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February 24, 2014

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

SAN GABRIEL CHILDREN'S CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of San Gabriel Children's Center Group Home (the Group Home) in November 2013. The Group Home now has three Sites, as the Group Home requested that the Rambling site be placed on a Voluntary Termination Hold on July 31, 2013. The three Group Home sites are located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation Department (Probation) youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "to develop the strengths within each child by providing a safe nurturing and appropriately challenging environment for behavioral and emotional growth."

The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 boys, ages 12 through 17. At the time of review, the Group Home served five placed DCFS children, four Probation youth, and one Los Angeles County Post Adoption youth. The placed children's overall average length of placement was 4 months, and their average age was 15.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness, Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to one of the Group Home's vans not being well maintained; Maintenance of Required Documentation and Service Delivery, related to a Needs and Services Plan (NSP) that did not document the child's progress toward achieving case plan goals and, updated NSPs were not comprehensive, as they did not include all of the elements in accordance with the NSP template; and Discharged Children, related to one discharged child placed with the Group Home for at least 30 days, did not make progress toward meeting NSP goals.

Attached are the details of our review.

REVIEW OF REPORT

On November 20, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representatives, Ruth Sigala, Director of Residential Services and Dr. Gurucharan Khalsa, Vice President of Programs; Joseph Ninofranco, Deputy Probation Officer; and Sandra Gonzalez, DCFS Children Social Worker III. The Group Home representatives: were in agreement with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller, Probation, and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in May, 2014.

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

PLB:EM:KR
RDS:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Dr. Robert Boggs, President Board of Directors, San Gabriel Children's Center
Porfino Rincon, Executive Director, San Gabriel Children's Center
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

SAN GABRIEL CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

19605 E. Puente Street
Azusa, CA 91720
License # 197801309
Rate Classification Level: 14

373 S. Enid Ave.
Azusa, CA 91720
Licenses # 197804534
Rate Classification Level: 14

5329 Homerest Ave.
Covina, CA 91724
License # 197802791
Rate Classification: 14

	Contract Compliance Monitoring Review	**Findings: November 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance

	7. County Children's Social Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious	Full Compliance (ALL)

	Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Full Compliance 2. Improvement Needed 3. Full Compliance
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

SAN GABRIEL CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the November 2013 review. The purpose of this review was to assess San Gabriel Children's Center's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, three Department of Children and Family Services (DCFS) and two Probation Department (Probation) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, four of five sampled children were prescribed psychotropic medication. OHCMD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- One of the vans used to transport children at the Group Home's Puente Street site, was not well maintained. The vehicle had damage to the front right door and the fabric on the driver's seat was torn. The Administrator for the Puente Street site stated that a request for the repairs had been submitted to the Group Home's corporate office in November 2013. On November 19, 2013, the Group Home took the van to the repair shop for an estimate of the

cost to repair damages, and was given a quote. The Residential Director provided a copy of the estimate to OHCMD. According to the Residential Director, the van is scheduled for the repairs to be completed by January 31, 2014.

During the Exit Conference, the Group Home's Residential Director stated that the Group Home will ensure that damaged vehicles are repaired immediately. The Group Home Administrators were also instructed to report any damage to vehicles immediately.

Recommendations

The Group Home's management shall ensure that:

1. Vehicles used to transport children are maintained in good repair.

Maintenance of Required Documentation and Service Delivery

- One child's initial and updated Needs and Services Plan (NSP) did not document child's progress toward meeting the NSP case plan goals. Specifically, the case plan goals in the initial and updated NSPs were identical, and did not document progress towards the four Outcome Goals.

According to the Residential Director, the child was making progress towards meeting his case plan goals. However, the Group Home's Residential Clinician failed to document the child's progress. This youth is supervised by Probation and has since reunified with his parents.

- All five updated NSPs reviewed were not comprehensive, as they did not meet all the required elements in accordance with the NSP template. Specifically, two updated NSPs did not include detailed information of the Group Home's contacts with the DCFS Children's Social Workers, and all five updated NSPs did not include detailed information on the children's visits with their families.

- It should be noted that although updated NSPs reviewed were not comprehensive, all initial and updated NSPs were timely.

A Group Home representative attended the NSP training provided by OHCMD in August 2013 and received the Power Point presentation of the training. Half of the NSPs reviewed were developed prior to the August 2013 training. Further, the Group Home has scheduled an NSP training on for staff responsible for developing the NSPs. OHCMD verified that the NSP training was held on January 19, 2014.

During the Exit Conference, the Residential Director stated that she will be responsible for reviewing all NSPs before they are finalized to ensure they are comprehensive and are prepared in accordance with the NSP template. She will also ensure monthly contact information with DCFS CSWs and children's visits with their families are documented in detail in the NSPs.

Recommendations

The Group Home's management shall ensure that:

2. Children progress toward meeting their NSP case goals and documentation of such is maintained.

3. Comprehensive updated NSPs, which include all elements of the NSP template, are developed.

DISCHARGED CHILDREN

- OHCMD reviewed three discharged children's files. One of the discharged children placed at the Group Home for more than 30 days did not make progress toward meeting his NSP case plan goals. Specifically, the child did not reduce physical aggression and anger outbursts towards staff and other children placed at the Group Home and Law Enforcement had to be contacted for support.

