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February 25, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
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ST. ANNE'S MATERNITY 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 St. Anne's Maternity Group Home (the Group Home) in March 2015. The Group Home has one site located in the First Supervisorial District and provides services to DCFS foster children, as well as Los Angeles County Department of Probation youth. According to the Group Home's program statement, its purpose is, "to provide services to at-risk and pregnant or parenting young mothers and their children up to 3 years of age."

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 4 of 9 focus areas: Permanency, Placement Stability, Teamwork and Tracking and Adjustment. OHCMD noted opportunities for improved performance in the focus areas of Safety, Visitation, Engagement, Assessment & Linkages, and Service Needs.

The Group Home provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In September 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, Visitation, Engagement, Service Needs and Assessment & Linkages.

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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ST. ANNE'S MATERNITY 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 St. Anne's Maternity Group Home in March 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 staff members, one Group Home therapist, and the Group Home administrator.

At the time of the QAR, the placed children's average number of placements was three, their overall average length of placement was 12 months and their average age was 17. 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 FFA 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 DCFS CSW, support the plan.	5	5	**Good Status** - The focus children have substantial permanence. The focus children live in a family setting that the focus 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	4	**Acceptable Maintenance of Family Connections** - Fairly effective family connections are being at least minimally maintained for most 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	3	**Marginally Inadequate Engagement Efforts** - Reports indicate that limited and somewhat inadequate or inconsistent efforts are being used by the Group Home staff to engage the focus children, caregivers, and other key people. Team members report few accommodations being offered to provide scheduling times and locations based on convenience of appropriate parties. Engagement efforts are made occasionally. Mixed or marginally inadequate working relationships between the Group Home staff, DCFS CSWs, and the focus children, either are evident in this case or reflective of a limited level of effort made to engage the key people involved in this case.
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	4	**Fair Supports & Services** - A fair array of supports and services somewhat matches intervention strategies identified in the case plan. The services are minimally to fairly helping the focus children make progress towards planned outcomes. A minimally adequate to fair set of supports and services are usually available, used, and seen as somewhat 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	4	**Fair Assessment and Understanding** - The focus children's functioning and support system are minimally understood. Information necessary to understand the focus children's strengths, needs, and preferences is periodically updated.

Focus Area	Minimum Acceptable Score	GH QAR Score	GH QAR Rating
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 necessary to organize effective services with children of this complexity and cultural background.
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 substantial permanence to the focus children. The Group Home is providing the services that correspond with the focus children's Permanency Plans. The permanency plan, as stated in their Needs and Services Plan (NSP), is Planned Permanent Living Arrangement, for each of the focus children. The Group Home and the DCFS CSWs are working to prepare the focus children to achieve their permanency plan. The Group Home provides therapy and parenting classes. The Group Home also teaches the focus children to become more independent, by teaching them daily living skills, such as how to do their laundry and cooking classes. The Group Home also assists placed children in obtaining transitional housing.

The first focus child reported that the Group Home is not assisting her with achieving her permanency goals. The focus child did not elaborate, only stating that the Group Home does not do anything for her. The focus child reported that she would like to transition out of care and obtain her own housing.

The second focus child reported that the Group Home is supporting her by providing daily living skills training, such as how to do her laundry. Further, the focus child is on schedule for graduation. The focus child reported that she would like to transition out of care and obtain housing through a Supervised Independent Living Program.

The third focus child reported that the Group Home supports her plan by providing her with parenting classes and therapeutic services, which will prepare her when she is ready to transition to transitional housing. The focus child reported that she would like to either move in with her adult sister or transition to a lower level of care.

The DCFS CSWs stated that they contact and inform the Group Home's case manager of the focus children's permanency plans so that the Group Home is aware of the plan and can assist the focus children in working toward achieving their permanency goals.

The Group Home staff reported that they have meetings with the focus children to discuss their permanency plans to assist them in preparing for independence. The Group Home staff reported that they also assist the focus children with seeking out various transitional housing programs, résumé preparation and job searches.

Placement Stability (5 Good Stability)

Placement Stability Overview: The Group Home is providing good stability for the focus children. The Group Home meets the focus children's needs by providing them with services, such as teaching them to better care for their infant children and by providing parenting classes.

