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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 29, 2016

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

MCKINLEY CHILDREN'S CENTER GROUP HOME QUALITY ASSURANCE REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of McKinley Children's Center Group Home (the Group Home) in May 2015. The Group Home has one site located in the First 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 services to children who exhibit behavioral, social and emotional difficulties."

The QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the Group Home's practices and services over the most recent 90 days. The Group Home scored at or above the minimum acceptable score in 6 of 9 focus areas: Permanency, Placement Stability, Visitation, 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 addressing the recommendations noted in this report. In April 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 areas 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
Anil Vadaparty, Chief Executive Officer, McKinley Children's Center Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

MCKINLEY CHILDREN'S CENTER 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 McKinley Children's Center Group Home (the Group Home) in May 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 (CSW), two Group Home child care workers, one Group Home supervisor and one Group Home program manager.

At the time of the QAR, the focus children's average number of placements was 13, their overall average length of placement was four months and their average age was nine. 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 are generally and substantially avoiding 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 DCFS CSW, supports the plan.	5	5	**Good Status** - The focus children have minimally acceptable to fair permanence. The focus children live in a family setting that the children, GH staff, caseworker, and team members expect will endure until the child reaches maturity. 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 no more than one disruption in either setting over the past 12 months with none in the past six months. Any known risks are now well-controlled.
Visitation - The degree to which the Group Home staff support important connections being maintained through appropriate visitation.	5	6	**Optimal Maintenance of Visitation & Connections** - Fully effective family connections are being sought for all significant family/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	4	**Minimally Adequate to Fair Engagement Efforts** - 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.
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.
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's 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.
Teamwork - The degree to which the "right people" for the child and family, have formed a working team that meets, talks, and makes plans together.	5	4	**Minimally Adequate to Fair Teamwork** - The team contains some of the important supporters and decision makers in the focus children's lives, including informal supports. The team has formed a minimally adequate to fair working system that meets, talks, and/or plans together; at least one face-to-face team meeting has been held to develop plans.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
Tracking & Adjustment - The degree to which the Group Home staff who is involved with the child and family is carefully tracking the progress that the child is making, changing family circumstances, attainment of goals and planned outcomes.	5	5	**Good Tracking and Adjustment Process** - Intervention strategies, supports and services being provided to the focus children are generally responsive to changing conditions. Frequent monitoring, tracking and communication of the focus children's status and service results to the team are occurring. Generally successful adaptations are based on a basic knowledge of of what things are working and not working for the focus child.

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 good permanence for the focus children. The permanency goals that are established by the DCFS CSW are supported by the Group Home. All of the children placed in the Group Home were recently placed and have been there no more than four months, when the Group Home resumed services following being placed on Do Not Use status.

The third focus children is receiving family reunification services and the Group Home supports this connection by monitoring visits with the focus child, his parents and siblings on the grounds of the Group Home. Two of the focus children's permanent plan is Permanent Planned Living Arrangement and the Group Home supports this plan by ensuring that each focus child is taught independent living skills including cleaning up after themselves, maintaining good hygiene, budgeting their allowance and meal preparation. One of the focus children has a Court Appointed Special Advocate (CASA), who visits with him regularly and the Group Home supports this relationship.

The Group Home runs accountability groups. The purpose of the group is to help placed children improve behaviors that could jeopardize their stability in the community. In the group, the children discuss concerns about their behaviors in the Group Home and how these behaviors would be viewed or responded to once the children leave the Group Home and are living in the community.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home provided substantial placement stability for the three focus children. The Group Home staff socializes and interacts with the children on a daily basis; both the staff and the focus children have developed a positive relationship. The focus children

reported having positive connections with the Group Home staff. One of the focus children indicated that he liked being in the Group Home because of the location, open space and activities provided at the Group Home. This focus child indicated that the Group Home is structured and the children are under control which is "the way it should be." Another focus child reported that he likes how the staff responds to him when he gets upset and that they are able to calm him down. All three focus children reported feeling comfortable talking to all Group Home staff including the Chief Executive Officer about any of their concerns.

In order to establish positive relationships with the children placed in the Group Home, the staff members take the time to talk with the focus children to see how they are doing and try to create a home-like environment. One strategy that the Group Home uses to maintain stability is to provide structured activities that are meaningful to the focus children. The Group Home staff communicates frequently so that everyone is aware of what is going on with each child in placement. The Group Home also uses an incentive program and offer different incentives or prizes for the placed children who remain on good behavior levels. This program helps the children work through behavioral issues with an incentive to progress. Referrals are also made to more intensive services to encourage positive behavior from placed children.

