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February 11, 2016

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

PENNY LANE 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 Penny Lane Group Home (the Group Home) in April 2015. The Group Home has nine sites located in the Third Supervisorial District and two sites in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation youth. According to the Group Home's program statement, its purpose is "to provide each child with an individualized treatment or needs and services plan that will address and successfully treat a child's presenting problems and ensure the child's safety, permanency and well-being."

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 opportunity for improved performance in the focus area of Safety.

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 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
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Ivelise Markovits, Executive Director, Penny Lane Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

PENNY LANE 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 the Penny Lane Group Home (the Group Home) in April 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 two focus children, one focus Non-Minor Dependent (NMD), three Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), one Group Home case counselor, one Group Home residential supervisor and one Group Home program manager.

At the time of the QAR, the placed children's average number of placements was six, their overall average length of placement was nine months, and their average age was 17. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2014-2015 Contract Compliance Review.

QAR SCORING

The Group Home received a score for each focus area based on information gathered from on-site visits, agency file reviews, DCFS court reports and updated case plans, and interviews with the Group Home staff, DCFS CSWs, service providers and the children. The minimum acceptable score is 6 in the area of Safety and 5 in all remaining areas.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
Safety - The degree to which the Group Home ensures that the child is free of abuse, neglect, and exploitation by others in his/her placement and other settings.	6	4	**Fair Safety Status** - The focus children are usually avoiding behaviors that cause harm to self, others, or the community but rarely may present a behavior that has low or mild risk of harm. The focus children may have had related history, diagnoses, or behavior presentations in the past but may have presented risk behaviors at a declining or much reduced level over the past 30 days.
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** - The focus children have substantial permanence. The focus 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	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 (NREFM) through appropriate visits and

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
			other connecting strategies.
Engagement - The degree to which the Group Home staff working with the child, biological family, extended family and other team members for the purpose of building a genuine, trusting and collaborative working relationship with the ability to focus on the child's strengths and needs.	5	6	**Optimal Engagement Efforts** - To an optimal degree, a rapport has been developed, such that the Group Home staff, DCFS CSWs and the focus children feel heard and respected. Reports indicate that excellent efforts are being used by the Group Home staff as necessary, to find and engage the focus children and key people.
Service Needs - The degree to which the Group Home staff involved with the child, work toward ensuring the child's needs are met and identified services are being implemented and supported and are specifically tailored to meet the child's unique needs.	5	6	**Optimal Supports and Services** - An excellent array of supports and services fully match intervention strategies identified in the case plan. The services are substantially helping the focus children make progress toward planned outcomes. The array provides a wide range of options for appropriate treatment interventions and 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	6	**Optimal Assessment and Understanding** - The focus children's functioning and support systems are comprehensively understood. Knowledge necessary to understand the focus children's strengths, needs, and preferences is continuously updated.
Teamwork - The degree to which the "right people" for the child and family have formed a working team that meets, talks, and makes plans together.	5	6	**Optimal Teamwork** - The team contains all the important supporters and decision makers in the focus children's lives, including informal supporters. The team has formed an excellent, consistent working system that meets, talks, and plans together. Face-to-face team meetings are held regularly and as frequently as the team sees the need, as well as at critical points to develop plans.
Tracking & Adjustment - The degree to which the Group Home staff who is involved with the child and family is carefully	5	6	**Optimal Tracking and Adjustment Process** - Intervention strategies, supports, and services being provided to the focus children are highly responsive

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
tracking the progress that the child is making, changing family circumstances, attainment of goals and planned outcomes.			and appropriate to changing conditions. Highly successful modifications are based on strong 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 provides substantial permanence for the focus children. The Group Home staff works with the focus children and the DCFS CSW to assist in determining the most appropriate permanent plan for the focus children. The Group Home maintains constant contact with the DCFS CSWs and discusses case plan goals for the focus children. The Group Home staff talks with the DCFS CSWs about the focus children's goals towards permanence. The Group Home meets with the children, family and DCFS CSWs to discuss services that can be provided once a child leaves the Group Home.

The first focus child has reunification services with her mother and the concurrent plan for this focus child is Permanent Planned Living Arrangement (PPLA). The first focus child stated that she would like to stay at the Group Home if she does not return to her mother's care. PPLA is the permanency plan for both the second focus child and the third focus NMD. The focus children report that they are being assisted towards self-sufficiency, learning how to budget money, prepare meals and how to complete a job application. The second focus child stated that her goal is to remain at the Group Home until she transitions out of care and enter the military. The focus NMD stated that the Group Home is assisting him in preparing to move to transitional housing by helping him obtain his birth certificate and California identification card.

