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September 22, 2015

To: Supervisor Michael D. Antonovich, Mayor
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From: Philip L. Browning
Director

CHILDHELP USA 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 Childhelp USA Group Home (the Group Home) in December 2014. The Group Home has four sites; one site located in Riverside County and three sites located in Orange County. The Group Home provides services to the County of Los Angeles DCFS placed children and youth. According to the Group Home's program statement, its purpose is, "to provide quality individualized treatment services delivered via a multi-disciplinary Treatment Team model to each child admitted to the program."

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.

The OHCMD noted opportunities for improved performance in the focus area of: Safety.

The Group Home provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In 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 Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Diana Correa, Chief Executive Officer, Childhelp USA Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

CHILDHELP USA 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 Childhelp USA (the Group Home) in December 2014. The purpose of the QAR is to assess the Group Home's service delivery and to ensure that the Group Home is providing children with quality care and services in a safe environment, which includes physical care, social and emotional support, education and workforce readiness and other services to protect and enhance their growth and development.

The QAR is an in-depth case review and interview process designed to assess how children and their families are benefiting from services received and how well the services are working. The QAR utilizes a six-point rating scale as a *yardstick* for measuring the situation observed in specific focus areas. The QAR assessed the following focus areas:

Status Indicators:

- Safety
- Permanency
- Placement Stability
- Visitation

Practice Indicators:

- Engagement
- Service Needs
- Assessment & Linkages
- Teamwork
- Tracking & Adjustment

For Status Indicators, the reviewer focuses on the 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 children, three Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), three Group Home Social Workers, one Group Home Supervisor and one Group Home Child Care Worker.

At the time of the QAR, the placed children's average number of placements was nine, their overall average length of placement was 22 months and their average age was 14. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2014-2015 contract compliance review.

QAR SCORING

The Group Home received a score for each focus area based on information gathered from on-site visits, agency file reviews, DCFS court reports, updated case plans and interviews with the Group Home staff, DCFS CSWs, service providers, and the child. 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 CSW, support the plan.	5	5	**Good Status** - The focus children reside in a group home, and DCFS permanency goals are adequately supported by the group home. The focus children are in a setting which will endure until the focus children reach maturity.
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 no disruptions. The focus children have established positive relationships with primary caregivers, key adult supporters, and peers at the group home. Only age appropriate changes in school settings are expected within the next six months.
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/NREFM 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 strengths and needs.	5	5	**Good Engagement Efforts** - To a strong degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, and the focus children feel supported and respected. Accommodations are made to ensure scheduling times and locations are convenient for appropriate parties. Good working relationships exist between the Group Home staff, DCFS CSW, and the focus children.
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 match intervention strategies identified in the case plan. The services are generally helping the focus children make progress toward planned outcomes. A dependable combination of formal and informal supports and services is usually available, appropriately 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, as well as needs for intervention or supports are substantially recognized and 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	5	**Good Teamwork** - The team contains most of the important supporters and decision makers in the focus children's life, including informal supports. The team has formed a good, dependable working system that meets, talks, and plans together. The team has good and necessary skills, knowledge, and abilities necessary to organize effective services with children of this complexity and cultural background. The focus children are substantially involved in the team.

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 what strategies, supports, and services are working or 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 good permanency for each of the focus children. The Group Home is providing the services to support each focus child's permanency plan recommended by DCFS. The Group Home is supportive of teaching the focus children to become more independent by teaching them life skills such as, sewing, cooking, money management and laundry. The Group Home demonstrates efforts to reach the permanency plan requested by DCFS and has monthly meetings with the CSWs, the Group Home therapist and the Group Home House Manager to discuss the permanency plan for the focus children.

The Group Home ensures that the focus children maintain contact with their family members and assists in strengthening those relationships. The Group Home encourages and facilitates visitation as well as, contact via telephone or written letter.

Each of the focus children reported that their needs are being met by the Group Home and they had no concerns. One of the focus children expressed that she was very happy at the Group Home and stated that her CSW and her Group Home therapist work very well together to ensure her needs are met.

