PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

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

February 10, 2016

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

From: Philip L. Browning
Director

FIVE ACRES 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 Five Acres Group Home (the Group Home) in May 2015. The Group Home has two sites located in the Fifth Supervisorial District and 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 services to male and female court dependent seriously disturbed children."

The QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the Group Home's practices and services over the most recent 90 days. The Group Home scored at or above the minimum acceptable score in 8 of 9 focus areas: Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, Teamwork and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the focus area of Safety.

The Group Home provided the attached approved Quality Improvement Plan (QIP) addressing the recommendations noted in this report. In August 2015, OHCMD quality assurance reviewer met with the Group Home to discuss results of the QAR and to provide the Group Home with technical support to address methods for improvement in the area of Safety.

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

PLB:EM:KR:rds

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Karen Evans, CEO, Five Acres Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

FIVE ACRES 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 Five Acres 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 (CSWs), two Group Home clinicians, one Group Home therapist, and the Group Home administrator.

At the time of the QAR, the placed children's average number of placements was eight, their overall average length of placement was 17 months and their average age was 14. The focus children were randomly selected. One of the focus children was 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 harm. The focus children have a minimally safe living arrangement at the Group Home.
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, supports the plan.	5	5	**Good Status -** The focus children have substantial permanence. The focus children live in a family setting that the children, the Group Home staff, caregivers, caseworkers, and team members have confidence will endure lifelong.
Placement Stability - The degree to which the Group Home ensures that the child's daily living, learning, and work arrangements are stable and free from risk of disruptions and known risks are being managed to achieve stability and reduce the probability of future disruption.	5	5	**Good Stability** - The focus children have substantial stability in placement and school settings with only planned changes and no more than one disruption. The focus children have established positive relationships with primary caregivers, key adult supporters, and peers in those settings.
Visitation - The degree to which the Group Home staff support important connections being maintained through appropriate visitation.	5	6	**Optimal Maintenance of Visitation and Connections** - Fully effective connections are being excellently maintained for all significant family/Non-Related Family Members (NREFM) through appropriate visits and other connecting strategies.

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's functioning and support systems are generally understood. Information to understand the focus children's strengths, needs, and preferences is frequently updated.
Engagement - The degree to which the Group Home staff working with the child, biological family, extended family and other team members for the purpose of building a genuine, trusting and collaborative working relationship with the ability to focus on the child's strengths and needs.	5	6	**Optimal Engagement Efforts** - To an optimal degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, and the focus children feel heard and respected. Reports indicate the excellent efforts are being used by the Group Home staff as necessary to find and engage the focus children, caregiver, and other key people.
Service Needs - The degree to which the Group Home staff involved with the child, work toward ensuring the child's needs are met and identified services are being implemented and supported and are specifically tailored to meet the child's unique needs.	5	5	**Good Supports and 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.
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; face-to-face family team meetings are held periodically and at critical points to develop plans. The team has good and necessary skills, knowledge, and abilities to organize effective services with children of this complexity and cultural background.

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 things are working and not working for the focus children.

STATUS INDICATORS
(Measured over last 30 days)

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

Permanency (5 Good Status)

Permanency Overview: The Group Home provides the services that correspond with the focus children's permanency plans. The Group Home demonstrates efforts to reach the permanency plan requested by DCFS. The focus children are aware of their permanency plan and reported that the Group Home is assisting them in achieving their permanency plan goals. The focus children reported that they have developed positive and enduring relationships with the staff at the Group Home.

The first focus child's permanency plan is Adoption. An Adoption DCFS CSW has been assigned to his case. Once an adoptive home has been identified he will transition to a foster adoptive home. His concurrent plan is Planned Permanent Living Arrangement (PPLA) services. The second focus child is receiving family reunification services and the plan is to reunify with her mother and her concurrent plan is legal guardianship with a relative. The focus child reported that the Group Home has supported her in achieving her permanency goal, as they have continued to help her express herself without getting angry, to focus on her goals to be able to return home. The third focus child is receiving Adoptions services. An Adoption DCFS CSW and a DCFS Permanency Partner's Program CSW for Family Finding have been assigned to his case. The focus child recently reconnected to his mother, father and paternal aunt. The focus child reported that his plan is to live with his mother once he turns 18.

