



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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Adolfo Gonzales
Chief Probation Officer

May 27, 2021

TO: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Adolfo Gonzales 
Chief Probation Officer

SUBJECT: **RITE OF PASSAGE SOUTHERN CALIFORNIA SHORT TERM
RESIDENTIAL THERAPEUTIC PROGRAM (STRTP) CONTRACT
COMPLIANCE REVIEW**

REVIEW OF REPORT

Probation Child Welfare's Residential Program Monitoring (RPM), under Placement Permanency and Quality Assurance (PPQA), conducted a Contract Compliance Review of the Rite of Passage (ROP) Southern California Short Term Residential Therapeutic Program (the Contractor) in November 2020. The Contractor has two (2) sites located in the Fourth District, and two (2) sites located in the city of Placentia, Orange County. They provide services to the County of Los Angeles Probation foster youth, Department of Children and Family Services (DCFS) placed children, children placed by other counties, and Non-Minor Dependents (NMDs). Due to the onset of the COVID-19 pandemic, there were multiple delays during this review.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 25
PRIORITY 3 0

The Contractor was in full compliance with only one (1) of 10 applicable areas of the RPM Contract Compliance Review: Personal Needs/Survival & Economic Well-Being. There were deficiencies noted in nine (9) of 10 applicable areas with 27 deficiencies out of 84 elements.

For the purpose of this review, five (5) Los Angeles County DCFS placed children were interviewed, three (3) were from the Adolescent Treatment Center and School (ATCS) site, and two (2) from the ROP Harbor City site. There were no children selected from the Paragon and Livingston sites due to the fact that there were no Los Angeles County placed children, at the time of this review. During this contract review period, there were no Los Angeles County Probation placed children at any of the sites. RPM reviewed each child's files and interviewed them to assess the level of care and services they received. Additionally, three (3) discharged children's files were reviewed to assess the STRTP's compliance with permanency efforts.

RPM reviewed five (5) STRTP staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the quality of care and supervision provided to the placed children.

PPQA RPM noted findings in areas of:

Priority 1

- Personnel Files
 - None of the five (5) staff in the sample size had Community Care Licensing Division criminal clearances in their file prior to their hire date and did not have their criminal record statement.
 - None of the five (5) staff in the sample size had current annual on-going training documented in their files, which includes Emergency Intervention training, Child Abuse Identification and Reporting training, Commercial Sexual Exploitation of Children (CSEC) training, and Lesbian Gay Bisexual Transgender and Questioning training (LGBTQ).

Priority 2

- General Contract Requirements
 - Special Incident Reports were not properly documented in any of the children's Needs and Services Plans (NSPs) due to the fact that ROP was not using the county approved NSP format.
- Facility and Environment
 - One (1) vehicle did not have the registration paperwork or vehicle registration sticker.
 - Six (6) children's bedrooms were not safe and/or properly maintained. At the ATCS home in Torrance, two (2) beds were unstable and unsafe; at the Harbor City home, three (3) beds were unstable and unsafe; at the Paragon home in Placentia, one (1) bed was unstable and unsafe. At the Harbor

City home, one (1) bedroom had graffiti on the dresser. Lastly, at the Paragon home, one (1) bedroom had a missing handle on the dresser.

