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February 23, 2016

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

THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS 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 The Dangerfield Institute of Urban Problems (the Group Home) in September 2014. The Group Home has three sites located in the Second 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 a stable, constant, nurturing and predictable environment, one that is responsive to the individual child's needs."

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 all 9 focus areas: Safety, Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, Teamwork and Tracking & Adjustment.

The Group Home did not require a Quality Improvement Plan, as the Group Home scored at or above the minimum acceptable score in all focus areas of the QAR. In May 2015, OHCMD Quality Assurance Reviewer met with the Group Home to discuss results of the QAR.

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
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Lorrie Irving, Administrator, The Dangerfield Institute of Urban Problems Group Home
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THE DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME
QUALITY ASSURANCE REVIEW (QAR)
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of The Dangerfield Institute of Urban Problems Group Home (the Group Home) in September 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 focus children, one Department of Children and Family Services (DCFS) Children's Social Worker (CSW) for two focus children, one DCFS Supervising Children's Social Worker (SCSW), two Group Home social workers and one Group Home administrator. A DCFS SCSW was interviewed, as the assigned DCFS CSW for one of the focus children was on long-term leave.

At the time of the QAR, the focus children's average number of placements was five, their overall average length of placement was 11 months and their average age was 17. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2014-2015 Contract Compliance Review.

QAR SCORING

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

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
Safety - The degree to which the Group Home ensures that the child is free of abuse, neglect, and exploitation by others in his/her placement and other settings.	6	6	**Optimal Safety Status** - Although the focus children have presented behaviors that may cause harm to self or others, the focus children have not presented safety risk behaviors at any time over the past 30 days. Protective strategies used by the Group Home staff are fully operative and dependable in maintaining excellent conditions.
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 focus children, Group Home staff, case worker, and team members expect will endure until the focus 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	5	**Substantially Acceptable Maintenance of Visitation & Connections** - Generally effective family connections are being sought for all significant family/ Non-Related Extended Family Members (NREFMs) through appropriate visits and other connecting strategies.

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	5	**Good Engagement Efforts** - To a strong degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, and the 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 are 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	5	**Good Teamwork** - The team contains most of the important supporters and decision makers in the focus children's lives, 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.

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)

Safety (6 Optimal Safety Status)

Safety Overview: The Group Home provides optimal safety for the focus children. According to the Group Home administrator, the Group Home staff make every effort to ensure that placed children feel safe while in placement. On a weekly basis, a walk-through safety assessment is completed by the Group Home facility manager for all sites. The Group Home provides a ratio of one Group Home staff to two placed children. Additionally, when needed, the Group Home provides one-on-one supervision or a therapist visit is immediately arranged for any placed child that is presenting safety issues for themselves or others.

The focus children have a history of presenting behaviors that may cause harm to self or others; however, such behaviors have significantly decreased while in their current placement. The focus children have also been free from abuse and neglect at the Group Home. Protective strategies used by the Group Home staff are fully operative and dependable in maintaining excellent conditions. All of the focus children reported that the Group Home is a safe place to live. The focus children indicated that they have house meetings to discuss their concerns. The house meetings include placed children, the Group Home facility manager and Group Home child care workers. The first focus child indicated that the Group Home administrator makes her feel safe because she is very caring. The focus child also indicated that she felt safe because if a placed child were to hurt another placed child, their placement would be terminated. The second focus child indicated that he feels safe because he has not been hurt while placed in the Group Home. The third focus child stated that the security in place, such as knives being locked up and the way her Group Home site is managed, makes her feel safe.

The DCFS CSW and SCSW for the focus children reported that there were no safety issues regarding the Group Home. Further, the focus children have had a decrease in aggressive, assaultive and AWOLing behaviors. The DCFS CSW of two focus children stated that the Group Home staff immediately report any special incidents. The DCFS SCSW indicated that while at the Group Home, the third focus child has shown a decrease in AWOL incidents which placed her at risk.

The Group Home submitted a total of 32 Special Incident Reports (SIRs) to the I-Track database within the last 30 days, 17 SIRs were child safety related. The SIRs included, nine runaways, three assaultive behavior (peer to peer), three substance abuse and two incidents of inappropriate sexual behavior. Six of the SIRs involved two of the focus children.

The second focus child was involved in four of the SIRs, which were child safety related; one incident of assaultive behavior (child to child verbal altercation); two incidents of inappropriate sexual behavior; one incident of school truancy and one incident of substance abuse.

