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March 23, 2016

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

SAN GABRIEL CHILDREN'S CENTER GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal and Contract Compliance Assessment of San Gabriel Children's Center Group Home (the Group Home) in September 2014. The Group Home has three sites located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed foster children and Probation placed youth, as well as children from 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."

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.

At the time of the review, the Group Home served seven DCFS placed children and three Probation placed youth. The placed children's overall average length of placement was nine months and their average age was 16.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included a review of the Group Home's financial records such as financial statements, bank statements, check register and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Loans, Advances and Investments; Board of Directors and Business Influence; Cash/Expenditures; and Payroll and Personnel.

CAD noted deficiencies in the area of Financial Overview, related to one semi-annual expenditure report that was not timely submitted and the audited financial statement and single audit report for the fiscal year that ended on June 30, 2013, has a negative net asset.

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 being treated with dignity and respect.

The Group Home was in full compliance with 4 of 10 areas of the Contract Compliance Review: Facility and Environment, Psychotropic Medication, Personal Needs/Survival and Economic Well-Being and Discharged Children.

CAD noted deficiencies in the areas of: Licensure and Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely, not maintaining comprehensive monetary allowance logs and not maintaining detailed sign-in/sign-out logs for placed children; Maintenance of Required Documentation and Service Delivery, related to the children not progressing toward meeting Needs and Services Plan (NSP) case goals, recommended therapeutic services not provided, recommended assessments/evaluations not implemented, County Children's Social Worker's (CSW's) monthly contacts not documented, children were not assisted with maintaining important relationships, not developing timely, comprehensive, initial or updated NSPs; Education and Workforce Readiness, related to children not being enrolled in school within three school days, and current report cards/progress reports were not maintained; Health and Medical Needs, related to not obtaining timely follow-up medical examinations and not obtaining timely follow-up dental examinations; Personal Rights and Social/Emotional Well-Being, related to one child expressing not feeling safe in the Group Home, another child expressing not being treated with dignity and respect, the rewards and discipline system not being fair and children reporting they are not free to participate in extra-curricular activities; and Personnel Records, related to one employee not receiving all the required training.

Attached are the details of CAD's review.

REVIEW OF REPORT

On October 28, 2014, Lorena Moya-Rivas, DCFS CAD, held an Exit Conference with the Group Home representatives: Dr. Gurucharan Khalsa, Vice President of Programs; Ruth Sigala, Residential Director; and Kathie Clayton, Chief Financial Officer. DCFS staff included Omnaya Zaklama, CAD Fiscal, and Elizabeth Villalobos, Out-of-Home Care Management Division (OHCMD). 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 Fiscal Corrective Action Plan (FCAP) and a Compliance Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the A-C and Community Care Licensing (CCL).

The Group Home provided the attached approved FCAP and CAP to address the recommendations noted in this report.

The OHCMD provided technical assistance to the Group Home on October 28, 2014, to assist the Group Home with implementing their CAP. CAD conducted follow-up visits to the Group Home on March 31, 2015 and April 8, 2015, to verify implementation of the CAP. During the follow-up visits, two children were interviewed to assess the overall safety of the children in the Group Home. The children reported feeling safe and no concerns were reported.

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

PLB:EM:LTI:lmr

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Porfirio Rincon, President and CEO, 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
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 – 2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of San Gabriel Children's Center's (the Group Home's) financial records for the period of July 1, 2012 through October 31, 2014. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register and personnel files to determine the Group Home's compliance with the terms, conditions and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Loans, Advances and Investments; Board of Directors and Business Influence; Cash/Expenditures; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following area out of compliance:

Financial Overview

- Semi-annual expenditure reports were not submitted timely.

Two semi-annual expenditure reports were submitted one day late. One report due March 2, 2014, was not submitted until March 3, 2014. Another report due September 2, 2014, was not submitted until September 3, 2014.

- Audited Financial Statement for the Fiscal Year (FY) ending June 30, 2013, shows a net asset deficit of $373,115.

The Group Home's audited financial statement for the FY ending June 30, 2014, shows the net asset deficit was reduced to $36,705.

Recommendations:

The Group Home's management shall ensure that:

1. Semi-annual expenditure reports are always submitted timely.
2. A plan is developed to ensure the Group Home eliminates its net asset deficit and operates each year, covering its operational costs without incurring deficits.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of the Group Home for the FY 2008-2009; FY 2009-2010; FY 2010-2011; and FY 2011-2012. The County and the Group Home entered into a settlement agreement for $56,231.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County FY 2015-2016.