The DCFS CSWs reported that they work together with the Group Home and discuss the best options for the focus children. They stated that there have been meetings to address the court process and transitional living for the focus children.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home provided substantial placement stability for the focus children. During intake, the Group Home talks to the focus children about the Group Home's program. In order to enhance placement stability, the Group Home focuses early on learning what the focus children's likes and dislikes are. To keep them busy and focused, the Group Home staff speak with the focus children and share their basic expectations for them. Incentives and rewards are provided to the focus children to promote positive behaviors.

During weekly group meetings, the focus children are encouraged to share their feelings and to discuss the happenings in their respective group home sites. The first focus child reported that she was doing better in the Group Home than she was when she was residing at home. The second focus child stated that anything that would benefit her, the Group Home would provide it for her. The focus NMD stated that he is provided with everything he needed and his placement was very good.

None of the focus children have had any disruptions within the last 30 days. The DCFS CSWs reported that the Group Home includes them in discussion regarding the focus children's adjustment in placement.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The Group Home has established and maintained acceptable family connections for the focus children. The Group Home works with the DCFS CSWs and children to ensure that the court visitation orders are met. The Group Home staff monitors visits as ordered by the court. In order to support visitation, the Group Home transports the focus children every other week and will make exceptions so that visits are not missed. The focus children's visitation plans are shared with all Group Home staff. The Group Home program manager indicated the importance of maintaining flexibility with visitation and working together to benefit the focus children.

The focus children are encouraged to maintain telephone contact with those who are important to them. The first focus child has weekly monitored visits with her mother and siblings. She stated that the visits were okay and that her Court Appointed Special Advocate participates in the visits. The second focus child does not have contact with family members. She has been referred to the Group Home mentoring program. There is a waiting list based on volunteers and finding the perfect match for the focus child. The focus NMD reported that he visits with his family when he wants to and that he is not interested in having a mentor.

The DCFS CSW for the first focus child reported that the Group Home has been supportive in the area of Visitation by ensuring that visits are kept with the mother. The DCFS CSW for the second focus child stated that the Group Home staff has taken a special interest in the child in the absence of family. The DCFS CSW for the focus NMD stated that the Group Home staff continues to support the youth in maintaining a connection 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's safety status was fair. The Group Home works with DCFS children and Probation youth who present challenging behaviors and are in need of a higher level of care. The first focus child reported that the Group Home is a safe place to live and they feel safe in placement. One focus child stated that the staff's presence made her feel safe. The second focus child reported that she felt safe with staff around. She said that the staff would try to decrease the animosity between the girls and she could speak with the staff. The focus NMD reported that he felt safe in the Group Home because there was consistency and structure.

The DCFS CSWs reported the Group Home always keeps them abreast of all problems. The Group Home shares information through e-mails, telephone and the I-Track database.

The Group Home submitted a total of 233 Special Incident Reports (SIRs) via the I-Track database during the past 30 days. Two incidents involved two of the focus children, which were not child safety related. One SIR involved the second focus child who was a few minutes late returning to the Group Home from a community pass and the second SIR was related to the focus NMD child who injured his ankle and knee playing basketball. The SIRs that were of concern included assaultive behavior with peers, caregivers and others, inappropriate sexual behavior, physical restraint, police involvement, property damage, runaway, self-injurious behavior, substance abuse and suicidal ideation. The Group Home followed protocol regarding the injury of the focus NMD by seeking medical attention and reporting the incident in a timely manner.

Although the Group Home complied with protocol and procedures and reported SIRs via the I-Track database in a timely manner and the focus children, the Group Home staff and the DCFS CSWs all worked together to ensure child safety, the Group Home fell below the minimum score of six in the area of Safety due to the numerous SIRs, which were child safety related. Further, there is a concern that the placed children may require additional supervision.

The Out-of-Home Care Investigations Section reported that it did not receive or investigate any referrals regarding the Group Home within the last 30 days.

PRACTICE INDICATORS

(Measured over last 90 days)

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

Engagement (6 Optimal Engagement Efforts)

Engagement Overview: The Group Home has developed a strong rapport with and consistently engages the key parties. The focus children reported that they feel heard and respected. Excellent efforts, such as constant communication, collaboration and meetings are being used by the Group Home staff, as necessary, to engage the focus children, their family members, DCFS CSWs and key people for the best interest of the children.

