PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

January 5, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

HILLSIDES 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 Hillsides Group Home (the Group Home) in February 2015. The Group Home has four sites, three of which are located in the Fifth Supervisorial District, and one is located in the First Supervisorial District. All sites provide services to the County of Los Angeles DCFS placed children and youth. According to the Group Home's program statement, its stated mission is, "to stabilize children, re-educate the families and reunify children with their families as soon as possible."

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

The Group Home provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In July 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.

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
Joseph M. Costa, Chief Executive Officer, Hillsides Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

HILLSIDES 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 Hillsides Group Home (the Group Home) in February 2015. 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 social workers, and three Group Home childcare workers.

At the time of the QAR, the placed children's average number of placements was seven, their overall average length of placement was 24 months and their average age was 14. 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	5	**Good Safety Status** - The focus children generally and substantially avoid behaviors that cause harm to self, others, or the community and are 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 support the plan.	5	5	**Good Status** - Focus children have substantial permanence. The focus children live in a family setting that the children, 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 in either setting over the past 12 months with none in the past six months. The focus children have established positive relationships with primary caregivers, key adult supporters, and peers.
Visitation - The degree to which the Group Home staff support important connections being maintained through appropriate visitation.	5	5	**Substantially Acceptable Maintenance of Family Connections** - Generally effective family connections are being sought for all significant family members/Non-Related Extended Family Members (NREFMs) through appropriate visits and other connecting strategies.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
Engagement - The degree to which the Group Home staff working with the child, biological family, extended family and other team members for the purpose of building a genuine, trusting and collaborative working relationship with the ability to focus on the child's strengths and needs.	5	5	**Good Engagement Efforts -** To a strong degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, foster parents 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. A usually dependable combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory. The array of services provides an appropriate range of options in the selection of providers.
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 are frequently updated. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood. Necessary conditions for improved functioning and increased overall well-being are generally understood and used to ensure progress is made.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
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	5	**Good Teamwork -** The team contains most of the important supporters and decision makers in the focus children's life, including informal supports. The team has formed a good dependable working system that meets, talks, and plans together. The team has good and necessary skills, knowledge, and abilities necessary to organize effective services with children of this complexity and cultural background. The focus children are substantially involved in the team.
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 strategies, supports and services 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 is providing the services that correspond with each focus child's permanency plan. The Group Home demonstrates efforts to support the focus children in achieving the permanency plan requested by DCFS. The Group Home is supportive of teaching the focus children skills to assist them in becoming more independent. The Group Home offers cooking classes, as well as opportunities to learn screen/film writing through Kids in the Spotlight, a ten-week production program that allows children to write a screenplay and act it out at the end of the program. The focus children also participate in Empowering Youth for Tomorrow (EYT), a program the Group Home developed to prepare age-appropriate placed children for emancipation. EYT ensures the

children receive weekly individualized services, time, and resources to promote successful transitions to independent living, as well as to ensure the children have developed lifelong connections with responsible adults in their life. The Group Home prepares the youth to transition to Transitional Housing. The Group Home has regular meetings with the DCFS CSWs to discuss the Permanency Plan for the focus children.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home is providing substantial placement stability for each of the focus children. The Group Home takes responsibility in ensuring the focus children are provided with support services necessary to assist the focus children to become stable in all areas. The Group Home has weekly staff training and staff meetings, and ensures that staff is equipped to properly address the needs of the focus children. The focus children reported they had no problems with the Group Home staff or management, and they enjoy living at the Group Home. Each of the focus children expressed their desire to remain at the Group Home until suitable placement was located for them.

The focus children each reported that their needs are always addressed and that they have built a good relationship with staff with which they are comfortable going to with any issues or concerns. The Group Home works closely with service providers to ensure that the focus children's mental health, behavioral, and educational needs are addressed. The Group Home has encouraged the focus children to build close, strong relationships with responsible adults in their lives, connecting the children with special friends or mentors and by facilitating visitation with them. The focus children have close bonds with their Group Home therapists; they can always communicate with them when they have issues or concerns. The focus children continue to show improvements in managing their feelings and behaviors in appropriate ways.