All three focus children reported that they would like to see improvements made at the Group Home to better meet their needs. Some of the improvements the focus children reported were having more space to themselves and the level system the Group Home uses should be based on their behavior. Although two of the focus children have remained placed at the Group Home for more than one year, they attributed their stay at the Group Home to being able to have their infant children placed with them.

The first focus child reported that the Group Home meets her needs by providing parenting skills classes, anger management classes, and domestic violence and substance abuse support groups. The focus child reported that one thing she would like to have is more privacy at the Group Home. She also reported that she has not developed a relationship with any Group Home staff.

The second focus child reported that she would like to have more space to herself. The focus child reported that the Group Home is assisting her by providing the services she needs to reunify with her infant child. The focus child also reported that if she has any concerns about her placement, she would go to one specific Residential Counselor at the Group Home.

The third focus child reported that the Group Home meets her needs, as her infant son is able to be in placement with her. The focus child reported that the Group Home also assists her in caring for her

child by providing supplies, as well as having her own room with her infant. The focus child reported that she would go to her Group Home case manager if she had any concerns about her placement, who would then contact her DCFS CSW. The focus child reported that she does not have a relationship with any staff at the Group Home.

Each of the DCFS CSWs reported that they work with the Group Home case manager assigned to the focus children to ensure that the focus children do not experience any placement disruptions. They also communicate and try to have meetings when issues arise to prevent replacements.

The Group Home staff reported that the DCFS CSWs share information about the focus children prior to their placements at the Group Home, such as, reason for placement, pregnancy information, behavioral concerns, along with all basic information. The Group Home staff also reported that to prevent placement disruptions from occurring, they conduct treatment meetings when concerns arise and have the placed children sign a pre-separation contract, which states that if they continue to have acting out behavior, they will be replaced.

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

Safety (4 Fair Safety Status)

Safety Overview: The Group Home is providing a fair living arrangement for the focus children. Although the focus children reported that they feel safe at the Group Home, there is a concern regarding the high number of Special Incident Reports (SIRs) submitted by the Group Home over the last 30 days, in particular, a high number of runaway incidents/absence without leaves (AWOLs). Further, the Group Home did not follow procedures and protocols for reporting AWOLs to ensure child safety. SIRs did not include pertinent information regarding the incidents, or addendums were not submitted when new information was obtained. When children AWOLed, the Group Home did not always follow the children on foot or by vehicle, in efforts to deter them from AWOLing, or counsel them to remain at the Group Home. The Group Home also did not always contact law enforcement, to file a missing person's report, or contact the Child Protection Hotline. SIRs were also submitted to report: substance abuse while on AWOL, property damage, physical restraints, police involvement, assaultive behavior/fighting, as well as illness and medical related incidents, and school related incidents.

SIRs submitted during the past 30 days, did involve the focus children. The first focus child had two SIRs related to AWOLs. The second focus child had four SIRs related to AWOLs, engaging in a physical altercation which required physical restraint and police involvement, and a fire-related incident in which the focus child accidently burned a dessert in cooking class. The third focus child had four SIRs related to AWOLs, as well as two medical related incidents; one incident when the focus child gave birth and the other incident involved the focus child being taken to the emergency room after complaining of back pain.

Out-of-Home Care Investigations Section (OHCIS) reported that the Group Home did not have any open referrals within the last 30 days.

The DCFS CSWs did not report any safety concerns regarding the Group Home or the focus children. The third focus child's DCFS CSW reported that, although she may receive SIRs when the focus child AWOLs, she does not receive SIRs notifying her of the focus child's return from being AWOL. She

further stated that she does not receive any notifications either via e-mail or telephone, informing her whether the focus child returned or about her well-being.

The Group Home staff reported that they ensure safety of the focus children by being supportive, having an open relationship, and communicating with placed children. The Group Home staff reported that they will also provide one-on-one support and do constant evaluations when they observe an issue with the focus children's behavior to ensure the safety of placed children.

Visitation (4 Acceptable Maintenance of Family Connections)

Visitation Overview: The Group Home minimally maintains effective family connections for the focus children. Each of the focus children reported that although they may have visits with family members and/or their boyfriends, the visits usually do not occur at the Group Home. They reported that the Group Home does not facilitate visitation and does not provide transportation for off-site visits or passes.

The first focus child shared that she has unmonitored visits with her boyfriend and siblings. The focus child reported that she visits her boyfriend and siblings while on community pass. The DCFS CSW for the focus child transports her to visit her mother who is incarcerated, as the Group Home does not provide transportation.