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

License # 197804961
Rate Classification Level: 14

License # 197805170
Rate Classification Level: 14

License # 197801309
Rate Classification Level: 14

	Contract Compliance Monitoring Review	Findings: September 2014
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. 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. Improvement Needed
	8. Detailed Sign-In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (All)
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. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	6. Improvement Needed
	7. County Children's Social Workers Monthly Contacts Documented	7. Improvement Needed

	8. Children Assisted in Maintaining Important Relationships	8. Improvement Needed
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	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	1. Improvement Needed
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full compliance
	3. Current Report Cards/Progress Reports Maintained	3. Improvement Needed
	4. Children's Academic Performance and/or Attendance Increased	4. Full Compliance
	5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	5. Full Compliance
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	1. Full Compliance
	2. Follow-Up Medical Exams Conducted Timely	2. Improvement Needed
	3. Initial Dental Exams Conducted Timely	3. Full Compliance
	4. Follow-Up Dental Exams Conducted Timely	4. Improvement Needed
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	1. Full Compliance
	2. Children Feel Safe	2. Improvement Needed
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's Efforts to Provide Nutritious Meals and Snacks	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Improvement Needed
	6. Appropriate Rewards and Discipline System	6. Improvement Needed
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or Not Attend Religious Services/Activities	8. Full Compliance
	9. Children's Chores Reasonable	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance
	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Improvement Needed
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 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	Full Compliance (All)

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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

SAN GABRIEL CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the September 2014 review. The purpose of this review was to assess San Gabriel Children's Center Group Home's (the Group Home's) 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 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, four County of Los Angeles Department of Children and Family Services (DCFS) placed children and one Probation placed youth 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, five children selected for the sample were 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 and conducted site visits to assess the quality of care and supervision provided to the children.

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely.

During the review, CAD noted that 37 of 46 Special Incident Reports (SIRs) reviewed were not submitted timely.

During the review, the Group Home representatives stated they would implement a new protocol to ensure SIRs are submitted timely and are in accordance with the Special Incident Reporting Guide for

Group Homes. The Group Home will provide training on SIR reporting to the Group Home staff responsible for submitting SIRs.

On March 31, 2015, CAD conducted a follow-up visit and reviewed six SIRs. While all SIRs were timely, one had not been cross-reported to the Out-of-Home Care Management Division (OHCMD). The Group Home representatives were reminded to follow the SIR Reporting Guide for completion and submittal of SIRs.

- Comprehensive monetary allowance logs were not maintained.

A review of the weekly allowance logs determined that two children did not receive their allowance on two occasions. The Group Home representatives stated that one child was in the hospital and did not sign the log that week and the other child did not sign the allowance log.

At the Exit Conference, the Group Home representatives stated that the two children did receive their allowance, but the allowance logs were not updated. The Group Home representatives stated the allowance logs will be reviewed weekly by the Group Home's house manager to ensure all allowances have been received and all children sign receipts for their allowance.

On March 31, 2015, CAD conducted a follow-up visit and reviewed three children's allowance logs and found that one child did not receive his allowance for one week and there was no documentation as to why the child did not receive his allowance. The Group Home representatives were reminded to issue allowances to all children weekly and document all efforts.

- Detailed sign-in/sign-out logs for placed children were not maintained.

While the Group Home maintains communication logs where staff document pertinent activity in the Group Home in chronological order, the communication logs do not include the anticipated time of return, and the name and telephone number of the person responsible to supervise the child while away from the facility, as required by the Group Home Contract.

During the Exit Conference, the Group Home representatives stated a sign-in/out log would be maintained at each site to include all fields as stated in the Group Home contract.

On March 31, 2015, CAD conducted a follow-up visit and verified the proper sign-in/sign-out procedure had been implemented as required.

Recommendations:

The Group Home's management shall ensure that:

1. All SIRs are submitted timely.

2. Comprehensive monetary allowance logs are maintained.

3. Detailed sign-in/out logs for placed children are maintained.

Maintenance of Required Documentation and Service Delivery

- Children are not progressing toward meeting Needs and Services Plan (NSP) case goals.

Two children were not progressing towards meeting their NSP goals. The goals noted in the children's NSPs were the same noted in the prior NSPs.

During the Exit Conference, the Group Home representatives stated that they would address this matter. On November 13, 2014, clinicians were trained on how to properly document progress in the NSPs. Clinicians were asked to break down the goals into smaller, more achievable goals that would then be updated on a quarterly basis.

On March 31, 2015, CAD conducted a follow-up visit and verified the required training had been provided. CAD reviewed three additional NSPs and noted that progress towards meeting the NSP case goals was properly documented in the children's NSPs.

- Therapeutic services not received.

During the review, CAD found that all of the children's files reviewed did not indicate that the placed children received their recommended therapeutic services. Three children's NSPs noted individual therapy is provided twice a week, yet this was not reflected on the children's mental health record. Two children's NSPs noted individual therapy is provided once a week, yet this was not reflected in the children's mental health record.

