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December 7, 2015

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

VISTA DEL MAR 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 Vista Del Mar Group Home (the Group Home) in October 2014. The Group Home has one site located in the Third Supervisorial District and provides services to County of Los Angeles DCFS placed children and Probation youth. According to the Group Home's program statement, its purpose is "to provide services to court dependent, emotionally disturbed, abused and neglected 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 9 of 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 (QIP), as the Group Home scored at or above the minimal 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
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Dr. Louis Josephson, CEO and President, Vista Del Mar
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

VISTA DEL MAR GROUP HOME
QUALITY ASSURANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of Vista Del Mar Group Home (the Group Home) in October 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/youth'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 staff members, one Group Home social worker and the Group Home Administrator.

At the time of the QAR, the placed children's average number of placements was ten, their overall average length of placement was 11 months, and their average age was 16. 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** - The focus children are optimally and consistently avoiding behaviors that cause harm to self, others, or the community and are 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 have substantial permanence. The focus children live in a family setting that the children, the Group Home staff, caregivers, caseworker, 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	5	**Substantially Acceptable Maintenance of Visitation & Connections** - Generally effective family connections are being sought for all significant family/Non-Related Extended Family Members through appropriate visits and other connecting strategies.
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	5	5	**Good Engagement Efforts** - To a strong degree, a rapport has been developed, such that the Group Home staff, DCFS CSW, certified foster parent and the focus children feel heard and respected.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
building a genuine, trusting and collaborative working relationship with the ability to focus on the child's strengths and needs.			
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	6	**Optimal Supports and Services** - An excellent array of supports and services fully match intervention strategies identified in the case plan. The services are substantially helping the focus children make progress toward planned outcomes. The array provides a wide range of options for appropriate treatment interventions and selection of providers.
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	6	**Optimal Assessment and Understanding** - The focus children's functioning and support systems are comprehensively understood. Knowledge necessary to understand the focus children's strengths, needs, and preferences is continuously updated.
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	6	**Optimal Teamwork** - The team contains all the important supporters and decision makers in the focus children's life, including informal supporters. The team has formed an excellent, consistent working system that meets, talks, and plans together; face-to-face team meetings are held regularly and as frequently as the team sees the needs, as well as at critical points to develop plans.
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	6	**Optimal Tracking and Adjustment Process** - Intervention strategies, supports, and services being provided to the focus children are highly responsive and appropriate to changing conditions. Highly successful modifications are based on strong 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 complied with the procedures and protocols and reported Special Incident Reports (SIRs) in a timely manner. During the QAR, it was reported that the Group Home took responsibility for the safety of the children.

The focus children reported feeling safe at all times while at the Group Home and always being supervised by staff. One focus child reported that the Group Home makes her feel safe by meeting all her needs, as they assist her in preventing self-harm. She further stated that there is always staff with whom she can speak.

The Group Home submitted fourteen SIRs during the past 30 days. The SIRs included seven medical related incidents for refusal of psychotropic medication, three incidents of physical restraints, two assaultive behavior incidents (by a child toward a caregiver), two psychiatric hospitalizations, one incident of suicidal ideation, and two runaway incidents that involved law enforcement. Three of the SIRs, which were medical related, involved one of the focus children; the focus child had refused to take her prescribed psychotropic medication. Although the Group Home has fourteen SIRs, the Group Home followed SIR reporting guidelines on all the SIRs reported.

The Group Home did not have any Community Care Licensing (CCL) complaints or investigations. Further, the Out-of-Home Care Investigation Section (OHCIS) reported that it did not receive or investigate any referrals regarding the Group Home within the last 30 days.

Permanency (5 Good Status)

Permanency Overview: The Group Home is providing the services that correspond with the focus children's permanency plans. The Group Home demonstrates efforts to reach the permanency plan requested by DCFS and is fully supporting the goals in place for all of the focus children. One of the focus children is receiving Planned Permanent Living Arrangement (PPLA) services; the focus child reported that the Group Home and the DCFS CSW are working together in preparing him for transitional housing. The Group Home is providing permanency services that include emancipation and youth development services.

