# COUNTY OF LOS ANGELES
# PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

**JERRY E. POWERS**
Chief Probation Officer


October 20, 2015

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jerry E. Powers
Chief Probation Officer

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

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Positive Path Youth Development Center Group Home, operated by Positive Path Youth Development Center, in May 2015. Positive Path Youth Development Center has one (1) site, located in the Second Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children only. According to Positive Path Youth Development Center 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 Group Home is a six (6) bed site and is licensed to serve a capacity of six (6) boys, 13-17 years old. At the time of review, Positive Path Youth Development Center Group Home was serving six (6) Los Angeles County Probation children. Based on the sample size, the placed children's overall average length of placement was three (3) months, and their average age was 17 years.

All six (6) Probation children were selected for interviews; however (1) child was Absent Without Leave (AWOL) status and was unavailable to be interviewed. There were two (2) Probation children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

Additionally, three (3) discharged Probation children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also 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 Positive Path Youth Development Center Group Home, 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 Group Home was in compliance with eight (8) of the 10 areas of the Contract Compliance Review: "Facility and Environment", "Maintenance of Required Documentation and Service Delivery", "Education and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", "Personal Needs/ Survival and Economic Well-Being", "Discharged Children" and "Personnel Records".

Although, PPQA/GHM noted deficiencies in two (2) of the 10 areas, there were no egregious finding in either area. In the area of "Licensure/ Contract Requirements", Positive Path Youth Development Center Group Home needed to ensure that Monetary and Clothing Allowances were comprehensive and did not lack staff and child signatures on the weekly allowance logs and monthly clothing logs.

Deficiencies were also noted in the area of "Personal Rights and Social/Emotional Well-Being", in that, Positive Path Youth Development Center Group Home needed to make certain that staff treat children with respect and dignity. In addition, that the children are informed about their right to refuse medication without consequences and that children are able to plan extra-curricular activities in the Group Home and community.

## REVIEW OF REPORT

On May 27, 2015, Probation PPQA Monitor Kedra Frelix held an Exit Conference with Positive Path Youth Development Center Group Home Administrator Cynthia Williams. Administrator Williams 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).

Positive Path Youth Development Center Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, 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.

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

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:ed

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Cynthia Williams, Positive Path Executive Director
Community Care Licensing

# POSITIVE PATH YOUTH DEVELOPMENT CENTER GROUP HOME
# CONTRACT COMPLIANCE MONITORING REVIEW
# FISCAL YEAR 2014-2015

## SCOPE OF REVIEW

The purpose of this review was to assess Positive Path Youth Development Center Group Home's compliance with the County contract and State regulations and include a review of the Positive Path Youth Development Center Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, six (6) placed children were selected for the sample; however, one (1) child was on Absent Without Leave (AWOL) Status and was unavailable to be interviewed. 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. At the time of the review, two (2) placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess Positive Path Youth Development Center's compliance with permanency efforts

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

## CONTRACTUAL COMPLIANCE

The following two (2) areas were out of compliance.

## Licensure/Contract Requirements

During a review of the clothing logs and weekly allowance logs, it was revealed that Positive Path Youth Development Center Group Home had incomplete and incomprehensive monetary logs. The Allowance Logs lacked signatures, which did not acknowledge that one (1) child had received his allowance for two (2) consecutive weeks. Overall, the Clothing Logs lacked consistent child and staff signatures; however, the Group Home documented the transactions by having the child sign clothing receipts. In addition, the month of April 2015 was not documented on the Clothing Log, for all children.

### Recommendation

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

1. Comprehensive Monetary and Clothing Allowance Logs Maintained and that all children's logs have staff and child signatures for each transaction. Every month is to be documented appropriately on the Clothing Log.

## Personal Rights and Social/ Emotional Well-Being

- During the interview process, one (1) of the five (5) children stated that Group Home staff does not treat him with respect and dignity. The child reported that sometimes staff are disrespectful and make inappropriate jokes.

- During the interview process one (1) of the five (5) children stated that consequences are given if he refuses to take his prescribed medication. The consequences include a reduced program level or activity restrictions. In addition, the child disclosed that staff make remarks such as, "We are going to have to see about you getting you removed", when he tries to refuse his medication. The child stated that he did not know he could refuse his medication without consequences.

- During the interview process, one (1) of the five (5) children stated that the Group Home does not allow the children to plan social activities in which they have an interest. He stated that currently the residents are not able to plan activities, but there is a future meeting scheduled for the youth to plan activities.

