



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020

(213) 351-5602

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

BRANDON T. NICHOLS
Director

JENNIE FERIA
Chief Deputy Director

LISA E. MANDEL
Acting Chief Deputy Director

March 4, 2026

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

From:  for
Brandon T. Nichols
Director

**FIELDS COMPREHENSIVE YOUTH SERVICES
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a Contract Compliance Review of Fields Comprehensive Youth Services Short-Term Residential Therapeutic Program (STRTP) in September 2025. This Contractor has two sites located in San Bernardino County. The sites provide services to the County of Los Angeles DCFS and Probation placed children, youth and Non-Minor Dependents (NMDs).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 10
PRIORITY 3 0

The CCD conducted an in-person and virtual Contract Compliance review of the Contractor’s compliance within the following applicable areas: General Contract

“To Enrich Lives Through Effective and Caring Service”

Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plan; Permanency and Transition Services; Education and Independent Living Plan Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 6 of 10 applicable areas of the CCD's Contract Compliance Review: Engagement and Teamwork; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

For the purpose of this review, four DCFS and Probation placed youths were selected for the sample. The CCD reviewed the files of the four selected youths and interviewed the four youths in person to assess the level of care and services they received. An additional three discharged youth files were reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements. The CCD also conducted interviews with staff to assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted two sites visits.

The CCD noted findings in the following areas:

Priority 1

- Facility and Environment (1 Finding)
 - The STRTP did not have Naloxone hydrochloride available on site.

Priority 2

- General Contract Requirements (3 Findings)
 - Special Incident Reports for three children were not properly documented in the Needs and Services Plans (NSP).
- Needs and Services Plan (3 Findings)
 - The NSP for one child was not comprehensive, accurate or timely submitted timely to the Children's Social Worker (CSW) for signature.
 - The NSPs for one child was not signed by the child, submitted timely to the CSW for signature.
 - The NSPs for one child was not submitted timely to the Deputy Probation Officer for signature.

- Personnel Files (4 Findings)
 - Four staff did not receive training on serving developmentally disabled children.

On November 18, 2025, the DCFS' CCD Children Services Administrator teams 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 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:cs

Attachments

c: Joseph M. Nicchitta, Acting Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Arby Fields, Chief Executive Officer, Fields Comprehensive Youth Services
Kellee Coleman, Assist Program Admin. LA Region, Community Care Licensing
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



LOS ANGELES COUNTY

FIELDS COMPREHENSIVE YOUTH SERVICES (STRTP)



Corrective Action Plan

2025

GENERAL CONTRACT REQUIREMENTS

2. Special Incident Reports (SIRs) are properly documented.

2.1 SIRs are properly documented in the Needs and Services Plans (NSPs) [Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)] [Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)]

Facility

Site 1793

Site 1792

Site 1792

1. Explain the Cause.

2.1 : Inadequate documentation in the SIR section of the NSP forms were due to the Facility Managers not following protocol. Both Facility Manager were unclear of the expectation that each reported SIR needed to be documented.

2. Corrective Action Taken.

On January 6, 2026 the Administrator conducted a training with Facility Manager regarding NSPs including the SIR section of the NSP. Please see the attached agenda and sign- in sheet.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

In order to maintain compliance, the Facility Managers will conduct peer reviews of each others NSPs three days prior to their due date. The Facility Managers are responsible for the peer reviews of opposite sites. The peer reviews will be documented in a log to ensure all NSPs have been reviewed for accuracy. in addition, on monthly basis, the Administrator will conduct random reviews of the NSPs completed by the Facility Managers to ensure their compliance with the NSP standard. Administrator will conduct follow up NSP trainings as needed but no more than every 6 months for refreshers. In the event, Facility Managers continue to fail to input the correct documentation, a supervision will be held with the Administrator and Facility Managers. Further disciplinary action may occur.

FACILITY AND ENVIRONMENT

9. Common areas are safe and well maintained.

9.8 Medicines are properly stored and locked [ILS, §§87075(b) & 87087(f) & (g); Title 22, §§80075(k)(1) & 84067][ILS, §§87075(b) & 87087(f) & (g); Title 22, §§80075(k)(1) & 84067]

Facility

Site 1793

1. Explain the Cause.

9.8 -Narcan was not accessible during on-site inspection. An unidentified Treatment Team Specialist removed the Narcan boxes and put them away without informing the team of the whereabouts. At that time no procedure for following up on the Narcan had been made. Facility Manager was not aware the Narcan wasn't in the approved locations until the inspection.

