County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

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February 23, 2016

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

OLIVE CREST 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 Olive Crest Group Home (the Group Home) in February 2015. The Group Home has one site located in the Fourth Supervisorial District and provides services to the County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its stated mission is, "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems."

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, Service Needs, Assessment & Linkages, and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the focus areas of Safety, Engagement and Teamwork.

The Group Home provided the attached approved Quality Improvement Plan (QIP) addressing the recommendations noted in this report. In November 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, Engagement, and Teamwork.

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

PLB:EM:KR:rds

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Xavier Floyd, Program Manager, Olive Crest Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

OLIVE CREST 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 Olive Crest 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, two Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), one County of Los Angeles Department of Probation Deputy Probation Officer (DPO), two Group Home child care workers, one Group Home primary child care worker, and one Group Home rehabilitation specialist.

At the time of the QAR, the placed children's average number of placements was five, their overall average length of placement was 11 months and their average age was 16. The focus children were randomly selected. Two 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 focus children, Group Home staff, caregivers, caseworker, and team members have confidence will endure lifelong. The focus children reside in a Group Home and DCFS reunification or permanency goals are being fully supported by the Group Home.
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 enjoy positive and enduring relationships with primary caregivers, key adult supporters, and peers. There is no history of instability over the past 12 months and little likelihood of future disruption. Only age-appropriate changes are expected in school settings.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
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 Members (NREFMs) through appropriate visits and other connecting strategies. All appropriate family members/NREFMs have regular visits.
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	4	**Minimally Adequate to Fair Engagement Efforts** - To a minimally adequate 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 minimally adequate to fair efforts are being used by the Group Home staff as necessary to find and engage the focus children, caregivers and other key people. Some accommodations are offered to provide for scheduling times and locations based on convenience of appropriate parties.
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 provides an appropriate range of options in the selection of providers.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
Assessment & Linkages - The degree to which the Group Home staff involved with the child and family understand the child's strengths, needs, preferences, and underlying issues and services are regularly assessed to ensure progress is being made toward case plan goals.	5	5	**Good Assessment and Understanding** - The focus children are functioning and support systems are generally understood. Information necessary to understand the focus children's strengths, needs, and preferences is frequently updated. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood. Necessary conditions for improved functioning and increased overall well-being are generally understood and used to select promising change strategies.
Teamwork - The degree to which the "right people" for the child and family, have formed a working team that meets, talks, and makes plans together.	5	4	**Minimally Adequate to Fair Teamwork** - The team contains some of the important supporters and decision makers in the focus children's life, including informal supports. The team has formed a minimally adequate to fair working system that meets, talks, and plans together; at least one face-to-face team meeting has been held to develop plans. Members of the team may function as a somewhat unified and consistent team in planning services and evaluating results; this may be reflected in a coordination of services across some of the agencies for the focus child and family.
Tracking & Adjustment - The degree to which the Group Home staff who is involved with the child and family is carefully tracking the progress that the child is making, changing family circumstances, attainment of goals and planned outcomes.	5	5	**Good Tracking and Adjustment Process** - Intervention strategies, supports, and services being provided to the focus children are generally responsive to changing conditions. Frequent monitoring, tracking, and communication of the focus children's status and service results to the team are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the focus children.

STATUS INDICATORS

(Measured over last 30 days)

Permanency (5 Good Status)

Permanency Overview: The Group Home provides good permanence for the focus children. DCFS reunification goals are being fully supported by the Group Home. The primary permanency goals were appropriately developed and processed in a timely manner. The Group Home demonstrates efforts to assist the focus children in achieving permanency and ensures that the treatment team is aware of each focus child's permanency plan.

The Group Home child care workers and the Group Home rehabilitation specialist all reported that they were aware of the permanency plans of the focus children. Treatment Team Meetings are held at least twice a month to discuss permanency plans for each of the focus children. The meetings include the Group Home therapist, the Group Home case manager, the Program Director, and the focus children, and sometimes the DCFS CSWs and DPOs. The focus children stated that they are aware of their permanency plans. The Group Home child care workers stated they are committed to working with each focus child and their relatives and the focus children have a sense of belonging to the Group Home at this point and time.

