Officer will conduct a thorough review to determine if the referral is suitable for placement at McKinley. The viability of a youth's successful placement and integration will be predicated by the systematic information gathering established by the Intake Team. A truthful and comprehensive picture of the youth's complete history must be understood and assessed by the Team and upon placement a face sheet of all pertinent information will be made available to the Cottage Team. With greater

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comprehension the staff will be able to establish a concise plan of therapeutic engagement.

Weekly cottage staff meetings are being conducted by Cottage Managers and involve Residential Counselors, Cottage Manager, and Clinician to discuss each of the youth's progress, concerns and immediate needs. These meetings involve a discussion of educational progress, emotional development, and specific progress within the therapeutic milieu.

TDMs are an important part of the overall treatment plan for a youth and to ensure that the proper information is being shared changes have been made to current model. Group home staff will hold weekly treatment team meetings where each youth's individual needs will be discussed. This meeting will be mandatory for the following people: Director of Residential Services, Director of Clinical Services, Cottage Manager, and Cottage Clinician. Cottage manager will discuss the minutes of these meetings with all of the other Residential Counselors. Each Cottage will have three assigned individuals that need to attend TDMs. One of the following people must attend the TDM: Cottage Manager, Cottage Clinician, and a lead residential counselor. McKinley will make efforts to work and communicate with CSW, and the family of the youth when developing treatment goals. TDMs will be scheduled on a master schedule so all management people are aware that they are taking place.

Tracking and Adjustment

A collaborative and systematic approach to the care and well being of each youth has been established with the dissemination of information gathered from weekly meetings for both staff and youth. The current information gathered about each youth is analyzed by the Cottage team which includes Residential Counselors, Cottage manager and Cottage Clinician. In their analysis, trends and patterns are identified and established for each youth. With this data an individual therapeutic program will be developed matching information gathered with new and current program offerings. This continual tracking of progress will establish a wealth of information to engage the youth in a comprehensive therapeutic treatment program.

Monthly Quality meetings are held with representation from all departments where deficiencies are discussed and plans of correction (internal) are reviewed and implemented. This information is also discussed with the Board of Directors Quality Committee and reported the meetings of the Board of Directors.

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The new points and levels system records the youth's progress towards meeting the benchmarks and goals that are stated in the Needs and Services plan on a daily basis. This data is reported separately to track progress towards treatment goals.

McKinley is currently using analytical software developed by IBM, and is in the initial stages of introducing an analytical platform where all information regarding the youth's treatment will be accessible to staff. The information gathered through our analytical platform will be used by the treatment team to develop goals for each individual resident. The agency will move toward establishing measurable goals for the youth where benchmarks will be established to track progress.

McKinley will host a meeting with all executive management to discuss future Needs and Services Plan, and how to strengthen the information that is included in regards to all aspects of treatment. Needs and Services plans need to be more comprehensive, and goal driven.

If you have any questions or concerns regarding about this Quality Improvement Plan, please feel free to contact me at (909) 599-1227, ext. 2551 or e-mail at SwansonP@Mckinleycc.org.

Sincerely,

Paul Swanson,
Director of Residential Treatment