2. Corrective Action Taken.

A 90 min detailed power point training to all FCYS personnel was conducted on 12.3.25 by mental health team with collaboration from facility managers on how to use Narcan in emergency/overdose situation and the importance of having immediate access to Narcan if needed to be used. Narcan is now placed in open accessible areas in Eddington facility. One is place on top of file cabinet by staff desk and another placed in the staff drawer. One will be placed in each in vehicle bags to be used if emergency/overdose situation arises while in transit. Staff will be informed on the locations of the Narcan and advised not to remove unless needing to use it. Sign in sheet will be included in the uploads.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Every week as a part of the facilities Quality Assurance, the assigned Medication Quality Assurance Treatment Team Specialist will check to ensure Narcan is readily available, assessable, and is not expired. Treatment Team Specialist will document monthly Narcan has been observed in the home and each vehicle. This documentation will be recorded in the weekly Medication Quality Assurance Book. Facility Managers will review documentation weekly to ensure the agency is in compliance. Fields Comprehensive Youth Services will notify the specific County Department of Mental Health agencies when new supply of Narcan is needed. The Facility Manager is responsible for ensuring the Narcan is in the specified locations, any refills needed have been requested and documentation supporting has been completed. In the event the Facility Manager observes any infractions, a supervision with the assigned Medication Quality Assurance Treatment Team Specialist will be held and a corrective action will be created. Failure to comply may lead to further discipline.

NEEDS AND SERVICES PLANS

17. The NSPs are completed accurately and on time.

17.2 NSPs are comprehensive and accurate (case plans, concurrent plans, TILPs, SMART goals) [Master Contract, Exhibit A, SOW, Part C, §§19.2, 19.6, & 19.8; ILS, §§87068.2(b) & (c), 87068.22(b) & (c), & 87068.3(a)] [Master Contract, Exhibit A, SOW, Part C, §§19.2, 19.6, & 19.8; ILS, §§87068.2(b) & (c), 87068.22(b) & (c), & 87068.3(a)]

Facility

Site 1793

17.3 The child/NMD signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)]

Facility

Site 1792

17.6 The NSPs were submitted timely to the CSW/DPO for approval [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)] [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)]

Facility

Site 1793

Site 1793

Site 1792

1. Explain the Cause.

17.2 - Facility Manager made a human error by signing his name as the Parent/Legal guardian section of the NSP. Facility Manager failed to follow protocol for not providing transition updates for NSP. 17.3-Facility Manager did not follow protocol on providing a signature for client on NSP and not explaining why. 17.6- Facility Manager did not obtain signatures of Probation Officers and Social Workers in a timely manner or show efforts of obtaining them due to lack of following protocol.

2. Corrective Action Taken.

17.2 - Monthly peer reviews between the Facility Managers and Administrator of NSPs will be conducted to ensure errors such as signing in the wrong place and being able to identify area that need more detailed information three days prior to the due date. 17.3 -A detailed explanation will be provided if a client refuses to sign the NSP. 17.6- A training was held with DCFS Out of Home Care liaison on December 2, 2025 and Fields Comprehensive Youth Services, Inc. team on how to properly complete a NSP. Fields Comprehensive Youth Services, Inc. Management will send an email or contact Probation Officers and Social Workers updating them of the submission of a NSP and requesting signatures. After a three days another reminder will be given and documented. All efforts of requests for signatures will be attached to the client's current NSP as proof of efforts.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

17.2- Monthly peer reviews of NSPs will be conducted by Managers and Administrator to ensure errors such as signing in the wrong place and being able to identify area that need more detailed information. 17.3- Manager and Administrator will conduct monthly peer reviews to ensure accuracy of the NSPs and ensure client signatures are obtained and if not state the reason why. 17.6 - Managers and Administrator will conduct monthly peer reviews of NSP's and ensure proof of efforts has been attached to the NSP in the event the report has not been signed on time.

PERSONNEL FILES

76. Personnel received initial training and orientation.

76.6 Personnel received developmentally disabled children training [ILS, §87065.1(d)(3)(Q); Master Contract, Exhibit A, SOW, Part B, §9.5][ILS, §87065.1(d)(3)(Q); Master Contract, Exhibit A, SOW, Part B, §9.5]

Facility
Site 1793
Site 1792
Site 1792
Site 1793

1. Explain the Cause.

76.6 - Human Resources personnel did not provide an initial Developmentally Disabled Children training to new staff due to lack of training.

2. Corrective Action Taken.

The agency has put into place a new procedure regarding this training. The Facility Managers will be responsible for conducting the Developmentally Disabled Children training with new staff. In addition this training has been implemented into the agencies initial training procedures. The training with current staff will be held on February 11, 2026 by Facility Managers.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Administrator will provide a training tracker for all required trainings to ensure compliance has been met. All new hires will complete the Developmentally Disabled Children training at the time of their initial training. Another training will be held during the year as a refresher. The initial training will be provided by the Facility Managers and tracked by the Administrator. The yearly training will be provided by the Therapist and Managers. Documentation of training will be submitted to HR as proof of training. The Administrator is responsible for keeping the training tracker updated. Failure to comply may lead to further discipline. All current staff will participate in the Developmentally Disabled Children training by February 11, 2026.