### Recommendation

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

1. All children are treated with respect and dignity by the Group Home staff.

2. All children are informed about their right to refuse medical appointments without being subject to consequences by the Group Home staff.

3. All children are given the opportunity to plan and participate in social activities in which they have an interest.

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

PPQA/GHM's last compliance report dated November 26, 2014, identified six (6) recommendations.

**Results**

Based on the follow-up, Positive Path Youth Development Center fully implemented six (6) of the six (6) previous recommendations for which they were to ensure that:

- All vehicles, in which children are transported, are in good repair.

- All of the aforementioned physical deficiencies cited in the common areas and the children's bedrooms are corrected and repaired in a timely fashion.

- Each child's Needs and Services Plan (NSP) has the County worker's signature/authorization to implement the NSP,

- Each child's NSP has monthly documentation of the Group Home's contact with the County worker, which includes type and date of contact.

- The aforementioned NSPs deficiencies are corrected so that each child has comprehensive updated quarterly NSPs,

- All necessary paperwork and documents to verify each employee's educational/experience qualifications are included in their personnel files

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Positive Path Group Home by the Auditor Controller is underway for the 2014-2015, fiscal year and has not been posted to their website.

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

**Positive Path Youth Development Center**
**24825 Neptune Avenue,**
**Carson, CA 90745**
**License Number: 198206127**
**Rate Classification Level: 10**

| | **Contract Compliance Monitoring Review** | **Findings: May 2015** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements)<br><br>1. Timely Notification for Child's Relocation<br>2. Transportation Needs Met<br>3. Vehicle Maintained In Good Repair<br>4. Timely, Cross-Reported SIRs<br>5. Disaster Drills Conducted & Logs Maintained<br>6. Runaway Procedures<br>7. Comprehensive Monetary and Clothing Allowance Logs Maintained<br>8. Detailed Sign In/Out Logs for Placed Children<br>9. CCL Complaints on Safety/Plant Deficiencies | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Improvement Needed<br><br>8. Full Compliance<br>9. Full Compliance |
| II | **Facility and Environment** (5 Elements)<br><br>1. Exterior Well Maintained<br>2. Common Areas Maintained<br>3. Children's Bedrooms<br>4. Sufficient Recreational Equipment/Educational Resources<br>5. Adequate Perishable and Non-Perishable Foods | Full Compliance (ALL) |
| III | **Maintenance of Required Documentation and Service Delivery** (10 Elements)<br><br>1. Child Population Consistent with Capacity and Program Statement<br>2. County Worker's Authorization to Implement NSPs<br>3. NSPs Implemented and Discussed with Staff<br>4. Children Progressing Toward Meeting NSP Case Goals<br>5. Therapeutic Services Received<br>6. Recommended Assessment/Evaluations Implemented<br>7. County Workers Monthly Contacts Documented<br>8. Children Assisted in Maintaining Important Relationships<br>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation<br>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation | Full Compliance (ALL) |

| | | |
|---|---|---|
| IV | **Educational and Workforce Readiness** (5 Elements)<br><br>1. Children Enrolled in School Within Three School Days<br>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals<br>3. Current Report Cards Maintained<br>4. Children's Academic or Attendance Increased<br>5. GH Encouraged Children's Participation in YDS/ Vocational Programs | Full Compliance (ALL) |
| V | **Health and Medical Needs** (4 Elements)<br><br>1. Initial Medical Exams Conducted Timely<br>2. Follow-Up Medical Exams Conducted Timely<br>3. Initial Dental Exams Conducted Timely<br>4. Follow-Up Dental Exams Conducted Timely | Full Compliance (ALL) |
| VI | **Psychotropic Medication** (2 Elements)<br><br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review | Full Compliance (ALL) |
| VII | **Personal Rights and Social/Emotional Well-Being** (13 Elements)<br><br>1. Children Informed of Group Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Appropriate Staffing and Supervision<br>4. GH's efforts to provide Meals and Snacks<br>5. Staff Treat Children with Respect and Dignity<br>6. Appropriate Rewards and Discipline System<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend or not Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed About Their Medication and Right to Refuse Medication<br>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care<br>12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)<br>13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Improvement Needed<br>6. Full Compliance<br>7. Full Compliance<br>8. Full Compliance<br>9. Full Compliance<br>10. Improvement Needed<br>11. Full Compliance<br>12. Improvement Needed<br>13. Full Compliance |