None of the focus children have had disruptions during the last 30 days. Two of DCFS CSWs for the focus children indicated that there is open communication with the Group Home staff and that the Group Home has been a stable placement. The third DCFS CSW reported that the focus child on her caseload is still stabilizing and that the Group Home is meeting the child's needs.

Visitation (6 Optimal Maintenance of Visitation & Connections)

Visitation Overview: The Group Home has established and maintained family/supportive connections for all of the focus children through their support of visitation. The Group Home staff engages the DCFS CSWs and children in discussing the court visitation orders to ensure everyone has the same understanding regarding visitation. To support visitation, the Group Home monitors and provides transportation for visits for the focus children and their families or important lifelong connections. The Group Home displays flexibility with visitation time and location to enable visits to be convenient for all participating parties. When visits cannot occur, the Group Home indicates that they show support for maintaining family connections by ensuring the children have the opportunity to maintain telephone contact.

The first focus child visits with his mother and sister once a week and the Group Home transports the child and his sibling who is also placed at the Group Home to visits in a public place or they monitor visits on-grounds. The focus child stated that he liked the visits and that he is allowed to call his family members through the week. According to the DCFS CSW, the Group Home staff also serves as a monitor for the focus child's visits.

The second focus child has weekly visits with his mentor and CASA and he stated that he enjoys the visits. Parental rights have been terminated for the focus child's mother and there are no visits. The focus child stated that he is able to contact his mother through social media. According to his DCFS CSW, the focus child has visits with his sister; however, they are not consistent and depend on whether they want to see each other or not.

The third focus child has monitored visits with his father and siblings every other week. The Group Home makes arrangements for the focus child to visit with his family in the multipurpose room at the Group Home. The focus child stated that he enjoys his visits. He indicated that the Group Home staff allows him to maintain contact with family members via phone and that he does not need to be encouraged to call, he does this on his own. The DCFS CSW reported being happy with the Group Home allowing the multipurpose room to be utilized for sibling visits every other week, this is in addition to the visits with the focus child's father.

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

Safety (5 Good Safety Status)

Safety Overview: The Group Home's safety status was good. The Group Home administration makes sure that the focus children feel safe in placement. The focus children were free from daily harm in their daily settings. The focus children reported that the Group Home is a safe place to live and they feel safe in placement. The DCFS CSWs did not report any concerns for the children's safety at the Group Home and indicated that the children did not report any safety concerns over the last 30 days.

The Group Home submitted a total of 29 SIRs through the I-Track database during the past 30 days. The SIR types included: eight Medically Related,; one Injury (at school); four Physical Restraints; six Self Injurious Behavior/Suicidal Ideation; one Substance Abuse; one Runaway; two Assaultive Behaviors (one toward staff and one toward a peer); one Police Involvement (occurred at school); and five Hospitalizations (three medical and two psychiatric). Five of the SIRS involved two of the focus children. The first focus child had three SIRs related to physical restraints, suicidal ideation resulting in psychiatric hospitalization and assaultive behavior towards a peer. The second focus child was involved in two SIRs, the first was related to a physical restraint and the second involved a hand injury as a result of his own aggressive behavior.

There was no concern as to how the Group Home handled the SIRs during the past 30 days. SIRs were submitted timely, cross-reported and appropriately documented. The Group Home had no substantiated investigations from the Out-of-Home Care Investigations Section.

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 provides the focus children with an array of services and extracurricular activities to help the focus children make progress toward their planned outcomes. The services being provided include Therapeutic Behavioral Services, individual therapy, and extracurricular activities. The extracurricular activities consisting of: hiking, basketball, baseball and football are available and are geared to assist the focus children toward making progress and improving their functioning and well-being. The focus children reported that the Group Home staff interacts with them and inquires about their interest. All placed children receive therapeutic services to assist them with any mental health issues that may arise. The Group Home therapist and cottage

supervisors meet weekly to review the status of placed children and modify the goals if necessary. In addition, the residential Group Home staff document information on the children's progress in a log. The focus children reported that the services they receive from the Group Home meets their needs. Each focus child receives individual therapy and crisis management once per week. The first and third focus children indicated that the therapy they receive has helped them work on controlling their anger. Both of these focus children have an Individualized Educational Plan. The second focus child acknowledged being in therapy once a week, but felt that he did not need the services. This focus child is also linked to a mentor and has a CASA.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The Group Home generally understands the focus children's functioning and support systems. The focus children's strengths and underlying needs are recognized and understood by the Group Home staff and key parties. The Group Home staff utilizes daily observation of and socialization with the focus children to gain a clear picture of the focus children's strengths and needs. The Group Home staff indicated that they seek input from the focus children and make sure that the services provided to the focus children coincide with the children's case plan goals.

