



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 12, 2026

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

From: 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), in September 2025. The Contractor has one office located in Orange County. The office 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 12
PRIORITY 2 4
PRIORITY 3 3

"To Enrich Lives Through Effective and Caring Service"

The CCD conducted a virtual Contract Compliance review of the Contractor's compliance within the following applicable areas: Licensure and Certificate of Compliance; Personnel/Staffing/Training; Contractor/Agency Reports; THPP-NMD Participants Record Folder/Case File; THPP-NMD Participant Training; Education and Employment; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

The Contractor was in full compliance with 4 of 8 applicable areas of the CCD's Contract Compliance Review: Contractor/Agency Reports; THPP-NMD Participant Training; Education and Employment; and Medical and Dental.

For the purpose of this review, six DCFS and Probation NMDs were selected for the sample. The CCD reviewed the records and files of the six 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 following areas:

Priority 1

- Licensure and Certificate of Compliance (1 Finding)
 - Special Incident Reports (NSP) for Non-Minor Dependents were not cross-reported to the Children's Social Worker (CSW)/Deputy Probation Officer (DPO) in the I-Track System.
- Personnel/Staffing (8 Findings)
 - The Contractor did not ensure a Social Worker had the required master's degree and did not have a Community Care Licensing Division Approved Exception on file.
 - Two employees did not complete a minimum of one-hour Characteristics of Persons 16-21 years of age placed in long-term foster care training.
 - Two employees did not complete a minimum of one-hour Assembly Bill 12/Extended Foster Care training.
 - Two employees did not complete a minimum of one-hour Shared Core Practice Model training.
 - Two employees did not complete a minimum of one-hour Trauma-Informed Care training.

- Two employees did not complete a minimum of one-hour Medical Marijuana training.
- Two employees did not complete a minimum of one-hour Objectivity in Case Notes and Special Incident Reports documentation training.
- Two employees with direct contact with THPP-NMD participants did not complete the 20 hours of annual training.
- THPP-NMD Participants Record Folder/Case File (3 Findings)
 - The Contractor did not provide documentation to support the Case Managers made daily contact with NMDs upon initial placement.
 - The Contractor did not obtain written authorization from the CSW/DPO prior to decreasing NMDs daily contact to less than twice a week.
 - The Contractor Case Manager did not maintain weekly face-to-face contact with NMDs.

Priority 2

- THPP-NMD Participants Record folder/Case File (3 Findings)
 - The NSPs for two NMDs were not updated every 6 months as required.
 - The NSPs for six NMDs were not signed by the CSW/DPO, and no documented efforts were provided by the Contractor
 - The Initial Progress Reports for six NMDs were not completed and submitted to the CPM within 45 days of placement date.
- Program Exit/Aftercare Follow-Up and Tracking (1 Finding)
 - Aftercare Contact Forms for four NMDs were not completed quarterly and provided to the County Program Manager as required.

Priority 3

- THPP-NMD Participants Record folder/Case File (3 Findings)
 - 2-Way Authorization for Sharing Information form - DCFS/Probation 6010 - were not completed for three NMDs prior to placement.

- Unit/Furniture Inventory forms for five NMDs participants were not updated quarterly as required.
- Clothing Inventory forms for five NMDs participants were not updated quarterly as required.

On December 11, 2025, 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:LM:RT
KR:DF:lf

Attachments

- c: Joseph M. Nicchitta, Acting, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Donald A. Verleur II, M.B.A, Chief Executive Officer, Olive Crest
Kellee Coleman, Assist Program Administrator LA Region, Community Care Licensing Division
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Dianna Mendoza, Acting CDSS Bureau Chief Fiscal and Performance Audits

January 16, 2026
(Updated 1-27-26, 2-2-26, 2/6/26)

To:

[REDACTED]

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- December 2025

Dear [REDACTED]

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 December 11, 2025).

The following Corrective Action Plan is submitted for your review:

Areas of non-compliance:

A. Licensure and Certificate of Compliance

Deficiency: All Serious Incident Reports (SIRs) were submitted timely in I-Track but were not cross-reported to the County Program Manager (CPM).

Cause: THPP-NMD social workers did not cross report SIRs with County Program Manager (CPM) in I-Track system due to lack of following the requirements and protocol of the Statement of Work (SOW).

Corrective Action Plan: An SIR training will be held with the THPP-NMD social workers on the Statement of Work (SOW) requirements for SIR submittals. The training will take place on Friday, February 13th, 2026. The expectation is that staff will submit SIRs within 24hours using the PMIS I-Track system and will cross report all SIRs to the County Program Manager (CPM). SIRs will be reviewed by THPP- NMD Program

Director or Regional Programs Director within 24hours before submitting to ensure they are cross reported to all appropriate entities, including the CPM.