At the Exit Conference, the Group Home representatives requested that CAD review the weekly summary notes on the Group Home's computer internal system, as individual therapy dates are listed as a part of a bundle of services received by the child. On October 31, 2014, CAD returned to the Group Home to review the notes. Although additional individual therapy dates were located, there were missing dates for individual therapy for some of the children. On November 13, 2014, clinicians were trained on how to document clinical visits on the children's NSPs.

On March 31, 2015, CAD conducted a follow-up visit and verified the training was provided. In addition, CAD reviewed three children's files and noted documentation by staff of the dates and type of mental health services provided on the children's NSPs.

- Recommended assessments/evaluations not implemented.

CAD found that recommended assessments/evaluations were not implemented. One child's NSP documented a specific mental health service to address a behavioral goal; however, the child did not receive the recommended frequency of these services.

On November 13, 2014, clinicians were trained on how to document a recommendation and/or assessment that was not implemented on the children's NSP. On March 31, 2015, CAD conducted a follow-up visit and verified the required training had been provided. In addition, CAD reviewed three children's files and determined that the children received the therapeutic services as stated on their respective NSPs.

- County Children's Social Worker's (CSW's) monthly contacts were not documented.

CAD found that one child's file did not contain detailed documentation verifying contacts with the County CSW and only listed dates of contacts and/or attempted contacts. No further information was provided such as, the content of the contact and discussion with the County CSW.

On November 13, 2014, the Group Home's house managers were trained on how to properly document a contact with a County CSW on the NSPs. On March 31, 2015, CAD conducted a follow-up visit and reviewed three children's files and determined that staff had properly documented monthly contacts with County CSWs.

- Children not assisted in maintaining important relationships.

CAD found that three children's files did not document efforts by the Group Home to assist the children in maintaining important relationships with a caring adult. The children had sporadic telephone contact or no contact with relatives, making it difficult to establish a strong relationship. The three aforementioned children had no visitation with relatives.

During the review, the Group Home representatives obtained statements from the clinical staff who reported efforts in linking the placed children with a mentor. Although the clinical staff stated she attempted to contact two agencies without success in obtaining a mentor for one child, those efforts were not documented in the child's file. The Group Home representatives stated another child had a Court Appointed Special Advocate (CASA); but there was no documentation that the CASA was conducting frequent contact with the child. Lastly, the clinical staff stated another child had a Permanency CSW who had located an uncle; however, there was no documentation that the uncle had frequent contact with the child.

On November 13, 2014 and October 30, 2014, clinicians and the Group Home's house managers were trained to ensure that efforts made to locate mentors are documented in the NSP. Additionally, other resources such as mentorship programs, faith based organizations, community agencies, etc., would be contacted to recruit mentors for the placed children.

On March 31, 2015, CAD conducted a follow-up visit and reviewed three children's files. CAD found that one child did not maintain an important relationship with a caring adult and there was no documentation to show that the Group Home made efforts to connect the child to a mentor.

- Timely, comprehensive initial NSPs were not developed.

CAD reviewed four initial NSPs and found three were not timely. Additionally 1 of 3 initial NSPs was not comprehensive and did not include all elements in accordance with the NSP template, there was no reason identified for the goal, no method identified to address the goal and no person responsible for assisting the child in meeting the goal.

The Group Home representative reviewed the noted NSP issues with the clinicians and provided re-training to clinicians on November 13, 2014. The Group Home's house managers received NSP training on October 30, 2014.

- Timely, comprehensive updated NSPs were not developed.

CAD reviewed five updated NSPs and noted that none were comprehensive. All had repeated goals and no modifications were made when the goals were not met. For all updated NSPs, the mental health services and the date of services were not included in the mental health section of the NSP. For two updated NSPs, there were no goals to address the identified medical concerns for the child. All five updated NSPs had the same Independent Living Program goal related to laundry; this remained a goal with no progress noted in subsequent NSPs. The NSP visitation section for two updated NSPs was incomplete.

Timeliness of completion of NSP was also discussed with all staff during the re-training to clinicians on November 13, 2014 and the NSP training to house managers on October 30, 2014.

Recommendations:

The Group Home's management shall ensure that:

4. Children are progressing toward meeting their NSP case goals.
5. Children receive recommended therapeutic services.
6. Recommended assessment/evaluations are implemented.
7. County CSW's monthly contacts are documented.
8. Children are assisted in maintaining important relationships.
9. Timely and comprehensive initial NSPs are developed.
10. Timely and comprehensive updated NSPs are developed.

