COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

November 26, 2014

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

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **POSITIVE PATH YOUTH DEVELOPMENT CENTER CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of the Positive Path Youth Development Center in June 2014. Positive Path Youth Development Center has one site located in the Second Supervisorial District of Los Angeles County. Positive Path Youth Development Center provides services to Los Angeles County Probation children. According to the Positive Path Youth Development Center's program statement, its purpose is to provide a safe, therapeutic environment with development of interpersonal skills for children who are often unprepared to integrate into the normal challenges of life.

Positive Path Youth Development Center has one (1) six-bed site and is licensed to serve a capacity of six (6) boys, 13 - 17 years of age. At the time of the review, the Positive Path Youth Development Center was providing services for six (6) Los Angeles County Probation children. The placed children's overall average length of placement was 12 months, and their average age was 17 years old.

The interview sample size was five (5) Probation children. There were no children at the Positive Path Youth Development Center who were prescribed psychotropic medication. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at the Positive Path Youth Development Center, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. Positive Path Youth Development Center was in compliance with six (6) of the 10 areas of the Contract Compliance Review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medications; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

However, deficiencies were noted in the area of Licensure/Contract Requirements in that, the Positive Path Youth Development Center needed to maintain the Group Home's vehicle in good condition. Deficiencies were also noted in the area of Facility and Environment in that, the Positive Path Youth Development Center needed to repair cosmetic damages in the children's bedrooms and common areas.

Deficiencies were also noted in the area of Maintenance of Required Documentation in that, the Positive Path Youth Development Center failed to develop comprehensive updated Needs and Services Plans. Lastly, deficiencies were noted in the area of Personnel Records in that, the Positive Path Youth Development Center failed to have proper education/experience qualifications in personnel files.

REVIEW OF REPORT

On June 5, 2014, Probation PPQA Monitor Kedra Frelix held an Exit Conference with Positive Path Youth Development Center, Administrator Cynthia Williams. The Positive Path Youth Development Center representative agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

Positive Path Youth Development Center provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on July 31, 2014, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Karen D. Richardson, Out-of-Home-Care Management, DCFS
Leticia Torres-Ibarra, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Cynthia Williams, Administrator, Positive Path Youth Development Center
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

POSITIVE PATH YOUTH DEVELOPMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

POSITIVE PATH
24825 NEPTUNE AVENUE
CARSON, CA 90745
LICENSE NUMBER: 198206127
RATE CLASSIFICATION LEVEL: 10

	Contract Compliance Monitoring Review	Findings: June 2014
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. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	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. Improvement Needed
	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. County Workers Monthly Contacts Documented	7. Improvement Needed
	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. 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 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)	Full Compliance (ALL)

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

POSITIVE PATH YOUTH DEVELOPMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Positive Path Youth Development Center's compliance with the County contract and State regulations and include a review of the Positive Path Youth Development Center'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 (5) placed children were selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed to assess Positive Path Youth Development Center's compliance with permanency efforts.

PPQA/GHM reviewed five (5) staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Licensure/Contract Requirements

- During an inspection of the vehicle at the Positive Path Youth Development Center, there were substantial holes located in the middle seat and the front passenger seat door and front passenger speaker needs to be covered or repaired.

Recommendation

Positive Path Youth Development Center's management shall ensure that:

1. All vehicles, in which children are transported, are in good repair, in accordance with the Community Care Licensing (CCL), Title 22 standards

Facility and Environment

An inspection of the interior and exterior of the Positive Path Youth Development Center revealed some cosmetic deficiencies in the common areas and one (1) of the children's bedrooms that require correction:

- Loose bricks/steps were located in the backyard common area
- Kitchen cabinet knobs were loose
- Door frame leading to the hallway was damaged
- Bedroom #3 had a closet where the right door's paint was peeling.

Recommendation

Positive Path Youth Development Center's management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the common areas and the children's bedrooms are corrected and repaired in a timely fashion. This shall be in accordance with the CCL, Title 22 standards, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times."

Maintenance of Required Documentation and Service Delivery

- Of the five (5) files reviewed, one (1) Updated Needs and Services Plan (NSP) lacked a signature from the Deputy Probation Officer (DPO) of Record. Therefore, Positive Path Youth Development Center was not compliant with the section "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSP?"

- Of the five (5) files reviewed, four (4) Updated NSPs lacked proper documentation of the County workers monthly contact by the Group Home. Therefore, Positive Path Youth Development Center was not compliant with the section "Are County workers contacted monthly by the Group Home and are the contacts appropriately documented in the case file?"

- Of the five (5) files reviewed, one (1) client had three (3) Updated NSPs that were not comprehensive. They did not provide any information in the "Concurrent Case-Plan Goal" section. The NSPs failed to implement concurrent plans (i.e. family finding efforts) simultaneously with the primary Case Plan Goal. Two (2) Updated NSPs did not properly document why Outcome Goals were modified and failed to indicate what changes were made to the goals to make them achievable.

Recommendation

Positive Path Youth Development Center's management shall ensure that:

1. Each child's NSP has the County worker's signature/authorization to implement the NSP, in accordance with the CCL, Title 22 standards, as well as the Master County Contract SOW.