The first focus child reported that she felt supported and cared for because the Group Home staff and her DCFS CSW talk with each other in order to support her. The Group Home extended invitations to the first focus child's mother to participate in meetings. The second focus child reported that the Group Home staff talked with her and listened to her. The focus NMD stated that he can depend on the Group Home staff and that the Group Home staff and his DCFS CSW discuss what he needs to do to accomplish his goals. For example, the focus NMD was in jeopardy of becoming unemployed due to poor attendance. The Group Home staff met face-to-face with the employer to advocate for the focus NMD as a result of the Group Home's efforts the focus NMD was able to retain his employment.

Each of the focus children's service providers stated that they and the Group Home social workers remained in constant contact with the DCFS CSWs sharing progress so that everyone remained on the same page.

The DCFS CSWs reported that the Group Home works hard to include everyone and they are included in the discussions regarding the focus children's well-being and that information is always shared with them.

Service Needs (6 Optimal Supports and Services)

Service Needs Overview: An excellent array of supports and services fully matches intervention strategies identified in the case plan for the focus children. The Group Home staff meets weekly to discuss any trends regarding the focus children. During the weekly meeting there are discussions as to what will work to assist the focus children with positive outcome goals. The Group Home social workers and therapists collaborate with the focus children and DCFS CSWs in development and implementation of the Needs and Services Plan (NSP) goals. Team meetings are called when a goal needs to be modified. The team meetings include the focus children, their case counselors and anyone important to the focus children.

The focus children are receiving weekly individual therapy, group therapy, monthly psychiatric evaluations, tutoring and Group Home based emancipation services. The focus children each reported that they feel the services they are being provided meet their needs. The first focus child stated that since being in therapy she is calmer and less angry. The second focus child reported that the staff is responsive to her needs.

Each of the focus children's service providers reported that they are included by the Group Home in discussions regarding the needs of the focus children. The service providers stated that the Group Home is responsive and cooperates in the best interest of the focus children.

Each of the DCFS CSWs reported that the Group Home includes them in the discussion involving the needs of the focus children. The DCFS CSWs stated that any concerns are shared with the Group Home social workers and therapist and they work together to meet the needs of the focus children. The DCFS CSW of the focus NMD stated that she made a request for a specific service for the focus NMD and the Group Home immediately handled it.

Assessment & Linkages (6 Optimal Assessment and Understanding)

Assessment & Linkages Overview: The focus children's functioning and support systems are comprehensively understood by the Group Home. The focus children's strengths and underlying needs are recognized and acknowledged by the Group Home and all key parties. The services provided such as therapy, tutoring and Group Home based emancipation services are geared to assist the focus children toward making progress and improving their functioning and well-being. The Group Home therapists, social workers, and case counselors talk with the focus children to gain insight of the focus children's strengths and needs. The Group Home program manager stated that observation is used to gain insight into assisting the focus children in meeting their treatment goals. The Group Home includes the schools in obtaining and sharing information about the focus children. For example, it was determined that the second focus child was performing poorly in school with many behavioral disruptions. The Group Home social worker and therapist worked together and developed a plan to assist the focus child to improve her academic performance. She was also assigned an educational advocate and enrolled in weekly tutoring.

The Group Home ensures that medical and dental needs are timely addressed for the focus children. Further, all three focus children reported that they can participate in extracurricular activities of their choice by informing their Group Home social workers.

The focus children's service providers reported that they are included in communication between the Group Home and the DCFS CSWs regarding the strengths and needs of the focus children.

The DCFS CSWs reported being in constant communication with the focus children's therapist to ensure that appropriate services are in place and that the focus children's needs are being met on an ongoing basis.

Teamwork (6 Optimal Teamwork)

Teamwork Overview: The team contains all of the important supporters and decision makers in the focus children's life, including informal supports. All three focus children interviewed reported knowing who their team members were and reported that they can speak either to their therapist or to their DCFS CSW to call a team meeting. The focus children reported participating in team meetings on a regular basis with their DCFS CSW, the Group Home therapist, and other service providers. The team has formed an excellent, consistent working system that meets, talks and plans together for the best interest of the focus children on an ongoing basis.

The DCFS CSWs and the focus children's service providers reported being included in all team meetings. They reported that the focus children have the ability to call a team meeting to discuss any concerns they may have regarding their placements or treatment goals.

Tracking & Adjustment (6 Optimal Tracking and Adjustment Process)

Tracking & Adjustment Overview: Interventions, strategies, supports and services being provided to the focus children by the Group Home are highly responsive and appropriate to changing conditions. The Group Home staff review the focus children's status on a daily and weekly basis. Daily behavior logs are maintained by the Group Home case counselors to track the focus children's behaviors and well-being in the Group Homes, at school and in the community. The daily behavior logs are shared during the weekly meetings. The Group Home social workers discuss the focus children's status with the DCFS CSWs either face-to-face, telephonic contact, or e-mail. The Group Home social workers also meets with the focus children weekly to discuss their feelings and adjustment in the Group Home.