Each of the focus children remains stable at the Group Home; none of the focus children experienced any disruptions at the Group Home, at school, or in the community. The DCFS CSWs for the focus children indicated that there is constant communication with the Group Home and that the Group Home has been a stable placement.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The Group Home provides substantially acceptable maintenance of visits and connections for the focus children. The Group Home makes efforts to ensure the focus children maintain contact with family members and that they have visits with family members or appropriate adults with whom they have a connection. The Group Home encourages regular telephone calls, provides transportation to the visits and does everything possible to ensure the visits occur at times and locations which are convenient. All three focus children have regularly scheduled visits with relatives or responsible adults. The Group Home maintains logs to track the visits and will make every effort to re-schedule missed visits in a timely manner. The Group Home director of program services, Group Home social workers, and staff follow the visitation recommendations made by the DCFS CSWs. In general, the Group Home is effective in maintaining family connections for the focus children.

The Group Home social workers are in regular contact with the appropriate relatives to arrange visits. The Group Home arranges for its staff to monitor the visits, when necessary. The Group Home staff communicates with the children upon returning from their visits to find out how the visits went and how visits can be improved, if necessary.

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

Safety (5 Good Safety Status)

Safety Overview: The Group Home complies with the procedures and protocols, and makes reports to the Child Protection Hotline, when necessary. The Group Home ensures supervision for the focus children at all times and takes responsibility for the safety of the placed children. Based on the interviews conducted with the focus children, DCFS CSWs, and the Group Home staff, it was reported that the children experienced a highly safe living situation at the Group Home, and the Group Home staff are reliable and competent. The focus children reported that Group Home staff is always present, and that staff's presence makes them feel safe. The Group Home provides a safe environment for the children. The DCFS CSWs meet with the focus children monthly to check on their progress and to ensure their safety. The DCFS CSWs had no concerns regarding the Group Home. All three focus children reported that the Group Home is a safe place to live and that they feel safe at the Group Home. The Group Home had no referrals reported to the Child Protection Hotline during the last 30 days, and there were no substantiated allegations under investigation by the Out-of-Home Care Investigations Section.

During the last 30 days, the Group Home submitted 58 Special Incident Reports (SIRs). All 58 SIRs were timely and properly submitted via the I-Track database. None of the SIRs involved any of the focus children. However, there were 16 SIRs related to children running away from the Group Home, posing a safety risk to the placed children. Additionally, there were 26 SIRs submitted due to assaultive behavior involving children and Group Home staff, and there were eight SIRs related to children presenting a danger to self and/or others, and requiring psychiatric hospitalization.

In efforts to further ensure the children's safety, the Group Home plans to increase supervision of placed children. In addition, to improve security and to deter placed children from running away, the Group Home plans to install gates around the property.

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 makes good, consistent efforts to engage the focus children and key people in decisions made on behalf of the focus children. The Group Home reported that the focus children have regular contact with their DCFS CSWs, family members, and other team members involved in their lives. All three focus children reported feeling supported by the group home staff, and have a good relationship with them.

The Group Home's director of program services shared that the focus children may contact their DCFS CSWs whenever they want to do so. According to the Group Home's director of clinical services, staff is encouraged to document all their contacts with the DCFS CSWs, so that those contacts can be integrated into each child's Needs and Services Plans (NSPs). The Group Home has built a good rapport with DCFS CSWs; the Group Home social workers maintain communication, providing information regarding the children via face-to-face, by telephone or e-mail.

All three DCFS CSWs interviewed reported that the Group Home was very good at keeping them informed and engaged regarding the focus children's progress, the services the focus children received, and regarding activities in which the focus children were involved. One DCFS CSW reported that he has a great relationship with the focus child's Group Home social workers and that they communicate by telephone, emails, or when he makes his monthly visits to the Group Home to meet the focus child.

