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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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August 5, 2016

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

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

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of San Gabriel Children's Center Group Home (the Group Home) in July 2015. The Group Home has three sites located in the First Supervisorial District and provides services to the County of Los Angeles DCFS placed children, Probation foster youth, as well as children from various other counties. According to the Group Home's Program Statement, its stated purpose is "to develop the strengths within each child by providing a safe nurturing and appropriately challenging environment for behavioral and emotional growth."

At the time of the review, the Group Home served five DCFS placed children and four Probation foster youth. The Group Home has three 6-bed sites licensed to serve a capacity of 18 male children, ages 12 through 18. The facilities also serve Non-Minor Dependents (NMDs) through age 19. The placed children's overall average length of placement was seven months, and their average age was 16.

SUMMARY

During CAD's Contract Compliance 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 dignity and respect.

The Group Home was in full compliance with 7 of 10 applicable 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 Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely or appropriately cross-reported; Maintenance of Required Documentation and Service Delivery, related to the Group Home not developing timely, comprehensive Updated Needs and Services Plans (NSPs); and Personnel Records, related to not verifying one employee's educational qualifications timely.

Attached are the details of CAD's review.

REVIEW OF REPORT

On September 15, 2015, Linda Lai, DCFS CAD, and Elizabeth Villalobos, DCFS Out-of-Home Care Management Division, held an exit conference with the Group Home representatives: Ruth Sigala, Residential Director, Sylvia Apodaca-Quintana, Site Administrator, and Hector Gonzalez, Site Administrator. 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 were in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this report.

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

PLB:KR:LTI:ll

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Porfirio Rincon, President, & Chief Executive Officer, San Gabriel Children's Center
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

SAN GABRIEL CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY
Rate Classification Level: 14

	Contract Compliance Review	Findings: July 2015
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	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 Food	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. DCFS 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. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. DCFS Children's Social Worker's Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Full Compliance
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Group Home 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. Group Home'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 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	Full Compliance (All)

	Extracurricular, Enrichment and Social Activities (Group Home, School, Community) 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, 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 the 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 a Life Book or 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	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. Federal Bureau of Investigations (FBI), California Department of Justice (DOJ), and Child Abuse Central Index (CACI) Submitted Timely 2. Timely Completed Criminal Background Statement 3. Education/Experience Requirement 4. Employee Health Screening/Tuberculosis (TB) Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

SAN GABRIEL CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring review. This compliance report addresses findings noted during the July 2015 review. The purpose of this review was to assess San Gabriel Children's Center's (the Group Home's) compliance with the County contract and with 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,
- Education 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, four placed children were selected for the sample. The Contracts Administration Division (CAD) 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, the four sampled children were all prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five Group Home staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the provision of quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely or appropriately cross-reported.

A review of 19 SIRs revealed that five were not timely submitted into the I-Track system. Additionally, one SIR was not cross-reported to the Out-of-Home Care Management Division (OHCMD) and to Community Care Licensing (CCL), per SIR Reporting Guidelines. During the exit conference, the Group Home representatives stated that they would retrain staff on SIR reporting. The SIR training was provided by the Group Home to its Management team on September 17, 2015, and to its staff on September 25, 2015.

Recommendation:

The Group Home's management shall ensure that:

1. SIRs are submitted timely and appropriately cross-reported in accordance with SIR Reporting Guidelines.

Maintenance of Required Documentation and Service Delivery

- The Group Home did not develop timely Updated Needs and Services Plans (NSPs).

During the review, CAD found that 2 of 6 Updated NSPs were not developed timely. Both Updated NSPs belonged to the same youth. One NSP was due on December 13, 2014, and the Group Home sent it to the Department of Children and Children Services (DCFS) Children's Social Worker (CSW) on January 15, 2015. The other NSP was due on March 13, 1015, and the Group Home sent it to the DCFS CSW on March 30, 2015.

At the exit conference, the Group Home representative stated that NSP issues were discussed with the clinicians after the last review. In response, the Group Home implemented a new process to ensure that all NSPs are completed timely.

Recommendation:

The Group Home's management shall ensure that:

2. The Group Home develop timely and comprehensive Updated NSPs.

Personnel Records

- One employee's educational requirement was not verified timely.