- Engagement and Teamwork
 - All five (5) children's files did not have the Child and Family Team members identified and documented in the NSPs, due to ROP using the incorrect Los Angeles County form.
- Needs and Services Plans
 - None of the NSPs were completed accurately or on time, due to ROP using the incorrect NSP form in all five (5) of the files reviewed. ROP was incorrectly using the State of California NSP version. Los Angeles County requires that every Contractor use the County's NSP form, which is more informative and detailed.
- Permanency and Transition Services
 - The NSP Permanency section did not document the child's case plan goals, due to ROP using the incorrect NSP form in all five (5) of the files reviewed.
 - The NSP Permanency section did not identify the placement transition services, due to ROP using the incorrect NSP form in all five (5) of the files reviewed.
 - For Child #4 and #5 (NMDs), the incorrect NSP forms were used in both of their files; therefore, their six-month transition plan and the Contractor efforts to assist in the transition to independent living and self-sufficiency could not be identified.
 - For the same NMDs, the incorrect NSP forms were used in both of their files; therefore, their NSPs could not be assessed for consistency with the Transitional Independent Living Plan.
 - For discharged children, aftercare support services and linkages provided to the child and family post-discharge were not documented by the Contractor for Child #2, placed at the Harbor City home. The forms and documents provided had no information noted regarding aftercare support services.
 - For discharged children, two (2) files did not have post permanency support services. For Child #1, from the Harbor City home, it was noted on the Transition Discharge Plan form that he was to continue with medication support services with an outside agency; however, the outside agency was not noted. The ROP Transition Coordinator also provided the child with referrals to other placements, but they were not documented. For Child #3, from the ATCS home in Torrance, information was not provided in relation to transition services that were provided, if any. This was all due to ROP using the incorrect Los Angeles County NSP template.
 - For discharged children, none of the three (3) discharged files reviewed were discharged in accordance with their NSP permanency plan, or to a lower level of care. Child #1 was discharged on a 14-day removal notice request by ROP for failure to comply with rules, drug use, and failure to

engage in school. Child #2 was removed by law enforcement, and Child #3 had no information on the discharge plan in his file.

- Education and Independent Living Program Services
 - The Contractor did not document efforts to maintain any of the five (5) children at their school of origin.
- Health and Medical Needs
 - Child #4, from the ATCS home in Torrance, did not have the correct documentation for his initial medical examination appointment.
 - The same child did not have the correct documentation for his initial dental examination appointment.
 - The same child did not have the correct documentation for his follow-up medical examination appointments
 - The same child also did not have the correct documentation for his follow-up dental examination appointments
 - None of the five (5) children's files had documentation showing the Contractor provided children over the age of 12 with medical services related to sexual and reproductive health care, if required.
- Personal Rights Social/Emotional Well-Being
 - Child #1 and #2, from the Harbor City home, reported that they were never informed about their right to refuse medical and dental treatment and/or psychotropic medication.
 - The same two (2) children reported that they were not aware of their right to obtain information on safe sex and reproductive health information.
 - The same two (2) children also reported that they were not aware of their right to have contraceptives and a container to lock them in.
- Personnel Files
 - Two (2) staff files did not have their employment requirements on file and did not have a signed copy of the agency policies.
 - The same two (2) staff did not have medical and Tuberculosis clearances.
 - The same two (2) staff also did not have Cardiopulmonary resuscitation and First-Aid certification on file.
 - None of the five (5) staff files reviewed had the initial required training and orientation, which includes Emergency Intervention training, Child Abuse Identification and Reporting training, CSEC, LGBTQ training, Reproductive and Sexual Health training, and Youth with Developmental Disabilities training.

On February 19, 2021, RPM Monitor Joseph Ninofranco held an Exit Conference with the Contractor's Representative, Dana Centanni, Program Director. Also in attendance was Los Angeles County DCFS Children's Services Administrator Greta Walters from the Out-of-Home Care Management Division, Quality Assurance Section.

Each Supervisor
May 27, 2021
Page 5 of 5

The Contractor's Representative agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan (CAP) addressing the noted deficiencies in this compliance report. Many of the CAP elements have been completed or implemented, with continued oversight and technical assistance for the remaining elements.

If you have questions, please contact me, or your staff contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

AG:BN:FC:lcm

Attachment

- c: Fesia Davenport, Chief Executive Officer
- Arlene Barrera, Auditor-Controller
- Bobby D. Cagle, Director, Department of Children and Family Services
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Community Care Licensing Division
- Latasha Howard, Probation Contracts and Grants Division
- Dana Centanni, Rite of Passage Program Director



To: Mr. Joseph Ninofranco, Placement Permanency & Quality Assurance Residential Program Monitor

Subject: Contract Compliance Review CAP
04.21.2021

Dear Mr. Ninofranco,

The following Corrective Action Plan (CAP) is being submitted in reference to the Contract Compliance Monitoring Exit Summary/Results dated February 19th, 2021. This CAP has been implemented effective immediately. Some findings have already been corrected and have a date attached, if others are still pending an upcoming completion date is noted.