2. Each child's NSP has monthly documentation of the Group Home's contact with the County worker, which includes type and date of contact, as well as purpose of contact, in accordance with Title 22 standard, as well as the Master County Contract SOW.

3. The aforementioned NSPs deficiencies are corrected so that each child has comprehensive updated quarterly NSPs, in accordance with the CCL, Title 22 standards, as well as the Master County Contract SOW.

Personnel Records

- Upon reviewing a sample of Personnel Files at the Positive Path Youth Development Center, one (1) of the five (5) employees did not have verification of their educational/experience qualifications in their personnel file. One (1) staff's High School diploma was missing from the file. However, it was provided at a later date, the diploma was not in the file at the time of review.

Recommendation

Positive Path Youth Development Center's management shall ensure that:

1. All necessary paperwork and documents to verify each employee's educational/experience qualifications are included in their personnel files in accordance with CCL, Title 22 standards and the Master County Contract SOW.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA/GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated June 9, 2014, identified one (1) recommendation.

Results

Based on the follow-up, Positive Path Youth Development Center fully implemented the one (1) previous recommendation under "Facility and Environment", for which they were to ensure that:

- All aforementioned deficiencies cited will be corrected and repaired in a timely fashion. The left closet frame in Bedroom #2 was repaired, the bathroom closet

in Bedroom #3 was repaired, and the bathroom cover vent in Bedroom #3 was replaced, all in accordance with the CCL, Title 22 standards.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Positive Path from the Department of Auditor-Controller is dated March 10, 2010, for the fiscal period of January 1, 2008, to December 31, 2008. The report dated March 10, 2010, indicated that the agency had questioned/disallowed cost. Positive Path submitted a timely, approved fiscal Corrective Action Plan, which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

July 5, 2014

County of Los Angeles Probation Department
Kedra Frelix, Deputy Probation Officer II
Group Home Monitoring and Investigations Unit
Placement Services Bureau, Los Angeles County Probation Department
Lynwood Regional Justice Center

RE: CORRECTIVE ACTION PLAN (CAP)

Ms. Frelix,

Positive Path Youth Development Center (PPYDC) has made the identified corrections that were noted on the May 27, 2014, Group Home Monitoring Review. Below we have reiterated your notations and listed our Correction Action Plan:

MONITORING REPORT:

- Licensure/Contract Requirements
  "Vehicle. Middle seat needs to be re-upholstered: Front passenger seat speaker needs to be covered or repaired."

- Facility and Environment
  "Remove loose bricks/steps from the common area. Kitchen: Loose cabinet knobs. Living Room: Door frame leading to hallway is damaged. Bedroom #3: Right closet door has peeling paint."

- Maintenance of Required Documentation and Service Delivery
  "Client #3: DPO monthly contact is not documented in Quarterly #1 and #2. Client #4 DPO monthly contact is not documented in Quarterly #1 and #2. Client #5: DPO monthly contact is not documented in Quarterly #1, #2, #3, and #4. Client #3: Quarterly #1 (09/10/13): No concurrent plan: No parent signature. Quarterly # 2 (12/10/13): No Case plan checked off:

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No concurrent plan: Same goals as previous that do not address need for modifications: Quarterly#3 (03/10/14): No concurrent plan: Mother's lack of Participation is generally noted regarding lack of transportation but what is the Group Home doing to assist reunification? No outcome goals achieved."

- Personnel Records

"Staff #2 did not have experience or education on file at the time of review. Proof of a degree was provided on May 28, 2014."

Corrective Actions:

✓ Licensure/Contract Requirements
Vehicle. Middle seat will be patched for safety and covered for aesthetics looks. Front passenger seat speaker has been ordered and will be replaced.

✓ Facility and Environment
Loose bricks/steps from the common area have been removed. Kitchen: Loose cabinet knobs have been replaced. Living Room: Doorframe leading to hallway has been repaired. Bedroom #3: Right closet door with peeling paint has been repainted.

✓ Maintenance of Required Documentation and Service Delivery
Positive Path's Licensed Clinical Social Worker (LCSW) will continue to complete the Quarterly Reports and remain attentive to the Case Plan Goals (checking the designated box[] plan), writing the Concurrent Case Plan Goals narrative for each respective report and ensuring the DPO contacts/visits are recorded in the report, as well as, acquiring a parent(s) signature (s) when warranted.

✓ Personnel Records
Office administration will have a designated office support staff review information for new hires, as it relates to their experience and education to ensure all appropriate paperwork is placed in each employees completed file.

The Facility Manager will be responsible for ensuring the facility, the environment and PPYDC's vehicle remain up to par and is consistently maintained. The LCSW, Facility Manager and Case Managers will be responsible for ensuring all Quarterly Reports are completed with the required information. Office

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support staff will be responsible for ensuring all the correct required documents are placed in employee folders.

The PPYDC Administrator will act as the quality assurance person responsible for monitoring the program to ensure the corrective actions are consistently enforced. PPYDC welcomes any additional recommendations and look forward to your next visit.

Sincerely,

Cynthia Williams

Cynthia Williams, Administrator
Positive Path Youth Development Center, Inc.

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