The first focus child's permanency plan is Family Reunification. The concurrent plan is Planned Permanent Living Arrangement (PPLA). The focus child reported knowing his permanency plan and feels that the Group Home is supportive of him achieving his permanency goal of Family Reunification. The DPO reports that the focus child and his family are working toward Family Reunification, are receptive to services, and want to reunify.

The second focus child's permanency plan is a PPLA. He is a client of the Regional Center. The plan is for him to transition to Regional Center adult services and transitional housing. The DCFS CSW stated that she is recommending that the focus child remain placed at the Group Home until the Regional Center locates appropriate adult housing. The Regional Center counselor reported that the focus child has made progress while being placed at the Group Home and will be moving into his new housing soon. The focus child stated that he is very excited and ready for his new living arrangement.

The third focus child's permanency plan is Family Reunification and the concurrent plan is PPLA. The focus child reported that he does not wish to reunify with his father due to a strained relationship. He also indicated that he was not interested in reunifying with a family member. According to the DCFS CSW, the focus child also informed him of this and requested to be transitioned to a lower level of care when appropriate. The DCFS CSW added that he is recommending that Family Reunification services for the father continue for an additional six months.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home is providing substantial stability to the focus children, and the focus children enjoy positive and enduring relationships with the Group Home staff, key adult supporters and peers. This group home is a Rate Classification Level (RCL) 14 placement, and provides intensive treatment services and increased supervision, as the placed children require a highly structured program. Every child placed in the Group Home is assessed by the Los Angeles

County Department of Mental Health prior to placement. In addition, the Group Home assesses each focus child's needs prior to placement to ensure the Group Home is the most appropriate setting and the best match.

The first focus child reported that the Group Home is giving him the opportunity to do better, because they offer therapy and counseling. The focus child has remained in this placement for approximately six months. The focus child reported that the placement is very considerate of his culture, and they offer a wide variety of food and they attend many community events. The focus child's DPO shared that the case planning meetings held by the Group Home keep her abreast as to how the focus child is adjusting to placement, ensures that his placement remains stable and that there are no placement disruptions.

The second focus child has remained placed at the Group Home for almost two years. The focus child shared that the Group Home meets his needs and he has not had any hospitalizations since being placed at the Group Home, as the Group Home staff has been able to properly intervene and de-escalate any situation that could lead to a hospitalization. The Group Home rehabilitation specialist reports that the focus child does require several redirections and prompting from staff in order to initiate and complete his tasks. The DCFS CSW reports that the Group Home provides the focus child with intensive services and structure. The DCFS CSW also reported that the Group Home has been working diligently with the focus child to reduce his anxiety and to provide him with healthier coping skills.

The third focus child has remained placed at the Group Home for four months. The focus child reported that he is working on transitioning to a lower level of care. He also reported that the Group Home is meeting his needs by keeping him safe. One of the Group Home child care workers reported that the Group Home communicates with the focus child clearly without making promises that they may not be able to keep, ensuring the child is prepared for any anticipated changes in placement or school settings. The Group Home child care worker also reported the focus child has had multiple psychiatric hospitalizations due to the tumultuous relationship with his father and his father being a trigger. The Group Home has been supportive to both the focus child and his father during these difficult moments, doing everything possible to ensure the focus child receives the appropriate care and services to attempt to stabilize him and also trying to ensure that there is no disruption of placement. The DCFS CSW reports that the Group Home has remained committed to the focus child, the goal of him reunifying with his father, as well as working with this focus child to develop better coping skills, and that the focus child is receiving the appropriate services. The DCFS CSW also reported that the Group Home is in constant communication with him.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: Generally, effective family connections are being sought for all significant family and extended family members through appropriate visits and other connecting strategies. All three focus children have visits with their family members. The Group Home works with the DCFS CSWs to establish and maintain family connections for the focus children. The Group Home follows the court-ordered visitation plans and engages in discussions of the focus children's visitation plan with DCFS CSWs and relatives on a regular basis. The Group Home monitors family visits that require supervision and provides transportation as needed. The Group Home keeps logs regarding visitation, and if visits are missed, the visits are rescheduled in a timely manner. If the focus children do not wish to have visitation, the Group Home staff, and DCFS CSWs encourage and support the

focus children in maintaining at a minimum, telephone connections with their relatives and appropriate extended family members.