Services Needs (5 Good Support and Services)

Services Needs Overview: The Group Home provides good supports and services to the focus children. The Group Home social workers collaborate with the DCFS CSWs, the focus children, and the Group Home staff to develop NSP goals for the focus children, as well as to ensure that the services match intervention strategies identified in each focus child's case plan. The Group Home provides an array of services to the focus children, including weekly individual and group therapy, anger management, educational support and tutoring services. Therapeutic support services may include cooperative sports, arts and crafts, music activities, critical thinking activities, as well as outings to encourage positive peer relations. Independent Living Program services are available for age-appropriate youth. Transportation for medical and dental services, as well as visitation, is provided. For the focus children who are prescribed psychotropic medication, medication support services are provided by the Group Home's on-site psychiatrist.

The Group Home therapist consults and collaborates with the focus children's DCFS CSWs and other key team members to support their treatment goals and address their needs in treatment. All three focus children currently attend Hillsides Education Center (HEC), the Group Home's on-grounds school, which provides a smaller, specialized and supportive learning environment. At HEC, the focus children receive supportive counseling from school counselors, when needed. Tutoring services are also provided several days a week to assist the focus children with homework.

The Group Home arranges for special friends or mentors for placed children. Opportunities for extracurricular activities are also provided and each of the focus children participates in extracurricular activities. One of the focus children shared that he is enrolled in Taekwondo, takes magic lessons, and plays organized baseball at church.

Assessment & Linkages (5 Good Assessment and Understanding)

Assessment & Linkages Overview: The Group Home provided good assessments and understanding of the focus children's needs. The focus children meet with their respective Group Home social worker weekly, or as needed, to assess their progress and to evaluate their needs. The Group Home determines if the focus children are making progress towards their NSP goals by observing if there is a reduction in incidents and acting-out behaviors that the children exhibit.

According to the Group Home social workers, progress is also determined by what the focus children's schools observe and report and what Group Home staff observes and report. The Group Home staff interviewed reported that the Group Home social workers meet weekly with the staff to discuss concerns regarding focus children, and the staff interviewed clearly expressed their understanding of the focus children's strengths and needs, and their efforts to help focus children to progress and succeed.

All three focus children expressed that the Group Home staff has provided them with a lot of guidance, care, and support over the time they have been placed at the Group Home. The Group Home ensures regular medical, dental, and mental health visits for the children; initial medical and dental visits are completed as required. Children on psychotropic medication have monthly psychiatric visits. The Group Home provides the necessary services to help the focus children, and the Group Home is supportive to help make their placement successful. Based on the interviews conducted, it was noted that the Group Home has a good assessment and understanding in the functioning and support systems for the children.

The focus children's participation in extracurricular activities is encouraged, as the activities assist in their overall development and support their treatment plan.

Teamwork (5 Good Teamwork)

Teamwork Overview: The Group Home ensures Treatment Team Meetings (TTMs) occur on a quarterly basis to discuss the progress the focus children are making. The Group Home is familiar with who the team members are for each focus child, and the focus children are aware of the people who are in their lives and part of their support team. The focus children participate in the TTMs, which include the Group Home social workers, their DCFS CSW, and the Group Home childcare workers. The purpose of the TTMs is to assess and evaluate the focus children's needs and assist in the development of a plan to help them progress towards meeting their NSP goals. Team meetings are scheduled by the DCFS CSW in collaboration with the Group Home social worker.

QAR interviews revealed that actions taken by the Group Home reflects a coherent pattern of effective teamwork with most of the people the focus children identified as being a part of their team. The Group Home conducts weekly meetings with the Group Home social workers and childcare workers to discuss the focus children's strengths, progress, concerns, and issues, and make recommendations regarding the focus children. However, the Group Home's emphasis needs to be placed on including all the key team members, such as the appropriate adults involved in the focus children's lives in team meetings.