Education and Workforce Readiness

- Children not enrolled in school within three school days.

One child was not enrolled in school within three days of placement in the Group Home. The child's NSP stated the child was enrolled on February 3, 2014; however, school records show the child was enrolled on February 7, 2014.

The Group Home representatives stated that the school will not enroll children with an Individualized Education Program that requires updating. The Group Home representatives stated they would document all efforts to enroll children in school in a timely manner.

On March 31, 2015, CAD conducted a follow-up visit and reviewed three newly placed children's files. All three children were enrolled in school timely.

- Current report cards/progress reports not maintained.

Five children's files did not maintain current report cards or progress reports. During the review, the Group Home contacted the children's schools to obtain missing report cards and provided them to CAD.

During the Exit Conference, the Group Home representatives stated they will request any report cards that are not mailed to the Group Home and would document all efforts to obtain missing report cards.

On March 31, 2015, CAD conducted a follow-up visit and reviewed three children's files. All three children's current report cards were maintained in their files.

Recommendations:

The Group Home's management shall ensure that:

11. Children are enrolled in school within three school days.

12. Current report cards/progress reports are maintained.

Health and Medical Needs

- Follow-up medical exams not conducted timely.

One child did not receive a required follow-up medical examination in a timely manner. The child was referred to the dermatologist, but was not seen until three months later.

The Group Home representative stated the delay was caused due to an oversight on her part, as new staff had taken the child to the doctor when the referral was initially made and she was not made aware of it.

During the Exit Conference, the Group Home representatives stated that they would address this matter. The Group Home's house managers will review medical examination forms completed by the physicians to confirm whether there is a follow-up appointment necessary.

On March 31, 2015, CAD conducted a follow-up visit and reviewed three children's files. All medical follow-up visits were conducted in a timely manner and properly documented.

- Follow up dental exams not conducted timely.

Three children did not receive a required follow-up dental examination in a timely manner. One child was referred to an oral surgeon in June 2014. When CAD brought this to the attention of the Group Home, an appointment was made for the child to be seen in October 2014. Another child was due for a follow-up dental exam on April 17, 2014, but was not seen until May 14, 2014. The third child was due for a follow-up dental exam on April 3, 2014, but was not seen until June 3, 2014.

The Group Home representatives stated that a delay occurred for one child because the child's dental procedure had to be authorized by Medi-Cal. Staff was later informed that the dental office no longer accepted Medi-Cal. The Group Home followed up with another dental office on October 2, 2014, and was informed that the child's dental procedure was approved, so the child was scheduled for an

appointment in October 2014. The Group Home representatives stated they did not have documentation of their efforts of following up with Medi-Cal to obtain approval for the procedure.

During the Exit Conference, the Group Home representatives stated that they would address this matter. The Group Home's house managers will ensure that follow-up dental appointments are conducted timely by reviewing dental examination forms after the appointment. Staff will be trained to ensure a follow-up appointment is scheduled before leaving the dentist's office. If Medi-Cal needs to authorize any dental procedures that will delay the timeframe, the information will be documented in the NSP. If the child refuses the appointment, this will be documented in the NSP as well.

On March 31, 2015, CAD conducted a follow-up visit and reviewed three children's files. All three children's follow-up dental visits were conducted in a timely manner and properly documented.

Recommendations:

The Group Home's management shall ensure that:

13. Follow-up medical examinations are conducted timely.

14. Follow-up dental examinations are conducted timely.

Personal Rights and Social/Emotional Well-Being

- Children do not feel safe.

One child reported not feeling safe in the Group Home. The child stated he felt, "staff restrained too hard." Upon further inquiry, the child stated a staff member restrained him after he refused to go on a time-out for using profanity and engaging in inappropriate conversation with another child. The child stated he was hurt and proceeded to show minor injuries on his chin and arms.

CAD immediately brought this to the Group Home's attention. The Group Home representatives stated that the child was restrained as a safety precaution, as the child threw a chair at staff and then proceeded to run out of the room, knocking one of the staff down. On September 19, 2014, CAD contacted the DCFS Child Protection Hotline (CPHL) to generate a referral. The referral was evaluated out and provided to the assigned County CSW as information only for follow-up as needed. This incident was not investigated by Out-of-Home Care Investigation Section (OHCIS) or Community Care Licensing.

- Staff does not treat children with respect and dignity.

The same child who reported not feeling safe also felt that he was not treated with respect and dignity due to the restraint incident with staff.

The Group Home representatives met with the child after allegations of abuse were reported by him. During this meeting, the child stated he wasn't abused, he was just upset that staff restrained him and felt they "took him down too hard." He futher reported that he wasn't trying to get them in trouble but was upset. The Group Home representatives stated that a satisfaction survey is given to all children

for them to complete anonymously on a monthly basis. This survey determines whether children feel safe in the Group Home and will continue to be used as a tool to measure the well-being of the chlidren in placement.