The Group Home child care worker reported that every placed child is assigned a primary child care worker. Connections are made between the focus children and their primary child care worker. The primary child care worker spends a minimum of one day a month with the designated child, ensuring special one-on-one time. The focus children have an opportunity to have individualized and personal time with their primary child care worker. The children may discuss any concerns, engage in special activities, or go on off-site trips. The focus children reported enjoying their time with their primary child care worker.

The first focus child has regular visits with his mother at the Group Home and has overnight home passes to visit with his mother. The focus child also has visited with his older brother as well. The DPO for the focus child visits him monthly.

The second focus child has visits with his older adult brother. The Group Home staff provides transportation and monitors the visit. The focus child also has a Court Appointed Special Advocate (CASA), who visits the focus child at least once a month. The focus child truly enjoys his visits with his CASA. The Group Home staff reported that the CASA takes the focus child on many outings during their visits and describes her as very nurturing.

The third focus child has monitored weekly visits with his father at the Group Home. The Group Home social worker reported that the focus child is usually happy to see his father and the visits go well. However, the focus child has become agitated and has acted out during the visits with his father. The Group Home social worker reported having challenges in dealing with the focus child's acting out behaviors. The Group Home staff and DCFS CSW intervene and assist at stabilizing the situation.

What's Not Working Now and Why (Score/Narrative of Strengths for Focus Area)

Safety (4 Fair Safety Status)

Safety Overview: The Group Home provides fair safety status for the focus children. The focus children are usually avoiding behaviors that cause harm to self, others, or the community and are generally free from abuse, neglect, exploitation, and/or intimidation in placement.

The first focus child reported feeling safe in the Group Home, because there is always a staff present. He also reported feeling safe at school. The focus child reported that if someone would ever hurt him, staff will separate the children if there is an altercation and consequences are given.

The second focus child reported feeling safe at the Group Home. The focus child reported that staff is always present to supervise the children. He shared that even when there may be "drama" going on at the Group Home, staff immediately intervenes. He further shared that although it may take the Group Home staff a little while to get things under control, he has no concerns about his safety. The focus child's DCFS CSW reported that she had no concerns with safety, and the Group Home is in constant contact with her about the focus child.

The third focus child reported that he did not feel safe in the Group Home, because his former roommate asked him to do "pushups". The focus child shared that he reported the incident to Group Home staff, and the staff addressed the issue with both children. The focus child added that staff responded swiftly and took immediate action by moving him to another bedroom. Although the focus child shared that he did not feel safe due to the issue with his former roommate, the focus child shared that Group Home staff is present at all times. The focus child's DCFS CSW reported that he had no concerns with the placement.

The Group Home staff reported that they provide constant supervision of all placed children. Additionally, the Group Home staff speaks with all placed children, which assist staff in assessing their well-being. The Group Home staff reported that "drama" or incidents do occur at the Group Home, as the placed children present many behavioral and emotional problems. However, the Group Home staff shared that they receive ongoing training to ensure that they are prepared to properly supervise and care for the Group Home's target population.

During the last 30 days, the Group Home submitted 21 Special Incident Reports (SIRs) via the I-Track database. The Group Home did not comply with SIR procedures or protocols for reporting SIRs, as not all SIRs were submitted timely or properly cross-reported to all required parties per SIR reporting guidelines. There were two SIRs involving the focus children. There were three SIRs, which raised concerns regarding the supervision of the children and monitoring of medication. One incident involved self-injurious behavior, as one focus child was engaging in cutting behavior. The second incident involved a focus child's psychotropic medication running out, and no refills were available. The third incident involved a placed child missing his prescribed doses of medication also due to the Group Home running out of medication.