Tracking and Adjustment (5 Good Tracking and Adjustment Process)

Tracking and Adjustment Overview: The Group Home's intervention strategies, supports, and services provided, reflect the focus children's needs. Regular monitoring and tracking of the focus children's status is communicated between the Group Home and the DCFS CSWs monthly, or more frequently if necessary. The Group Home tracks the focus children's progress and addresses any concerns during weekly individual and group meetings. The Group Home social workers have quarterly meetings with the focus children to address NSP goals and progress made toward achieving the goals. The Group Home staff document the focus children's behavior, visits, outings,

and progress in log books. The Group Home utilizes a reward system to reward positive behaviors and progress, as well as to take privileges away from residents who fail to follow the rules and guidelines of the Group Home. Intervention strategies and services have been helpful. The Group Home social workers are readily available and adjust goals or request adjustments to services to meet the focus children's needs, as often as necessary.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In April 2015, OHCMD provided the Group Home with technical support related to findings indicated in the 2014-2015 Contract Compliance Review, which consisted of the following: reducing absent without official leaves (AWOLs); following the Group Home's protocol when children AWOL; preparing comprehensive and timely NSPs; and supporting the rights of children to attend or not attend religious services.

In April 2015, the quality assurance reviewer met with the Group Home's director of program services 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. The Group Home submitted the attached Quality Improvement Plan (QIP). OHCMD quality assurance staff will continue to provide ongoing technical support, training, and consultation to assist the Group Home in implementing their QIP.

Hillsides
Family Resource Centers

940 Avenue 64
Pasadena, CA 91105-2711

T 323.254.2274
F 323.254.9087

hillsides.org

October 19, 2015

Patricia Bolanos-Gonzalez
Children Service Administrator II
Out of Home Care Management Division
9320 Telstar Avenue, # 216
El Monte, Calif. 91731

Hillsides' 2015 Group Home Quality Assurance Review

I would like to submit the following Quality Improvement Plan (QIP) in response to the rating that Hillsides received from the Quality Assurance Review that began in February 2015. Hillsides is pleased that we scored in the top range for eight of the nine categories. This QIP will address findings in the focus area of safety.

I. **Focus Area: Safety**

The Q.A.R. Reports prior to the site visit, Hillsides submitted 58 Special Incident reports (SIR). All 58 SIR's were submitted timely and properly via the ITrack database. None of the SIRs involved any of the focus children. There were 16 SIRs related to children running away from Hillsides, posing a safety risk to the children placed. Additionally, there were 26 SIRs submitted due to assaultive behavior involving children and Group Home staff, and there were eight SIRs reporting children engaging in incidents of suicidal ideations or presenting a danger to self and others, which required psychiatric hospitalization.

Keeping our clients safe is an on-going challenge that has recently become more difficult as we admit a greater percentage of children with drug related issues, extensive history of running away, extensive placement history, general defiance towards placement staff, and an unwillingness to remain in placement. Since the QAR review in February, we have taken a number of steps to increase client safety and these will be documented below.

1. We have taken steps to ensure that new clients are assessed quickly for safety issues and concerns, and we have established new protocols and procedures to ensure that this information is distributed in a timely manner to all of the key staff that has a role in keeping our client's safe. These new procedures include:
    - On the day that a new client arrives for intake, we now require the completion of a "New Client Needs Assessment". This assessment has multiple check-boxes for documenting presenting safety

Hillsides
Family Resource Centers

940 Avenue 64
Pasadena, CA 91105-2711

T 323.254.2274
F 323.254.9087

hillsides.org

concerns such as aggression, AWOL history, sexual acting out, and self-injurious behavior. It also has a "Special Alerts" section for adding details about the triggers and risks of these concerning behaviors. This information is shared with Cottage staff at their weekly team meeting, and placed in the client's chart. A recent chart review during the first week of August confirmed that this document was present in all the charts of our new clients. This was implemented in August 2015.