I. CONTRACT REQUIREMENTS

Finding: STRTP did not use correct LA County NSP form

Reason for deficiency: Staff were told to use the State CCL NSP form, unaware LA required specific form per contract.

Plan to prevent future finding:

ROP switched back to using the LA Specific Needs and Service Plan in December of 2020, all youth currently have NSPs on the correct form.

Person Responsible/ Position for implementing corrective plan: Head of Service Dr. Lutz

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Head of Service Dr. Lutz

2. FACILITY AND ENVIRONMENT

Finding: Vehicle #2 did not have registration sticker or paperwork

Reason for deficiency: Registration was paid online, however tags never came in the mail.

Plan to prevent future finding:

Vehicle now has correct registration stickers and paperwork placed in the vehicle. Registration check has now been added to the monthly compliance checklist.

Person Responsible/ Position for implementing corrective plan: Program Manager and Facility Managers

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Program Manager.

Finding: Emancipation Home: Bedroom 2 & 3 have unsecure beds; Harbor City Home: Bedroom 1, 2, & 3 have unsecure beds; Paragon Home: Bedroom #1 has unsecure bed. Graffiti on Harbor City be

Reason for deficiency: Handyman was still in process of securing all bed frames per medi-cal requirements. As far as graffiti, detailed inspections were not being completed.

Plan to prevent future finding:

All beds have now been secured by ROP handyman effective January 2021. ROP Senior Coaches/ Facility Managers have added to their weekly facility checklist to check for graffiti throughout the homes on an ongoing basis.

Person Responsible/ Position for implementing corrective plan: Program Manager and Facility Managers

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Program Manager.

3. Engagement and Teamwork

FINDING: Wrong NSPs form used. Child #2 only had one LA County NSP.

Reason for deficiency: Staff were instructed to use the State CCL form and prior to audit we had just started the transition of hiring in house mental house staff to get ready for Medi-Cal contract. Previous contracted therapist had just left and under the old regulations only a quarterly report had to be done.

Plan to prevent future finding:

ROP switched back to using the LA Specific Needs and Service Plan in December of 2020, all youth currently have NSPs on the correct form. All mental health staff have been trained and understand NSPs are reviewed monthly and updated at that time as needed.

Person Responsible/ Position for implementing corrective plan: Head of Service Dr. Lutz and also ROP transition coordinators who are responsible for writing the NSPs.

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Head of Service Dr. Lutz

4. NEEDS AND SERVICES PLANS

FINDING: Wrong NSPs form used. Child #2 only had one LA County NSP.

Reason for deficiency

Plan to prevent future finding:

ROP switched back to using the LA Specific Needs and Service Plan in December of 2020, all youth currently have NSPs on the correct form.

Person Responsible/ Position for implementing corrective plan: Head of Service Dr. Lutz

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Head of Service Dr. Lutz

5. PERMANENCY & TRANSITION SERVICES

FINDING: Wrong NSPs form used. The NSP Permanency section documented the child's case plan goals (i.e., concurrent plan, progress made, barriers). Placement transition services are being identified. For NMDs, NSPs identified their six-month transition plan and the STRTP efforts to assist the NMD transition to independent living & self-sufficiency. Aftercare support services and linkages were provided to the child & family post discharge by the STRTP.

Reason for deficiency: Staff were told to use the CDCC CCL NSP, unaware LA mandated site-specific form.

Plan to prevent future finding:

ROP switched back to using the LA Specific Needs and Service Plan in December of 2020, all youth currently have NSPs on the correct form. Additionally, assigned clinicians also document transition goals on youth's care plan now and any aftercare support services.