The personnel file for a Facility Manager hired on March 26, 2013, did not have documentation of verification of the required education at the time of this review. The Group Home immediately contacted their contracted search agency and obtained a verification report on August 10, 2015.

The Group Home representatives stated that this issue was addressed with its Human Resources Department to ensure that all employees meet all requirements prior to being hired.

Recommendation:

The Group Home's management shall ensure that:

3. Staff meet the education/experience requirement.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

CAD's last compliance report dated March 23, 2016 (review conducted in September 2014), identified 19 recommendations.

Results:

Based on CAD's current review, the Group Home fully implemented 17 of 19 recommendations for which they were to ensure that:

- Comprehensive monetary allowance logs are maintained.
- Detailed Sign-In/Out logs for placed children are maintained.
- All children are progressing toward meeting their NSP case goals.
- Children receive all recommended therapeutic services.
- All recommended assessment/evaluations are implemented.
- DCFS CSW's monthly contacts are documented.
- All children are assisted in maintaining important relationships.
- The Group Home develops timely and comprehensive Initial NSPs.
- Children are enrolled in school within three school days.
- Current report cards/progress reports are maintained.
- Follow-up medical examinations are conducted timely.
- Follow-up dental examinations are conducted timely.
- All children feel safe in the Group Home.
- Staff treat all children with respect and dignity.
- An appropriate rewards and discipline system is implemented.
- Children are given opportunities to participate in extracurricular, enrichment and social activities.
- Employees receive all required training.

Based on the results of CAD's current review, two recommendations were not implemented:

- All SIRs are submitted timely.
- The Group Home develops timely and comprehensive Updated NSPs.

Recommendation:

The Group Home's management shall ensure that:

4. The outstanding recommendations from the monitoring report dated March 23, 2016, which are noted in this report as recommendation numbers one and two, are fully implemented.

At the exit conference, the Group Home representatives expressed the desire to remain incompliance with all Title 22 Regulations and Contract requirements. The Group Home will implement procedures to strive towards greater compliance. The Group Home will consult with the OHCMD for additional support and technical assistance and CAD will continue to assess implementation of the recommendations during the next monitoring review.

San Gabriel Children's Center, Inc.

October 1, 2015

Linda Lai, CSA I
Department of Children and Family Services
Contract Compliance
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

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

Dear Ms. Lai,

In response to your Monitoring Review Field Exit Summary findings dated 9/15/2015, I have included our Corrective Action Plan and documentation to finalize the audit.

I. Licensure/Contract Requirements

4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

- Five of the Nineteen SIR's reviewed were not submitted timely or cross-reported to all required parties. Four of these SIR's involved children who went AWOL however, the SIR was not reported immediately as indicated in Contract Exhibit A-VIII. This was discussed with Residential Administrators at the Exit Interview and additional training occurred on 9/17/15 with management staff. Recommendations on how to improve in this area were also discussed further with DCFS OHCMD monitor Elizabeth Villalobos on 9/25/15. SGCC will make efforts to submit SIRs via I-track with as much information as possible to ensure it is submitted timely. An addendum will follow with further information later in the day, if applicable.

III. Maintenance of Required Documentation and Service Delivery

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

- Two of the Six updated NSP's selected for review were developed late. Both of these NSP's belonged to the same child therefore the clinician was addressed by her

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supervisor. All NSP's reviewed were developed prior to implementation of a new protocol. Effective April 2015, a new procedure was implemented to ensure NSP's are completed and faxed timely. NSP's are now due 3 days prior to due date and faxed to the authorized rep by the due date. Since this new implementation, all NSP's from April-September 2015 have been completed and faxed on time. The Director of Residential Services and Director of Mental Health review the NSP logs to ensure timeliness of the NSP's.

X. Personnel Records

61. Do GH Staff who have direct contact with children meet the educational/experience requirements?

SGCC's Human Resources department is responsible for ensuring education and experience requirements are met prior to hire date. The attached policy outlines the procedure going forward to ensure this standard is met. Additionally, potential employees that did not attend college will be required to bring in proof of a high school diploma prior to hire.

Thank you for the opportunity to help our agency improve. 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. All of these findings have already been addressed with staff.

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

Cc: Gurucharan Khalsa, Vice President of Programs

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