The third focus child was involved in two of the SIRs, which were child safety related; one incident of assaultive behavior (child to child) and one incident of running away.

When child safety related incidents occur, the Group Home staff intervenes and immediately put in place protective strategies and documents the incidents via the I-Track database. For instance, for the SIR that reported a verbal altercation, the Group Home staff stepped in between the placed children to create space, they redirected the placed children and utilized de-escalating techniques. The children were separated for a cooling off period then the Group Home staff verbally processed the incident with the placed children involved in the incident.

The Group Home complied with SIR reporting guidelines and protocols. Appropriate protective strategies and interventions used by the Group Home staff were thoroughly documented in the SIRs. All SIRs were submitted timely and were properly cross-reported.

There were no investigations, substantiated referrals or open investigations to the Out-of-Home Care Investigations Section during the last 30 days.

Permanency (5 Good Status)

Permanency Overview: The Group Home provided substantial permanence for the three focus children. The Group Home provides supports and services that correspond to the permanency plan for each of the focus children and worked with the DCFS CSWs in supporting the specific goals of the DCFS case plans. The Group Home has made efforts toward maintaining permanent family connections by encouraging telephonic contact and visits with family members when possible. The Group Home has also established a connection with a local mentorship program and seeks mentors for those placed children who could benefit from having a mentor to build a lifelong connection.

According to the DCFS CSW, the first focus child is receiving family reunification services; however the likelihood of reunification was becoming questionable due to the parents' lack of compliance with the court's orders. The Group Home staff and DCFS CSW have supported the focus child's need for permanence by considering placement with a relative. In an effort to ensure that the focus child develops lifelong connections, the Group Home ensured that the focus child was connected to a

mentoring program. Subsequent to the QAR, family reunification services were terminated and the focus child moved in with her adult sister.

The second focus child was previously in a legal guardianship placement with his maternal grandmother, which was rescinded. According to his DCFS CSW, the focus child's permanency plan is Permanent Planned Living Arrangement (PPLA). The Group Home staff has been supportive of the focus child's relationship with both his maternal grandmother and having him connected to his mentor.

According to his DCFS SCSW, the third focus child's permanency plan is PPLA. The focus child's chronic AWOLing behavior has been a major factor in not being able to develop a permanent plan. According to the focus child, the Group Home staff has been supportive of her maintaining permanent connections with her siblings. The Group Home has also supported the focus child in obtaining self-sufficiency skills, graduating from high school and fulfilling extended foster care requirements. The Group Home has also made a mentoring program available for the focus child, but she refused to participate in the program. She prefers to spend her time with her significant other. The DCFS SCSW indicated that the DCFS CSW has been discussing with the Group Home staff the need for the focus child to become more self-sufficient prior to her case closing.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home provided substantial placement stability for the three focus children. Each of the focus children has established positive relationships with primary Group Home staff, the Group Home administrator and their peers. In an effort to support placement stability, the Group Home has weekly face-to-face treatment meetings to address placement issues and modify treatment goals and/or services as needed.

The focus children's placements have been stable with no placement or school disruptions. According to the DCFS CSW and SCSW, the focus children have maintained stability in their placement. The focus child indicated that she likes her placement because it is a fun environment where she feels safe and has a bed to lay her head every night. The focus child also indicated that she wants to remain in her placement until she is 18. Her DCFS CSW indicated that the Group Home provides the focus child with stability and is meeting her mental health needs, which has assisted in stabilizing her placement.

The second focus child has been placed in his Group Home placement for over two years. However, he is exhibiting challenging behaviors, which could jeopardize his placement. The Group Home staff and administrator continue to work with him to help decrease his acting out behaviors toward his peers and Group Home staff. In an effort to address his acting out behaviors, the Group Home has increased therapeutic services and has included his maternal grandmother and DCFS CSW in the focus child's weekly face-to-face treatment team meetings to assist in stabilizing his placement. According to the Group Home administrator, the focus child's maternal grandmother's encouragement to follow Group Home rules and behaving appropriately has also been instrumental. The focus child indicated that he likes his placement because he feels comfortable and is able to talk to the Group Home staff about any concerns. The focus child indicated that he also appreciates the community passes the Group Home provides so that he could go to various places. The DCFS CSW

indicated that the Group Home staff report any concerning behaviors that the focus child presents, which they usually address together to support placement stability.