The second focus child reported that she has visits with her infant child once a week, as her infant is also a dependent of DCFS. She reported that the baby's foster mother brings him to the Group Home, and she has visits with him there.

The third focus child reported that she has visits with her sibling and boyfriend who come to the Group Home to visit her. However, she reported that the visits are not convenient for her family as they travel long distance to visit her, and visits at the Group Home are only an hour long.

Each of the focus children expressed frustration and disappointment regarding the Group Home's policy/procedures regarding visitation. Each focus child reported that visits at the Group Home are not convenient as there are only two visitation rooms and visits are only for an hour at a time.

The first focus child's DCFS CSW also stated that when he conducts his monthly visits with the focus child at the Group Home, he has often waited for more than an hour. The DCFS CSW reported that the Group Home forgets that he is even there at times, because he asks to see the child and no one gets back to him and he constantly has to remind the receptionist that he is there to make face-to-face contact with the focus child.

Both the second and third DCFS CSWs confirmed that visits are not convenient for family members who visit, as the Group Home does not have sufficient visitation areas or rooms to accommodate the visits.

PRACTICE INDICATORS

(Measured over last 90 days)

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

Teamwork (5 Good Teamwork)

Teamwork Overview: The Group Home has formed a good working group, demonstrating good efforts of working as a team for each of the focus children. Each focus child reported that they were aware of who their team members were, which included the Group Home case manager, DCFS CSW, the Group Home therapist, and the Group Home administrator. However, the team contains only some of the important supporters and decision makers in the focus children's life. The team did not include family members, or when appropriate the father of the focus children's infants and other key people involved in the focus child's life.

The first focus child reported that she participates in monthly team meetings to discuss how she is doing and the progress she is making. The focus child reported that her team members are the Group Home case manager, Group Home staff, and DCFS CSW. She reported that the Group Home case manager informs her of the team meetings and if she needs to call a meeting she would inform her Group Home case manager.

The second focus child reported that she meets with her team members, which include the Group Home case manager, Group Home therapist, and Group Home staff bi-weekly to discuss her progress. She reported that she can call a meeting if she needs to and that the Group Home provides her with a calendar informing her when the meetings will take place.

The third focus child reported that she has participated in team meetings in the past. However, she reported that she has not participated in any team meetings for the past month and did not know the reason as to why no meetings have been held in the last month. She also stated that she can call meetings when she would like to. The focus child reported that her team members include the Group Home therapist, Group Home case manager and Group Home administrator.

The first focus child's DCFS CSW reported that he has not participated in any team meetings at the Group Home. The DCFS CSW reported that there are no formal meetings that he is aware of and that he has not been invited by the Group Home. The DCFS CSW stated that he meets with the focus child and the Group Home case manager when he conducts his monthly visits with the focus child. The DCFS CSW also reported that he has not been invited to any meetings where NSPs are discussed and he is not part of the development of the NSP. The Group Home develops the NSP and sends it to him for review and if he agrees he signs it and returns it to the Group Home.

The second focus child's DCFS CSW stated that she rarely attends team meetings at the Group Home. She reported that only when crises arise, does she receive a call to have a telephone conference with the Group Home case manager and the focus child. The DCFS CSW added that she can only remember attending one meeting to discuss the focus child's AWOL behavior and it was decided that the focus child's community passes would be revoked. The Group Home and DCFS CSW are working together in assisting the focus child to decrease her AWOLing behavior.

The third focus child's DCFS CSW expressed that the Group Home does not do well in teaming with her, as she is not notified of team meetings nor has she participated in any team meetings at the Group Home. However, the DCFS CSW stated that the focus child informed her that she is able to request and call her own team meetings, by informing the Group Home case manager that she would like to have a meeting to discuss whatever issues she may have.

The Group Home staff reported that they have bi-weekly treatment team meetings which include residential counselors, case managers, therapist, assistant directors, and the focus children. The Group Home staff reported that DCFS CSWs are also invited. The Group Home staff reported that the purpose of the treatment team meetings was to discuss the focus children and the progress towards meeting their treatment goals and any crisis that may arise.

Tracking & Adjustment (5 Good Tracking and Adjustment Process)

Tracking & Adjustment Overview: Interventions, strategies, supports, and services being provided to the focus children are responsive to changing conditions. Periodic monitoring and communication of the focus children's status and services results to the team are occurring, however, they do not always involve the DCFS CSW.

