County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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February 27, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
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Supervisor Don Knabe
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 (SGCC) in November 2012. SGCC has four sites located in the Fifth Supervisorial District and provides services to DCFS foster youth and Probation Department youth, as well as children from other counties. According to SGCC'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."

SGCC has four six-bed sites and is licensed to serve a capacity of 24 boys, ages 12 through 17. At the time of the review, SGCC served five placed DCFS foster youth, one Los Angeles County post-adoptive child, six Los Angeles County Probation Department youth, and eight youth from other counties. The placed children's overall average length of placement was 18 months, and their average age was 16.

SUMMARY

During our review, the interviewed children reported having been provided with good care and appropriate services. One child reported, however, that he did not feel safe, and felt he was not treated with respect and dignity.

SGCC was in full compliance with six of 10 areas of our Contract compliance review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

We noted deficiencies in the areas of Licensure/Contract Requirements, related to the timely submission of Special Incident Reports (SIRs); Facility and Environment, related to one of the children's bedrooms; Maintenance of Required Documentation and Service Delivery; and Personal Rights and Social Emotional Well-Being, related to the aforementioned child reporting feeling unsafe and that children are not treated with dignity and respect.

We instructed SGCC supervisory staff to enhance monitoring in order to eliminate documentation issues, and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On December 11, 2012, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with SGCC staff, Ruth Sigala, Director of Residential Services; Lynette Hanna and Hector Gonzalez, Administrators; and Raymond Ro, Deputy Probation Officer. SGCC representatives were in agreement with the findings and recommendations; they were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

SGCC provided the attached approved CAP addressing the recommendations noted in this compliance report. We will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR:
EAH:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carol Facciponti-Malcom, President, Board of Directors, SGCC
Porfirio Rincon, Executive Director, SGCC
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

SAN GABRIEL CHILDREN'S CENTER
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the November 2012 review. The purpose of this review was to assess SGCC's compliance with its County contract requirements and State regulations; and included a review of SGCC'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
- Personnel Records

For the purpose of this review, five placed children; three DCFS and two Probation placed youth, were selected for the sample. We 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 SGCC's compliance with permanency efforts. At the time of the review, all sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

We 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

We found the following four areas out of compliance.

Licensure/Contract Requirements

- We found Special Incident Reports (SIRs), although appropriately documented, were not submitted timely and cross-reported to all required parties. It is noted that SGCC representatives attended the OHCMD SIR training in October 2011. In addition, SGCC administration received the Power-point presentation for the SIR training from OHCMD. SGCC administration conducted a SIR retraining for staff on

December 7, 2012, in order to ensure that future SIRs are submitted timely to all parties. Verification of training was provided to the OHCMD.

Recommendation

SGCC's management shall ensure that:

1. SIRs are cross-reported and submitted timely to all required parties, via I-Track.

Facility and Environment

- During a walkthrough of the facilities, it was noted that a drawer was missing from the under-bed cabinet in one bedroom at the Puente site. The site Administrator immediately notified the maintenance staff of the deficiency, and the drawer was repaired. The OHCMD Monitor verified the repair.

Recommendation

SGCC's management shall ensure that:

2. Children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- During our review, the OHCMD Monitor reviewed four initial Needs and Services Plans (NSP) and nine updated NSPs, most of which were developed subsequent to the January 2012 NSP training, which SGCC representatives attended. We found that all 13 NSPs reviewed were timely.

  The updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. We found that the updated NSPs did not provide the dates for the period for which they were written. Six updated NSPs did not document the progress the youths were making in their physical, dental and/or psychological goals. Nine updated NSPs did not include detailed information on the staff contacts with the DCFS CSWs. Three sampled children's updated NSPs did not include documentation on the progress they were making towards meeting some of their NSP case goals.

  The Residential Director will ensure the children's progress toward their NSP goals are clearly documented in their NSPs, and that monthly contacts with County workers are included in detail in the updated NSPs. On January 10, 2013 and January 28, 2013, SGCC provided additional NSP training to their staff on the newly formatted NSP template, which SGCC will begin using by February 2013.

Recommendations

SGCC's management shall ensure that:

3. The children are progressing toward meeting their NSP goals.

4. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

- One child disclosed that he did not feel safe at the group home. He reported to the Monitor that he had shared a room with another youth who had threatened suicide. Both the Residential Director and the site Administrator denied that this child had shared a room with a child who was suicidal. They reported that he has only had one roommate, a San Bernardino County client, and that child has never exhibited any suicidal tendencies at SGCC, and there was no prior history found that this child was ever suicidal.

  The group home Administrator stated that SGCC has protocol in place for when a child is a threat to himself, as well as when a child is a threat to another child. She stated that SGCC not only wants a child to be safe, but to also "feel" safe. If the child who made the disclosure to the Monitor had informed SGCC staff that he felt threatened by the other child, SGCC staff would have immediately increased supervision, up to a one-staff-to-one child ratio if necessary, contacted the group home therapist to assess and evaluate the concern, and removed the child who was the threat to another room.

- This same child as above disclosed that staff did not take "kids bullying other kids" seriously, and that staff did not treat the children with respect and dignity, because they yell at the children and "talk about the children behind their backs." He reported, however, that he does not get yelled at, because he is one of the "good kids." The other sampled children, who were also interviewed, did not report any complaints about staff not taking bullying seriously, or not treating children with respect and dignity.