During CAD's follow-up visit on April 8, 2015, two additional children were interviewed to further assess the overall safety of the children in the Group Home. Both children interviewed reported feeling safe at the Group Home. Children reported there is enough staff present to address their needs and stated there is adequate supervision by the staff on duty. Both children reported feeling treated with respect and dignity by the staff. No further concerns regarding their safety or well-being were reported by the children during the follow-up.

- Appropriate rewards and discipline system not maintained.

Three interviewed children reported the rewards and discipline system at the Group Home was not fair. One child reported he was not able to make any phone calls to his sister when he refused to clean his room when asked by staff. Another child stated he felt the discipline was "too harsh" referring to when the child was previously restrained by staff. The third child stated he rarely saw any rewards issued when youth behaved well, but he did see staff implement discipline when rules were broken.

On March 31, 2015, CAD conducted a follow-up visit and reviewed three children's files. CAD found that the Group Home had not properly documented issued discipline and rewards. The residential director stated she would create a log to document rewards issued to the children. Further, the staff would document which children did not participate in residential outings as a result of disciplinary action.

- Children were not given the opportunity to participate in age appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the Group Home.

Two children reported they were not given the opportunity to participate in age appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the Group Home. One child stated he is occasionally sent to another Group Home facility on weekends due to staffing issues and is invited to participate in their planned outings, but he often opts to stay home. Another child reported he is not allowed to participate in the Group Home outings when he refuses to take his medication and/or refuses to attend therapy.

The Group Home representatives stated the medication is prescribed for the children's safety and is part of the treatment program. It was stated that when children refuse medication, they are placed on safety holds for the child's protection and the protection of the other children in the home. The Group Home representatives stated "safety holds" is not issued as a means of discipline or consequence for refusing medication.

During the Exit Conference, the Group Home representatives reiterated that they place children on a safety hold when children refuse medication as a means to keep the child and other children safe, rather than utilizing the safety hold as a consequence for a refusal of therapeutic services and/or medication.

On March 31, 2015, CAD conducted a follow-up visit and reviewed each site's documentation of participation in extra-curricular activities. All extra-curricular activities were documented in each site's daily communication log; however, those activities were not flagged in the logs, which made it difficult to locate the documentation of the activities. The Group Home representatives stated they would create a log to document participation in extra-curricular activities at each site and would only document those children who did not participate and document the reason for them not participating.

Recommendations:

The Group Home's management shall ensure that:

15. Children feel safe in the Group Home.

16. Staff treats children with respect and dignity.

17. An appropriate rewards and discipline system is implemented.

18. Children are given an opportunity to participate in age appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the Group Home.

Personnel Records

- Employees did not receive all required training.

The Group Home included staff trainings for residential counselors as a part of the house meetings. These house meetings included discussions of in-house issues. The house meeting agenda did not specify in detail the training topic, or identify how much time was spent on the actual training versus discussion of in-house issues.

During the Exit Conference, the Group Home representatives stated the Group Home will document all training and separate it from the house meetings.

On March 31, 2015, CAD conducted a follow-up visit and reviewed the Group Home training logs that now documented the subject and duration of the training sessions.

Recommendation:

The Group Home's management shall ensure that:

19. Employees receive all required training.

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

The OHCMD's last compliance report dated February 24, 2014, identified four recommendations.

Results:

Based on our review, the Group Home fully implemented 2 of 4 recommendations for which they were to ensure that:

- Vehicles used to transport children are maintained in good repair.
- Children who are placed for at least 30 days are making progress toward meeting their NSP goals.

The Group Home did not implement 2 of 4 recommendations for which they were to ensure that:

- Children progressing toward meeting NSP case goals.
- Comprehensive, timely updated NSPs are developed with child's participation.

Recommendation:

The Group Home's management shall ensure that:

20. The outstanding recommendations from the monitoring report dated February 24, 2014, which are noted in this report as recommendations 4 and 10 are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 regulations and contract requirements. On March 31, 2015 and April 8, 2015, CAD conducted follow-up visits and found that the Group Home had implemented 16 of 20 recommendations noted in this report. The Group Home made significant improvement in their SIR timeliness and cross-reporting, allowance logs were being maintained and reviewed weekly by the Group Home's house manager to ensure all allowances have been received and acknowledged by the child via their signature, NSP compliance requirements were being met and there was documentation of the children's rewards and discipline. The Group Home is now maintaining appropriate documentation regarding current report cards and progress reports, obtaining timely follow-up medical examinations and timely follow-up dental examinations. The Group Home is ensuring children feel safe and are treated with dignity and respect, the rewards and discipline system is deemed fair by the children and that children are free to participate in extra-curricular activities.