All three focus children reported that when things are not going well at the Group Home, rarely does the Group Home make any changes, as the Group Home staff does not always follow through on changes that need to be made.

The first focus child reported that when things are not going well, she only tells her DCFS CSW. She reported that when she informs the staff at the Group Home, they tell her that they are unable to assist her because what she is requesting requires DCFS or Court approval.

The second focus child reported that when she gets upset or when things are not going well, she prefers to take a walk or speak with her therapist. The focus child reported that if there is a physical altercation at the Group Home, the Group Home staff does not intervene; law enforcement is contacted to address the altercations.

The third focus child reported that she speaks to her therapist if things are not going the way she wants them to go at the Group Home. She also reported that depending on the incident, the Group Home may or may not attempt to resolve the issue. The focus child reported that if she reports an incident to her therapist, such as problems getting along with peers or getting into a physical altercation, the therapist, the focus child and the other resident may meet to address the issue and try to come to a resolution.

The first focus child's DCFS CSW reported that he communicates with the Group Home case manager and receives NSPs in regards to the focus child's progress at the Group Home.

The second focus child's DCFS CSW reported that the Group Home case manager provides updates regarding the focus child's progress related to their NSP goals.

The third focus child's DCFS CSW reported that she does not receive progress updates regarding the focus child from anyone at the Group Home. She reported that the focus child is the only one that provides her with updates.

The Group Home administrator reported that the Group Home tracks the focus children's progress through weekly and monthly meetings which address the child's progress and concerns. The Group Home utilizes information obtained by residential counselors and direct line staff, as these staff observe and interact with the children, and they document their behaviors and progress. The Group Home case managers then meet with the focus children monthly to assess progress and develop and adjust goals on their NSPs. In addition, the Group Home identifies specific areas of behavior that needs to be addressed and monitors improvements or progress in those areas. When a placed child is not making progress or complying with the Group Home's program and is at risk of placement disruption, the Group Home may implement a pre-separation contract in efforts to preserve placement.

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

Engagement (3 Marginally Inadequate Engagement Efforts)

Engagement Overview: The Group Home maintains marginally inadequate engagement efforts with the focus children and the key people in the focus children's lives. Interviews with the focus children and DCFS CSWs indicate that limited and inconsistent efforts are demonstrated by the Group Home staff to engage the focus children, and other key people, such as family members and DCFS CSWs. Further, only one focus child reported having developed a good relationship with a Group Home staff member.

The first focus child reported that she does not feel comfortable with any of the staff at the Group Home and she cannot count on anyone at the Group Home. The focus child reported that she can only count on her boyfriend. She further stated that if she needed to speak to someone to address her concerns, she would prefer to speak to her Group Home therapist, but she added that her therapist is never around when she needs to speak to her.

The second focus child reported that she can count on one Group Home staff member, a Residential Counselor, as she is the only staff who helps her and encourages her to do well. The focus child reported that besides this specific Group Home staff, there is no one she can count on or go to when she is having a crisis.

The third focus child reported that she does not count on anyone at the Group Home, even though she has been at the Group Home for more than six months, she has not developed a relationship or rapport with staff at the Group Home and can only count on her family members.

All three DCFS CSWs reported that they primarily communicate with the Group Home Case Manger who informs them of the focus children's status, progress and if any concerns might arise. However, they occasionally speak with the Group Home therapist regarding the well-being of the focus children.

The third focus child's DCFS CSW stated that the Group Home maintains inadequate engagement efforts. The DCFS CSW shared an incident in which she was new to the case and had gone to the Group Home to visit the focus child. As she was waiting for the focus child, she noticed the Group Home case manager walking by. The DCFS CSW attempted to engage her in a conversation regarding the focus child; however, the Group Home case manager did not make any efforts to acknowledge her.

It appears that the Group Home therapist is also not being engaged, as she reported that she does not ensure that the appropriate resources are in place for the focus children, as that is the role of the Group Home case manager. She is not informed by the Group Home who is allowed to visit the focus children, that information is shared with the Group Home's residential team. The Group Home therapist stated that her role is to directly work with the focus children and address their emotions and ensure their mental health needs are being addressed.