The DCFS SCSW indicated that the third focus child has a history of multiple placements and AWOLing. However, while being placed at the Group Home her AWOLing behavior has decreased. The focus child is attending school, her placement is stable and this is her longest placement. The focus child expressed liking her current placement the most because the placement is meeting more than just her basic needs. The focus child explained that the Group Home provides her with toiletries of her preference. Additionally, the Group Home transports her to her DCFS CSW's office to pick up her bus pass.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The Group Home has established generally effective visitation and maintenance of family connections for the focus children. The Group Home engages the DCFS CSWs and family members in conversations regarding the visitation plan. The Group Home makes visitation arrangements and provides transportation to family visits when needed. Whenever visitation is not possible, the Group Home staff encourages the placed children to have telephonic contact with family members.

According to her DCFS CSW, the first focus child has monitored visits with her parents who reside out of state. Due to the distance, visits have been inconsistent. During the QAR, the Group Home administrator drove the focus child out of state to give her an opportunity to visit with her parents, adult sister and extended family. The focus child reported that she is encouraged to call her family, and does so when she has the desire.

According to his DCFS CSW, the second focus child has unmonitored visits with his maternal grandmother and monitored visits with his mother. The focus child's visits with his maternal grandmother are consistent; however, visits with his mother are sporadic. The Group Home shares visitation transportation responsibilities with the focus child's maternal grandmother who usually picks up the focus child from the Group Home and the Group Home staff transport him back to placement. The focus child has also been connected to a mentor. Visits with his mentor occur on a monthly basis.

According to her DCFS SCSW, the third focus child has monthly one-hour monitored visits with her two younger siblings. The Group Home staff coordinates all visits with her siblings' caregiver and provides the focus child with transportation to and from the visits. The focus child has daily passes, which she utilizes to visit her friend.

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 developed a strong rapport with the DCFS CSWs, the focus children and family members involved. The Group Home frequently makes efforts to engage key people in the focus children's lives regarding visitation, the focus child's case plan progress and treatment goal. The Group Home staff encourage the focus children's family members to visit and be involved with the children's case plan, including their education.

The Group Home staff has minimal interaction with the first focus child's parents, as they reside out of state and have no interest in family reunification. The Group Home staff support the focus child's weekly telephonic contact with her adult sister who also lives out of state.

The Group Home staff engages the second focus child's maternal grandmother in discussion regarding his progress toward meeting his case plan goals, as she is the consistent family member that visits and encourages him to maintain appropriate behavior and follow the Group Home rules. For the third focus child, the Group Home staff arranges sibling visits with the siblings' caregiver.

The focus children reported that they feel comfortable sharing their concerns with the Group Home staff and administrator because they feel their concerns are addressed. In addition, the DCFS CSW and SCSW indicated that they receive frequent telephone and/or email updates from the Group Home regarding the focus children's progress, strengths and concerns.

The focus children's Needs & Services Plans (NSPs) reflects the DCFS CSWs' involvement, the Group Home's efforts and the focus child's progress. Additionally, the DCFS CSW and SCSW reported that they are provided with the focus children's NSPs which document the focus children's progress.

Service Needs (5 Good Supports & Services)

Service Needs Overview: The Group Home has a good array of supports, extracurricular activities and services to help the focus children to make progress toward their planned outcomes. The focus children expressed being linked to all services needed. The placed children at each of the Group Home sites determine their weekend extracurricular activities. The Group Home staff provides practical self-sufficiency activities to all placed children, such as learning to budget their monthly clothing allowance, maintaining good hygiene, cooking and learning to utilize public transportation. In addition to the daily living and life skills training, the placed children are also linked to or receive individual therapy, group therapy, psychiatric services, substance abuse education, tutoring and a mentoring program. Some of the services are provided by community service providers. Additionally, the Group Home assigns Master of Social Work (MSW) Interns to placed children needing additional assistance in making progress toward their treatment plan goals.

The first focus child is receiving psychiatric services, weekly group therapy, and individual therapy to address her mental health needs, which hinders her willingness to follow through with tasks. In addition, the Group Home administrator plans to assign a MSW Intern to work with the focus child. The focus child is also receiving life skills training and substance abuse education. The Group Home administrator indicated that she and the Group Home staff are assisting the focus child with grocery shopping, utilizing resources and counting/budgeting money. Additionally, the Group Home has referred the focus child to a mentoring program. The focus child indicated that she feels that her current placement is providing her with all needed services. Both the focus child and her DCFS CSW indicated that they appreciated the services the Group Home is providing.