The Group Home will continue to implement their new protocol to fully address all findings. CAD will continue to assess implementation of the recommendations during our next monitoring review. The OHCMD will provide ongoing support and technical assistance prior to the next review.

San Gabriel Children's Center, Inc.

November 18, 2014

Lorena Moya-Rivas, MSW
Children's Services Administrator I
Department of Children and Family Services
Contracts Administration Division
3530 Wilshire Blvd 4th Floor
Los Angeles, Ca. 90010

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

Dear Ms. Moya-Rivas,

In response to your Monitoring Review Field Exit Summary findings dated 10/28/14, I have included our Corrective Action Plan ADDENDUM and documentation to finalize the audit.

I. Licensure/Contract Requirements

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

- The regulations state that SIR's must be submitted by the "next business day". SGCC's Residential Program is a 24 hour, 7 day a week program. SGCC's business day ends at midnight. During this review, the reviewers informed us that they were instructed by Community Care Licensing that the "business day" in the contract ends at 5:00PM. In addition to the definition of "business day", it was also the case that technology problems – both in house and I-Track - impacted the timeliness of some SIR submission.
- We have revised our reporting system to accommodate the instructed new deadline. When technological glitches occur beyond our control, SGCC will submit SIRs via fax and document the reason for the delay.

7. Are appropriate and comprehensive monetary and clothing allowance logs maintained?

- During the time period reviewed, approximately 260 allowances were reviewed. Of those reviewed, all allowances were given, but 3 signatures total were missing.
- Two (2) children did not sign the allowance log a total of three (3) times during the review period from November 2013 - August 2014; however, they did receive their allowance. One child was on a psychiatric hold in a hospital and did not sign the log that week.

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Allowance logs will be reviewed weekly by the House Manager to ensure all allowances have been received and acknowledged by the child via their signature.

8. Does the facility maintain a detailed sign in/out log for placed children?

- SGCC maintains a Communication log to document the children's whereabouts at all times. The Communication log indicates when children leave for home passes and which staff/adult is transporting. The total census number is also indicated in increments of every 30 minutes. In addition to this documentation, SGCC will maintain a detailed sign-in and sign-out log that includes information when children leave the facility for any reason other than regularly scheduled school, or group home activities.

III. Maintenance of Required Documentation and Service Delivery

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

- In an effort to assist the children in more readily obtaining their goals, SGCC's therapists were trained on 11/13/14 to assist the children in establishing short-term goals. The goals will be reviewed with the child on a quarterly basis. If a goal is not met, the goal will be modified and / or the intervention modified and the date of modification will be indicated on the NSP. A sign in sheet with the name of the trainer and trainees that attended is attached.

19. Are children receiving required therapeutic/treatment services?

- Clients are provided regular individual, family and group therapy (both psychotherapy and skills based, rehabilitative therapies), as defined by the need(s) identified in their assessment(s) while in treatment and defined by Department of Mental Health guidelines. These therapy sessions, are available daily and scheduled for each resident based on their therapeutic needs, scheduling accommodations (client/family/staff) and their agreement to their treatment plan as documented in their NSP. On 11/13/14, therapists were trained how to document the child's non-participation and participation as it appeared that staff did not document all sessions.

- For clients with family willing to participate in family therapy, sessions are scheduled based on the resident's need as identified in the Mental Health Assessment(s) and the family's availability. On 11/13/14, therapists were trained how to document attempts to involve family/significant others in treatment and noted in case notes.

- All dates listed in NSP will include the service provided (individual or family). Group psychotherapy and Group Rehabilitation Therapies are offered daily (Monday-Friday unless there is a planned holiday). The dates of group therapy will not be noted but are readily available for review on the electronic health record.

20. Are recommendations on required and/or recommended assessments/evaluations implemented?

- This item was noted by the auditors as needing to be addressed because of item #19. Please see the response to #19.

21. Are county workers contacted monthly by the GH and are the contacts appropriately documented in the case files?

- In this review, 17 NSP's were completed. Of those, 100% had dates of contact and purpose of contact; however, 2, had the date and "to update CSW regarding client" as the content. This content was deemed insufficient by the reviewer.
- County workers are contacted monthly by the GH and these dates are documented in the NSP's. House Managers have been trained to also include what was discussed with the CSW and PO's in addition to listing the dates.

