



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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TERRI L. McDONALD
Chief Probation Officer

May 15, 2018

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Terri L. McDonald *Terri L. McDonald*
Chief Probation Officer

SUBJECT: **OLIVE CREST GROUP HOME CONTRACT COMPLIANCE MONITORING
REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Olive Crest Group Home, operated by Olive Crest, in March 2017. Olive Crest has four (4) sites located in the Fifth Supervisorial District of Riverside County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children; however, Olive Crest did not have any DCFS foster children at the time of the review. According to Olive Crest's program statement, its purpose is to provide residential treatment for emotionally disturbed individuals who may have additional problems of substance abuse/dependence and poor anger management.

Olive Crest has four (4) 6-bed sites (Beazer, Forecast, Lyon and Richmond), that are all licensed to serve a capacity of six (6) boys each, ages 11-17. At the time of this review, Olive Crest was serving two (2) Probation children. The overall length of placement was nine (9) months, and their average age was 17 years old.

Both children were selected for the interview sample. One child in the sample was prescribed psychotropic medication, and his file was reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, two (2) discharged children's files, both from Probation, were reviewed to assess compliance with permanency efforts. Five (5) staff files were also reviewed for compliance with Title 22 Regulation and County Contract requirements.

Rebuild Lives and Provide for Healthier and Safer Communities

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Olive Crest, that they were provided with good care and appropriate and effective services of quality, were comfortable in their environment, and were treated with respect and dignity. Olive Crest was in compliance with six (6) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements, Education and Workforce Readiness, Health and Medical Needs, Psychotropic Medication, Personal Needs/Survival and Economic Well-Being, and Personnel Files.

PPQA/GHM noted deficiencies in four (4) of the 10 areas, with eight (8) deficient elements out of 76 specific elements within each of the 10 areas. Although, there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were in two (2) of the 10 areas. In the area of "Facility and Environment," Olive Crest needed to ensure that the grounds of the Group Home are well maintained. In the area of "Maintenance of Required Documentation and Service Delivery," it was again noted that Olive Crest failed to develop comprehensive initial and updated Needs and Service Plans. In the area of "Personal Rights and Social/Emotional Well-Being," Olive Crest failed to meet the children's emotional needs. In the area of "Discharge Children," Olive Crest needed to ensure that children were discharged according to their permanency plan.

REVIEW OF REPORT

On April 27, 2017, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Olive Crest's Residential Director, David Harper. Mr. Harper agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Olive Crest provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure that the repeated deficiencies of the same nature will be avoided. A follow-up visit was conducted, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, an additional check will be required to ensure that permanent changes were made. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing Division.

Each Supervisor
May 15, 2018
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Should you have any questions or require additional information, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

TLM:SEM:FC
PV:tm

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Bobby Cagle, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Community Care Licensing
Latasha Howard, Probation Contracts
David Harper, Olive Crest, Residential Director

**OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

Olive Crest, Richmond
License Number: 336403699
Rate Classification Level: 12

Olive Crest, Forecast
License Number: 336403949
Rate Classification Level: 12

Olive Crest, Beazer
License Number: 336403863
Rate Classification Level: 12

Olive Crest, Lyon
License Number: 336403698
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: March 2017
I	<p><u>Licensure/Contract Requirements</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) complaints on child abuse/safety and/or physical deficiencies since the last review. 2. Vehicles used to transport children are maintained in good repair. 3. Disaster drills are conducted at least every six months and documented. 4. The runaway policy is documented and properly maintained. 5. Detailed sign-in/out logs are maintained. 6. Weekly allowance logs are accurately maintained. 7. Monthly clothing allowance logs are accurately maintained. 8. SIRs documented in the NSPs and case files being properly reported via the I-track system. 	<p>Full Compliance (All)</p>
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. The exterior and the grounds of the Group Home are well maintained. 2. Common quarters are well maintained. 3. Children's bedrooms are well maintained. 4. The Group Home maintains adequate recreational equipment and educational resources in good repair and makes them readily available to children. 5. The Group Home maintains adequate nutritious perishable and non-perishable foods. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance

III	<u>Maintenance of Required Documentation and Service Delivery</u> (3 Elements) <ol style="list-style-type: none"> 1. The Initial NSP was completed accurately and on time. 2. The Updated NSPs were completed accurately and on time. 3. The Group Home provided children with counseling and other services (based on current NSPs). 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance
IV	<u>Educational and Workforce Readiness</u> (3 Elements) <ol style="list-style-type: none"> 1. Children are enrolled in school within three school days. 2. The Group Home ensures the children attend school as required. 3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of IEPs are maintained in their files. 	Full Compliance (All)
V	<u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none"> 1. Initial medical exams are conducted timely. 2. Initial dental exams are conducted timely. 3. Required follow-up medical examinations are conducted timely. 4. Required follow-up dental examinations are conducted timely. 	Full Compliance (All)
VI	<u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none"> 1. Current Court-Approved Authorizations are on file. (Including accurate dosage) 2. Psychiatric Evaluation/Reviews (561c) are current. 	Full Compliance (All)
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (18 Elements) <ol style="list-style-type: none"> 1. Children are informed of the Group Home's rules and consequences. 2. Children report the consequences for not following the rules are fair. 3. Children are informed of the Foster Youth Bill of Rights. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance

	<ol style="list-style-type: none"> 4. Children participate in the development of their NSPs. 5. Children are supervised by staff. 6. Children are treated with respect. 7. Children feel safe in the Group Home. 8. Children have an adult they can talk with privately. 9. Children are allowed to have private telephone calls and to send and received unopened mail. 10. Children have privacy during the visits with family or close friends. 11. Children are offered to participate in mentorship program. 12. Children are allowed to attend or not attend religious services of their choice. 13. Children are given the opportunity to participate in planning recreational activities with the staff. 14. Children are given the opportunity to participate in recreational activities at the Group Home. 15. Children are given the opportunity to participate in extracurricular or community activities. 16. Children's chores are reasonable. 17. Children are informed about their rights to medical and dental treatment (right to refuse). 18. Children are informed about their right to refuse psychotropic medication. 	<ol style="list-style-type: none"> 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance 16. Full Compliance 17. Full Compliance 18. Improvement Needed
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (16 Elements)</p> <ol style="list-style-type: none"> 1. Children are provided with medical care when needed. 2. Children are provided with dental care when needed. 3. Children are provided with transportation. 4. Children are encouraged and supported by staff in keeping a Life Book. 5. Children are assisted by adults in completing schoolwork when help is needed. 6. Children are provided with youth development or daily living skills services. 7. Children are provided with their own personal hygiene items. 8. Children get enough food to eat. 9. Children with special diet needs are provided with accommodations by the staff. 	<p>Full Compliance (All)</p>

	<ol style="list-style-type: none"> 10. Children receive at least the basic weekly allowance. 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items. 	
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home placed the child in accordance with their program statement and population criteria. 2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care. 3. The Group Home attempted to stabilize the child's placement prior to requesting a removal. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance
X	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. Staff signed a criminal record statement (LIC 508) prior to or on hire date. 2. Staff received criminal clearance from CCLD prior to hire date. 3. Staff received medical clearance within 1 year prior to hire date or within seven days after hire date. 4. Staff received TB clearance within 1 year prior to hire date or within seven days after hire date. 5. Staff met educational and/or experience requirements in accordance with the agency's program statement and Title 22. 6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgement. 7. Staff had current California driver's license on file. 8. Staff had current CPR certification on file. 9. Staff had current First Aid certification on file. 10. Staff received initial emergency intervention training (e.g. Pro-ACT). 	<p>Full Compliance (All)</p>