The Group Home program manager, supervisors, social workers, therapists and case counselors meet and discuss how the focus children are working towards meeting their NSP goals. The NSPs are developed by the Group Home therapists in conjunction with the DCFS CSWs, Group Home social workers, and the focus children.

The first focus child was having difficulty managing her anger and was having inappropriate outbursts. The focus child's team worked together along with the focus child to assist the focus child with developing positive ways to deal with her triggers. The first focus child reported that she now has in place a coping mechanism to assist her when she feels she is going to lose control which resulted in a positive outcome for the focus child.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In August 2015, OHCMD provided the Group Home with technical support related to the 2014-2015 Contract Compliance Review findings in the areas of Licensure/Contract Requirement and Medical Needs. Technical support was provided on remaining free of substantiated Community Care Licensing reports, what the Group Home can do to remain in compliance of Title 22 regulations and how the Group Home can ensure that the children receive timely dental exams.

In April 2015, OHCMD 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 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.

Penny Lane
CENTERS

Empowering children, youth and families since 1969

EXECUTIVE DIRECTOR
Ivelise Markovits, MFCC

MEMBER
California Alliance of Child and Family Services
Child Welfare League of America
Human Rights Campaign- All Children, All Families Seal
Association of Community Human Service Agencies
California Council of Community Mental Health Centers

November 5, 2015

Greta Walters
Department of Children and Family Services
Out-of-Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, CA 91731

Re: Penny Lane Quality Improvement Plan

Dear Ms. Walters,

Thank you for meeting with me on August 31st to discuss the preliminary Quality Assurance Review (QAR) results and for contacting me to review the final written report on October 22nd. The following Quality Improvement Plan (QIP) outlines the interventions and strategies that Penny Lane has implemented since the QAR in April 2015 to address the concerns that we discussed regarding the large number of safety related SIRs for Runaway and Substance Abuse.

Runaway:

Due to the large number of Runaway SIRs that occurred during the QAR review period, that were discussed during our QAR meeting on August 31, Penny Lane created a new report that was implemented on September 1st, 2015 to closely monitor clients who have runaway behaviors, especially those with repeat runaway behavior. The Quality Improvement department is responsible for compiling and maintaining this report. The report is reviewed monthly by the Residential Leadership team (Residential Director, Program Directors, Clinical Managers, Clinical Supervisor, and Intake Director) who analyze the report for patterns, such as increases in Runaway behavior in a facility or multiple Runaway occurrences for a client. When an increase in Runaway behaviors occurs in a facility, the Residential Program Director shares this information with residential supervisors and staff, and reviews the Runaway Prevention Plan Policy to reinforce and ensure that proactive interventions are used to reduce Runaway behaviors. When a client is found to have multiple Runaway occurrences, the Residential Clinical Supervisor consults with the Penny Lane Social Worker to make sure that a treatment team meeting occurs in order to develop interventions to decrease runaway behaviors. Since the time that the QAR was conducted back in April, there has been a significant decrease in Runaway behaviors.

Substance Abuse:

A Substance Abuse Treatment Policy was created and implemented in July 2015, in order to decrease client substance abuse and ensure that clients with substance abuse concerns are identified and linked to a substance abuse program as soon as possible. Upon admission to the residential program, the Penny Lane Substance Abuse Treatment Advocate will assess the client and link them to the appropriate substance abuse treatment program. For those clients who are not identified as needing substance abuse treatment upon intake, there is ongoing assessment and monitoring by the Penny Lane Therapist, Penny Lane Social Worker and residential staff. If it is determined that a youth needs substance abuse treatment, the Therapist will complete the Advocate Referral Form and submit to the Substance Abuse Treatment Advocate so that the client can be assessed and linked to a substance abuse treatment program. The Substance Abuse Treatment Advocate works closely with the client's treatment team members (Therapist, Social Worker, and Residential Staff) to ensure that the youth is participating in substance abuse treatment program and complying with drug testing. The Residential Program Director will ensure that clients who are authorized to be drug tested are being tested by residential staff. The Program Director will also ensure that residential staff are conducting searches of clients who are suspected of bringing drugs into the facility.

This concludes a summary of the QIP policies and interventions that have been implemented following the QAR that was conducted in April 2015. The technical assistance feedback obtained during our meetings on August 31 and October 22nd was used to help create the QIP interventions in an effort to increase the quality of service to our clients. We appreciate your support in helping us improve client safety.

Sincerely,

Melissa Mercer
Residential Director

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Penny Lane Centers has earned
The Joint Commission's Gold Seal of Approval