



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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Chief Probation Officer

Board of Supervisors
GLORIA MOLINA
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June 9, 2014

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Second District

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Third District

TO: Each Supervisor

DON KNABE
Chairman-Fourth District

FROM: Jerry E. Powers 
Chief Probation Officer

MICHAEL D. ANTONOVICH
Fifth District

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

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review Positive Path Youth Development Center (Positive Path) in June 2013. Positive Path is located in the Second District of Los Angeles County and provides services to Los Angeles County Probation children. According to Positive Path's program statement, its purpose is to help youth develop interpersonal and independent living skills, self-worth, and respect for themselves and their families. Additionally, they stabilize youth and aid them on the path to self-sufficiency as they transition back into the community. Positive Path is an agency with a Rate Classification Level 9 and consists of a six (6) bed home that provides care for boys, ages 13 - 17 years of age. At the time of the review, Positive Path was providing care for five (5) Probation children.

Of the five (5) Probation children randomly selected for the interview sample, none were currently taking prescription psychotropic medication, at the time of the review. Additionally, three (3) discharged 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 reported feeling safe at Positive Path and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Positive Path was in compliance with nine (9) of the 10 areas of the Contract Compliance Review: Licensure/Contract Requirements; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

However, deficiencies were noted in the areas of Facility and Environment. Positive Path had minor repair issues and agreed to correct the deficiencies noted at the site.

REVIEW OF REPORT

On June 28, 2013, Probation PPQA Monitor Raymond Ro held an Exit Conference with Positive Path representative, Cynthia Williams, Administrator. Positive Path 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 provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for 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:REB:LCM:ed

Attachments (3)

- c: William T Fujioka, Chief Executive Officer
- Sachi A. Hamai, Executive Officer, Board of Supervisors
- Brence Culp, Chief Deputy, Chief Executive Office
- Wendy Watanabe, Auditor-Controller
- Phillip L. Browning, Director, Department of Children and Family Services
- Latasha Howard, Probation Contracts
- Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
- Diana Flagg, DCFS Contracts
- Audit Committee
- Sybil Brand Commission
- Community Care Licensing
- Cynthia Williams, Administrator, Positive Path
- Georgia Mattera, Public Safety, Chief Executive Office
- Chief Deputies
- Justice Deputies

**POSITIVE PATH YOUTH DEVELOPMENT CENTER CONTRACT COMPLIANCE
MONITORING REVIEW- SUMMARY**

Contract Compliance Monitoring Review		Findings: June 2013
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted/Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL citations for safety/plant deficiencies 9. Detailed sign in/out log for children 	Full Compliance (All)
II	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Quarters Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (13 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. Probation Caseworker Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff/Parents 5. Sampled children progressing towards meeting the NSP case goals 6. Treatment team developed timely initial NSP with the child 7. Treatment team develop comprehensive initial NSP with the child 8. Therapeutic Services Received (individual, group, substance abuse, etc.) 9. Recommendation Assessments/Evaluations Implemented (psychological, psychiatric, medical evaluations/assessments) 10. Probation Caseworkers Monthly Contact Verified 11. Agency assist the child in maintaining important relationships 12. Treatment team develop timely updated NSP with the child 	Full Compliance (All)

	13. Treatment team develop comprehensive updated NSP with the child	
IV	<p><u>Education and Workforce Readiness</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child enrolled in school within three (3) days after placement or efforts documented 2. Child attends school as required 3. Agency facilitates in meeting the child's educational goals (IEP conference, tutoring, parent/teacher conference, homework, etc.) 4. Based on services provided, has the child's academic performance and/or attendance increased (improved grades, test scores, promotion to the next level, High School graduated, IEP goals?) 5. Current IEPs maintained 6. Current copies of the child's report cards or progress cards maintained 7. Group Home provides children with opportunities to participate in age appropriate youth development services (YDS) and vocational training programs 8. Group Home encourages children's participation in YDS or equivalent programs. 	Full Compliance (All)
V	<p><u>Health and Medical Needs</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Initial medical examinations conducted 2. Initial medical examinations timely 3. Required follow-up medical examinations conducted timely 4. Initial dental examinations conducted 5. Initial dental examinations timely 6. Required follow-up dental examinations conducted timely 	Full Compliance (All)
VI	<p><u>Psychotropic Medications</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication or document effort to obtain 2. Current Psychiatric Evaluation/Review for each child on psychotropic medication 	Full Compliance (All)
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (17 Elements)</p> <ol style="list-style-type: none"> 1. Children informed of Group Home's policies and procedures 2. Children feel safe at Group Home 3. Children supervised by staff 4. Group Home provides appropriate staffing and supervision 	Full Compliance (All)