During the QAR, the Quality Assurance Reviewer experienced similar experiences as described by the DCFS CSWs. Although the QAR and interviews had been scheduled in advance, and the Group Home had been informed of the focus children selected for the interviews, the Quality Assurance Reviewer had to wait more than one hour to meet with the focus children. Additionally, when it was time to interview the Group Home administrator, the Quality Assurance Reviewer was asked again to wait and waited another 15 minutes as the Group Home administrator was attending a meeting.

It is also of great concern that a focus child reported to her DCFS CSW, that the Group Home staff threaten placed children by telling them they will call in a referral to the Child Protection Hotline and have their babies taken away if they do not comply with staff requests or directives. This may be hindering engagement and development of positive relationships between the Group Home staff and the focus children.

Service Needs (4 Fair Supports and Services)

Service Needs Overview: The Group Home provides fair array of supports and services that somewhat matches intervention strategies identified in the case plan. The services are minimally to fairly helping the focus children make progress towards planned outcomes.

The first focus child is receiving weekly individual counseling, parenting classes, and Independent Living Program (ILP) services. Per her NSP she is a member of the National Honors Society and attended school consistently, obtaining perfect attendance. However, she is currently behind in school credits which may put her membership with the National Honor Society at risk. The focus child reported that she only speak to her DCFS CSW in regards to her needs, as he is the one who assists her in advocating for her needs to be met. The focus child also reported that when she needs school supplies, the Group Home staff tells her they will get it for her; however, they do not follow through, as she does not always receive the supplies she needs, unless she continues to make requests. The focus child reported that although some of the services in place meet her needs, she shared some frustration regarding her therapy. She reported that her services include weekly individual counseling; however, she is not able to locate her therapist and she is not receiving therapeutic services weekly. The Group Home therapist reported that she meets with the focus child on a weekly basis and is generally at the Group Home; however, she may be on the floor dealing with another crisis when the focus child is looking for her.

The second focus child is receiving individual counseling, social skills training, life skills classes, substance abuse counseling and ILP services. The second focus child is not doing well academically and she continues to struggle with school participation and attendance. The focus child reported that she speaks to her therapist about her feelings, but she speaks with one specific Group Home Residential Counselor about everything else. She shared that this specific staff member encourages her and pushes her to do well. The focus child reported that the resources in place meet her needs.

The focus child expressed an interest in volunteering at an inner city arts program. She had participated in an internship with the Inner City Arts, which provides art therapy to people affected by cancer or disabilities. The focus child shared that she maintains contact with the program's director, as she wishes to help others and would like to become an art therapist.

The third focus child is receiving weekly individual counseling, after-school tutoring (to assist her recovers with school credits, as she is not on target to graduate), social and life skills classes, drug counseling, and parenting classes. The focus child reported that the resources in place meet her needs, as she reported that her only need is to be with her baby. The focus child reported that she would like to see the rules change at the Group Home. She reported that the Group Home's level system should be based on your behavior, however, she did not elaborate. She also reported that she gets stuck at the Group Home on the weekends as she does not have community passes, and there is nothing for her to do as the Group Home does not provide any outings or activities on the weekends.

The first focus child's DCFS CSW reported that the resources in place meet the focus child's needs; however, he also mentioned that the Group Home does not contact him in regards to updates on the services being provided for the focus child. The second DCFS CSW reported that she communicates with the Group Home case manager and they work together to develop the NSP goals. The DCFS CSW reported that she is always discussing treatment goals with the case manager due to the focus child's behavioral problems as she is always AWOLing. The third focus child's DCFS CSW reported that although the Group Home may post the resources and services on the Group Home's display board, not all of the services are available or provided to the placed children.

The Group Home Residential counselors reported that the Group Home case managers develop and modify the treatment goals for the focus children. They reported that they inform the Group Home case manager on how the focus children are doing and whether their goals need to be modified. The Group Home staff reported that they work with the Group Home case managers to ensure that appropriate services are in place for the focus children.

Assessment & Linkages (4 Fair Assessments and Understanding)

Assessment & Linkages Overview: The Group Home has a fair understanding of the focus children's strengths and needs. The Group Home does a fair assessment of the focus children, and underlying needs requiring interventions are minimally recognized and understood.

All three focus children reported that they see the doctor and the dentist when they need to. However, the first focus child's DCFS CSW reported that he had to intervene in order for the Group Home to take the focus child to her follow-up medical appointment.