Quality Assurance Plan: Effective 2/16/26 THPP-NMD Program Director and/or Regional Programs Director will be responsible for reviewing and submitting THP-NMD social workers

SIRs within 24 hours of being input into the PMIS I-Track system, verifying CPM is listed as a cross report.

B. Personnel/Staffing/Training

Deficiency: Employee hired on 10/14/2024 did not have a master's degree or CCLD Approved Exception on file. Employee had a BA in Criminal Justice and three years of work experience at the time of hire.

Cause: Agency HR Director and supervising staff (Program Director and Regional Programs Director) failed to follow the Statement of Work (SOW) requirement for Social Worker (case manager) education and did not file for an exception from CCL prior to hire date.

Corrective Action Plan: THPP- NMD Regional Programs Director submitted required documentation for the listed employee to CCL analyst for exception on December 12, 2025. On January 20th, 2026, the agency received a letter with exception granted for the employee.

A training will be provided by the THP NMD Program Director with the HR Director on Tuesday, February 17th, 2026. Agency HR Director will be educated on the SOW requirements for past experience and education for Social Worker (case manager). Agency HR Director will follow hiring protocol to ensure that all employees meet the degree and requirements per CCL. If they do not, agency HR Director file for exception with CCL and will wait for exception to be awarded prior to official hiring of staff.

Quality Assurance Plan: Effective 2/18/26 agency HR Director will review tentative hires to ensure education and experience criteria are met by the Statement of Work (SOW). Program Director will verify HR Director has reviewed prospective employees' education and experience requirements per ccl before any prospective employee is extended an offer.

B-2 Required Training- Staff, Interns, Volunteers

Deficiency: Two employees completed 6 out of 12 training courses which were not at the one hour minimum as required by SOW. These include:

- Characteristics of a person ages 16-21 placed in long term foster care
- AB12/Extended Foster Care
- Shared Core Practice Model
- Trauma Informed Care
- Medical Marijuana
- Objectivity in case notes and Special Incident Report (SIR) documentation.

Cause: THPP-NMD Program Director did not preview the training set to ensure they met the one-hour length requirement per the Statement of Work (SOW).

Corrective Action Plan: THPP-NMD Program Director will work with the Training Systems Manager to identify and implement new trainings one hour in length for characteristics of a

person ages 16-21 placed in long term foster care, AB12/Extended Foster Care, Shared Core Practice Model, Trauma Informed Care, Medical Marijuana and Objectivity in case notes and SIR documentation.

Additionally on March 2nd, 2026, the THPP-NMD Director will train the Training Systems Manager who manages all the web-based trainings offered at the agency, so they are aware of the SOW requirements for trainings to be at least one hour in length. including 1-hour trainings.

Quality Assurance Plan: Starting March 3rd, 2026, the Training Systems Manager will identify and assign staff trainings required by the Statement of Work (SOW) for the appropriate amount of time. HR staff and THP-NMD Program Director will collect training certificates to ensure the correct trainings are completed with the correct length of time per the SOW.

B-3 THPP –NMD Staff Annual Training Required Training

Deficiency: 35- THPP-NMD social workers did not complete 20 hours of annual training.

Cause: THPP-NMD program lacked having an appropriate tracking tool in place to monitor trainings and length to meet annual goal of 20 hours.

Corrective Action Plan: A meeting will occur on Friday, February 20th, 2026, between the agency Trainings Systems Manager and THPP-NMD Director to review the trainings requirements for staff as listed in the Statement of Work (SOW). A training spreadsheet will be created to track staff trainings.

Quality Assurance Plan: Effective 2/23/26 THPP- NMD Program Director and Trainings Systems Manager will review training spreadsheets quarterly to ensure staff are on track to meet 20 hours of additional training annually.

D. THPP-NMD PARTICIPANTS RECORD FOLDER/CASE FILE

D-1 Plans, Assessments and Forms maintained in the file.

Deficiency:

#44) The Agency did not provide Updated NSPs.

#47) NSPs were not signed by the County Social Worker (CSW) and the Agency did not provide documented efforts to obtain the CSWs signature.

#55) The 2 Way Authorization for Sharing Information – DCFS/Probation 6010 was not completed prior to placement.

#58) Participant Unit/Furniture Inventory was completed upon entry but not updated quarterly.

#60) Participant Clothing Inventory was completed upon entry but not updated quarterly.