22. Does the agency assist the children in maintaining important relationships?

- Many efforts have been made by House Mangers and Clinicians to try and obtain mentors for all of the children placed at SGCC. For the 3 children whose NSP's did not document mentor outreach, this included contacting Big Brothers and Sisters of America, The RISE Program for LGBTQ youth, contacting CSWs for assistance with CASA workers, referring youth for mentors, etc. House Managers and Clinicians had reported these efforts to reviewer, but they were not documented in the NSPs. House Managers and Clinicians have been trained to ensure that efforts made to locate mentors are documented in the NSP. Additionally, other resources such as mentorship programs, faith based organizations, community agencies, etc. will be contacted to try and recruit mentors.

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

- Clinical Program Manager has reviewed the NSP issues from this past review with the clinicians and provided feedback/re-training to clinicians on 11/13/14. House Managers

also received training on NSPs on 10/30/14. Timeliness of completion of NSP was discussed with all staff.

- All initial NSPs will list reasons for goals and/or person responsible for each goal. Additionally, the methods and timeframes to achieve the goal will also be clearly noted on the NSP.

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

- All staff who participate in the development of NSPs have received training on completion of NSPs, specifically the findings noted in the Review Field Exit Summary. Focus areas of this training included timelines of NSP submission, ensuring goals are specific, measureable, attainable, realistic and timely (SMART), modifying goals when they are not met and completing all sections of the document with detailed information.

- DCFS monitor Elizabeth Villalobos will provide technical assistance, specifically training on NSPs.

IV. Education and Workforce Readiness

25. Was the child enrolled in school within three school days after placement or did the GH document efforts?

- In the comments section it states "Child #3 was placed on 1/30/14 and was not enrolled in school until 2/7/14." The NSP indicates the child was enrolled in school on 2/3/14, however school documentation did not reflect the 2/3/14 date. SGCC contacted the school regarding this discrepancy but the school was not able to provide copies of the enrollment forms to confirm enrollment date. If children are not enrolled in school within 3 days, SGCC documents efforts made to get the child enrolled and the reason why he was not enrolled timely. DCFS Educational liaisons will also be contacted for assistance.

27. Are current copies of the children's report cards or progress reports maintained?

- Copies of report cards were not received by Quest Academy because the school moved locations and did not mail the report cards. Cortez school changed to Rio Verde School and school personnel were replaced over the summer therefore report cards were not mailed. SGCC requested these documents and were finally provided copies. Report cards will be requested from each school by the House Manager at the end of the

trimester if not received via mail. Documentation of efforts to obtain such will be included in the NSP.

V. Health and Medical Needs

31. Are required follow-up medical examinations conducted timely?

- One (1) child had a delay with his appointment to the dermatologist due to miscommunication. SGCC has reviewed our medical communication system to ensure appointments are timely.

33. Are required follow-up dental examinations conducted timely?

- SGCC has reviewed our medical communication system to ensure appointments are timely. House Managers will ensure that follow-up dental appointments are conducted timely by reviewing dental examination forms after the appointment. Staff will be trained to ensure a follow up appointment is scheduled before leaving the doctor's office. If Medical needs to authorize any dental procedures that will delay the timeframe, the information will be documented in the NSP. If the child refuses his appointment, this will be documented in the NSP as well.

VII. Personal Rights and Social/Emotional Well-Being

37. Do children feel safe in the group home?

- Professional Assault Crisis Training (Pro-Act) provides our staff with specific techniques to professionally intervene when a child becomes violent or a danger to themselves in a manner that provides safety, dignity and respect. Restraints occur when residents or others are at risk for harm. Restraints happen when a resident is out of control and poses a danger to themselves or others. Residents do not always recognize restraints as a manoeuver to protect their own safety. It makes sense that soon after a restraint; a resident may not feel safe. However, SGCC views child safety as our priority. One (1) child interviewed had been in a restraint prior to being interviewed. Although he presented in a calm manner and at baseline behavior prior to the interview, his responses during the interview were misleading. This child has severe mental health issues and displays depressive symptoms which manifests as irritable mood and feelings of hopelessness. Residential Director met with child after allegations of abuse were reported by him. During this meeting, child stated he wasn't abused, he was just mad that

staff restrained him. He futher reported that he wasn't trying to get them into trouble but was upset.

- SGCC also provides a satisfaction survey to all children for them to complete anonymously on a monthly basis. This survey determines whether children feel safe in the group home and will continue to be used as a tool to measure well-being of the children in placement at SGCC.

38. Does GH provide appropriate staffing and supervision?

- SGCC provides a 3:1 child to staff ratio. Children are supervised at all times and staff are always present to intervene during a crisis when necessary. A House Manager or Site Administrator is often available to provide additional supervision when necessary.