	<ol style="list-style-type: none">11. Staff received initial 24-hour training (8 hours prior to supervision and 16 hours within 90 days of hire).12. Staff has current emergency intervention training on file (e.g. Pro-ACT).13. Staff received 20 hours of on-going training.14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.	
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**OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The purpose of this review was to assess Olive Crest's compliance with the County contract and State regulations and include a review of the Olive Crest program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational 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
- Personnel Records

For the purpose of this review, two (2) placed foster children, both Probation, were selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM), interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, one (1) placed child was prescribed psychotropic medication. His case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, two (2) discharged children's files, both Probation, were reviewed to assess Olive Crest's compliance with permanency efforts.

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Facility and Environment

An inspection of the interiors and exteriors of Olive Crest revealed some deficiencies that required correction.

At Olive Crest Richmond site, it was noted that there was a small area of mold on the ceiling in Bathroom #1.

At Olive Crest Beazer site, it was noted that there was a small area of mold located in Bathroom #2 at the top of the shower wall.

At Olive Crest Lyon site, the window screen in Bedroom #2 was missing. In Bedroom #1, the desk contained graffiti and needed to be repaired or replaced.

Recommendation

Olive Crest management shall ensure that:

1. The common quarters of all sites are well maintained.
2. The children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

Two (2) children's files were reviewed for Needs and Services (NSPs), and of those, one child was in last year's sample; therefore, his Initial NSP was not reviewed again. Both children were placed long enough to have Updated NSPs in their file. Therefore, only one child had an Initial NSP reviewed, and both children had Updated NSP's were reviewed.

The one (1) Initial NSP reviewed was not comprehensive due to the concurrent case plan goal box not being checked. The goal range for the goals listed were also too long. The goals should be time limited and the time frame provided for the initial goals was one year. The goals should be written in a way that the child can make progress toward their goal within a quarterly period. For example, one of the goals stated that the child will eliminate assaultive and aggressive behaviors (seen as angry verbal outbursts, physically threatening others and punching inanimate objects such as walls, doors, etc.) from a current baseline of three (3) times a week to zero (0) times a week within one (1) year. The one initial NSP had the required signatures but the staff, DPO and child signatures were not obtained within the required five (5) days.

Of the two (2) Updated NSPs reviewed, both were deemed non-comprehensive due to the concurrent case plan goal box not being checked. Out of the two (2) NSPs, one (1) NSP was missing the DPO/CSW signature.

Recommendation

Olive Crest management shall ensure that:

1. All Initial NSP's are completed accurately by ensuring that the concurrent case plan goal box is checked and that the range for the goals provided are written within a quarterly time frame, which can be modified if the goal is not achieved within that quarterly period. Olive Crest will also ensure that they obtain the county worker's signature within the required time frame.
2. All Updated NSP's are completed accurately by ensuring that the concurrent case plan goal box is checked and that they make efforts to obtain the county workers signature.

Personal Rights and Social/Emotional Well-Being

During the child interviews, one (1) child reported that he does not feel that there is someone in the Group Home that he could speak to privately. The same youth stated he is having difficulties with having visits with his son and that he was not aware of his right to refuse his psychotropic medications.

Recommendation

Olive Crest management shall ensure that:

1. All children are to have an adult they can talk with privately.
2. All children are provided the opportunity to have visits and to have privacy during the visits with family or close friends.
3. All children are informed of their right to refuse psychotropic medications.

Discharged Children

During the review of the two discharge children's files, it was noted that the children were not discharged according to their permanency plan and they were both missing discharge summaries in the files. Both youth were on runaway status, and because the discharge summaries were missing, there was no way to identify what the permanency plan was.

Olive Crest management shall ensure that:

1. They work to ensure that all children are discharged according to their permanency plan and that all files contain discharge summaries.

**PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP
HOME CONTRACT COMPLIANCE MONITORING REVIEW**

PPQA/GHM's last compliance report dated July 7, 2016, identified five (5) recommendations.