Each of the focus children presents with severe behavioral and emotional problems requiring the level of support and services provided by the Group Home. The Group Home is supportive of the permanency plans for each of the focus children; however, the Group Home remains the most suitable placement arrangement until the focus children are able to transition to a lower level of care or their permanency goal is achieved.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home provides substantial placement stability for each of the focus children. The Group Home takes responsibility in ensuring the focus children are provided with the treatment needed for them to become stable in all areas. According to the Group Home's Director of Operations, the Group Home hires trained, capable staff and ensures that the staff receives regular training so they are equipped to properly address the needs of the focus children. The focus children reported they had no problems with the Group Home staff or management. The focus children reported being happy at the Group Home and expressed their desire to remain there until suitable placement is found for them.

The focus children stated that they feel safe at the Group Home and that staff is always available to supervise and assist them. The focus children each expressed that the Group Home staff is supportive, and each of the focus children identified Group Home staff that they feel they can go to when they have a concern and who will ensure their concerns or needs are addressed.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

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

Examples of the supportiveness demonstrated by the Group Home's staff are: the Group Home therapist staying in contact with the grandfather of one focus child to discuss the quality of the visits and to schedule additional visits; facilitating telephone calls between the children and their relatives; and arranging for a "special friend", a mentor for one focus child thus, ensuring that the focus child has regular visits and attends weekly outings.

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

Safety (5 Good Safety Status)

Safety Overview: The Group Home complies with the procedures, protocols, and makes reports to the Child Protective Hotline, when necessary. The Group Home ensures supervision for the placed children at all times and takes responsibility for the safety of the children. Based on the interviews conducted with the focus children, CSWs and the GH staff, it was reported that the focus children experienced a highly safe living situation at the Group Home with staff that are reliable and competent. One focus child's CSW stated that she had no concerns regarding the Group Home. According to the Group Home Director of Operations, she assures CSWs that the Group Home is safe, and ensures that the children are in a safe environment, have comfortable

beds and enough food. She stated that the Group Home provides for the children's basic needs, shelter, food, and clothing. Also, CSWs meet with their children monthly to check on them to ensure their safety.

During the QAR, the three focus children reported that they feel safe at the Group Home and that it is a safe place to live. One focus child stated that staff were always present and protected the children. The second focus child stated that she can always talk to the Group Home staff when she needs to do so, and the staff always helps with her concerns. The third focus child stated that he felt safe because staff was always present to protect them.

Although the Group Home ensures the safety of the focus children, it was noted that the Group Home had submitted a total of 18 Special Incident Reports (SIRs) within the last 30 days. All 18 SIRs were submitted timely via the I-Track database and properly cross-reported. Two SIRs involved two of the focus children. In one incident, a focus child had to be restrained, as he had grabbed and broken another child's glasses and he also tried to destroy a computer the child was using.

The other incident involved another focus child having sustained a knee injury while playing basketball, necessitating medical treatment. Thirteen SIRs involved children running away from the group home; two involved two children acting out and being assaultive toward peers and staff; and one involved a child who had returned to the group home after having run-away that required medical treatment, as it was suspected she was under the influence.

PRACTICE INDICATORS

(Measured over last 90 days)

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

Engagement (5 Good Engagement Efforts)

Engagement Overview: The Group Home makes good efforts to consistently engage the key parties and the focus children in making decisions in the best interest of the children and the focus children expressed that they felt their concerns were heard. The Group Home ensures that the focus children have regular contact with their CSWs, family members, and other key people involved in their lives. The Group Home is in contact with the CSWs, providing information about the children's problems and concerns, medical visits, family visits, history of hospitalizations, and updates on the overall status of the children. Information regarding the focus children is provided to CSWs and key people by telephone, via e-mail, or face-to-face. The Group Homes makes efforts to meet with the CSW on a monthly basis.

According to the Group Home Director of Operations, the focus children may contact their CSWs whenever they want to do so. The Group Home has built a good rapport with CSWs. The Group Home social workers reported that the Group Home has on-going and regular communications with the CSWs. The focus children reported that they feel they are part of the team and know who their team members are. They are included in the meetings and their input is taken into consideration when developing goals or making changes to their treatment plan.

Service Needs (5 Good Supports and Services)

Service Needs Overview: The Group Home social workers collaborate with the CSWs, the focus children and the Group Home staff to develop Needs and Services Plans (NSPs) goals for the focus children, as well as to ensure that the services match intervention strategies identified in each focus child's case plan. The Group Home provides an array of services to the children, including weekly therapy, educational support and tutoring services, and Anger Management training. The Group Home provides transportation for all off-site therapeutic, recreational, medical, dental services and visitation.