All three of the focus children indicated that the Group Home inquires as to what extracurricular activities they are interested in participating in. Two of the focus children indicated that they can tell staff what activity they are interested in and they can put activity suggestions in the suggestion box. The third focus child stated that he will participate in football, but he also plays sports at the Group Home.

One of the DCFS CSWs stated that the Group Home links the focus child to all appropriate and available services and that she gets information on the child's progress through phone communication with the Group Home staff and monthly visits with the focus child. The second DCFS CSW stated that she is made aware of the child's progress by talking with the focus child.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: The Group Home's intervention strategies, supports, and services provided generally reflect the focus children's needs. Regular monitoring and tracking of the focus children's status is communicated between the Group Home staff. The Group Home staff indicated that they meet with the children and also with the Group Home therapist to make adjustments to the goals and services when adjustments need to be made.

The Group Home reviews the focus children's status on a daily basis. Daily progress notes of the focus children's behavior both inside and outside of the Group Home is documented by the Group Home's childcare workers. The progress notes track the focus children's behaviors and well-being in the Group Home.

The Group Home staff discusses how the focus children are working towards meeting their Needs and Services Plan (NSP) goals. The focus children reported that the Group Home staff will discuss goals and request their input. Each of the focus children indicated that when they do not exhibit good behavior, their level points will drop and the Group Home staff will talk to them about what they need to do to improve.

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

Engagement (4 Minimally Adequate to Fair Engagement Efforts)

Engagement Overview: The Group Home has established and maintained minimally adequate engagement efforts with the focus children and key parties. The Group Home has developed an open dialog regarding the well-being and progress of the focus children is primarily between the Group Home staff. The QAR revealed that key parties including the DCFS CSW, children or family members are not being engaged regarding the ongoing progress and planning for the focus children.

Two of the DCFS CSWs reported having very limited or no interaction with the Group Home staff but instead communicated with the focus children during monthly visits. One of the two DCFS CSWs reported that it is at times difficult to get in contact with the Group Home staff by phone and that sometimes it takes a couple of days for phone calls to be returned. The third DCFS CSW reported that there needs to be improvement in the level of joint planning between the Group Home and DCFS CSW to better serve the children in placement. She stated that there is no engagement and she is only contacted when the Group Home needs something.

All of the focus children reported that they trust all of the Group Home staff. The first focus child indicated that the DCFS CSW and the Group Home staff work well together. The second and third focus children were unaware of how the Group Home staff and DCFS CSWs work together, as their DCFS CSWs change often.

Teamwork (4 Minimally Adequate to Fair Teamwork)

Teamwork Overview: The Group Home involves some of the important supporters and decision makers in the focus children's lives. The team consists of the focus children, the Group Home staff and the therapists. Each team has formed a fair working system that has communication between some of the team members who work collaboratively and contribute to the development of the focus children's case plans. However, this work is often done without input from the whole team as there are no face to face meetings that include all members. Efforts are not being made by the Group Home to pull together a team meeting to include all key parties involved in the focus child's life. The DCFS CSWs reported that there has not been a face to face team meeting with all of the key parties present.

One focus child reported not knowing who his team members were and that he has never participated in a group meeting where his progress and goals were discussed. The second focus child stated that his team members consisted of the Group Home staff, his mentor and CASA. He stated that he has had one meeting but that all team members were not present. The third focus child stated that his team consists of himself, his DCFS CSW and SCSW, the Group Home staff and his mother. He reported only attending meetings held at the DCFS office and has not had any meetings at the Group Home.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In September 2014, OHCMD provided the Group Home with technical support was provided on timeliness and comprehensiveness of the SIRs and following through with addendums when appropriate.

In August 2015, the 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 areas 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.