DCFS CSWs reported that they inform the Group Home of the permanency plan for the focus children and the Group Home assists, based on their plan. The DCFS CSWs reported that the Group Home assist with the permanency goals by providing transportation, monitoring visits and ensuring the focus children receive the appropriate services to meet their needs.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home is providing good placement stability for the focus children. The focus children have established positive relationships with key adult supporters such as the Group Home staff, mentors, and special friends; they have been linked to by the Group Home. Two of the focus children have remained stable at the Group Home for approximately two years and there have been no placement disruptions. All three focus children reported that they are stable at the Group Home, as the Group Home meets their needs and provides them with the services they need to work toward returning home or improve their behaviors to transition to a less restrictive placement setting.

The first focus child reported that the Group Home meets his needs, as they help him when he feels sad or angry. The focus child reported that there is nothing he would like to see improve at the Group Home. The second focus child reported that she has been stable at the Group Home, as there is structure, and that she can go to any staff at the Group Home and speak to them as they are very helpful and are available when she needs them. The third focus child reported that he is also stable at the Group Home. The focus child reported that he was initially placed at the Group Home's larger residential facility and eventually transitioned to the six-bed Group Home he is currently residing in. The focus child reported that he has been at the Group Home several years and has developed a good relationship with the staff at the Group Home. The focus child reported that the only thing he would like to see improve is the Group Home's behavioral level system. He explained that he would prefer consequences, such as getting grounded for acting out behavior, rather a level system based on points where you are not allowed to participate in certain events if your level drops due to behavior.

DCFS CSWs reported that they maintain regular contact with the Group Home in ensuring that the focus children's needs are met and that the appropriate resources are in place to ensure that they are not at risk of having disruptions from their placement.

Visitation (6 Optimal Maintenance of Visitation and Connections)

Visitation Overview: The Group Home provides optimal maintenance of visitation and connections for the focus children. The Group Home provides transportation and monitors visitation for the focus children. The Group Home also attempts to reschedule missed visits. All three focus children have visitation with family members. The focus children reported being happy with their visits and the Group Home's efforts to maintain family connections.

Although family reunification services have been terminated for his father, the first focus child has monitored visits once a week with his father. The Group Home transports and monitors the visits to ensure that the focus child maintains family connections. The focus child reported that he can call his father anytime he needs to and reported enjoying his visits. The second focus child has unmonitored overnight weekend visits with her mother. The focus child reported that when visits with her mother were monitored, the Group Home would transport and monitor the visits. The Group Home ensures that a phone call to the mother is part of the focus child's daily routine, as she is preparing to reunify with her mother. Until recently, the third focus child did not have family involvement, as his mother's whereabouts were unknown. His mother recently resurfaced, and the focus child now has weekly monitored visits with his mother. The Group Home transports the focus child to visit and monitors the visits. The Group Home also connected the focus child with a mentor and a special friend. Both the

mentor and the special friend were former employees of the Group Home. The focus child enjoys his visits with them.

The focus children's DCFS CSWs reported that the Group Home therapist and the Group Home are very good in ensuring that the focus children maintain contact with their family and that visitation occurs. The DCFS CSWs reported that the Group Home assists with transporting and monitoring visits for the focus children and also ensure that the visits are convenient for the family.

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

Safety (4 Fair Safety Status)

Safety Overview: The Group Home's safety status is fair. Protective strategies used by the Group Home staff are fair in reducing risks of harm. The focus children have a minimally safe living arrangement at the Group Home.

The Group Home submitted a total of 52 Special Incident Reports (SIRs) during the past 30 days. The SIRs included incidents of: runaway, medical related issues, illness, property damage, injury, physical restraint, law enforcement involvement, assaultive behavior towards staff and other residents, seclusion, psychiatric and medical hospitalizations, self-injurious behaviors, suicidal ideation, theft, and substance abuse. Two SIRs involved the focus children. One focus child had left school grounds without approval and stole candy from a local grocery store. Consequently, the focus child was suspended from school. The second focus child was involved in a physical altercation with another resident at the Group Home.

The DCFS CSWs reported having no safety concerns regarding the Group Home and the safety of the focus children. They further reported that the Group Home does a good job informing them of any incidents involving the focus children.