Each of the focus children receives individual and group therapy from the Group Home therapist. The Group Home ensures the specific needs of each of the focus children are addressed. For example, one of the focus children participates in weekly individual and peer therapeutic groups focusing on anger management, communication, and practicing appropriate social skills. Another focus child participates in treatment at an off-site program to assist in addressing sexual acting-out behavior. The focus children requiring psychotropic medication meet with the Group Home's psychiatrist every month for psychiatric evaluation.

Each of the focus children is also given the opportunity to participate in activities on and off-site. One of the focus children is active in sports at the Group Home's recreational program. The Group Home transports the focus child to sport activities. Another focus child is allowed to visit the local library, accompanied by staff. The Group Home provides transportation to the library and for all off grounds activities. The third focus child participated in a one week overnight camping trip with the Boy Scouts.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The Group Home provided good assessments and understanding of the focus children's needs. The focus children meet with their respective Group Home social worker weekly, or as needed, to assess their progress and to evaluate their needs. The Group Home determines if the focus children are making progress towards their NSP goals by observing if there is a reduction in incidents and acting out behaviors. Progress is also determined by what the focus children's schools observe and report. All three focus children expressed a positive relationship with the Group Home staff that has provided them with guidance, care, and support over the time they have been there. The focus children on psychotropic medication have monthly psychiatric visits. The focus children participate in team meetings to assess and evaluate their needs so that a plan for each focus child is put in place to assist them in making progress towards meeting their NSP goals. The Group Home provides required services, as well as supports the focus children to ensure a successful placement. The Group Home makes good assessments and shows an understanding in the functioning and support systems for the focus children.

The focus children are encouraged to participate in extra-curricular activities. One CSW described one of the focus children as a "good kid," who is a good athlete, excels at basketball and plans to make his school's basketball team. One of the focus children expressed an interest in attending college and participating in community services; the focus child attends dance class at a dance studio in the community and is also in enrolled in Karate. She is also learning to sew and cook at

the Group Home. The third focus child participates in church activities and goes on outings with church volunteers and other children. He is also a member of the Boy Scouts. The Group Home is helping all three focus children to achieve their goals.

Teamwork (5 Good Teamwork)

Teamwork Overview: The Group Home holds treatment team meetings on a quarterly basis to discuss the progress the focus children are making in their treatment. The Group Home invites all the key people in the focus children's life to attend, such as the CSW, Court Appointed Special Advocate, family members, school personnel, a Therapeutic Behavioral Services (TBS) representative and the psychiatrist. The Group Home staff who attend these meetings include the clinical director, the focus children's therapists, and the cottage supervisors. When staff is unable to attend the meetings, the Group Home will have a representative attend or ensure they prepare a written report to distribute at the meeting. The focus children are also encouraged to attend the meetings. The Group Home social workers, program managers, and the clinical director make the children aware of any changes in their goals, visits and the overall program. Additionally, the focus children participate in team meetings to assess and evaluate their needs and required services to assist them in making progress and ensuring successful placement.

Team meetings are scheduled by the CSW in collaboration with the Group Home social worker. The Group Home discusses with the focus children all aspects of their program including their NSP goals, development of new interventions, their participation in individual, group and family therapy, psychiatrist's updated diagnosis and medication management, progress in school, progress in additional services, such as TBS, art therapy or equine therapy. The focus children's behavior in the cottage, daily routines, completion of chores, peer and adult relationships, quality of family visits and the status of their discharge plans are also discussed.

The focus children are familiar with who the team members are. The focus children are also aware of the people who are in their lives and who are part of their support team. Actions taken by the Group Home reflect a fairly coherent pattern of effective teamwork by most of the people the focus children identified as being a part of their team. One CSW reported that the therapist at the Group Home would call the meetings for key people to meet and address the focus child's concerns. Another CSW reported that when he makes his monthly visits to the Group Home, he meets with the Group Home's therapist and the child to address the child's concerns and progress. Recommendations are then made to help the child make progress toward achieving their goals.