	<ol style="list-style-type: none"> 5. Children report satisfaction with meals and snacks 6. Staff treats children with respect and dignity 7. Appropriate rewards and discipline system in place 8. Consequences fair 9. Children allowed private visits, make and receive telephone calls and to send and receive unopened correspondence/mail 10. Children free to attend religious services and activities of their choice 11. Children's chores easy or hard (reasonable) 12. Children informed about their medication 13. Children aware of their right to refuse medication 14. Children free to received or reject voluntary medical, dental and psychiatric care 15. Children given opportunities to participate in planning activities 16. Children participate in activities, including at the Group Home, in the community or school 17. Children given opportunities to participate age-appropriate extra-curricular, enrichment and social activities in which they have an interest 	
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50.00 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	Full Compliance (All)
IX	<p><u>Discharge Plan</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children placed at least 30 days, was the child discharged according to the permanency plan 2. Children placed at least 30 days, did the child make progress toward meeting their NSP goals 3. Group Home using available resources to attempt to stabilize the placement prior to requesting the removal of the child 	Full Compliance (All)
X	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. DOJ submitted timely 2. If applicable, FBI submitted timely 3. Child Abuse Clearance Index (CACI) submitted timely 4. Appropriate employees sign a criminal background 	Full Compliance (All)

	<p>statement timely</p> <ol style="list-style-type: none">5. Group Home staff who have direct contact with children meet the educational/experience requirements6. Employees received timely health screenings7. Required employees have a valid CA drivers license8. Appropriate Group Home employees signed copies of the Group Home policies and procedures9. Appropriate employees received the required initial training10. Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting11. Appropriate employees received CPR training12. Appropriate employees received First-Aid training13. Appropriate employees received the required annual on-going training14. Appropriate employees received emergency intervention training per the Group Home's program statement	
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**POSITIVE PATH YOUTH DEVELOPMENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013**

SCOPE OF REVIEW

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

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- 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) Probation placed children were selected for the sample. Placement Permanency & Quality Assurance, Group Home Monitoring (PPQA/GHM) interviewed each child and reviewed their case files to assess the care and services they received. There were no children prescribed psychotropic medication at the time of this review. Three (3) discharged children's files were reviewed to assess Positive Path's compliance with permanency efforts.

Additionally, 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 of care and supervision.

CONTRACTUAL COMPLIANCE

PPQA/GHM found the following one (1) area out of compliance.

Facility and Environment

During the facility inspection, there were deficiencies noted in the areas of, "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained." In bedroom #2, the left closet frame was coming off. The frame also had paint coming off. In bedroom #3, the bathroom closet sliding door was broken. In bathroom #3, there was no cover for bathroom vent.

Recommendation

1. Positive Path Youth Development Center shall ensure that the aforementioned deficiencies cited will be corrected and repaired in a timely fashion.

PRIOR YEAR FOLLOW-UP FROM PROBATION'S PPQA GHM's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report, dated October 29, 2012, identified four (4) of the following recommendations in the areas of, "Facility of Environment"; "Maintenance of Required Documentation and Service Delivery"; "Personal Rights Social/Emotional Well-Being", and "Personal Needs/Survival and Economic Well-Being".

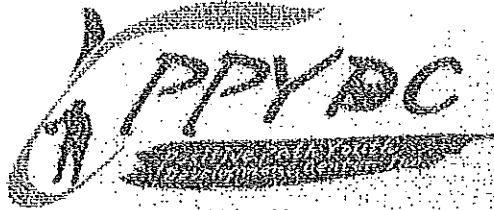
Results

Based on the follow-up, Positive Path fully implemented the recommendations in all four areas for they were to ensure that:

- Deficiencies cited in the interior common areas will be corrected and repaired in a timely fashion in order to ensure the safety and security of all residents placed at the Group Home, namely, repaint bathroom #1. A complete follow-up walk through inspection of the interior was conducted, and all recommendations have been repaired or replaced. The walls of bathroom #1 have been painted. Positive Path also re-painted the ceiling of bathroom #1.
- All Needs and Services Plans were to be fully printed and inserted in the appropriate children's files. A review of the files revealed that Positive Path fully complied with this recommendation.
- All children were given an opportunity to participate in planning activities conducted at the Group Home. The children were interviewed and verified that they participated in planning activities, such as movie time and college tours.
- Upon orienting new residents, Life books are to be provided, and staff shall encourage and assist them in creating and maintaining photo albums or Life Books. Interviews revealed that all children were now in possession of a Life Book, which staff encourages and assists them to maintain. Furthermore, if the resident declines to maintain a Life Book, he is asked to sign a "Refuse Life Book" statement.

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 28, 2013

County of Los Angeles Probation Department
Raymond Ro, DPO
11701 S. Alameda Street 2nd Floor
Lynwood, CA 90262

RE: CORRECTIVE ACTION PLAN (CAP)

Dear Mr. Ro,

We have made the identified corrections that were noted on your June 28, 2013, Group Home Monitoring Review. Below is our Correction Action Plan:

Facility and Environment (areas noted for correction):

- Bedroom #2- Left closet frame paint coming off.
- Bedroom #3- Bathroom closet sliding door needs to be replaced.
- Bathroom #3- No vent cover for bathroom vent.

Corrective Actions:

- ✓ In bedroom number two the closet door frame has been repaired, and the entire door and frame have been repainted.
- ✓ In bedroom number three the closet door has been repaired, and the entire door and frame repainted.
- ✓ In bathroom number three a new vent was installed.

The Facility Manager will be responsible for ensuring that all bathrooms and bedrooms are maintained. Lead staff will act as the quality assurance person responsible for monitoring the program to ensure the corrective actions are consistently enforced. We welcome any additional recommendations and look forward to your next visit.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Cynthia Williams', is written over a faint, larger version of the same signature.

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