The two other focus children are receiving family reunification services. One of the focus children reported that the Group Home assists him with his reunification services by providing him the skills he needs to be able to reunite with his mother. The Group Home also helps him by encouraging him to attend school, as well as redirecting him to improve his behavior by respecting adults and teaching him new coping skills. The other focus child reported that the Group Home assists her with reunification services by providing the services and resources she needs in order for her to decrease and eventually stop harming herself.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home is providing good stability for the focus children in its care. Two of the focus children have remained placed at the Group Home for more than six months and have established positive relationships with peers, Group Home staff and their therapist. Both focus children reported that they have been doing well in the Group Home and their behaviors have improved since being placed there. The Group Home has been the only placement for the third focus child.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The Group Home is generally effective in maintaining family contact and follows court ordered visitation plans and recommendations of the DCFS CSWs. The focus children's visitation plans are being fully implemented. The Group Home is supportive of the visitation plans and encourages the focus children to maintain regular contact with their families whenever possible. All of the focus children are visiting with either family members or mentors. The Group Home provides transportation when needed, monitors visits on-site, allows family members to visit on weekends and makes every effort to ensure visitation arrangements are convenient for the family members. The focus children all reported that when visitation is missed, the Group Home encourages them to make phone contact with their family members and mentors. Additionally, the Group Home maintains a visitation log for all placed children to ensure staff is always informed of who is able to visit with the children.

The Group Home makes efforts to have the focus children's family members visit regularly and encourages the focus children, as well, to contact appropriate relatives. One focus child's family resides out-of-state; therefore, is unable to visit weekly; this focus child is a member of the Boy Scouts. The Group Home was able to successfully link him with a mentor through the Boys Scouts. The DCFS CSW has approved for the focus child to have day visits with his mentor and the mentor's family once a week.

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 consistent good efforts to engage the focus children and key people in decisions made for the focus children.

One focus child reported that he could go to any staff, his therapist and the supervisors anytime he needs anything. He stated that they are all helpful and he can count on all of them. He further reported that his DCFS CSW informs the Group Home of his needs and they work together to meet his needs. Another focus child reported that he has a good relationship with this therapist, and he feels heard and respected. The focus child also reported that he can also speak with his youth development counselor when he is angry and that by doing so, he feels better. The DCFS CSWs for

the focus children reported that they all have a good rapport and working relationship with the focus children's therapist. They further reported that the Group Home therapist keeps them informed of how the children are doing on a weekly basis, or as needed. The Group Home maintains a good relationship with the DCFS CSWs and key people in the focus children's life, including parents, relatives, and teachers and between all their staff members. The Group Home also engages the family and provides family therapy when needed or as recommended by the CSWs.

Service Needs (6 Optimal Supports and Services)

Service Needs Overview: An excellent array of supports and services fully matches intervention strategies identified for the focus children that are reflective in their Needs and Services Plans (NSPs). According to the NSPs and interviews with the focus children and their DCFS CSWs, services in place are substantially helping the focus children make progress toward their planned goals, as indicated in their NSPs. A team approach is utilized to develop the NSPs and the focus children are involved in developing their goals. All three focus children reported they have made progress towards achieving their goals, and this is reflected in their NSPs, as well.

Services provided to the focus children include weekly individual and group psychotherapy, daily milieu therapy, expressive art therapy, family therapy, as well as psychiatric treatment and medication management at least once a month. All three of the focus children attend the Group Home's on-grounds non-public school.

The focus children reported that the services available meet their needs. One focus child reported that he has seen changes with his anger because of the services he is receiving. He also stated that his therapist is assisting him in better managing his anger.

DCFS CSWs and the Group Home therapist have an excellent working relationship as they collaborate in the best interest of the children. They work together to ensure the services provided for each focus child are the most appropriate.