Based on the QAR, it appears that there are limited activities available to the focus children to participate in, or the focus children are not included in the process of selecting activities of their preference or interest. All three of the focus children reported that they sometimes participate in activities that are selected by the Group Home activity coordinator.

The third focus child reported that she is not approved for community passes and is required to stay at the Group Home on the weekends. The focus child reported that there are no activities or outings scheduled for any of the placed children to participate in on the weekends. She, along with other

placed children, stays at the Group Home doing nothing, as there is nothing to do. The focus child reported that she believes that this is one of the reasons her peers AWOL so much on the weekends. Of further concern is that this focus child reported that when activities or outings are scheduled, she and many of the other parenting residents are unable to participate because childcare services are not available due to the Group Home only offering childcare during certain hours or for a limited amount of time.

The Group Home staff reported that they encourage the focus children to participate in activities that are set by the Group Home.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In March 2015, OHCMD provided the Group Home with technical support related to findings indicated in the 2013-2014 Contract Compliance Review. Technical support and training provided to the Group Home related to documentation of dates of NSP, completion on the NSPs and for the signature page and timeframes for medical follow-ups, especially annual check-ups and recommended check-ups by the physician.

In September 2015, the OHCMD Quality Assurance Reviewer manager met with the Group Home to discuss results of the QAR and to provide the Group Home with technical support to address methods for improvement in the areas of Safety, Visitation, Engagement, Assessment & Linkages, and Service Needs. The Group Home submitted the attached Quality Improvement Plan (QIP). The OHCMD Quality Assurance staff will continue to provide ongoing technical support, training, and consultation to assist the Group Home in implementing their QIP.

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St Anne's

Brighter futures for at-risk
pregnant young women, mothers and children

December 31, 2015

Patricia Bolanos-Gonzalez
Children's Services Administrator II
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
Elmonte, CA 91731

RE: Quality Improvement Plan for Group Home Quality Assurance Review
Site Visit Date: March 20, 2015
QIP Due Date: October 14, 2015

Dear Ms. Bolanos-Gonzalez:

The St. Anne's Residential Treatment Program is dedicated to providing the best services available to our residents. Your collaboration and input is helpful in making this possible for our residents. The following items were recommended and will be rectified through the plans related below.

Status Indicators

Safety:

In efforts to reduce incidents of runaway behavior demonstrated by our chronic runaway residents in placement, the following measures will be taken to address runaway occurrence:

1) St. Anne's Residential Treatment Program will maintain an average of 10% of chronic runaway residents in placement. This will allow for the treatment team, which includes: Department of Children and Family Services Childrens Social Workers (DCFS CSW), Department of Probation Officer (DPO), Assistant Director, Therapist, Case Manager, Primary Staff, Family Members/Significant Adults, etc., to develop an effective treatment plan in order to stabilize chronic runaway behavior

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within the program prior to accepting another resident with extensive runaway history.

2) At intake, once a resident has been identified as a runaway youth, a safety plan will be completed with the resident, DCFS CSW/DPO, and St. Anne's staff. This safety plan will include treatment interventions suggested by the resident, in collaboration with DCFS CSW/DPO, St. Anne's staff, and when possible, an approved family member/significant adult involved in the resident's treatment.
3) Chronic runaway residents will meet with staff at Safety Council to determine reasons of runaway behavior and discuss plans/interventions to keep residents motivated to remain in-house.
4) When a resident plans on running away from placement, staff will encourage resident to remain in-house and follow resident to the blue gate. If the resident is determined on running away despites staff's interventions, staff will ask for resident's destination and ask for contact number to ensure their safety while resident is runaway. Staff will consult with the child protective hotline, file a missing persons report with Rampart Police Station, and I-track will be completed and submitted by the Milieu Manager whenever a resident runs away. Should the resident return prior to the child protective hotline consultation and missing persons filed, the information will be documented on I-track. Addendum will be submitted on I-track indicating attempts made to locate resident and interventions upon resident's return to address the runaway behavior.
5) To ensure that all reports contain necessary information, and to improve the overall accuracy of our reporting, Assistant Directors will review runaway I-track submitted by Milieu Managers and Overnight Lead Residential Counselors and addendum I-track when necessary.
6) Case Managers will inform DCFS CSW/DPO and family members/significant adults of resident's chronic runaway behavior and will invited them to attend a treatment team meeting to address the safety concern. Resident's chronic runaway behavior will be tracked on a monthly basis. Resident will be placed on a Pre-Separation Contract and/or will be asked to be replaced, if there is no improvement in the number of incidents of runaway behavior in a three months period.
7) The program will assess and limit the amount of 7-day bed hold request for chronic runaway residents. After several efforts have been made with addressing excessive runaway behavior, St. Anne's will ask the department to close the resident's bed while resident is runaway and/or request for resident to be replaced.