| | | |
|---|---|---|
| VIII | **Personal Needs/Survival and Economic Well-Being**<br>(7 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity and Quality of Clothing Inventory<br>3. Children's Involved in Selection of Their Clothing<br>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items<br>5. Minimum Monetary Allowances<br>6. Management of Allowance/Earnings<br>7. Encouragement and Assistance with Life Book | Full Compliance (ALL) |
| IX | **Discharged Children** (3 Elements)<br><br>1. Children Discharged According to Permanency Plan<br>2. Children Made Progress Toward NSP Goals<br>3. Attempts to Stabilize Children's Placement | Full Compliance (ALL) |
| X | **Personnel Records**<br>(7 Elements)<br><br>1. DOJ, FBI, and CACIs Submitted Timely<br>2. Signed Criminal Background Statement Timely<br>3. Education/Experience Requirement<br>4. Employee Health Screening/TB Clearances Timely<br>5. Valid Driver's License<br>6. Signed Copies of Group Home Policies and Procedures<br>7. All Required Training | Full Compliance (ALL) |

July 2, 2015

County of Los Angeles Probation Department
Kedra Frelix, Deputy Probation Officer II
Placement Permanency & Quality Assurance (PPQA)
Group Home Monitoring and Investigations Unit
Lynwood Regional Justice Center
11701 South Alameda St. 2nd Floor
Lynwood, CA 90262

**RE: Annual Evaluation Review Results- Corrective Action Plan (CAP)**

D.P.O. Frelix,

Thank you for your review and visit to Positive Path Youth Development Center, Inc. (PPYDC). We welcome your recommendations, and feedback. We have addressed the following as requested:

## I. Licensure/Contracts Requirements

The monitoring report question reads as follows: # 7. Are appropriate and comprehensive monetary and clothing allowance logs maintained? (Well-Being)

- The Allowance Log lacked signatures for one youth. The Clothing Log lacked consistent youth and staff signatures for each transaction on the log; however, the youth have signed clothing receipts. The month of April 2015 was not documented on the clothing log.

  - *Agency's Reason:* For internal control reasons, PPYDC policies state only the Facility Manager will maintain clothing and allowance logs. When youth work, sign-out and/or are on extra-curricular activities, they sometimes will not have the opportunity to meet with the Facility Manager during their scheduled hours of work to sign all the official PPYDC documents. The missing signature's for one resident on the clothing log was missing in the month of April because the Facility Manager had not completed the log for April.

    - ✓ *Agency's Corrective Action & Implementation Plan:* PPYDC will amend the agency's policy to allow Facility Manager to delegate duties. This will allow staff on duty to obtain a signature on official documents including clothing and



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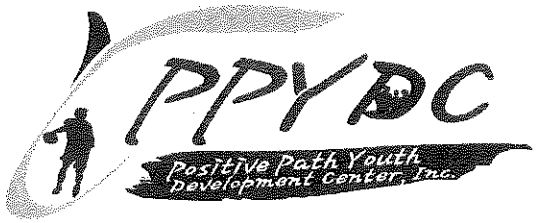


allowance logs from all residents as it relates to their disbursed and received financial allowances.

- ✓ *Quality Assurance Plan:* The Administrator and the Office Support staff will be responsible for ensuring that these procedures take place and to review the logs every month for compliance. Employees will receive a written warning memo, if they are not compliant and errors are found on the log.

## II. Personal Rights and Social/Emotional Well-Being

The monitoring report question reads as follows: # 40. Do Children report being treated with respect and dignity? (Well-Being)

- One Youth stated that sometimes staff are disrespectful and make inappropriate jokes.

  - ➢ *Agency's Reason:* PPYDC Administration has met with the youth and the identified staff to discuss the alleged concerns from the youth.

    - ✓ *Agency's Corrective Action & Implementation Plan:* All staff will be retrained in the area of Ethics to prevent future challenges in this area. The next training will be August 29, 2015. PPYDC will also continue to have complaint forms available to all residents, and the County of Los Angeles complaint numbers accessible posted in a visible area. If the youth feel their complaints are not addressed in a timely manner, residents will also have PPYDC Administration, the Facility Therapist, and their DPO of record phone numbers available to contact them immediately to address any of their concerns.

    - ✓ *Quality Assurance Plan:* The Administrator and the Licensed Clinical Social Worker (LCSW) will be responsible for ensuring PPYDC remains in compliance. The Administrator and LCSW will regularly meet in individual and/or group sessions, and also inquire about any possible complaints or concerns during the week.

