County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 21, 2016

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

From: Philip L. Browning
Director By Brandon Nichols

OLIVE CREST TREATMENT CENTERS DBA OLIVE CREST CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Olive Crest Treatment Centers dba Olive Crest (the Group Home) in November 2015. The Group Home has one licensed site in the Fourth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation foster youth. According to the Group Home's Program Statement, its stated purpose is "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems."

At the time of the review, the Group Home served three DCFS placed children and one child placed by another County. This report covers the Group Home's six-bed site licensed to serve a capacity of six male children, ages 13 through 21. The children's overall average length of placement was two months and their average age was 15.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe; having been provided with good care and appropriate services; being comfortable in their environment; and treated with respect and dignity.

The Group Home was in full compliance with 8 of 10 areas of CAD's Contract Compliance Review: Licensure/Contract Requirements; Maintenance of Required Documentation and Service Delivery; Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the areas of: Personal Rights and Social/Emotional Well-Being, related to nutritious meals not being provided; and Personnel Records, related to no documentation that all required training was provided to the Group Home's staff.

Attached are the details of CAD's review.

REVIEW OF REPORT

On February 29, 2016, Tony Curry, DCFS CAD and Sonya Noil, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home representative, Briana Wheat, Project Independence/Residential Director. The Group Home representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and agreed to 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.

The Group Home provided the attached approved CAP addressing the recommendations noted in this report. On April 21, 2016, the OHCMD provided technical assistance to the Group Home to assist with the implementation of their CAP.

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

PLB:KR
LTI:tc

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Donald A. Verleur II, MBA, Executive Director, Olive Crest
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

OLIVE CREST TREATMENT CENTERS DBA OLIVE CREST
CONTRACT COMPLIANCE REVIEW SUMMARY

License # 197804913
Rate Classification Level: 14

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

IV	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Group Home Encouraged Children's Participation in YDS or Equivalent Services and 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. Group Home's Efforts to Provide Nutritious 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. Children's Chores Reasonable 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	Extracurricular, Enrichment and Social Activities at the Group Home, School, and Community 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities at the Group Home, School, and Community	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 Involved in the 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 a Life Book or Photo Album	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. Federal Bureau of Investigation (FBI), Department of Justice (DOJ), Child Abuse Central Index (CACI) Submitted Timely 2. Timely Completed Criminal Background Statement 3. Education/Experience Requirement 4. Employee Health Screening/Tuberculosis (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. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

OLIVE CREST TREATMENT CENTERS DBA OLIVE CREST
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the November 2015 review. The purpose of this review was to assess the Olive Crest Treatment Centers dba Olive Crest (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's Program Statement, as well as internal administrative policies and procedures. The review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- 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.

For the purpose of this review, four placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed four children and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of review, four 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.

CAD reviewed five 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.

CONTRACTUAL COMPLIANCE

CAD found the following two areas out of compliance:

Personal Rights and Social/Emotional Well-Being

- Nutritious meals were not provided.

One child reported being served cold, tasteless meals at the Group Home. This concern was discussed with the Group Home and there will now be menu ideas and suggestions for alternative meal options and the children will be educated regarding healthy meal choices.

Recommendation:

The Group Home's management shall ensure that:

1. Nutritious meals are provided.

Personnel Records

- All required training were not provided.

Five staff members' personnel files were missing documentation confirming the completion of all required Initial Training and the Child Abuse Identification and Reporting Training.

Recommendation:

The Group Home's management shall ensure that:

2. All required training is provided.

PRIOR YEAR FOLLOW-UP FROM THE DEPARTMENT OF CHIDLREN AND FAMILY SERVICES (DCFS) CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated March 2, 2016 (review conducted in May 2015), identified six recommendations.

Results:

Based on CAD's review, the Group Home implemented 6 of 6 prior recommendations for which they were to ensure that:

- Special Incident Reports (SIRs) are submitted timely and cross-reported.
- Document efforts to obtain the DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs).
- NSPs are implemented and discussed with the Group Home staff.
- CSWs are contacted monthly and contact is appropriately documented in the case file.
- Develop comprehensive Updated NSPs.
- Court-approved authorizations for the administration of psychotropic medications are current.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and contractual requirements. The Group Home will continue to consult with the Out-of-Home Care Management Division for additional support and technical assistance, and CAD will assess implementation of the recommendations during our next review.

OLIVE CREST
Strong Families, Safe Kids

1.800.550.CHILD (2445)
www.olivecrest.org

April 20, 2016

County of Los Angeles
Department of Children and Family Services
Out of Home Management Division
c/o Tony Curry
425 Shatto Place
Los Angeles, CA 90020

RE: Group Home Annual Evaluation Review Results – Corrective Action Plan

Dear Mr. Curry,

Thank you for your review of our Level 14 Residential Treatment Center late last year. Your observations and feedback are appreciated and have been taken into consideration. The following items have been addressed in the areas you requested:

 # 39 Group Homes effort to provide nutritious palatable meals and snacks
In the audit one client reported "having cold, tasteless meals at the group home". Currently during the week for breakfast, lunch and snack we follow a menu that is provided by School Nutrition Plus and as such the meals have to follow a certain nutritional guideline in order to meet the expectations. Both the meals and snacks that we offer have to meet USDA standards and we have to keep in mind the calories being offered so that the food offered remains healthy and nutritious for our clients. All of the clients placed here are given opportunities to offer their feedback and suggestions regarding the snacks and food being offered daily. Weekly in the house issues group the youth can offer their feedback/suggestions on way to improve the menu. That information is then passed along to School Nutrition Plus to try to incorporate into the menu. In each cottage on a daily basis the staff conduct Community Meeting and the girls are all given the opportunity to share any concerns/feedback/suggestions they have.

Corrective Action:
The Residential Manager will continue to bring up menu suggestions in the house issues group that is held weekly to gather ideas/suggestions for alternative meal options. In addition, the youth will be educated regularly through groups, on the importance of a healthy lifestyle including nutrition.

Responsible Party: [redacted] Project Independence/Residential Director and [redacted] Residential Manager

 # 65 Have appropriate employees received all required training (initial, minimum of one hour child abuse reporting, CPR, First-Aid, required annual, and emergency intervention)

During the audit no training documents were found for those personnel files that were audited. Unfortunately in the past year Olive Crest LA region Human Resources department restructured the location where they housed all of the employee files. In the process of moving those files the required documents did not make it into each respective file but were instead boxed by the previous Residential Manager and sent to offsite storage during the end of the year boxing. In order to contralize everything moving forward all training documents are sent to Human Resources by the Residential Manager to be placed in the employee's file. In addition, the Residential Manager keeps a spreadsheet to ensure ongoing attendance of trainings to meet the required hours annually.

Corrective Action:
The Residential Manager will work collaboratively with the Human Resources Department and continue sending any training documents to Human Resources for the respective employee's file. In addition, the Residential Manager will maintain and update the training spreadsheet for all employees of the group home regularly.

Responsible Party: Human Resources Department and [redacted] Residential Manager

Olive Crest is committed to providing exceptional services to each of our clients. I am confident that the recent changes and efforts being made to further educate our clients and staff members, in conjunction with existing policies and procedures will continue to allow us to run an effective and viable program. Should you have any additional questions or concerns regarding this response, please contact Briana Wheat at (562) 977-6955

Sincerely,

Briana Wheat, LCSW
Project Independence/Residential Director