#63) Initial Progress Reports were completed within 45 days of placement but were not submitted to the CPM on the last day of the following month.

Cause: THPP-NMD social workers lacked meeting the documentation requirements for updating NSPs, getting NSPs signed by CSW or documenting efforts to do so, updating the 2-way auth for sharing information; completing furniture or clothing inventory quarterly, and submitting Initial Progress Reports to the CPM by the last day of the following month. A formal quality assurance process was not in place to ensure these requirements were met.

Corrective Action Plan: An in-person training with THPP-NMD social workers will be hosted by Program Director on Thursday, March 12th, 2026. The following will be reviewed during the training:

- NSP reports are to be reviewed and updated every six months.
- NSP's require signature from CSW or DPO.
- 2 Way Authorization form required before entry.
- the Unit/ Furniture Inventory form and Clothing Inventory form are completed at entry and quarterly.
- Initial progress reports are sent to the County Program Manager (CPM).

THPP-NMD social workers will set calendar reminders and include THPP-NMD Program Director to review client NSP reports every six months. (effective 3/12/26)

The NSP template will be updated with a signature line for the CSW or DPO (effective 2/13/26).

A completed 2 Way Authorization form will be requested from the referring CSW or DPO prior to client's placement in the program. (effective 2/13/26).

The Unit/ Furniture Inventory form and Clothing Inventory form will be added to the list of documents required every quarter after program entry. (effective 3/12/26).

Initial progress reports are sent to the CPM (mailed and emailed) (effective 3/12/26).

Quality Assurance Plan: Starting 4/1/26 during quarterly chart audits, THPP-NMD Program director will ensure all client NSP's are reviewed and updated every 6 months. THPP-NMD Program director to ensure all finalized NSP's have CSW /DPO signatures or there is record of requesting CSW/DPO signature via email. THPP-NMD Program director will review placement packets to ensure they include the 2- way authorization form prior to placement. THPP-NMD Program Director will ensure unit/furniture inventory form and clothing inventory are included with quarterly documentation submitted. THPP-NMD Program director to monitor and ensure finalized Initial reports are sent to County Social Workers (CSW's) and the County Program Manager (CPM) via mail and/or email.

D-2 Case Management Contacts

Deficiency:

#71 There is no documentation to support Case Managers made daily contact with the NMD. Daily contact was only made during the first month of placement.

#72 The agency did not obtain written authorization from the CSW/DPO prior to decreasing daily contact to no less than twice a week.

#73 CM did not maintain weekly face to face contact.

Cause: THPP-NMD social workers did not follow the SOW requirement for daily for weekly contact, weekly face to face contact, nor did they obtain written authorization from CSW/DPO for reduction of daily contact. A formal process was lacking in the program to ensure these requirements were consistently met.

Corrective Action Plan: An in-person training with staff will be hosted by THPP-NMD Program Director on Thursday, March 12th, 2026. The requirements of case management per the Statement of Work (SOW) will be reviewed (daily contact, written authorization prior to reducing contact after 30 days and weekly face to face contact). THPP-NMD Program director will implement a protocol that staff set a calendar reminder before client reaches 30 days in the program. They are to then email the CSW to ask if they agree to reduced contact after 30 days to twice a week. An email or letter will be requested from the CSW and documented in the client's binder.

Quality Assurance Plan: Effective 3/13 THPP-NMD Program director will review weekly case notes to monitor staff have the appropriate daily or weekly contact with clients, weekly face to face contact, as well as have obtained CSW/DPO written consent for reduction of contact if appropriate.

H. After Care Follow Up and Tracking

Deficiency:

#114- Aftercare Contact Forms were not provided to the CPM quarterly.

Cause: Aftercare protocol was not followed per the Statement of Work (SOW) due to lack of a formal process in place. Aftercare forms were not provided to the County Program Manager (CPM) quarterly.

Corrective Action Plan: THPP-NMD Program Director will create outlook calendar reminders to send out Aftercare forms to the County Program Manager (CPM) quarterly by January 15th, April 15th, July 15th and October 15th. Outlook reminders and due dates to be set for this year and will be repeated annually. (effective 3/31/26). THPP NMD Director will email Aftercare Contact Forms to CPM by January 15th, April 15th, July 15th and October 15th. Copies of the emails will be kept for documentation for future audits.

Quality Assurance Plan: Effective 4/1/26 THPP-NMD Program director to ensure aftercare forms are sent to the County Program Manager (CPM) quarterly by January 15th, April 15th, July 15th and October 15th and cc the Regional Programs Director as verification.

Sincerely,

 MSW
THP-NMD Director
