



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020
(213) 351-5602



BRANDON T. NICHOLS
Director

JENNIE FERIA
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
LINDSEY P. HORVATH
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

December 13, 2024

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

From: 
Brandon T. Nichols
Director

OLIVE CREST INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of Olive Crest Intensive Services Foster Care (ISFC) Foster Family Agency for Children with Special Health Care Needs (the Contractor) in May 2024. The Contractor has four offices: one located in the Fourth Supervisorial District; one located in the Fifth Supervisorial District; one located in Orange County; and one located in Riverside County. The offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth and children placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 4
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

The CCD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Requirements; Recordkeeping; Specialized Resource Family Homes & Parents; Training; Respite Care; Needs and Services Plan, Child & Family Team Meetings; Safety; Child Hospitalization; Core Services; Personal Rights and Needs; Discharge Planning; Staff Qualifications & Requirements; Facility & Environment; and Vehicles.

The Contractor was in full compliance with 10 of 15 applicable areas of the CCD's Contract Compliance Review: General Requirements; Specialized Resource Family Homes & Parents; Training; Respite Care; Safety; Child Hospitalization; Personal Rights and Needs; Discharge Planning; Facility & Environment; and Vehicles.

For the purpose of this review, one DCFS placed child was selected for the sample. The CCD reviewed the files of the selected child; the child (age 15 years) was not interviewed due to special medical needs (non-ambulatory and non-verbal) and was virtually observed to be clean and well-groomed. An additional one discharged child's file was also reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed one Resource Family Home's files and four staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted telephonic interviews with staff and Resource Family Parents. To assess the quality of care and supervision provided to the placed children, the CCD also conducted virtual site visits of the Contractor's location and Resource Family Homes.

The CCD noted findings in the areas of:

Priority 1

- Core Services (2 Findings)
 - The agency did not ensure the Resource Family Parents participated in the ISFC team meetings at least once per month.
 - The agency did not ensure the ISFC team met face-to-face at least weekly.
- Staff Qualifications & Requirements (1 Finding)
 - The agency did not ensure the criminal clearances were completed as required for all staff.

Priority 2

- Recordkeeping (1 Finding)
 - The agency did not ensure the Registered Nurse's required number of hours supervising and monitoring a child were properly documented.

- Needs and Services Plan (1 Finding)
 - The agency did not ensure the required Children's Social Worker signatures were obtained for all Needs and Services Plans (NSP).
- Child & Family Team Meetings (1 Finding)
 - The agency did not ensure the Child & Family Team meetings took place in accordance with all requirements and documented in the NSP.
- Staff Qualifications & Requirements (1 Finding)
 - The agency did not ensure the medical clearances were completed as required for all staff.

On July 25, 2024, the Children Services Administrator teams from DCFS' CCD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

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

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:CMM
RW:DF:ar

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Donald R. Verleur, Chief Executive Officer, Olive Crest
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal and Performance Audits



August 22, 2024

Angel Rodriguez

Children Services Administrator I

Contract Compliance Division

510 S. Vermont Avenue; 14th Floor,

Los Angeles, CA, 90020

Re: Corrective Action Plan for Foster Family Agency- ISFC SHCN Review (May 2024)

Dear Mr. Rodriguez,

Per your request, we submit the following as our Corrective Action Plan (CAP) consequent to the finding of the Foster Family Agency Review Exit Summary for our Intensive Services Foster Care (Special Health Care Needs) issued on July 25, 2024, at the Exit Review.

The following CAP is therefore submitted for the Department's review:

Item/Area not found in compliance:

Section II: Record Keeping

5. The RN's number of hours supervising and monitoring was recorded in each child's file and the total number of caseload hours did not exceed 40 hours per week. (SOW Part C, 4.5.1 and WIC 17731 (C) (9)
 - Missing information regarding RN's required number of hours supervising and monitoring child. Per Nursing Contact Records, C1 was seen by the RN on the following dates during the contract compliance review period of 5/1/23 thru 4/30/24: 6/11/23 (2hrs); 7/8/23 (1:20hrs); 8/5/23 (1hr); 9/30/23 (2hrs); 10/27/23 (2hrs); 11/26/23 (1hr); 12/26/23 (1:10hrs); 1/20/24 (1hr); 2/21/24 (1hr); 3/23/24 (1hr). Missing records for May 2023 and April 2024.

- The aforementioned missing records were kept, maintained, and sent to Contract Compliance Reviewer prior via email prior to the Exit Conference on July 25, 2024. Please see attached documents in this email (original email sent, RN records 5/2023, RN records 4/2024).