The monitoring report question reads as follows: # 45. Are children informed about their medication and their right to refuse medication? (Well Being)



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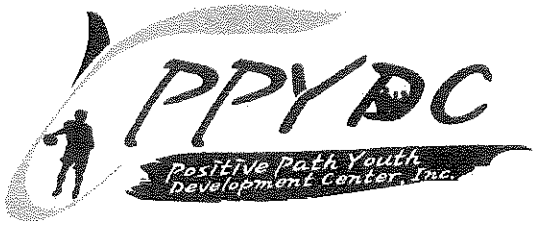


- One youth reported a staff stated they were going to see about having him removed from the home when he tried to refuse his medication. The youth stated, he did not know he could refuse his medication without consequences.

  - *Agency's Reason:* Consequences have never been given to a resident, if they did not take their prescribed medication. In addition, youth are fully aware they can refuse medication at any time this information is on the personal rights form. Youth are asked to sign a universal refusal sheet, if a refusal occurs. Due to a recent increase in refusing to attend school, not eat scheduled meals, take medication, complete chores, and/or go on outing's, PPYDC adopted a "Universal Refusal Form", from another agency. Unfortunately, the form was not critiqued well and PPYDC mistakenly missed the words, "there will be consequences for refusals".

    When residents refuse their medication, staff routinely inquire about the reason for the refusal, so the information can be immediately conveyed to the prescribing physician, therapist, parent and D.P.O of record. The prescribing physician is immediately contacted via phone so the youth can express any immediate concerns.

    - ✓ *Agency's Corrective Action & Implementation Plan:* Administrator immediately removed all of the forms with the flawed wording. The forms were corrected and re-distributed for staff use. The forms were redistributed on June 9, 2015. In addition, all staff will be retrained on Children's Rights, Ethics, and Disciplinary Plan Policy. The next training date is scheduled for August 29, 2015. The Administrator will meet with youth to ensure they understand they have the right to refuse medication. The next youth meeting is July 22, 2015. Lastly, the Administrator will ensure if any forms are adopted from another source, PPYDC Management will carefully proofread before implementing forms and/or procedures.

    - ✓ *Quality Assurance Plan*: The Facility Manager and the Administrator will be responsible for ensuring that these procedures take place, and PPYDC remain in compliance. The Administrator and Facility Manager will ensure the employees



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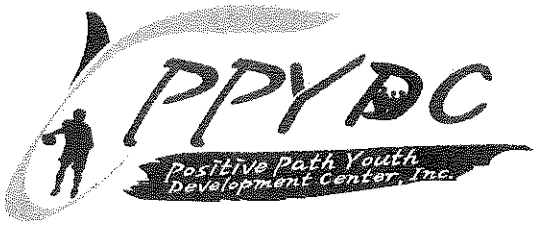


remain compliant by reviewing the plans and policies in monthly staff meetings.

The monitoring report question reads as follows: #47. Are children give opportunities to plan 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? (Self-Sufficiency)

- One Youth stated residents are not able to plan activities, but there are future meeting scheduled to plan activities.

  - Agency's Reason: Residents are given opportunities to plan extra-curricular, enrichment, and social activities. However, if a youth has not attended school, refused school, involved in an incident and/ or dropped levels in PPYDC, due to inappropriate behavior within the home, this may result in being excluded from voting on a decision regarding the resident outings/activities.

    PPYDC has a small group of residents which affords PPYDC the flexibility in planning activities. Staff routinely count the Youth's verbal votes regarding desired activity, such as bike riding, Go Karting, Bowling, Playing Pool, going to the movies, etc. The decision is made by the youth's majority vote. All large/special outings such as Amusement Parks, out of Town Trips, etc., are planned a month or two in advance, which usually requires the approval of a youth's D.P.O. PPYDC's daily activities are usually activities, such as (the local parks, YMCA, Boy & Girls Teen Club, the Library etc.). Sometimes a verbal vote by the residents will determine the daily activity, as well.

    - ✓ Agency's Corrective Action & Implementation Plan: PPYDC will create a form that reflects the youth participation in planning age- appropriate, extra-curricular, enrichment, and social activities.

    - ✓ Quality Assurance Plan: Facility Manager and Floor Supervisor will ensure this form is used to plan most outings by having monthly reviews of the forms and activities.

If, there is anything additional please do not hesitate to contact PPYDC Executive Director at (310) 409-3635.

Sincerely,

Cynthia Williams

Cynthia Williams, Executive Director
Positive Path Youth Development Center, Inc.



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