Based on the QAR, the protective strategies used by the Group Home were only adequate in reducing risks of harm to placed children. The Group Home acknowledges that to ensure the safety of placed children, increased oversight and accountability of staff is needed.

Out-of-Home Care Investigations Section did not receive any referrals or conduct investigations regarding the Group Home during the last 30 days.

PRACTICE INDICATORS

(Measured over last 90 days)

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

Service Needs (5 Good Supports & Services)

Service Needs Overview: The Group Home has a good and substantial array of supports and services that match intervention strategies identified in the focus children's case plans. The focus children are receiving mental health services, as well as regular medical and dental check-ups. The focus children are also receiving academic support services, such as after-school tutoring. The Group Home staff ensures the children attend school, and they are supportive of the focus children's educational needs. The Group Home staff also participates in school meetings, such as the Individualized Education Plan (IEP) meetings, as required.

The first focus child is receiving individual therapy and group therapy. He is also participating in family therapy with his mother. The focus child also participates in the Group Home's day rehabilitation program in order to assist him with life skills. The Group Home social worker reported that the focus child exhibits positive independent living skills, such as completing chores, good personal hygiene and his favorite, meal preparation. The focus child shared that he has noticed improvements in his behavior, as well as a change in his perspective on life and responsibility in general. The focus child's substance abuse counselor reported that he had no concerns with the Group Home and that the Group Home staff is helpful.

The second focus child is diagnosed with mild mental retardation. The Group Home social worker reported that the focus child's symptoms and behaviors are being treated through weekly individual and group therapy, as well as psychotropic medication evaluation. The focus child is receiving services through the Regional Center and has a CASA who has been a strong advocate and huge supporter. The focus child is Christian, and he participates in weekly bible study every Sunday. The focus child shared that he looks forward to and enjoys going to bible study.

The third focus child is receiving individual therapy, group therapy, and family therapy with his father. The focus child also receives day rehabilitation in order to assist with life skills. The focus child receives medication support services. The focus child stated that the Group Home is taking care of him, and he understands that the Group Home staff is there to help him. The focus child has had trouble in dealing with his family circumstances and his tense relationship with his father may affect his compliance with his treatment program. All focus children reported that their needs are being met.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The focus children's functioning, challenges, earlier life traumas and support systems are generally understood by all parties involved. The Group Home assesses the focus children's needs and provides intervention for them to function effectively in daily settings. Information necessary to understand the focus child's strengths, needs, and preferences are frequently updated at treatment team meetings. Educational supports such as tutoring are provided, and participation in extracurricular activities is encouraged by the Group Home.

The Group Home utilizes a team approach to develop Needs and Services Plan (NSP) goals. The Group Home Program Director, therapist, rehabilitation specialist, Group Home staff and the focus children's family members also provide support to assist the focus children in making progress towards their case plan goals. The Group Home determines if the focus children are making progress towards their NSP goals by observing if there is a reduction in incidents, occurrences and acting out behaviors. Progress is also determined by observation and reports from the Group Home staff. It should be noted that the Group Home makes a fearless effort to have the focus children participate in many community activities, such as camping, bicycling, professional sport games, beach excursions, museums, fishing and the movies. The children placed at the Group Home require intense supervision and close monitoring. The Group Home takes all the necessary precautions to be able to allow the focus children to participate in off-ground activities.

The Group Home provides services required to help the focus children and supports them to make their placement successful. The Group Home appears to have a good understanding of the functioning and support systems for the focus children.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: Intervention strategies, supports, and services provided to the focus children and their families are generally responsive to changing conditions. The Group Home treatment team tracks each focus child's progress. The Group Home also tracks the DCFS CSWs' and/or DPO's monthly visits, health and safety assessments, and prepares comprehensive NSPs for placed child as required; the NSPs are also forwarded to the DCFS CSW and/or DPO for review and approval signature. The Group Home is aware of the ongoing and changing needs of the focus children and adjusts services accordingly. Adjustments are promptly made when it is determined that specific services are not producing the desired results.