Person Responsible/ Position for implementing corrective plan: Head of Service Dr. Lutz

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: As stated previously, ROP switched back to using the LA Specific Needs and Service Plan in December of 2020, all youth currently have NSPs on the correct form there all of the above sections are already on the NSP so moving forward their will be documentation on each child that pertains to those questions. Additionally, ROP is in the middle of our Mental Health Program Approval and clinical staff have implemented the transitional determination plans (TDP). ROP has had on going trainings on this document and clinicians are now better versed in the required elements that need to go into the discharge summaries.

6. EDUCATION AND INDEPENDENT LIVING PROGRAM SERVICES

FINDING: Efforts to maintain children at school of origin are documented on NSP

Reason for deficiency: Due to not utilizing the LA specific NSP form, this documentation was not captured.

Plan to prevent future finding:

ROP switched back to using the LA Specific Needs and Service Plan in December of 2020, all youth currently have NSPs on the correct form.

Person Responsible/ Position for implementing corrective plan: Head of Service Dr. Lutz and Transitional Care Coordinators who write the NSPs.

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: ROP switched back to using the LA Specific Needs and Service Plan in December of 2020, all youth currently have NSPs on the correct form. The NSP specifically addresses this question of school of origin, so moving forward it will always be evident. Point person Dr. Lutz

7. HEALTH AND MEDICAL NEEDS

FINDING: The STRTP is providing children over the age of 12 with medical services related to sexual & reproductive health care if required or requested

Reason for deficiency: There was no separate posting for this, it is included on the youth rights that is posted however we never had it anywhere else.

Plan to prevent future finding:

ROP will post flyers in the house on resources available on this topic. Additionally, ROP will add to their intake packet a specific flyer regarding this information and in terminology that the children understand.

Person Responsible/ Position for implementing corrective plan: Administrator Raven Morrow

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: STRTP Compliance Manager Crystal Maxwell

FINDING: Child #4 did not have documented evidence in the paperwork provided that illustrate medical and dental checks and ongoing checkups had been completed within required time frames

Reason for deficiency: Child had either refused appointments or was not present, however documentation was not filed in the youth's file to demonstrate that.

Plan to prevent future finding:

Administrator has created a spreadsheet to ensure no missed appointments, and if a youth refuses an appointment then there will be a refusal sheet in their file that clearly documents the refusal and attempts made.

Person Responsible/ Position for implementing corrective plan: Administrator Raven Morrow

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding:

Administrator Raven Morrow

8.PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

FINDINGS: Children report they were not informed about their right to refuse psychotropic medication. Children were not informed about their right to have contraceptives and a container to lock them in, Children report they were not informed about their right to obtain information on safe sex and reproductive health information, Children report they were not informed about their medical and dental treatment rights (right to refuse). Child 1: child reported these rights were never mentioned and no documentation existed.

Reason for deficiency: This has never been apart of our intake process, so now it will be.

Plan to prevent future finding: ROP is adding to their intake handbook the following sections: right to refuse psychotropics, right to have locked container to store contraceptives, right to refuse medical /dental appointments and then also general information about their right to obtain information on safe sex and reproductive health. Information added to the handbook will be in language and age-appropriate terminology that the youth understand.

Person Responsible/ Position for implementing corrective plan: STRTP Compliance Manager Crystal Maxwell

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: STRTP Compliance Manager Crystal Maxwell

9. PERSONNEL FILES

FINDINGS: Personnel had all employment requirements on file and current, in accordance with program statement and governing regulations. Personnel signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgement. Personnel met employee eligibility verification, experience and/or qualifications, requirements and exemptions in accordance with the agency's program statement and governing regulations. Staff 4 and 5 were missing

Reason for deficiency: Staff trainer was on vacation and no access to office, since then Dana now has a key to prevent any future occurrences.

Plan to prevent future finding:

ROP will ensure when records are requested, they are sent in a timely manner to auditor.

Person Responsible/ Position for implementing corrective plan: Program Director Dana Centanni

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Program Director Dana Centanni

FINDINGS: Personnel received criminal clearance from CCLD prior to hire date. Personnel signed a criminal record statement (LIC 508) prior to or on hire date.