40. Do children report being treated with respect and dignity?

- Please see SGCC's response to #37

41. Is a fair rewards and discipline system in place?

- SGCC provides rewards for the children on a weekly basis. These rewards vary from additional monetary incentives to extra-curricular activities in the community. Rewards are given when the children demonstrate pro-social behaviors, participate in their therapeutic program, attend school, do not go AWOL, complete chores, participate in tutoring services, etc. The discipline system involves safety holds when behaviors are demonstrated that pose danger to self or others. These behaviors include but are not limited to assaults toward others, self injurious behaviors, AWOLs, psychiatric hospitalizations, school incidents, etc.

46. Are children free to receive or reject voluntary medical, dental, and psychiatric care?

- For many of our residents, a healthy relationship with psychotropic medication will be an important component of management of a life long illness. It is always a goal to promote this goal which includes helping clients understand the value of their medication, the importance of their voice in establishing what medication is best for them and to recognize that by suddenly stopping medication without proper supervision risks negative, sometimes dangerous consequences.
- When residents express concern or resistance in relation to taking their medication(s), they are encouraged to speak directly with their psychiatrist about changes they want. They are encouraged to bring an advocate with them (family, staff or other) to ensure their voice is heard. This is an additional way in which medication changes can be

initiated and unwanted side effects can be identified. Even if they choose to not engage in this conversation, they are free at any time to refuse their medications

- 4 children stated they are placed on safety holds when they refuse their medications. The refusal of medication does not result in a consequence, it is a safety concern. Medication compliance is a part of the children's therapeutic program at SGCC. Due to the severity of mental health issues these children have, it is imperative that they take their medications as prescribed by their psychiatrist. The children are informed and acknowledge at intake that it is their personal right to refuse medication. However, refusal of medication can pose a safety threat for them, the other children and staff.

48. Are children given opportunities to participate in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home?

- SGCC provides several opportunities for the children to participate in interested age-appropriate, extra-curricular, enrichment and social activities. On a monthly basis, during community meetings, the children are given the opportunity to participate in the planning of the monthly calendar. This planning involves weekly activities for the children to participate in such as the movies, going to the mall, attending community events, going to the YMCA, etc. Additionally, some of the children have participated in organized sports at their school.

VIII. Personal Needs/Survival and Economic Well-Being

53. Are children always provided with the minimum monetary allowances?

- All children's allowance was increased to $12.50 effective 9/25/14 and weekly allowance disbursement will be maintained in the allowance log.

X. Personnel Records

65. Have appropriate employees received all required training?

- Residential Counselor E.S. completed 21.5 hours of training. SGCC will no longer count "House Meetings" as required training hours unless documentation supports the training topic is clearly stated on the agenda, the duration is identified, and a summary of the training is included.

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 that have not already been implemented will be addressed 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, MA
Director of Residential Services
San Gabriel Children's Center, Inc.

Cc: Gurucharan Khalsa, Vice President of Programs

San Gabriel Children's Center, Inc.

December 3, 2014

Ms. Omnaya Zaklama
Fiscal Compliance Administrator
Department of Children and Family Services
Contracts Administration Division
3530 Wilshire Blvd 4th Floor
Los Angeles, Ca. 90010

Re: Fiscal Compliance Assessment

Dear Ms. Omnaya,

In response to your Exit Summary and Request for Corrective Action findings dated 10/28/14 we are providing the Financial Corrective Action Plan as required.

Question No. 4

Finding

According to the Audited Financial Statements (AFS) and Single Audit Report for the period ending June 30, 2013, the Group Home incurred a negative Net Assets of $373,115.

Response

As of September 30, 2014, San Gabriel Children's Center, Inc. (SGCC) has been able to increase the Net Assets so that they are no longer negative. This was accomplished by 1) reducing the group home program capacity from 24 to 18 thus eliminating the operating deficits and 2) the sale of property that was no longer needed for program operations. The Net Assets balance as of 9/30/2014 was $77,912. SGCC also plans to sell one additional residential property in the next six months which would add an additional $250,000 to the Net Assets.

Question No. 6

Finding

The Semi-Annual Expenditure Report for the period of July 1, 2013 through December 31, 2013 and January 1, 2014 through June 30, 2014 were submitted to DCFS after the due date.

Response

SGCC acknowledges that the Semi-Annual Expenditures Reports were submitted one day late for each of the fiscal periods. The first report was due 3/2/2014 and it was submitted on 3/3/2014; the second

report was due on 9/2/2014 and it was submitted on 9/3/2014. SGCC will ensure that in the future all reports are submitted on the due date.

Should you need any further information, my email address is kathieclayton@sangabrielchild.com and my work telephone number is 626-859-2089.

Respectfully,

Kathleen E. Clayton, CFO
San Gabriel Children's Center, Inc.

Cc: Gurucharan Khalsa, Vice President of Programs