- Within the first week of placement, the client's assigned therapist is required to complete a "Safety and Calming Assessment" with them. This form documents the client's own perspective on what triggers their unsafe behaviors, and when they are triggered, which coping mechanisms and interventions are more likely to help them de-escalate. We have been completing safety and calming assessments with our new clients for a couple of years, but we are now implementing a new protocol to make sure that this important information is disseminated and used effectively. Within the first thirty days of placement, each therapist schedules to present the safety and calming profile of their new clients to our weekly meeting of Campus Supervisors. The Campus Supervisors are the group of staff responsible for monitoring the campus, responding to client crises, and preventing AWOLs. The safety and calming information is essential for them to be able to engage and de-escalate clients more effectively, and prevent them from running away. Also making the meetings mandatory guarantee that this information will get to the Campus Supervisors quickly. We are currently having two therapists present new clients each week, but will likely reduce this to one time a week when we have caught up with all of the new clients that arrived since 7/1/15. This was implemented in August 2015.
- Finally, we are asking therapists to complete an initial draft of their entire MH assessment within two weeks of placement, instead of the thirty days that we used to require. This helps them to more quickly engage the perspective of family members, CSWs, and other professionals, to better identify safety concerns and interventions that may have worked in the past. We ask the therapist to schedule a team meeting in their client's cottage to create a comprehensive "Behavior Support Plan" that is informed by all of the assessment's mentioned above. The Behavioral Support Plan is completed within thirty days of placement, and is stored on a shared drive that is available to Campus Supervisors, Cottage Staff, and anyone else working with the client and their family.

Hillsides
Family Resource Centers

940 Avenue 64
Pasadena, CA 91105-2711

T 323.254.2274
F 323.254.9087

hillsides.org

2. Another set of changes we are making to improve overall client safety center around increasing the support available to our Campus Supervisors. Again, Campus Supervisors are the important group of staff responsible for monitoring campus safety, responding to crises, and preventing AWOLs.
    - We are committed to giving the Campus Supervisors better access to working communication devices (walkie-talkies) that they need to better direct each other to the location of crises, and to monitor clients who are attempting to AWOL. While reviewing incidents in July and August, it came to our attention that some of the walkie-talkies in use were not working well. On September 1st we implemented a new electronic inventory system to track any complaints about the functioning of the current walkie-talkies, how often they need repairs, and how quickly the repairs are completed. Our Director of Operations is currently testing demonstration models, and together with our Division Director, will choose the best option to replace our low-performing walkie-talkies by the end of the year. This is implemented as of September 2015 and new equipment is replacing older equipment. Additionally all staff have access to Hillsides All Trac electronic system which alerts staff of any internal incident that a client was engaged in that warrants documentation. This speeds up the communication of undesirable and inappropriate behaviors displayed by the staff. All staff agency wide will be trained by November 2015.
    - Another way that we plan to offer increased support to our Campus Supervisors, in the interests of keeping clients safe, is to improve our system for debriefing with them following a physical altercation, or restraint of a client. We have a longstanding policy of requiring that staff involved in the physical restraint of a client must debrief with a supervisor before returning for their next shift. Unfortunately, as we have reviewed the current implementation of this policy, we find that it falls short of meeting both the goal of providing emotional support to staff, and the concurrent goal of identifying ways for staff to improve their practice. We have formed a debriefing policy committee consisting of our Residential Division Director, the Director of Clinical Services, our Pro-Act Training Coordinator, and the Chief Program Officer. This sub-committee will meet and develop recommendations for improving implementation of this policy by Tuesday Oct. 6th.
    - One final procedure we are implementing to support the Campus Supervisors is to keep an ongoing list of clients who should be considered a safety risk at any time that they try to leave campus.