What's Not Working Now and Why (Score/Narrative of Strengths for Focus Area)

Engagement (4 Minimally Adequate to Fair Engagement Efforts)

Engagement Overview: To a minimally adequate degree, a rapport has been developed, such that the Group Home, staff, DCFS CSW and the focus children feel heard and respected. The Group Home's efforts to engage all parties involved in the focus children's lives has been fair. The focus children's family members are included in their treatment plan. However, it appears that communication and sharing of important information is sometimes limited. Although it was noted that the Group Home holds regular treatment team meetings, mainly for the Group Home treatment team members, the Group Home's child care workers reported they felt that "administrative" staff was not always communicating information about the focus children with them. The Group Home's child care workers felt specific case information could be better disseminated, and that the sharing of information would assist them in having more knowledge about the focus children, as they interact with them daily.

All of the focus children reported that they could always go to their primary Group Home child care worker, in addition to any other staff that is present, whenever they need to speak to someone.

The Regional Center counselor for the second focus child reported that contacting personnel at the Group Home could be difficult. She reported that she calls and leaves messages for Group Home staff, but her phone calls were not always returned promptly. She also reported that it was very difficult to receive information about the focus child's progress, often being referred to the focus child's DCFS CSW.

The DCFS CSWs and DPO visit with the focus children and the Group Home staff. Regular phone contact and e-mails are also occurring between the Group Home and the DCFS CSWs and the DPO.

All parties interviewed agreed that there is need for better communication.

Teamwork (4 Minimally Adequate to Fair Teamwork)

Teamwork Overview: The team contains some of the important supporters and decision makers in the focus children's lives, including informal supports. The team has formed a minimally adequate to fair working system that meets, talks, and/or plans together; at least one face-to-face team meeting has been held to develop plans.

Although the Group Home consistently conducts treatment team meetings where the Group Home program manager, therapist, rehabilitation specialist, and the Group Home administrative staff, discuss each focus child's progress, not all team members feel that there is full disclosure regarding the needs of the focus children. It appears that communication within the Group Home could be improved. As the Group Home's child care workers feel that information could be better disseminated. Further, the focus children and individuals who play a significant role in the focus children's lives are included in the treatment team meetings. Additionally, a review of the Group Home's case files and interviews with Group Home staff, DCFS CSWs, the DPO, and the focus children revealed that there has only been one team meeting for one of the focus children. Further, not everyone in the focus child's team was included in the meeting.

The team members for each of the focus children appear to be in tune with the focus children's strengths and needs, and they ensure the necessary supports are available to assist the focus children in addressing their underlying needs. The Group Home staff also maintains regular contact with the focus children's DCFS CSWs and the DPO, via face-to-face contacts, usually during the monthly required visit, and by telephone or via email.

Although, the Group Home consistently conducts treatment team meetings, improvement in this area is essential. The Group Home and the focus children can greatly benefit by ensuring that DCFS CSWs, DPOs, and any other team members are included in team meetings and that communication is consistent and open between all key parties.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In April 2014, OHCMD provided the Group Home with technical support related to findings indicated in the 2013-2014 Contract Compliance Review, which consisted of the following: discussion of compliance regarding Title 22 regulations; Licensure/Contract Requirements, relating to not maintaining appropriate monetary and clothing allowance logs; Maintenance of Required Documentation and Service Delivery, relating to one County worker not being contacted monthly by the Group Home and non-comprehensive NSPs; Education and Workforce Readiness, relating to one child that was not enrolled in school within three days of placement; and Personnel Records, relating to an expired driver's license. OHCMD also provided technical support to the Group Home in September 2015, relating to SIRs.

In November 2015, the 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, Engagement and Teamwork. The Group Home submitted the attached Quality Improvement Plan (QIP). The OHCMD Quality Assurance staff will continue to provide ongoing technical support, training, and consultation to assist the Group Home in implementing their QIP.