Plan to prevent future finding: During initial audit Dana did send over clearances numbers of all staff numbers 1-5. Dana explained that many times we do not get a “paper” back from CCL that they are cleared and instead we get their clearance ID number that shows association with the specific facility and that they appear on our facility roster which is what CCL looks for during audits. Dana will follow up with local CCL to inquire about any paper documentation however the CDSS system just changed in January 2021 and all backgrounds are now processed on the Guardian System which is linked directly to CCL and that is where providers check if their staff has cleared and is associated to their facility.

ROP HR has begun printing out the documentation from the Guardian database that does show their clearance and association status.

Person Responsible/ Position for implementing corrective plan: Program Director Dana Centanni

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Program Director Dana Centanni and HR.

FINDINGS: Personnel received medical clearance within 1 year prior to hire date or within seven days after hire date, Personnel received TB clearance within 1 year prior to hire date or within seven days after hire date

Reason for deficiency: Staff trainer was on vacation and no access to office, since then Dana now has a key to prevent any future occurrences.

Plan to prevent future finding:

ROP will ensure when records are requested, they are sent in a timely manner to auditor. During audit site trainer had personal emergency and office was locked. Moving forward, Dana does have a key to this office so there will never be a delay in getting required documents during audits.

Person Responsible/ Position for implementing corrective plan: Program Director Dana Centanni

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding: Program Director Dana Centanni

FINDINGS: Personnel had current CPR certification on file missing for staff 1-5

Reason for deficiency: Staff trainer was on vacation and no access to office, since then Dana now has a key to prevent any future occurrences.

Plan to prevent future finding:

ROP will ensure when records are requested, they are sent in a timely manner to auditor. During audit site trainer had personal emergency and office was locked. Moving forward, Dana does have a key to this office so there will never be a delay in getting required documents during audits.

Person Responsible/ Position for implementing corrective plan: Program Director Dana Centanni

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding:
Program Director Dana Centanni

FINDINGS:

Personnel received initial emergency intervention training, Personnel received initial 24-hour training (8 hrs. prior to supervision and 16 hrs. within 90 days of hire), Personnel received one hour of Child Abuse Identification & Reporting training, Personnel received CSEC training, Personnel received LGBTQ training, Personnel received 8 hours of reproductive and sexual health training, Personnel received 2 hours of developmentally disabled children training.

Reason for deficiency: Staff trainer was on vacation and no access to office, since then Dana now has a key to prevent any future occurrences.

Plan to prevent future finding:

ROP will ensure when records are requested, they are sent in a timely manner to auditor. During audit site trainer had personal emergency and office was locked. Moving forward, Dana does have a key to this office so there will never be a delay in getting required documents during audits.

Person Responsible/ Position for implementing corrective plan: Program Director Dana Centanni

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding:
Program Director Dana Centanni

FINDINGS:

Personnel received on going emergency intervention training, Personnel, 40 hours annual training, Personnel received on going Child Abuse Identification & Reporting training, Personnel received on going CSEC training, Personnel received on going LGBTQ training, Personnel received 8 hours of reproductive and sexual health training, Personnel received 2 hours of developmentally disabled children training.

Reason for deficiency: Staff trainer was on vacation and no access to office, since then Dana now has a key to prevent any future occurrences.

Plan to prevent future finding:

ROP will ensure when records are requested, they are sent in a timely manner to auditor. During audit site trainer had personal emergency and office was locked. Moving forward, Dana does have a key to this office so there will never be a delay in getting required documents during audits.

Person Responsible/ Position for implementing corrective plan: Program Director Dana Centanni

Person Responsible/Position for ongoing monitoring and quality assurance to prevent future finding:
Program Director Dana Centanni

It is our hope that this CAP fulfills your requirements and meets your standards. Should you have questions or require additional information, please feel free to reach me via phone or email.

Thank you for assistance with this process and your ongoing support and commitment to meeting the needs of our youth.

Respectfully Submitted,

Dana Centanni
Program Director
714-454-7144

A handwritten signature in cursive script, appearing to read "Dana Centanni", is written over a light gray rectangular background.