Tracking & Adjustment (5 Good Tracking and Adjustment Process)

Tracking & Adjustment Overview: The Group Home's intervention strategies, supports, and services that are provided, generally reflect the focus children's needs. Intervention strategies and services have been helpful for the focus children. Regular monitoring and tracking of the focus children's status is communicated between the Group Home and the CSWs. The Group Home tracks the focus children's progress by having weekly individual and group meetings with them to address their concerns. The Group Home social workers have quarterly meetings with the focus children to address NSP goals and progress toward achieving these goals. The focus children's behavior is discussed and documented in the NSP reports. The focus children's educational progress is tracked to determine if additional tutoring is needed. The Group Home staff members

document residents' behavior, visits, outings, and progress in log books, and have sign in/sign out sheets for the children to help keep track of their movements. The Group Home social workers are readily available and ready to adjust goals and request adjustment to services to meet the children's needs as is necessary. The Group Home will continue to meet the focus children's needs and follow DCFS recommendations.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

On January 16, 2015, OHCMD Quality Assurance Section provided the Group Home with technical support related to findings indicated in the 2014-2015 contract compliance review. The technical support addressed SIR guidelines and the procedures for submitting SIRs timely and properly cross-reporting, via the I-Track database; development of comprehensive and timely NSPs; proper maintenance of the Group Home's detailed sign in/out logs for the children; the need for procedures to ensure proper maintenance of the children's monetary and clothing allowance logs; and adhering to Title 22 regulations to assist the Group Home to be free from Community Care Licensing citations.

On April 22, 2015, the quality assurance reviewer met with the Group Home Director of California Operations, the Group Home's Quality Assurance Coordinator and the Group Home's Executive Assistant to discuss the results of the QAR and to provide the Group Home with technical support to address methods to improve in the focus areas of Safety and Teamwork. The Group Home submitted the attached Quality Improvement Plan (QIP). OHCMD Quality Assurance staff will continue to provide on-going technical support, training and consultation to assist the Group Home in implementing their QIP.

Childhelp
Founded in 1959
by Sara O'Meara and Yvonne Fedderson
PREVENTION *and* TREATMENT *of* CHILD ABUSE

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To: **Patricia Bolanos-Gonzalez, Children Services Administrator II**
Kirk Douglas Barrow, Children Services Administrator I
Date: **May 21th 2015**
Subject: **Quality Improvement Review Field Exit Summary**
Facility: **Childhelp Inc. –The Childhelp Merv Griffin Village and Costa Mesa Group Homes**
License Numbers: 330902381, 30600901, 30600902, 30600509
Diana Correa, Executive Director of Program Operations-CA Diana Correa
Manny Barragan, Assistant Director
Angelique Yoshikawa, Quality Improvement Manager AYoshikawa
Suzan Abou-Hebeish, Program Manager

Runaway:
Quality Improvement Plan Childhelp will continue to offer therapeutic interventions and coping skills when a child is attempting to runaway. Below is a list of positive interventions and coping mechanisms built into to our existing program for the purpose of proactively preventing runaway.

For the Group Homes in Costa Mesa

- Staff provides a proactive environment for the children by observing issues before they arise, provide active listening and validation to the children, therapeutic de-escalation of the children's frustrations, fears and concerns, all while providing a warm and homelike environment for the children.
- Staff provides a high level of visual supervision while at the same time allowing children to have space to de-escalate when needed.
- Therapists help clients as well as staff to identify triggers; for example: impulsivity after visits. Therapists assist clients in identifying the emotions associated and how to communicate with staff to obtain help if they are unable to de-escalate themselves. Therapists and staff also work together to improve early identification of the emotions in clients and ways to keep them distracted.
- Staff members are trained to offer activities to improve coping skills, such as music, writing/journaling, drawing, etc., when a child is showing signs of agitation.
- Childhelp offers on and offsite recreational activities, after school programs, etc.
- To provide normalcy, children are allowed to have unsupervised time appropriate to their behavioral and developmental level to socialize with approved friends and participate in safe activities with their peers, subject to Social Worker approval.
- Childhelp ensures familial visitation as approved by the County Social Worker.
- Therapists increase frequency of meeting with clients in crisis and create a runaway prevention contracts with the client. A runaway prevention contract indicates what may

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trigger a client's impulse to runaway and what coping skills they can use to stop themselves prior to leaving the area without authorization.