OLIVE CREST
Strong Families, Safe Kids

1.800.550.CHILD (2445)
www.olivecrest.org

January 4, 2016

County of Los Angeles
Department of Children and Family Services
425 Shatto Place
Los Angeles, California 90020
Attention: Sonya Noil

RE: 2015 GROUP HOME QUALITY IMPROVEMENT PLAN

Dear Ms. Noil:

Olive Crest seeks to address the Safety, Well-Being, & Permanency needs of the youth placed in our Bellflower RTC-14 program with excellence. Our team appreciates your department assistance in identifying areas for corrections or improvements. This letter is submitted with the intention of addressing those areas of needed improvement, and to define our plan to correct or prevent future deficiencies.

The following is in response to the areas of Quality Improvement Procedures exit summary of November 23, 2015.

SAFETY (Score of 4 – Fair Safety Status)

Focus Area Items: Timeliness and Cross-reporting of SIRs. Safety concerns involving medications.

Relating to the timeliness and cross-reporting of SIR's, the program has SIR protocols and procedures in place that were designed to facilitate the expedient and accurate documentation and reporting of special incidents. Consequent to this review, the program leadership has reviewed existing procedures, and are modifying them to help reduce the likelihood of future delays in SIR reporting, and to verify that all proper cross-reporting is taking place. As of November 30, 2016, the administrative and management team for the RTC reviewed the SIR procedures and discussed where efficiencies could take place to improve timeliness and accuracy.

Prior to this review, most SIRs were entered into the iTrack system by a limited number of staff in order to ensure accuracy, clarity, and proper cross-reporting. Handwritten SIRs would be drafted by the staff who witnessed or was otherwise involved directly with special incident, then submitted to the Residential Manager or the Case Manager to be entered into the iTrack system. The practice going forward will be modified through the training of additional staff

members to input SIRs, particularly for those incidents which occur on the weekends and after regular business hours.
The SIR's will be forwarded to the Case Manager for approval and submission of the incident. If the Case Manager is unavailable for any reason the Residential Manager is on-call to receive and submit all SIRs. It is expected this plan will promote greater timeliness for SIR submission.

Regarding the matter of incidents that involved the clients whose medications were not properly administered due to running out, those situations had come to the attention of the program's leadership and were addressed after the occurrences. While a number of procedures and protocols are in place to maintain safety, accuracy and precision when it comes to client medical care and medications, it was determined that the incidents referenced occurred consequent to a series of unusual events during intake and placements which precipitated the errors. This has prompted the program to review the current protocols and determine what modifications are needed to prevent future such incidents. It is expected this plan is in effect as of December 7, 2015.

In order to prevent a recurrence of such an event, the facility will not accept for placement by placing worker any client who does not arrive for intake at the facility without a) proper medication and sufficient supply until the initial psychiatric appointment can be made, and b)the proper documentation authorizing the prescribed psychotropic medications (e.g., JV220 form). This protocol will be followed from November 30, 2015 forward.

Program leadership, with assistance by the qualified medical personnel, have reviewed and better defined the procedures to prevent a situation where a client's medication supply runs out, following intake or at any time. The staff have been presented with additional training on the following protocol:

- If at the time of placement, it is discovered that the facility has not been provided with a supply of medication sufficient to meet the client's needs until the next medical appointment can be scheduled, the program nurse/psych tech will be contacted to provide assistance and to determine if an additional supply of medication can be secured from the local pharmacy or other authorized source.
- If the nurse/psych tech is not able to be reached, the Residential Manager will be notified to provide assistance with the process.
- In some cases, it may be necessary for the intake process to be put on hold if the placing agency or representative is unable to facilitate placement with the necessary supply of medication and/or documentation.
- Our Mental Health Clinician will assume the responsibility of securing the court approval (JV220). If not present at the time of intake, the court approval for psychotropic medication (JV220) will be secured by contacting the placing CSW/DPO. If the CSW is not able to be immediately contacted, the SCSW/SDPO will be contacted. If those attempts fail to result in securing needed documentation, the On Duty Worker will be contacted for assistance. It is expected that these steps will reduce the risk of incidents such as those noted in the review.

ENGAGEMENT (Score of 4 – Minimally Adequate to Fair Engagement Efforts)

Focus Area Items: Communication of client information with all treatment team members. Communication with outside service agency partners.