Focus children reported feeling safe at the Group Home. The focus children also reported that they are never left unsupervised and that the Group Home staff always takes appropriate actions to de-escalate the situation when there are physical altercations involving residents at the Group Home.

Although the focus children reported that they feel safe at the Group Home, and the DCFS CSWs had no safety concerns, the Out-of-Home Care Investigations Section (OHCIS) reported that the Group Home had two open referrals within the last 30 days. The referrals involved allegations of physical abuse.

The first referral alleged that a staff at the Group Home had grabbed a placed child's shirt and shoved the child's head forward while he was escorting the child. The allegation was deemed Unfounded and the referral was closed, as the child denied the allegations and there were no concerns reported.

The second referral alleged that a staff at the Group Home had grabbed a placed child by the arm and threw him against a wall, because the child did not want to wake up for school in the morning. Although the child had disclosed that the staff did grab him and threw him against the wall, the allegation was deemed Inconclusive, and the referral was closed, as there were many conflicting accounts of the incident. During the course of the DCFS Emergency Response CSW's investigation, it was determined that the Group Home staff had intimidated the child. Further, the Group Home did

not take appropriate actions to ensure the safety and well-being of the child, while the investigation was open, as the alleged perpetrator continued to have contact with the child at the Group Home. OHCIS conducted a supplemental investigation and requested a Corrective Action Plan, which was approved on August 20, 2015.

PRACTICE INDICATORS

(Measured over last 90 days)

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

Engagement (6 Optimal Engagement Efforts)

Engagement Overview: Excellent efforts such as constant communication, collaboration and regular meetings are being used by the Group Home to engage the DCFS CSWs, the focus children, and if appropriate, biological parents. The focus children have a good relationship with the Group Home staff. The DCFS CSWs for the focus children all reported that the Group Home case manager and therapist are always in contact with them regarding the focus children's status, and they also reported having a great rapport with the Group Home case manager and therapist.

The first focus child reported that he does not know whether he counts on anyone at the Group Home and would not provide specific examples as to why he does not. The second focus child reported that she has a good relationship with the staff at the Group Home and reported that she counts on the Group Home cottage staff. The focus child reported that the cottage staff contact her mother and provide the mother with updates regarding her progress. The third focus child reported that he counts on his mentor the most. The Group Home engages the mentor for the focus child, as she is his educational rights holder and is involved in development of his treatment goals.

The Group Home therapists are very involved with the focus children and their parents, as they transport and monitor visits, as well as go to the home of parents to provide family therapy for the focus children.

The DCFS CSWs reported that they work closely with the Group Home therapist and Group Home case managers. They further reported that the Group Home provides quarterly Needs and Services Plans (NSPs) and that they remain in contact with the Group Home therapist and case manager via telephone or during their monthly face-to-face contact with the focus children at the Group Home.

The second DCFS CSW shared that the Group Home does a great job in engaging family members. She shared that the Group Home has open communication with the focus child's mother regarding the child's progress and that the focus child and her mother receive joint counseling from the Group Home.

Service Needs (5 Good Supports and Services)

Service Needs Overview: The Group Home provides a good array of services to the focus children. Intervention strategies identified in the case plan and NSPs match the services that are being provided to the focus children. The services in place are helping the focus children make progress toward planned outcomes. The focus children reported that the Group Home has helped them improve their behavior with the services they receive.

The first focus child is receiving weekly individual therapy, monthly medication evaluation and management, and speech therapy through his Individualized Education Plan (IEP) at school. The focus child reported that the therapy service he is receiving is assisting him with his behavior when he is sad or angry. The first focus child is participating in activities at the Group Home.

The second focus child is receiving weekly individual therapy, monthly psychiatric evaluation and medication management, and monthly family therapy. The focus child reported that because the Group Home has assisted her with improving her coping skills and addressing her anger, she now has extended home passes. The focus child is participating in family therapy with her mother. She shared that she will be able to reunify with her mother soon. The second focus child is in cheerleading at school and will be participating in swimming lessons soon.

The third focus child is receiving weekly individual therapy and school support, which involves one-on-one support through his IEP. The third focus child also participates in family therapy with his mother. The Group Home travels to the rehabilitation center where his mother is currently residing to provide therapy. The focus child reported that he does not need therapeutic services and that he is doing well. The third focus child reported he really enjoys sports; he participates on the baseball and football team at school.

