



# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 7, 2025

To: Supervisor Kathryn Barger, Chair  
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From: *Cynthia May Miller for*  
Brandon T. Nichols  
Director

## OLIVE CREST TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS 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 Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) (the Contractor) in September 2024. The Contractor has one licensed site located in the Fourth Supervisorial District. The site provides services to the County of Los Angeles DCFS and Probation NMDs between the ages of 18-21 and their children.

### 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: Licensure and Certificate of Compliance; Personnel/Staffing/Training; Contractor/Agency Reports; Record Folder/Case File; Training; Education and Employment; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

The Contractor was in full compliance with 2 of 8 applicable areas of the CCD's Contract Compliance Review: Training; and Medical and Dental.

For the purpose of this review, four DCFS NMDs were selected for the sample. The CCD reviewed the records and files of the four selected NMDs to assess the level of care and services they received. An additional four discharged NMD files were reviewed to assess the Contractor's compliance with permanency efforts. The CCD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements.

The CCD noted findings in the areas of:

***Priority 1***

- Licensure and Certificate of Compliance (1 Finding)
  - Special Incident Reports were not completed timely and/or cross-reported to the appropriate parties in the I-Track System for one NMD.
- Personnel/Staffing/Training (1 Finding)
  - Four staff did not complete all required one-hour training sessions; the agency was missing verification of staff fingerprint and Child Abuse Index clearances.
- Record Folder/Case File (1 Finding)
  - The initial Needs and Services Plans were not completed timely for two NMDs.

***Priority 2***

- Contractor/Agency Reports (1 Finding)
  - Contractor did not complete the Referral Logs.
- Education and Employment (1 Finding)
  - Contractor did not ensure that a NMD enrolled in school.
- Program Exit/Aftercare Follow-Up and Tracking (2 Findings)
  - Contractor did not provide 30-day follow-up services timely and did not document their attempts to contact the two NMDs.

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On October 29, 2024, the DCFS' CCD Children Services Administrator team and Supportive Housing Division THPP-NMD County Program Manager held an exit conference with the Contractor's representative.

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 addressing the noted deficiencies 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:jarl

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Donald Verleur, Chief Executive Officer, Olive Crest  
Kellee Coleman, Assist Program Administrator LA Region, CCLD  
Bernice Karnsrithong, Regional Manager, Community Care Licensing  
Monique Marshall-Turner, Regional Manager, Community Care Licensing  
Celeste M. Fitchett, MSW, CDSS Bureau Chief Fiscal & Performance Audits

November 26, 2024

**To:**

Angel Rodriguez  
Children Services Administrator I  
Department of Children and Family Services  
Contract Compliance Division  
510 South Vermont Avenue  
Los Angeles, CA 90020

**Re: Olive Crest THPP- NMD Corrective Action Plan- Compliance Review-September 2024**

Dear Mr. Rodriguez,

We are submitting the following Corrective Action Plan (CAP) in response to the findings listed in the Contract Compliance Review Exit Summary (final version received November 12, 2024).

The following Corrective Action Plan is submitted for your review:

Areas of non-compliance:

**A) Licensure and Certificate of Compliance**

**3. SIRs are completed on time and cross reported via I track.**

Deficiency:

NMD 3- SIR #1084359, incident date 8-1-24, was submitted 4 days late on 8-5-24.

Cause: Human Error

Agency Response/ Action Plan: Staff are to submit SIRs for submittal within 24 hours of a reportable incident. An SIR training will be held with staff on the SOW standards on the timely submittal of SIR incidents. The training will be led by the program director in person with staff on December 12<sup>th</sup>, 2024.

**B) Personnel/Staffing/Training**

**4. Personnel received all required one- hour trainings timely.**

Deficiency:

Required one -hour trainings prior to or within 90 days of employment (SOW Section 6.2.2)

- (a) Child abuse identification and reporting – S2 completed training 4 months late on 5/2/24
- (b) Characteristics of persons 16-21 years of age placed in long-term foster care – S1 completed training 2 months late on 8/26/24; S2 completed training 18 months late on 8/26/24.
- (c) AB 12/Extended Foster Care – S1 completed training 2 months late on 8/26/24; S2 completed training 18 months late on 8/26/24; S3 completed training 8 months late; S4 completed training 4 months late on 8/26/24
- (d) Involving Law Enforcement – S1 completed training 3 months late on 9/20/24; S2 completed training 14 months late on 4/10/24
- (e) Cultural Competency and Sensitivity – S1 completed training 3 months late on 9/19/24; S2 completed training 14 months late on 4/4/24
- (f) Shared Core Practice Model – S1 completed training 2 months late on 8/25/24; S2 completed training 18 months late on 8/26/24; S3 completed training 8 months late on 8/26/24; S3 completed training 4 months late on 8/26/24
- (g) Trauma Informed Care - S2 completed training 14 months late on 4/22/24
- (h) CSEC - S2 completed training 14 months late on 4/3/24
- (i) LGBTQ – S1 completed training 3 months late on 9/17/24; S2 completed training 14 months late on 4/18/24
- (j) Medical Marijuana - S1 completed training 2 months late on 8/26/24; S2 completed training 18 months late on 8/26/24; S3 completed training 8 months late on 8/26/24; S4 completed training 4 months late on 8/26/24
- (k) Objectivity in case notes and SIR documentation – S2 completed training 14 months late on

Cause: protocol not followed

Agency Response/ Action Plan: New hires will be required to complete all necessary trainings listed in the SOW within the first 30 days of employment. A checklist will be implemented and managed by the program director and HR manager. The checklist and the completion of trainings will be reviewed weekly to ensure all trainings are completed within the required timeframe.