Implementation Date:	12/31/15 and Ongoing
Person Responsible:	Residential Treatment Program Director
Quality Assurance:	Quality Assurance Director

Visitation:

In order to orient DCFS CSW/DPO, residents, and visitors on the Visitation Procedures the following steps will be taken:

1) Upon Intake, DCFS CSW/DPO, residents, and family members/significant adults, will be informed of Visitation Policies and Procedures. DCFS CSW/DPO will be provided with Visitation Authorization form to complete, which will inform staff on who the resident is authorized to visit with while in placement.
2) DCFS CSW/DPO, resident, and authorized visitors will be informed of visitation hours, visiting rooms, and time allotted per visit. Time allotted per visit is flexible, and is determined by court ordered visitation plan, and/or visitors' circumstances.
3) Case Managers will coordinate visits with DCFS/DPO and family members/significant adults to help facilitate visitations under special circumstances.
4) Court ordered visitation will be coordinated and planned by the DCFS CSW/DPO and Case Managers. Due to the program housing a capacity of 32 teens and 18 children, scheduled court ordered visitation are planned and responsibilities are shared between the Group Home staff, DCFS CSW/DPO, and other interested parties such as foster family agencies, in order to ensure visitations are facilitated and/or monitored.
5) DCFS CSW/DPO, residents, and authorized visitors will be informed of alternate spaces to visit when visiting rooms are occupied. DCFS CSW/DPO will have the option to visit residents in their rooms.
6) All guests waiting to visit with residents will be greeted and attended to immediately, and will be notified of any delays in starting the visit.

Implementation Date:	12/31/15 and Ongoing
Person Responsible:	Residential Treatment Program Director
Quality Assurance:	Quality Assurance Director

Practice Indicators

Engagement:

St. Anne's Residential Treatment Program staff is dedicated to engage residents in their treatment and involve family members/significant adults in the treatment team. Listed below are steps that will be taken to ensure improvement in this area.

1) Family members/significant adults of residents placed in the program will be encouraged to participate in residents' treatment. Case Managers will inform family members/significant adults of resident's progress and invite them to treatment team meetings, self-sufficiency meetings, and meetings scheduled by the DCFS CSW/DPO.
2) Family members/significant adults will be invited to Family Day Events at St. Anne's hosted and facilitated by the Activity Coordinator. All family members/significant adults will be pre-approved by DCFS CSW/DPO in order to participate at the Family Day Event.
3) Primary Staff working directly with residents will build appropriate rapport and healthy relationships with residents in order guide them through safe decision-making process and future plans that will contribute to resident becoming self-sufficient. Primary staff will be guided on how to effectively build relationships with their residents during supervisions and at trainings.
4) Primary staff assigned to residents will complete Home Visits with their resident to set up short-term goals and discuss their progress.
5) Residents will be encouraged to attend monthly Resident Council meetings to give suggestions and/or address concerns regarding the program.
6) Residents will be encouraged to participate at Teen Meetings in their designated circle area among their peers facilitated by their primary staff.
7) Activity Coordinator will schedule weekend in-door activities every weekend and community out-doors activities every other weekend to engage residents in-house on the weekends. Notification of the community out-doors activity will be indicated on the activity calendar and flyers will be posted in common areas to remind the residents of the activity. Staff will transport residents to the outing and engage them in the community.
8) Residents will be informed of the Early Childhood Education Center (ECE) hours at Intake. Residents will also be informed that their child/ren is under their care and supervision at all times. Residents would be responsible for child care outside of the ECE hours. ECE hours of operation is Monday-Friday from 7:00am-6:00pm, hours are subject to change during holidays and training days.

Implementation Date:	12/31/15 and Ongoing
Person Responsible:	Residential Treatment Program Director
Quality Assurance:	Quality Assurance Director

Service Needs:

St. Anne's Residential treatment staff is committed to provide residents with the support they need while in placement and offer services that will help develop their skills to build self-sufficiency.