All three DCFS CSWs reported that the services and resources the focus children are receiving are appropriate and are meeting the needs of the focus children and their families.

The Group Home clinicians and Group Home case manager reported that they ensure that the appropriate services are in place to best meet the needs of the focus children. They reported that they have meetings in which DCFS CSWs and parents participate, to ensure that all team members are in agreement and to ensure the recommended services can be provided.

Assessment & Linkages (5 Good Assessment and Understanding)

Assessment & Linkages Overview: The Group Home has a good understanding of the focus children's strengths and needs, functioning and support systems. The team works together to determine what is best for the focus children. The Group Home assesses the focus children's needs and provides intervention for them to function effectively in daily settings. The services and supports are regularly assessed and modified to ensure progress is being made toward NSP and case plan goals. DCFS CSWs reported that they have good communication with the Group Home house managers and Group Home therapist, who always keeps the DCFS CSWs updated on the focus children and their progress.

The Group Home therapist reported that internal meetings are held by the Group Home staff to discuss how the focus children are doing and to keep each other informed to best meet the needs of the focus children. The Group Home therapist makes adjustments and/or modification to the focus children's NSP and case plan to better meet their needs and achieve their treatments goals. An example is when the third focus child's mother started having visits with the focus child; the Group Home therapist made modification to his treatment plan to include his mother in family therapy to assist them in reconnecting and developing a relationship.

Teamwork (5 Good Teamwork)

Teamwork Overview: The Group Home has provided a good system of teamwork. The team contains most of the important supports and decision makers in the focus children's lives. Although, the focus children were aware of who their team members are, they reported that they have not participated in any team meetings in which all the team members were involved. The DCFS CSWs reported being invited to participate in quarterly team meetings and that they have attended the meetings when they were able. DCFS CSWs also reported that they maintain regular contact with the Group Home clinicians or case manager. The DCFS CSWs reported that they have good communication with the Group Home and are kept informed of the focus children's progress. The focus children's parents are also invited to the quarterly NSP meetings at the Group Home, and they attend when they are able to.

The Group Home therapist reported that they have quarterly NSP meetings, in which they invite DCFS CSWs and any involved family members. The Group Home also contacts the biological parents if involved in the placed children's case plan to keep them informed of how the focus children are doing. The Group Home therapist also reported that they have internal meetings at the Group Home every two months to discuss the focus children and the best way to support them and provide them services.

Tracking & Adjustment (5 Good Tracking and Adjustment)

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 progress and status is done through communication with the Group Home house manager, Group Home therapist, the DCFS CSW, and the parents of the focus children. Information may be communicated via e-mails, telephone conferencing, and during quarterly NSP meetings. The Group Home house manger, the Group Home therapist and the DCFS CSWs are aware of what is working and not working for the focus children. The DCFS CSWs have good understanding of the focus children's needs and communicate with either the Group Home house manager or Group Home therapist to ensure the focus children are receiving the appropriate resources and services. When the focus children are not receiving the services they need, interventions are modified to best meet their needs. The focus children also reported they can always speak to Group Home staff when things are not going right, and the Group Home staff is always able to help them.

Modifications and adjustments to the focus children's goals are made by the Group Home case managers. During the quarterly meetings, the team for the focus children which include the DCFS CSWs and parents, discussed treatment goals and services to determine whether any changes need to be made. The Group Home clinicians and case manager also reported that they will discuss the treatment and case plan goals and modify or change them if they do not appear to be sufficient. The focus children's NSPs revealed that when focus children made progress such as showing improvement in their behavior, their NSPs were modified and new child specific goals were set to meet the needs of the focus children.