Section VI: Needs and Services Plan

23. Required signatures of FFA SW, Child, CSW, SRP and RN were obtained for all NSPs [FFA MC, 19.1.3]

Deficiency: C1 NSP due 3/13/24 is missing CSW signature with three documented efforts to obtain the missing signature of which one was timely on 3/12/24 and two were untimely on 4/8/24 (27 days late) and 4/22/24 (41 days late).

Cause: Protocol not followed.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that all efforts to obtain CSW Signatures must occur within five days.
- Case Managers will set daily reminders and/or calendar invites via Outlook to send requests for CSW signatures. These reminders and/or calendar invites will include direct supervisor and/or program director.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section VII: Child & Family Team Meetings

24. The CFT Meetings took place in accordance with all requirements and were documented in the NSP. [SOW, Part B 3.2.1]

Deficiency: C1 had four CFT Meetings during the current review period (5/1/23 thru 4/30/24) on 5/1/23, 7/27/23, 11/13/23, and 12/6/23 which is out of compliance with the SOW requirement to have a CFT meeting at least once a month or more frequently if needed to meet the needs of the child and their families. CFT meeting scheduled for 2/7/24 was cancelled due to meeting not needed.

Cause: Protocol not followed.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that CFT Meetings will occur at minimum on a monthly basis.

- All efforts to schedule CFT meetings will be documented in child's file. Supervisors will maintain CFT Meetings as a bullet point during first supervision of every month, to remind and track that monthly CFT meetings are occurring.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section X: Core Services

31: Support services were provided. (SOW, Part C, 2.2.6)

Deficiency: Agency was non-compliant in ensuring the SRPs participated in the ISFC team meetings at least once per month. (Note: Agency provided notes for one ISFC Team meeting dated 9/13/23 and the SRPs were not present during the meeting. Agency did not provide verification of other ISFC Team meetings held during the current review period of 5/1/23 thru 4/30/24).

Cause: Lack of training.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that SRPs are invited to and are present at all CFT Meetings.
- Team meetings will be scheduled mindfully and collaboratively so that SRP availability and presence is prioritized. All text threads and/or emails regarding the scheduling of team meetings with SRPs will include direct supervisor and/or program director.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section X: Core Services

Question 32: Health care services and supports were provided. [SOW, Part C, 2.2.2, 4.5.1-4.5.5]; [FFA MC, 15.3.12-.13]; [ILS 88487.15(e)]; [WIC 16010 (a) – (e)]

Deficiency: Agency was non-compliant in ensuring the ISFC team met face-to-face, at least weekly, to review, track and adapt plans as necessary. (Note: Agency provided notes for one ISFC Team meeting dated 9/13/23, but did not provide verification of any other ISFC Team meetings held during the current review period of 5/1/23 thru 4/30/24).

Cause: Protocol not followed.

Agency Response:

- Program Staff have been informed and will be trained again on or around 9/3/24 to ensure that team meetings occur face-to-face, at least weekly.
- Team meetings will be scheduled mindfully and collaboratively so that FFA and DCFS availability and presence are prioritized. Team meetings will be scheduled for the following week during the team meeting prior. All text threads and/or emails regarding the scheduling of team meetings with SRPs will include direct supervisor and/or program director.
- If compliance is not maintained, Program director will facilitate an in-person training with all program staff that will need to be acknowledged and signed.

Section XIII: Staff Qualifications & Requirements

Question 48: Criminal clearance requirements (DOJ, FBI, CACI) were completed prior to start date. [Title 22, 80019(d) & (e), 80065(i), 80066(a) (12) (A9 & (B)); [SOW, Part B, 1.1.1, 1.3 & 1.4].

Deficiency: S1 missing Criminal Record Statement.

Cause: Human Error (all documents for this staff were sent to LA Program Director from Inland region; LA Program Director forwarded all documents; Out of State Disclosure was included but missing CRS in the attachment).

Agency Response:

- Please see attached documents in this email.

Section XIII: Staff Qualifications & Requirements

49: Medical clearance were completed as required. [Title 22, 80065(g)(1) & (2)

- S4 Medical clearance was completed untimely on 8/23/21 which exceeds the requirement of having it completed within 1 year prior to hire date (8/29/22) or within seven days after hire date.
- S4 TB clearance was completed untimely on 8/23/21 which exceeds the requirement of having it completed within 1 year prior to hire date (8/29/22) or within seven days after hire date.
- After speaking with Olive Crest- Inland Program Director and HR Department, the medical clearance/TB clearance was completed for S Doiron upon start of her internship in 8/2021. Agency maintained this medical clearance/TB clearance when she became employed with Olive Crest on 8/29/22.

Respectfully,

Alison Nistal

Alison Nistal

Foster/Adoption Director

Olive Crest- LA Region

(562) 977-6910

Alison-nistal@olivecrest.org