1) Therapist will meet with residents on a weekly basis and will be available to meet with residents outside of their weekly scheduled sessions when a resident expresses the need for additional

therapeutic support. If resident is assessed and require more than one session per week, therapist will schedule an additional session during the week to meet with resident. After session with resident, therapist will document the content of the session, including progress towards meeting treatment goals.

2) Residents are provided with supplies at intake, on a monthly basis, and as needed upon request. When a resident ask for additional supplies, staff will assess the need of the supply and will inform resident of a timeline regarding when the supply will be provided to the resident.
3) Activity Coordinator will schedule weekend in-door activities every weekend and community out-doors activities every other weekend to engage residents in-house on the weekends. Notification of the community out-doors activity will be indicated on the activity calendar and flyers will be posted in common areas to remind the residents of the activity. Staff will transport residents to the outing and engage them in the community.
4) Case Managers will inform DCFS CSW/DPO of services provided by the program to resident upon intake and also when the resident's DCFS CSW/DPO is reassigned.
5) The program is in the process of creating a Resident Handbook which would be provided to residents at intake. Residents will be able to utilize the Residents Handbook as a guide of the services provided and guidelines on how to run an effective treatment program.

Implementation Date:	12/31/15 and Ongoing
Person Responsible:	Residential Treatment Program Director
Quality Assurance:	Quality Assurance Director

Assessment & Linkage:

Case Managers inform and invite DCFS CSW/DPO to participate in treatment team meetings and self-sufficiency meetings. Treatment team meetings are scheduled on an as needed basis to address behavioral concerns and highlight accomplishments. Self-Sufficiency meetings are scheduled within the first 30 days of placement and quarterly to discuss resident's progress in program based on the Needs and Services Plan (NSP) and create goals for the next quarter. If DCFS CSW/DPO is not available to participate at meetings, DCFS CSW/DPO is given the option to participate via conference call. In an attempt to show efforts made by program staff to notify DCFS CSW/DPO of meetings and involve them with the Needs and Service Plan development, the following steps will be taken:

1) Case Managers will send a calendar invitation to DCFS CSW/DPO and Supervisors email notifying them of meeting. Options will be provided to DCFS CSW/DPO if they will not be able to participate in person.
2) If the Placement Worker is not able to participate at meetings, the Case Manager will contact the Placement Worker following treatment team meeting and self-sufficiency meeting to discuss the outcome of the meeting.

3) Case Manager will document contact made with Placement Worker on resident's NSP and on the contact sheet.
4) Supervisor will be contacted when DCFS CSW/DPO misses several meetings scheduled with residents.
5) St. Anne's staff will move up the chain of command when having difficulty connecting with DCFS CSW/DPO.

Implementation Date:	12/31/15 and Ongoing
Person Responsible:	Residential Treatment Program Director
Quality Assurance:	Quality Assurance Director

Assessment & Linkage continued:

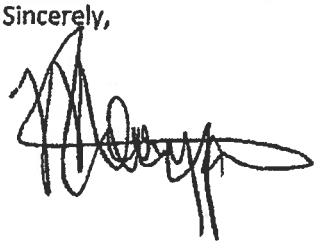
In-door activities and outdoor activities are suggested by residents at Resident Council. Resident Council is conducted on a monthly basis and every resident is given the opportunity to participate. The Activity Coordinator keeps a record of sign in sheets of those that participated in Resident Council meetings, as well as those that refused to attend. Minutes of the meeting are drafted and kept on file. In order to actively involve residents in the planning of activities or suggest/recommend program activities changes the following steps will be taken:

1) Minutes of Resident Council will be discussed at Teen Meetings.
2) Residents will be encouraged to use suggestion box to recommend activities or provide suggestion to engage residents in the program.
3) Resident will be given the opportunity to address concerns at Teen Meetings

Implementation Date:	12/31/15 and Ongoing
Person Responsible:	Residential Treatment Program Director
Quality Assurance:	Quality Assurance Director

If you have any questions, please don't hesitate to contact me directly at (213) 381-2931 ext. 264 or Carlos Tobar, Quality Assurance Director at ext. 500.

Sincerely,



Maryam Sesay, MSHA
Residential Treatment Program Director

cc: Dana Anthony "Tony" Walker, President and Chief Executive Officer
Sharon Spira-Cushnir, Chief Operating Officer
Veronica Arteaga, Senior Director of Residential Programs & Support Services
Carlos Tobar, Quality Assurance Director