The DCFS CSWs reported that they maintain contact with the Group Home in regards to the treatment goals and will make modifications, if needed. The DCFS CSWs reported that during the quarterly meetings at the Group Home, the treatment goals for the focus children are developed and

implemented. The DCFS CSWs also reported that when the treatment goals do not appear to be sufficient, they will modify or change the goals to better meet the needs of the focus children.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

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

five acres

promoting safety, well-being and permanency

Executive Board
John H. Reith
Board Chair
Brad Beaume
Board Secretary
Donald E. Bishop CFA
Vice Chair Finance
Ryan D. Dietz
Vice Chair Advancement
Austin Mork
Vice Chair Business Affairs
Christianne E. Kerns
Vice Chair Programs

Board of Directors
Casey D. Adams
Nishat Ahmed
Chantal Bennett
Charles A. Blecksmith
Don C. Boline
Ted Cosse
Andrew E. Crowell
Michele Dooley
Josef Farrar
Michele Hall
William R. Hayden
Kelley B. Lashley
Bradley Mohr
Susan P. McGuirl
Mariann Nolan
Catherine L. Simms
William Wishner
Anita P. Yagjian

Senior Leadership
Chanel Boutakdis
Chief Executive Officer
Carmen Benitez
Chief Administrative Officer
Jennifer Berger
Chief Advancement Officer
Daniel Braun
Chief Financial Officer
Karen Evans
Chief Operating Officer
Rachel McClements
Chief Clinical Officer

October 20, 2015

Attention: Adelina Arutyunyan, MSW
Children Services Administrator I
DCFS-Out-of-Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, CA 91731
626-569-6889

Dear Ms. Arutyunyan,

As per your request, to follow is the Quality Improvement Plan to address the area of Safety with a received score of 4-Fair Safe Status. The following is the overview of areas of needed improvement that the QIP will address:

The Group Home's safety status is fair. Protective strategies used by the Group Home staff are fair in reducing risks of harm. The focus children have a minimally safe living arrangement at the Group Home.

The Group Home submitted a total of 52 Special Incident Reports (SIRs) during the past 30 days. The SIR's included incidents of: runaway, medical related issues, illness, property damage, injury, physical restraint, law enforcement involvement, assaultive behavior towards staff and other residents, seclusion, psychiatric and medical hospitalizations, self-injurious behaviors, suicidal ideation, theft, and substance abuse. Two SIRs involved the focus children.

five acres.

promoting safety, well-being and permanency

Executive Board
John H. Reith
Board Chair
Brad Reaume
Board Secretary
Donald E. Bishop CFA
Vice Chair Finance
Ryan D. Dietz
Vice Chair Advancement
Austin Mork
Vice Chair Business Affairs
Christianne E. Kerns
Vice Chair Programs

Board of Directors
Casey D. Adams
Nishat Ahmed
Chantal Bennett
Charles A. Blecksmith
Don C. Boline
Ted Cosse
Andrew E. Crowell
Michele Dooley
Josef Farrar
Michele Hall
William B. Hayden
Kelley B. Lashley
Bradley Mohr
Susan P. McGuire
Mariann Nolan
Catherine L. Simons
William Wishner
Anita P. Yagjian

Senior Leadership
Chanel Boutakidis
Chief Executive Officer
Carmen Benitez
Chief Administrative Officer
Jennifer Berger
Chief Advancement Officer
Daniel Braun
Chief Financial Officer
Karen Evans
Chief Operating Officer
Rachel McClements
Chief Clinical Officer

Although, the focus children reported that they feel safe at the Group Home, and the DCFS CSWs had no safety concerns, the Out-of-Home Care Investigation Section (OHCIS) reported that the Group Home had two open referrals within the last 30 days. The referrals involved allegations of physical abuse.

The first referral alleged that a staff at the Group Home had grabbed a placed child's shirt and shoved the child's head forward while he was escorting the child. The allegation was deemed Unfounded and the referral was closed, as the child denied the allegations and there were no concerns reported.

The second referral alleged that a staff at the Group Home had grabbed a placed child by the arm and threw him against a wall, because the child did not want to wake up for school in the morning. Although the child had disclosed that the staff did grab him and threw him against the wall, the allegation was deemed Inconclusive, and the referral was closed, as there were many conflicting accounts of the incident. During the course of the DCFS Emergency Response CSW's investigation it was determined that the Group Home staff had intimidated the child. Further, the Group Home did not take appropriate actions to ensure the safety and well-being of the child, while the investigation was open, as the alleged **perpetrator continued to have contact with the** ***child at the Group Home. OHCIS conducted a supplemental investigation and requested a Corrective Action Plan which was approved on August 20, 2015.***

five acres

promoting safety, well-being and permanency

Executive Board
John H. Reith
Board Chair
Brad Reaume
Board Secretary
Donald E. Bishop CFA
Vice Chair Finance
Ryan D. Dietz
Vice Chair Advancement
Rustin Mork
Vice Chair Business Affairs
Christianne E. Kerns
Vice Chair Programs