Results

Based on the follow-up, Olive Crest fully implemented three (3) of the five (5) previous recommendations for which they were to ensure that:

1. All children's initial medical exams are completed timely.
2. All children are given the opportunity to participate in extracurricular activities in which they have an interest.
3. All staff have their required training.

However, the follow-up discovered that Olive Crest failed to fully implement two (2) of the previous five (5) recommendations for which they were to ensure that:

1. All physical deficiencies in the common areas and children's bedroom are maintained.
2. All Initial and Updated NSP's are comprehensive be ensuring that the boxes are checked and the goal range is shortened.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-
CONTROLLER**

A fiscal review of Olive Crest by the Auditor Controller is in progress for the 2016-2017, fiscal year.



Strong Families, Safe Kids

1.800.550.CHILD (2445)
www.olivecrest.org

Dear Ms. Smith,

Below lists the corrective action plans and quality assurance plans we have in place to correct the areas noted by yourself on April 27th, 2017.

I. Facility and Environment

- a. Finding: Lyon Bedroom #2 was missing a window screen.

Corrective Action Plan:

A maintenance request was submitted, and our on-grounds maintenance person repaired the Screen the next day.

Quality Assurance Plan:

We will continue to use our Olive Crest Reporting procedures for all Maintenance issues in a timely manner.

- b. Finding: Richmond Bathroom #1 small mold patch on ceiling.

Corrective Action Plan:

A maintenance request was submitted on the day of the audit and our on-grounds maintenance person cleaned and painted the ceiling.

Quality Assurance Plan:

Our staff and on-ground maintenance person will do a daily walk-through of the facility to insure all maintenance issues are attended to in a timely manner.

- c. Finding: Beazer Bathroom #2 small mold patch on ceiling.

Corrective Action Plan:

A maintenance request was submitted on the day of the audit and our on-grounds maintenance person cleaned and painted the ceiling.

Quality Assurance Plan:

Our staff and on-ground maintenance person will do a daily walk-through of the facility to insure all maintenance issues are attended to in a timely manner.

- d. Finding: Lyon Desk in Room 1 had graffiti on it.

Corrective Action Plan:

Replaced all 6 desks with new desks that are graffiti free.

Quality Assurance Plan:

Our staff and on-ground maintenance person will do a daily walk-through of the facility to insure all defacements are remedied to in a timely manner.

II. Maintenance of Required Documentation and Service Delivery

- a. Finding: One initial NSP was missing the concurrent case plan goal. In addition, the initial NSP goals were too long. The Clinician that was responsible for doing the documentation resigned and (unknown to us) did not complete the required paperwork in this case prior to leaving. During the turnover period the new clinician was unaware of the documentation errors that existed were prior to their hiring.

Corrective Action Plan:

We will make certain all forms are filled out completely. Clinical Supervisor will review to ensure for consistency and completion. Clinical Supervisor will also ensure that the goal range is within the appropriate 3-month time period, appropriate to the needs of the client, and both clear and concise.

Quality Assurance Plan:

We will continue to implement ongoing training with all new hire clinicians on all required forms and have our Clinical Supervisor thoroughly review all documentation before it is sent to the county.

- b. Finding: Youth updated NSPs dated 4-15-16 & 10-15-17 missing their current case plan goal. Of the two updated NSPs one was also missing the required DPO signature. At the time of the youth's initial NSP, we were experiencing a significant rate of turn over in our clinical team, resulting in a prior clinician and a clinical supervisor leaving at about the same time. Unfortunately, the new clinician was unaware of the NSP requirements, therefore boxes were left unchecked or the concurrent case plan box was not checked. In addition, we have a new Clinical Supervisor who will be doing a thorough Final Review of all NSP's prior to their distribution. We've also taken steps to reduce the turnover rate for Clinicians at the Ranch.