Chief Executive Officer
Anil Vadaparty

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International Association of Continuing Education and Training

Member Agency:
Association of Community Human Service Agencies

Child Welfare League of America

November 13, 2015

Via Email
Korliss Robinson, CSA II
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, California 91731

RE: QUALITY IMPROVEMENT PLAN FOR GROUP HOME

Dear Korliss,

In response to the recent Quality Assurance Review (QAR) for our Group Home Program, please accept this Quality Improvement Plan (QIP) which is being submitted as requested by the Department. Overall, we are very pleased with the findings of the QAR and are thankful for the helpful feedback that has been offered to us during the process.

Below is our QIP for the areas that were noted as needing improvement:

(A) Safety (5 Good Safety Status). As you know, children referred to us will exhibit dangerous behaviors and our focus is always on safety. We aim to reduce the frequencies of these behaviors by carefully screening intakes using a multi-disciplinary approach so that we can identify children who we believe will most benefit from services offered by McKinley. In addition, we engage in pro-active and on-going treatment planning to identify potential dangerous behaviors for the purposes of early intervention and prevention, and critically debrief all incidents relating to child safety for the purposes of prevention.

To further reinforce child safety principles, identifying possible dangerous behaviors, and utilizing early intervention and prevention methods we will conduct training for our staff that addresses these topics. This training session will be conducted by our Chief Programs Officer for Residential and Mental Health Services and will be completed by November 30, 2015. Sign in sheets will be provided upon completion of the training.

(B) Engagement (4 Minimally Adequate to Fair Engagement Efforts)

McKinley understands the need to communicate with, and involve the child's County Social Worker (CSW) in anticipation of issues or after any special incidents. This is a mutual responsibility and it should be noted that concerted efforts have been made to reach out to the CSWs, but there have been many cases in which our attempts have not been successful. Also, CSWs change quite often, many times with no prior notice, thus making our efforts

to reach out to them more challenging. However, to improve the interaction with CSWs, McKinley will continue to emphasize the following, which is already in practice:

(1) Contact CSWs whenever there is any significant incident involving the child or his family. Contact will be by either telephone or email (depending on the CSW's preference) and will be documented in the child's case record.
(2) Schedule quarterly meetings to update the child's Needs and Service Plan and invite the CSW with at least 2 week prior notice. In the event the CSW is unable to attend in person, teleconferencing will be available.
(3) In the event the CSW has not responded to telephone messages or emails, the call will be elevated to the CSW's Supervisor and, if necessary, the Assistant Regional Administrator. These contacts will be documented in the child's case records.

We will conduct a training session, titled "Improving Engagement With County Representatives" with our residential management and clinical team to ensure that they are aware of these required efforts. This training will be completed by November 30, 2015 and will be conducted by the Chief Programs Officer for Residential and Mental Health Services. Sign in sheets from the meetings will be provided to you as they are completed. Additionally, after this training is completed, our Quality Systems Department will randomly select client case records for review to ensure that attempts to contact the CSWs, and attempts to escalate, are properly documented.

(C) **Teamwork (4 Minimally Adequate to Fair Teamwork).** Please note that McKinley has implemented weekly team meetings, starting August 17, 2015, whereby the treatment team meets to discuss the needs of the children and available services to help them meet their treatment goals. To ensure that the child knows who is a part of the treatment team, effective November 1, 2015, the child will be informed upon intake and on a regular basis as to who comprises this team. Please note that McKinley schedules quarterly treatment team meetings to update the child's Needs and Service Plans, and more frequent treatment team meetings may be scheduled based on the needs of the child. The following people comprise the team:

(1) Director of Residential Treatment
(2) Clinical Supervisor
(3) Child's primary therapist
(4) Any mental health professional, such as TBS coaches, providing services to the child
(5) The supervisor of the unit in which the child resides
(6) A child care staff who is familiar with the child
(7) The child
(8) The child's CSW
(9) The child's parent, or other family member (as appropriate)

All meetings, and their attendees, will be documented in the child's case record. During our all-staff meetings, the Chief Programs Officer will review this process via a training titled "The Role of the Treatment Team." This will be completed by November 30, 2015 and sign in sheets from the meetings will be provided to you as they are completed.

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We have been particularly pleased with our relationship with Out of Home Care during the period reviewed, as well as when questions arise. Please do not hesitate to contact me if you have any questions regarding this QIP.

Sincerely,

Anil Vadaparty,
Chief Executive Officer

CC: Ira Kruskol, *Chief Programs Officer*
Andrew Diamond, *Consultant*