Deficiency:

Verification of staff's fingerprint and Child Abuse Index clearances on agency letterhead (SOW Section 6.2.6)

Agency provided proof of staff's fingerprint and Child Abuse Index clearances from CCLD's Guardian system, but is missing timely required verification statements to the CMP, on agency letterhead, prior to the staff commencing work with THPP-NMD participants.

Cause: Lack of protocol

Agency Response/ Action Plan: A check list will be implemented that lists necessary letters required to submit to the county CPM regarding certification of new hires.

**C) Contractor/ Agency Reports**

**Contractor completed and maintained all reports in files as required.**

Deficiency:

A-35 – Referral Log (2nd and last Monday of each month) (SOW Section 9.11.2.1)

The agency did not complete the following Referral Logs timely (on the 2nd and last Monday of each month) as required in the SOW.

2023

9/4 and 9/18

10/2 and 10/16

2024

1/22

2/5 and 2/19

3/4 and 3/18

4/1 and 4/15

7/22

8/5, 8/19 and 8/30

Cause: Human error

Agency Response/ Action Plan: The program director will lead a training in person on November 27th, 2024, with the intake coordinator. The proper and timely submittal of the Bi-Weekly Referral Log will be reviewed. Monthly log due dates will be set as calendar reminders in Outlook shared by Program Director and Intake Coordinator. Program Director will follow up with intake coordinator monthly to ensure timely submittal of the logs.

**D) Participant Record Folder/ Case File**

**All Plans/Assessments are completed and maintained in THPP-NMD Participants Folders/case files as required. (SOW Section 9.10.6.2)**

Deficiency:

NMD1 initial NSP due 7/2/24 completed 19 business days late on 7/30/24. NMD2 initial NSP due 4/9/24 completed 27 business days late on 5/16/24.

Cause: Protocol not followed

Agency Response/ Action Plan: The program director will lead an in-person training with staff on January 15<sup>th</sup>, 2025, to address timely submittal of client reports to the county. An excel spreadsheet will be implemented and shared on the team drive to track due dates and submittals. Each social worker/ case manager will be responsible for setting the due dates and outlook reminders for their client's documentation. The program director to be included in all

calendar invite. The program director will monitor the due dates and timely submittals of client reports.

## **F) Education and Employment**

### **Contractor ensured THPP-NMD participants are enrolled in school (SOW Section 8.6.19)**

#### Deficiency:

NMD1 - Per NSP notes, NMD1 expressed interest in enrolling into a welding program, but has not yet done so.

Cause: Human error-documentation did not reflect that client decided to gain employment.

Agency Response/ Action Plan: An in-person training will be hosted by program director with staff on January 15<sup>th</sup>, 2025, to review the follow up on the Initial and NSP reports. If clients change their career or education goals, it is to be reflected in quarterly, transition and the case notes.

## **H) Program Exit/ After Care Follow Pp and Tracking**

### **H(5) 30-day follow-up and tracking (SOW Section 11.4)**

#### Deficiency:

DNMD1 thru DNMD4 agency did not provide verification of the 30-day follow-up attempts.

Cause: Protocol not followed

Agency Response/ Action Plan: An excel spreadsheet will be implemented to track discharged clients and the dates of aftercare contact for 30 days, 90 days, 6 months and 12 months. Outlook calendar invites will be sent to all staff to ensure after care contact occurs. The hard copy aftercare forms will be kept in a binder. When aftercare attempts and contact is made, the results will be input into the spreadsheet and noted on the original aftercare form. The program director will monitor the timely aftercare contacts and proper documentation of the results.

### **H(6) 90-day follow-up and tracking (SOW Section 11.4)**

#### Deficiency:

NMD1 (Exit Date 7/11/24) – 90-day follow-ups were untimely - first 90-day follow-up on 9/4/24 (55 days from exit), second 90-day follow-up on 9/6/4 (57 days from exit) and third 90-day follow-up on 9/9/24 (70 days from exit). DNMD1 was found to be stable - participating in THP Plus (Walden)

No – NMD2 (Exit Date 7/31/24) 90-day follow-up was untimely – 90-day follow-up attempt on 10/7/24 (69 days from exit). DNMD2 was found to be unhoused-staying with friends and attempting to find a THP Plus placement.

Cause: Human error

Agency Response/ Action Plan: The program director will lead a training in-person with staff on January 15<sup>th</sup>, 2025, to discuss the importance of aftercare and to review the process. Staff are not to document dates on the form if they do not fall within a few days of the after-care date markers.

Sincerely,

*Jessica Appel*

**Jessica Appel, MSW  
THP-NMD Director  
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