As noted in the review, the program holds regular (bi-weekly) staff and treatment team meetings wherein information about the client's history, behaviors, diagnoses, key clinical and treatment issues and goals are discussed. An assigned DMH Consultant is in attendance at all treatment team meetings to provide guidance, review mental health progress & behavioral changes, medication changes, school progress, and to exchange clinical treatment perspectives with the staff. All staff are required to attend these meetings, though some have not had consistent attendance –consequently, these team members may naturally report lacking adequate information.

As noted in the follow-up meeting for this review, the client charts (with the exception of the DMH mental health records documentation) are available to the entire staff for perusal and review as a source of client info supplemental to that discussed in the treatment team meetings. Discussions with staff have already taken place to promote more consistent attendance to the scheduled meetings, to review the client charts, and to take the initiative to seek out any needed information from the clinical staff that would help them better serve the clients in placement.

In terms of communication and collaboration with partner agencies and other services with the facility coordinates care for the placed youth, the program director has reviewed with the case manager and clinician ways to promote more fluid methods for communication and coordination of care. Documentation of all such communication and coordination shall be kept in client charts. These client charts are located in staff office for review and feedback.

In the past DMH has taken the lead in inviting DCFS/CSW, DPO and other partners to our treatment team meetings via email and phone. While participation in treatment team meetings has always been open to attendance by placing workers and other care providers, the Clinician and Case Manager will henceforth seek to better engage such partners more assertively in order to facilitate better care coordination and teaming. This matter was reviewed in and administrative and management meeting on December 7, 2015.

Effective immediately the engagement process will be:

1) Develop better rapport with our stakeholders.
2) Engage reasonable communication efforts by following up phone calls and emails with written invitation to treatment team meetings.
3) Communicate meeting dates in advance by providing all with the treatment team meeting calendar.
4) Invite client, parents, family and CASA to meetings.
5) All partners to be strongly encouraged to attend meetings no less than quarterly to discuss client's progress.

6) Meeting location may vary depending on parties attending; efforts to accommodate unique needs of participants will be made.
7) Document in the NSP additional information gleaned from team meetings.

The Residential Manager and Clinical team will follow-up with DMH to ensure the established protocols are followed as stated.

TEAMWORK (Score of 4- Minimally Adequate to Fair Teamwork)

Focus Area Items: Participation of the youth and all other relevant parties who play a role in the youth's life and care.

As noted above in the prior section, treatment team meetings are held bi-weekly and mandatory attendance by all program staff is required. For all LA County placed youth, a DMH consultant is also present to support the treatment processes and represent LA County DMH, providing a source for consultation and linkage to additional resources as warranted.

The program director will work with the program's case manager and clinician to develop better methods for the inclusion and involvement of other persons in the team meetings who play an active role in the life and care of the youth in placement. In the meeting between the program director and the reviewer, the program director presented a plan wherein the program will be undergoing changes consistent with the anticipated Continuum of Care Reform, the Core Practice Model, and the Child and Family Teaming process. In the coming months, the program director will be introducing and implementing new elements into the overall program for the RTC, and will be facilitating additional training on these reforms.

Finally, acting on both this review as well as feedback gathered by the program director from the program staff, there will be a staff development day held on December 17th to help address and support the entire team at the facility in order to promote team unity, consistency in client behavior management, and to review and clarify policies and procedures.

As part of the Continuum of Care process, quarterly CFT's (formerly TDM's) will be held for each client to improve their overall care. These meetings will take place at various facilities, and team together with all stakeholders and/or partners in the client's life.

Olive Crest is grateful the support and guidance DCFS personnel have provided the the residential program in order to support the delivery of the highest quality of care and treatment to the youth served. If any further information or details are needed regarding this Quality Improvement Procedures, please contact Regional Programs Director, Steve Goclowski, LCSW at (562) 977-6925 or Residential Manager, Xavier Floyd at (562) 977-6965.

Respectfully Submitted,

Steve Goclowski, LCSW
Regional Programs Director