During the Exit Conference, the Residential Director stated that despite the Group Home's efforts to provide the child with mental health services, have the child assessed by the San Dimas Sheriffs' Department after the youth assaulted another youth, and the youth being hospitalized on a 5585 Psychiatric Hold, the youth made no progress in reducing physical aggression and anger outbursts. The youth was subsequently arrested for assault with a deadly weapon and was being held at Los Padrinos Juvenile Hall.

Recommendation

The Group Home's management shall ensure that:

4. Children who are placed for at least 30 days are making progress toward meeting their NSP goals.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated February 27, 2013, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented 4 of 7 recommendations for which, they were to ensure that:

- SIRs are appropriately documented and cross-reported to all required parties via ITrack, in a timely manner,
- Children's bedrooms are well maintained,
- Children feel safe in the Group Home, and

- Children are treated with respect and dignity.

The Group Home did not implement three recommendations for which, they were to ensure that:

- The children are progressing toward meeting their NSP goals,
- Updated NSPs are comprehensive, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 monitoring report, as children were not progressing toward meeting their NSP goals, and updated NSPs were not comprehensive.

Recommendation

The Group Home's management shall ensure that:

5. The outstanding recommendations from the 2012-2013 monitoring report dated February 27, 2013 which, are noted in this report as Recommendations 2, and 3 are fully implemented.

At the Exit Conference, the Group Home representative expressed her desire to ensure the development of comprehensive NSPs, and prepared a schedule to ensure staff receives NSP training regularly. She plans to review NSPs prior to submittal to all required parties, and ensure that they contain detailed information on children's visits with families, and detailed information regarding Group Home contacts with CSWs/DPOs. Additionally, the Group Home's Treatment Team will ensure children are making progress towards meeting their NSP goals.

OHCMD will assess for implementation of recommendations during our next visit to the group home to provide technical assistance and follow-up.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home for the fiscal year July 1, 2008 through June 30, 2009. The Fiscal report identified $688 in unallowable expenditures, and $3,608 in unsupported/inadequately supported expenditures. According to the Fiscal Monitoring Section, the Group Home has fully paid off the unallowable, unsupported/inadequate expenditures.

San Gabriel Children's Center, Inc.

December 17, 2013

Patricia Bolanos-Gonzalez,
Children's Services Administrator II
Department of Children and Family Services
Out-of-Home Care Management Division
Group Home Performance Management
9320 Telstar Ave., Suite 216
El Monte, CA 91731

Re: Group Home Monitoring Review Field Exit Summary Corrective Action Plan

Dear Ms. Bolanos-Gonzalez,

In response to your Monitoring Review Field Exit Summary findings dated 11/20/13, I have included our Corrective Action Plan and documentation to finalize the audit.

I. Licensure/Contract Requirements

3. Does the group home maintain vehicle in which the children are transported in good repair?

- A work order was submitted by the Group Home Administrator on 10/29/13. Approval was given to complete the repairs which will be implemented before 1/31/14. The repairs needed are cosmetic and do not pose a safety threat to the residents or staff.

III. Maintenance of Required Documentation and Service Delivery

18. Are the sampled children progressing toward meeting the Needs and Services Plans case goals?

- In order for clients to demonstrate progress toward stated goals, their goals must be realistic and attainable but still require effort. Progress must be acknowledged, encouraged and rewarded by all members of the treatment team in order to keep the client motivated to succeed.

- Interdisciplinary Treatment Planning conferences for each resident are held monthly. Progress is reviewed and documented. If client fails to progress, the team addresses the barriers and creates a plan to remove them. New interventions are incorporated into the

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clients' treatment plan and are then reviewed by the team at the next conference four weeks later.

- Clients (and families, where appropriate) must be involved in setting the goals so that there is an investment in reaching them. The goals in each resident's NSP are discussed with them by the treating clinician and house manager.

- A training on NSP's will be facilitated for staff to ensure goals are updated accordingly so children are able to progress toward meeting their case goals. This training will be facilitated before 1/15/14.

22. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans with the participation of the developmentally age-appropriate child?

SGCC will ensure that in the future, staff follows agency guidelines to develop comprehensive NSP's with the child.

- The Mental Health Program Manager and Director of Residential Services will provide an updated training to clinicians on how to complete NSPs to ensure they are comprehensive and complete with detailed information. NSP's will include more details on child's visits with family and Group Home contacts with authorized representatives.

- The Mental Health Program Manager will review and approve all NSP's to ensure the documentation is comprehensive and submitted accurately. Performance Improvement Plans will be issued for staff who continue to violate agency policy on completion of NSP's.

IX. Discharged Children

57. For children placed at least 30 days, did the child make progress toward meeting their NSP goals?

- The child in question had severe mental health issues which prevented him from meeting his NSP goals. This child engaged in on-going verbal and physical aggression and was detained and replaced to Juvenile Hall due to assaultive behavior while at school.

As a result of these findings, Director of Residential Services, Ruth Sigala and Director of Clinical Services Janet Lester will be responsible for ensuring that the CAP will be fully

implemented. It is expected that all of these procedures will be addressed and implemented within the next 30 days.

Should you need any further information, my email address is ruthsigala@sangabrielchild.com and my work telephone number is 626.859.2089.

Respectfully,

Ruth Sigala

Ruth Sigala, MA
Director of Residential Services
San Gabriel Children's Center, Inc.

Cc: Gurucharan Khalsa, Vice President of Programs

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