  The Residential Director stated that SGCC takes bullying seriously and conducts regular training for staff in collaboration with SGCC's Mental Health Department to address bullying and keep staff informed of sensitivity issues around bullying. The Residential Director stated that staff are informed not to yell at the children, as it is a violation of children's rights. At time of hire, staff sign and acknowledge that they have read and understood the children's rights. When incidents of staff yelling at a youth, encouraging or ignoring bullying by other children against a child occur, SGCC takes disciplinary action against the staff which does not rule out terminating the staff.

Both the Residential Director and the site Administrator were concerned about the child's statements. They expressed to the OHCMD Monitor at the Exit Conference, that shortly before the child's interview with the OHCMD Monitor, the child was informed by his CSW that he was not going to be returning home. The child was extremely upset and emotional prior to the interview, and they felt that this may have influenced the child's responses to the Monitor's questions during the interview.

Recommendations

SGCC's management shall ensure that:

5. Children feel safe in the Group Home.

6. Children are treated with respect and dignity.

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

The OHCMD's last compliance report, dated May 30, 2012, identified nine recommendations.

Results

Based on our follow-up, SGCC fully implemented seven of nine recommendations, for which they were to ensure that:

- The common quarters are well maintained.
- Children participate in the development of the NSPs.
- The children are assisted in maintaining important relationships.
- The children are progressing toward meeting their NSP goals.
- Comprehensive initial and updated NSPs are developed.
- Consequences are fair for all the children.
- Children are informed about their medication.
- Children are given opportunities to participate in planning activities.
- Full implementation of the outstanding recommendation from the prior monitoring report, regarding comprehensive NSPs.

SGCC did not implement the recommendations regarding ensuring children are progressing toward meeting their NSP goals; and developing comprehensive updated NSPs.

Recommendation

SGCC's management shall ensure that:

7. The outstanding recommendations from the 2011 monitoring report, which are noted in this report as Recommendations 3 and 4, are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of SGCC for the fiscal year July 1, 2008 through June 30, 2009. The fiscal report, dated July 1, 2011, identified $688 in unallowable expenditures and $3,608 in unsupported/inadequately supported expenditures. SGCC submitted a fiscal CAP, and according to the Fiscal Monitoring Section, SGCC fully paid the unallowable, unsupported/inadequate expenditures.

SAN GABRIEL CHILDREN'S CENTER
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

19832 Rambling Road
Covina, CA 91724
License # 197802232
Rate Classification Level: 14

19605 East Puente Street
Covina, CA 91724
License # 197801309
Rate Classification Level: 14

5329 Homerest Ave.
Azusa, CA 91720
License # 197802791
Rate Classification Level: 14

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

	Contract Compliance Monitoring Review	**Findings: November 2012**
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	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County 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 6. Recommended Assessment/Evaluations Implemented 7. County Workers 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	5. Full Compliance 6. Full Compliance 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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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 Meals and Snacks? 5. Staff Treat Children with Respect and Dignity	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed

	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. Reasonable Chores 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)	6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's 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	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	Full Compliance (ALL)

San Gabriel Children's Center, Inc.

January 4, 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, I have included our Corrective Action Plan and documentation to finalize the audit.

I. Licensure/Contract Requirements

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

- A total of 4 SIR's were submitted late to CCL, DCFS/Probation during this review period. Staff have been reminded and addressed on the expectation to submit SIR's to their supervisor and the administrator before they leave their shift. An SIR training was also facilitated on 12/7/12 in which 16 staff attended.

II. Facility and Environment

12. Are Children's bedrooms well maintained?

- One bed in bedroom #1 had a missing cover for the drawer below the bed which is used for storage. The Group Home Administrator requested immediate repair which was completed the next day.

III. Maintenance of Required Documentation and Service Delivery

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

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SGCC will ensure that staff continue to follow agency guidelines to assist the client's in meeting the Needs and Services Plan case goals. Training was facilitated on 1/3/13 and another will be facilitated on 1/28/13 to assist staff in completing the document to ensure it is comprehensive. Additionally,

- Treatment goals are developed to be specific, measureable, and attainable to ensure client's progress toward meeting their individualized case goals.
- Interdisciplinary Treatment Team Meetings are held monthly. Progress is reviewed and documented during these meetings on the Interdisciplinary Treatment Plan form which is filed in the client's chart. The team addresses barriers to meeting documented goals and develops updated goals as needed.
- Treatment goals are developed in collaboration with clients (and families/caregivers, where appropriate). The goals are discussed with the Residential House Manager to ensure clients are assisted in making progress toward meeting their goals.

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

SGCC will ensure that in 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.
- The Clinical Manager will review and approve all NSP's to ensure the documentation is comprehensive and submitted accurately.

VII. Personal Rights and Social/Emotional Well-Being

37. Do children feel safe in the home?

- One of the five children interviewed reported that he did not feel safe in the home. This child had just received news by his CSW that he would not be returning home with his mother as his case plan indicated. He was extremely frustrated and angry and as a result disclosed incidents which did not occur. SGCC has a zero tolerance for bullying and staff do not allow this behavior to occur between the children. Additionally, the child has not shared a room with a suicidal child.

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

- Four of the five children who were interviewed reported being treated with respect and dignity. The same child who was upset about not being able to return home reported that staff "talk about the children behind their backs." During our exit conference, I reiterated how this child was extremely upset and participated in the interview after receiving the unfortunate news. SGCC staff are trained on the importance of building rapport with our clients. This child was able to engage with all staff and he developed positive connections with several of them. We strongly believe the comment he made was a result of his anger and frustration.

As a result of these findings, Director of Residential Services, Ruth Sigala 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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