Hillsides
Family Resource Centers

940 Avenue 64
Pasadena, CA 91105-2711

T 323.254.2274
F 323.254.9087

hillsides.org

One huge challenge for Campus Supervisors is deciding, in the moment, whether a client intending to AWOL presents a genuine safety risk to themselves or others in the community. If they do not pose a risk, then we are legally constrained to put hands on to stop them. In these cases the campus supervisors will talk to clients, shadow them, contact their therapist, etc., but often this is not enough to prevent an AWOL. In August 2015 we created our list of clients that pose an immediate safety risk in the community, and we update it weekly. Clients are put on this list due to issues such as suicidal and homicidal ideation, impulsive sexual acting out, and drug and alcohol abuse. The list is intended to help the Campus Supervisors make better decisions, and reduce the risk that a client with current dangerous behaviors will be allowed into the community. This was implemented in August 2015.

3. Another attempt we are making to improve client safety is to remind clients that they have a right to file a formal grievance concerning any aspect of Residential Care that they feel is not meeting their needs, or is violating their rights. Our hope is that increased client empowerment will lead to a reduction in the desire to AWOL. We recently revised our Client Grievance Policy to make it easier to file a grievance, and to ensure that client's are involved in the resolution whenever possible, and informed of the outcome in a timely manner. All of the Residential therapists were trained in the new procedure on July 23rd, and all of the Cottage Supervisors on August 4th. These procedures were then reviewed at each cottage team meeting and in each client group during the month of August. The new procedures are also reviewed with every new client at intake, along with their client rights, by our Intake Coordinator.
4. To improve individual client safety we are also changing the way that we use our rehabilitation, and therapeutic behavioral staff (TBS). In August we dramatically reduced our group rehabilitation program, in part because we identified that it was not best meeting the need of our client's to have more focused individual rehabilitation work. Our group work this Fall is now done primarily in a clinical context with therapists, using trauma-informed interventions, while our rehab staff are assigned individually to do intensive work with clients. Client's with immediate safety concerns are given priority in the assignment of rehab staff, and all rehab and TBS staff are expected to consult weekly with the client's therapist, and to attend at least one monthly team planning meeting. The Director of TBS meets weekly with the Director of Clinical Services to monitor collaboration between all of the clinical and rehab staff. Also we have shifted the schedules of our rehab and TBS staff in

Hillsides
Family Resource Centers

940 Avenue 64
Pasadena, CA 91105-2711

T 323.254.2274
F 323.254.9087

hillsides.org

September, to have them more available on weekends and evenings when more incidents of aggression and AWOL occur.

5. Finally, we have made some adjustments in training to improve our staff's knowledge and skills in relation to client safety. Hillsides continues to offer Pro-Act refresher trainings monthly to ensure staff are aware of triggers in an effort to de-escalate the behaviors of the client before s/he becomes assaultive or attempts to run away. As part of our over-all trauma-informed training approach, we'll focus on recognizing the "triggers" for the youth and ensuring staff make appropriate accommodations for the client to not escalate until there is an assaultive threat, aggressive action, or AWOL. Also Hillsides has scheduled a psychiatric training, on October 28th, for child care workers to discuss the role of a psychiatrist in residential care. This training will look at what his/her role is within an interdisciplinary team. Additionally, the campus based psychiatrist will offer more regular clinical training for therapists that will focus on using a combination of medication and clinical interventions to reduce client aggression, verbal threats and suicidality. Finally, we are returning to holding monthly trainings of all campus staff together, to share expertise between departments, and will follow the psychiatric training in October with a clinical training in November on implementing trauma informed interventions to de-escalate clients in crisis. The training calendar is being updated and put into place. The Divisional Director of Campus Based Services already started the training cycle by doing training in September 2015. This is effective as of September 2015 for all trainings forthcoming to better address the population at Hillsides.

1. We are determined to implement and revise all of the above measures to ensure that we decrease client runaways and aggression without increasing restraints, and to ensure the overall safety for our youth on a daily basis.
2. Please contact me if I can provide further information

Sincerely,

LCSW

James Gibson III, LCSW
Divisional Director, Campus Based Services