Corrective Action Plan:

The Clinical Supervisor will work with the Clinicians to increase their understanding of how to set goals which are of a complexity appropriate to the level of the client's ability, and in small enough increments to allow for observable mastery of the goal within each quarterly period. Care will also be taken to show that each quarterly step of the goal builds on previous goals achieved and challenges the youth at the appropriate levels. The Clinical Supervisor will complete a Final Review of all NSPs to ensure compliance with this prior to allowing the NSPs to be distributed.

Quality Assurance Plan:

The clinical team will set individual goals to be achieved by each youth within a quarterly period. The clinical team will work together on the goals to ensure that they are appropriate to the client's needs, complex enough to provide a certain amount of challenge, yet simple enough that they are not beyond the ability of the client to achieve. The Clinical Supervisor will continue to meet and train with clinicians on an as-needed basis. Clinical supervisor will do a Final Review of all NSPs and confirm for any corrections prior to distribution.

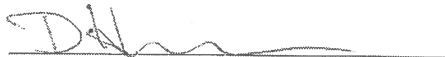
III. Personal Rights and Social/Emotional Well-Being

- a. Findings: Youth stated that he feels like there is no one to talk to. Youth has a standing appointment to meet with his Clinician each week for an hour session and is able to talk to anyone of our 8 staff or the manager of the house. Youth is also able to meet with the clinician on an as-needed basis for extra sessions in the event of an unexpected crisis. Youth also stated that he is having issues seeing his son. Youth is provided specific accommodations for supervised family visits in a location away from the group home facility (our Riverside office located 20 minutes away from the Ranch), which can be used any time it is not already reserved for another youth visiting with family. Youth currently feels very uncomfortable to talk to his mom (who has been the child's care giver) in order to arrange a visit with his son. When his son moved to the baby's biological mother's house he was not allowed to visit there due to fact that the baby's mother is one of the youth's crime victims. Youth is allowed to visit his child at any time at the accommodations in our Riverside Office listed above. In an effort to accommodate the youth's desire to visit his child, his clinician is able to provide therapeutic assistance with client toward the goal of resolving the issues which create discomfort for the youth in speaking with his mother. In addition, the group home facility will provide both an alternative meeting place for the youth and his child, and will provide transportation to assist the youth in being at the pre-arranged meeting place of the youth's choosing. In addition, all youths have been properly advised regarding their right to refuse psychotropic medication.
- b. Corrective Action Plan:
The manager will work with the youth and probation to come up with alternative locations and supervision so that the youth can see his son. The clinician will talk to the youth and work with him to develop connections within the house to help him feel more comfortable talking to staff.
- c. Quality Assurance Plan:
The clinician and manager will check in with the youth though out the week to see how he is doing. The Manager and staff will meet weekly and discuss how the youth's relational progress is coming. All requests for visits are reviewed by the Residential Manager, Clinician and Probation, and all approvals and denials will be documented. We will work with the youth to connect with his mom and/or the probation office to arrange visits with his son.

IV. Discharged Children

- a. Findings: Two discharge files were reviewed and both files indicated that the youth were not discharged according to their permanency plan. Both youth went AWOL on separate occasions. Both discharge files were also missing discharge summaries.
- b. Corrective Action Plan: A review of our records indicates that the clinician had not completed the discharge summary for either youth in question. Olive Crest will continue to provide all the necessary therapeutic services to ensure that the youth are discharged in accordance to their individual permanency plans. Clinicians have received thorough training with regard to all appropriate forms to utilize in reporting to the county, and the proper timelines during which those reports must be submitted.
- c. Quality Assurance Plan: All Client files are monitored by clinical supervisor on a monthly basis to assure that all required documentation, signatures, etc... are completed correctly and in a timely manner. In addition, all client discharges will be subject to a final audit of the clinical and reporting sections by clinician's supervisor prior to the closing of the file to ensure that all closing documents have been completed and distributed to the proper parties.

Please do not hesitate to contact me if there's anything else I can assist you with.


David Harper, Program Director
(951) 218-5481

Date 6/12/17