Board of Directors
Casey D. Adams
Nishat Ahmed
Chantal Bennett
Charles A. Blecksmith
Don C. Boline
Ted Cosse
Andrew E. Crowell
Michele Dooley
Josef Farrar
Michele Hall
William R. Hayden
Kelley B. Lashley
Bradley Mohr
Susan P. McGuirl
Mariann Nolan
Catherine L. Simms
William Wishner
Anita P. Yagjian

Senior Leadership
Chanel Boutakidis
Chief Executive Officer
Carmen Benitez
Chief Administrative Officer
Jennifer Berger
Chief Advancement Officer
Daniel Braun
Chief Financial Officer
Karen Evans
Chief Operating Officer
Rachel McClements
Chief Clinical Officer

Five Acres Quality Improvement Plan
The following has been implemented to address the above:

- **Effective 9/2/2015, Five Acres Group Home (Clinical Coordinator and Immediate Supervisor) will include an overview on "maintaining boundaries" (which will include a no contact rule with DCFS placed children during on-going investigations), during the initial briefing of a staff involved in any referral. Staff will be put on administrative leave with pay immediately once a physical abuse allegation is identified, pending investigative outcomes.**
- **Effective 9/2/2015, Five Acres group home (Clinical Coordinator or Immediate Supervisor) will include an overview on continuing to keep children safe and free from threats or continued physical harm and or neglect during the course of an investigation during the initial briefing of a staff involved in any referral. All alleged staff involved will not have access to children during the course of an investigation. Therapeutic follow-up by the child's Clinician will occur throughout the week to ensure child's emotional wellbeing. Clinical Coordinator and Clinical Supervisor will monitor and ensure the completion of this process.**
- **Five Acres Group Home Division Director and Clinical Coordinator provided training on August 26, 2015 on the Internal Review and Investigations Procedures to staff to ensure an understanding of process.**
- **Effective 8/20/2015: If during or after an internal review or external investigation it is determined that training is indicated as a need, the staff will be re-trained within two weeks and no later than thirty days depending on the training deficiency. If the training deficiency requires immediate action, the training schedule will be modified to correct deficiency within one week. The Unit Program Coordinator will be responsible to ensure the completion of the training. The Clinical Coordinator will ensure the completion of the process.**

five acres.

promoting safety, well-being and permanency

Executive Board

John H. Reith
Board Chair

Brad Beaume
Board Secretary

Donald E. Bishop CFA
Vice Chair Finance

Ryan D. Dietz
Vice Chair Advancement

Rustin Mork
Vice Chair Business Affairs

Christianne F. Kerns
Vice Chair Programs

Board of Directors

Casey D. Adams
Nishat Ahmed
Chantal Bennett
Charles A. Blecksmith
Don C. Boline
Ted Cosse
Andrew E. Crowell
Michele Dooley
Josef Farrar
Michele Hall
William R. Hayden
Kelley B. Lashley
Bradley Mohr
Susan P. McGuirl
Mariann Nolan
Catherine L. Simms
William Wishner
Anita P. Yagjian

Senior Leadership

Chanel Boutakidis
Chief Executive Officer

Carmen Benitez
Chief Administrative Officer

Jennifer Berger
Chief Advancement Officer

Daniel Braun
Chief Financial Officer

Karen Evans
Chief Operating Officer

Rachel McClements
Chief Clinical Officer

- **Effective 8/20/2015: If unapproved interventions are identified, the staff in question will attend a Pro-Act Refresher within 30 days of incident and is closely monitored by immediate supervisor. If personal rights are violated, supervisor will review personal rights policies in supervision and implement a signed supervision note with staff. This is monitored by immediate supervisor and Clinical Coordinator.**

Should you need additional information please feel free to contact me at (626) 798-6793 extension 2268 or Cell 626 498-6343 or email egonzalez@5acres.org .

Sincerely,

Elizabeth G., LMFT

Elizabeth Gonzalez, LMFT
Division Director
Residential Treatment
Five Acres