Assessment & Linkages (6 Optimal Assessment and Understanding)

Assessment & Linkages Overview: The focus children meet with their therapist at the Group Home weekly to assess their progress and to evaluate their needs. The focus children also attend weekly therapy and family therapy with the Group Home therapist when needed. The Group Home has made efforts to involve one of the focus child's mother in family therapy; however, mother refuses to participate. The focus children's support systems are comprehensively understood by the Group Home and the focus children reported being understood and helped by the Group Home therapist and staff.

The Group Home ensures that initial medical and dental visits are completed within the first 30 days of placement. The focus children are prescribed psychotropic medication and they see the psychiatrist monthly, or more often as needed. The Group Home provides services needed or recommended by the DCFS CSWs to assist the focus children in improving their behaviors. The focus children reported that they have seen improvements in their behaviors since being placed at the Group Home, such as decreasing self-harming behaviors and AWOLing. The DCFS CSWs for the

focus children all reported having regular contact with the Group Home staff and felt that the children's strengths and needs are comprehensively understood by the Group Home.
The DCFS CSWs reported that they are made aware of the focus children's progress toward achieving their NSP goals, as the Group Home therapist maintains regular contact with them via telephone or e-mail. They also stated that they inform the Group Home of the focus children's needs, such as medical, dental, educational and mental health services, and the Group Home does a great job in ensuring the needs are met.

Teamwork (6 Optimal Teamwork)

Teamwork Overview: Optimal teamwork is demonstrated by the Group Home, based on their regular team meetings, which include all the key parties for the focus children.

Two focus children reported that they are included in the team and are aware of who their team members are. Their team includes their therapist, Group Home staff, the DCFS CSW, the Group Home unit director, and family members. They both reported that they are involved in team meetings and that their therapist informs them when the meetings will occur. The Group Home has formed an excellent and consistent working relationship with all team members and involves the children in the decision-making process. Each of the focus children reported knowing who their team members are.

The DCFS CSWs all reported that they have a great working relationship with the Group Home therapist and they, along with the focus children, meet on a regular basis and work together for the best interest of the focus children. Consistent and regular communication is key between the team members, and actions of the team fully reflect an optimal pattern of teamwork. The effective teamwork is evident in the progress the focus children are making toward meeting their treatment goals and improving their behaviors.

Tracking & Adjustment (6 Optimal Tracking and Adjustment Process)

Tracking & Adjustment Overview: The Group Home treatment team tracks each focus child's progress through weekly meetings, at which time areas of concern are addressed. In addition, the Group Home unit director reported that tracking of each focus child's progress occurs daily, as the Group Home staff communicates and collaborates with each other when shift changes occur to ensure everyone is aware of the children's status. Implementation of strategies, supports and services are being tracked by progress notes, NSPs and communication with the placed children.

The Group Home therapist is the key person who tracks how the focus children are doing, what is working and what needs to be changed or modified. The Group Home therapist maintains regular contact with the focus children, parents, guardians, DCFS CSWs and Group Home staff in efforts to effectively develop goals for the focus children and/or to make any necessary modifications to their treatment plan, if needed.

The DCFS CSWs also reported that they consult regularly with the Group Home therapist and the children to ensure any necessary adjustments to the NSP goals are made, the resources for the focus children are in place and that they are involved in making any modifications to the NSPs.

Each of the focus children reported that their needs are being met and that they have not asked for any changes to the services they are receiving.

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. Technical support and training provided to the Group Home in the areas of Facility and Environment, related to ensuring stored food was properly labeled and dated; Maintenance of Required Documentation, related to ensuring comprehensive and timely NSPs; and Education, related to ensuring supports are in place to assist children in improving grades and making progress in school. OHCMD also provided training in regards to SIR reporting guidelines and NSP goals to ensure comprehensive and timely reports.

In May 2015, 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.