For the Village (please note that the village has not had any LA County Runaways in several years)

- Staff provides a proactive environment for the children by observing issues before they arise, providing active listening and validation to the children as well as therapeutic de-escalation of the children's frustrations, fears and concerns, all while providing a warm and homelike environment for the children.
- Staff provides a high level of visual supervision while at the same time allowing children to have space to de-escalate when needed.
- Therapists help clients as well as staff to identify triggers; for example: impulsivity after visits. Therapists assist clients in identifying the emotions associated and how to communicate with staff to obtain help if they are unable to de-escalate themselves. Therapists and staff also work together to improve early identification of the clients' emotions and ways to keep them distracted.
- Staff members are trained to offer activities to improve coping skills, such as music, writing/journaling, drawing, etc., when a child is showing signs of agitation.
- Childhelp offers on and offsite recreational activities, after school programs, etc.
- Childhelp ensures familial visitation as approved by the County Social Worker.
- Children are encouraged when upset to walk with a staff member to the ranch and help to care for the animals (at the village).
- Children are encouraged to utilize the Children's Activity Center (CAC) as a coping skill (at the village)
- Therapists increase frequency of meeting with clients in crisis and create runaway prevention contracts with the client. A runaway prevention contract indicates what may trigger a client's impulse to runaway and what coping skills they can use to stop themselves prior to leaving the area without authorization.

In the event that an AWOL occurs

The following is a list of interventions that are utilized in the event that an AWOL occurs.

For the Group Homes in Costa Mesa and Childhelp Village

- Verbal validation of the child's concerns (active listening).
- Requests are made to the child to maintain safety by ***not*** running away.
- Alternative options are given to the child, such as talking to a staff member with whom the child has an existing relationship that may help to de-escalate the situation.
- Staff members are also trained to "switch out" if they feel they are being targeted by the child, or if they feel they are being unsuccessful with the child and believe a different staff member may have better results.
- Children are offered time with their therapist in order to help them de-escalate.
- In the event that a child has left the current designated area, staff members are trained to shadow the child and follow at a safe distance while allowing the child space to reconsider their actions.

- If shadowing a child has become unsafe, staff members are required to stop shadowing to prevent further danger to themselves and others, and to immediately dial the police for help. For example, staff members are not permitted to follow a child into moving traffic.
- Childhelp Program Managers are trained to contact the LA County hotline if staff members have lost sight of the child.

As an additional intervention to prevent instances of runaway, during the pre-placement interview with a placing Social Worker, Childhelp will continue to obtain the most current information available on the client, paying special attention to runaway history and allowing Childhelp to make a plan of action at placement to help ensure runaway reductions. Childhelp will also continue to train staff in the following areas: talking with the child about identifying their triggers (i.e.: impulsivity following visits), supportive communication, problem solving alternatives (coping skills that are already offered), and positive distractions. Childhelp will continue to evaluate this plan's effectiveness weekly at our weekly staff meetings. The Clinical Director, Residential Coordinator, Training Coordinator, Cottage Therapists, Cottage Supervisors, and Quality Improvement Manger will all work together to ensure weekly overviews of runaway prevention strategies are discussed. Furthermore, on 5/27/2015 staff will be offered additional training from the Village Trainer and a designated Cottage Supervisor to retrain Costa Mesa staff in runaway reduction and prevention. Mr. Lee's training will include modifications that might be necessary to meet the needs of the group homes' environment (rural environment vs. residential and city environment).

Child to child injury (The Childhelp Village)
Quality Improvement Plan: Childhelp will continue to monitor all children and therapeutically intervene when a child is becoming aggressive towards his/her peers. Childhelp will continue to separate all children into small groups when possible to monitor the children effectively and reduce the possibility of child to child injuries. When a child has escalated into physical aggression, staff will intervene using Childhelp sanctioned therapeutic verbal, and if necessary, physical interventions for the safety of all involved. Childhelp designees (Clinical Director, Residential Coordinator, Training Coordinator, Cottage Therapists, Cottage Supervisors, and Quality Improvement Manger) will work together to ensure that all cottages are working in small groups and minimizing opportunities for child to child injuries. We will evaluate this plan's effectiveness weekly starting 5/20/2015 during our weekly Task Force meetings, regularly attended by the aforementioned Childhelp designees.

All Special Incident Reports (SIRs) were not appropriately documented and cross-reported
Quality Improvement Plan: Childhelp reporting designee (Assistant Director, Residential Coordinator or Quality Improvement Manger) will ensure all Special Incidents are reported timely to DCFS Out-of-Home Care Management Division Monitor (OHCMDM), Children's Social Worker (CSW), and Community Care Licensing (CCL) via the I-Track web-base system as specified in Group Home Exhibit A-VIII. This policy was improved and reinstated effective December 22nd 2015.

*It is important to note that Childhelp does not report to Riverside County Community Care Licensing Via I-Track per Licensing Program Analysts request.