The second focus child participates in group therapy, anger management group therapy, on-site group therapy, inpatient psychiatric treatment, bi-monthly individual therapy, life skills training at the Group Home, DCFS Independent Living Program (ILP) services, DCFS Teen Group twice a month and in a mentoring program. The focus child also participates in sports at his after school program. Both he and his DCFS CSW expressed satisfaction in the appropriateness of the services and support that the Group Home provides. Although the Group Home works toward ensuring the children gain self-sufficiency skills, the intervention strategies implemented were not identified in the second focus child's NSPs.

The third focus child is receiving weekly individual therapy, group therapy and life skills training and attends the DCFS Teen Group. The Group Home has offered the focus child mentoring and tutoring services through community services providers; however, the focus child does not participate. The focus child expressed not being ready to transition out of care at age 18 and is interested in participating in the DCFS ILP services. According to her DCFS SCSW, the focus child has been referred. The DCFS SCSW also indicated that the focus child's AWOLs have decreased since being placed at the Group Home and the Group Home has ongoing interventions to prevent further AWOLs.

The DCFS CSW and SCSW had no concerns related to the services the focus children are receiving in the Group Home.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: In general, the Group Home understands the focus children's strengths, needs, preferences and support systems. The necessary support and services for improved functioning and increased overall well-being are also generally understood and used to develop changes. The Group Home holds weekly treatment team meetings to address the treatment case plan goals, services provided, progress and any needed modifications to the goals or interventions for each focus child. Each of the focus children expressed being linked to all of the services needed.

The DCFS CSW and SCSW reported that the Group Home follows the court orders and provides supportive services to the focus children. There were no concerns reported. In addition, the DCFS CSW indicated that she allows the Group Home to develop and modify the NSP treatment goals, as well as, implementing services for the first and second focus child. The DCFS CSW explained that she perceives the Group Home staff as the experts, as they are the ones that interact with the focus children on a daily basis.

Teamwork (5 Good Teamwork)

Teamwork Overview: The Group Home involves most of the important supporters and decision makers in the focus children's lives. The Group Home has weekly face-to-face treatment team meetings, which regularly include the Group Home administrator, Group Home child care staff, clinical staff, service providers and involved family members. When there are serious concerns, the focus children have also participated in the treatment team meetings. As a team, the Group Home staff meets regularly to address issues. However, the team could benefit from the participation of the DCFS CSWs to provide input to define and organize effective services to assist the focus children in making progress toward their treatment plan goals. Additionally, it would be helpful for family members to be included in the decision making process, even if not present at treatment team meetings.

The Group Home also holds SIR debriefing meetings on an as-needed basis to address SIRs that require implementation of an appropriate intervention to prevent similar incidents from reoccurring in the future. The meetings include the focus child, family members, Group Home staff and DCFS CSWs. The second focus child, his maternal grandmother, the Group Home administrator and Group Home social worker participated in a SIR debriefing meeting and treatment team meetings to discuss interventions to minimize further incidents from occurring.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: The Group Home's intervention strategies, supports, and services provided to the focus children are generally responsive to changing conditions. The ongoing adjustments to interventions, goals and services are tracked by the Group Home and DCFS CSWs. The Group Home staff track all adjustments and progress through their daily notes, SIRs, NSPs and weekly treatment team meetings. The treatment team meetings are utilized to discuss family visitation, mental health needs, focus child's participation in services, case planning and when appropriate modifying treatment goals. For instance, a placed child disclosed prior trauma and the Group Home provided an immediate therapeutic intervention. Additionally, therapeutic services were modified, such that individual therapy sessions were increased and trauma based therapy was incorporated.

The DCFS CSW and SCSW stated that they are updated with any changes related to their focus children.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In October 2014, OHCMD provided the Group Home with technical support related to findings indicated in the 2014-2015 Contract Compliance Review. The technical support provided included reporting SIRs, following Title 22 regulations, enrolling youth in school timely, ensuring timely medical examinations and documenting monthly contact with DCFS CSWs.

In November 2014, OHCMD provided the Group Home with technical support related to providing missing information through an addendum to an SIR. Technical support was also provided regarding the replacement of children.

In January 2015, OHCMD Quality Assurance Reviewer met with the Group Home to discuss the results of the QAR. The Group Home scored at or above the minimum acceptable score, a Quality Improvement Plan was not requested of the Group Home. However, OHCMD Quality Assurance staff has and will continue to provide ongoing technical support, training, and consultation, as needed to the Group Home.