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October 10, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

FIELDS COMPREHENSIVE YOUTH SERVICES, INC. GROUP HOME CONTRACT NUMBER: 07-023-026 COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Fields Comprehensive Youth Services, Inc. Group Home (the Group Home) in March 2014. The Group Home has two sites located in San Bernardino County and provides services to DCFS and Probation foster youth, as well as youth from other counties. According to the Group Home's program statement, its stated purpose is "to provide a safe, nurturing, structured living environment for adolescents in need of a group home placement."

The Group Home has two 6-bed sites licensed to serve a capacity of 12 male youth, ages 13-17. The facility also serves non-minor dependents (NMDs) ages 18 to 21. At the time of review, the Group Home served 3 DCFS male foster youth, as well as 4 children placed through Riverside County and 4 children placed through San Bernardino County. The placed youth's overall average length of placement was six months, and their average age was 16.

SUMMARY

During CAD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 sections of our Contract compliance review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the areas of: Licensure and Contract Requirements, related to Special Incident Reports (SIRs) not being reported timely and/or cross-reported to all appropriate parties, monetary and clothing allowance logs were not comprehensive and the Group Home did not maintain detailed sign in/out logs; Facility and Environment, related to two children's mattresses that were visibly worn and in need of replacement; Maintenance of Required Documentation and Service Delivery, related to three months of missing documentation of communication between the Group Home and the County CSW in one of the child's case file; and Personnel Records, related to one staff that had an expired driver's license and three others did not meet the minimum training requirements.

REVIEW OF REPORT

On April 17, 2014, the DCFS CAD Contracts Compliance Administrator, Vanessa Gutierrez, along with Children Services Administrator II, Sherman Mikle, held an Exit Conference with Towana Bryant, Group Home Administrator. The Group Home's representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. CAD will verify that these recommendations have been implemented during our next monitoring review. The Out-of-Home Care Administration Division (OHCMD) will provide technical assistance prior to the next contract compliance review.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:LTI
DF:SM:vg

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Acting Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Dr. Steve Wysoski, President Board of Directors, Fields Comprehensive
Arby Fields, Executive Director, Fields Comprehensive
Lenora Scott, Regional Manager, Community Care Licensing
Lajuannah Hills, Regional Manager, Community Care Licensing

FIELDS COMPREHENSIVE YOUTH SERVICES, INC.
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

7062 Napa Ave.
Rancho Cucamonga, CA 91701
License Number: 366402086
Rate Classification Level: 10

1214 Eddington Ave.
Upland, CA 91786
License Number: 366407025
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: March 2014**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign-In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Full Compliance 10. Full Compliance
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (All)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	Full Compliance (All)

	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (All)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

FIELDS COMPREHENSIVE YOUTH SERVICES, INC. FACILITY CONTRACT COMPLIANCE MONITORING REVIEW FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point-in-time" monitoring visit. This compliance report addresses findings noted during the March 2014 review. The purpose of this review was to assess Fields Comprehensive Youth Services, Inc. Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's 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, and
- Personnel Records.

For the purpose of this review, three Los Angeles County DCFS placed youth were selected for the sample. The Contracts Administration Division (CAD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, three discharged youth's files were also reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, one placed youth was prescribed psychotropic medication. The case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five Group Home staff files for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Licensure/Contract Requirements

- A review of Serious Incident Reports (SIRs) revealed that the Group Home did not consistently follow SIR reporting guidelines by failing to timely cross-report or submit the SIRs into the I-Track system.

At least two SIRs involving a child's school suspensions on two occasions were not appropriately documented and cross-reported. During the review of the child's file it was found that the child was suspended on February 5, 2014 and March 10, 2014; however, there were

no SIR reports on the suspensions. The two incidents did not have SIRs filed in the Group Home's case file. CAD confirmed with Out-of-Home Care Management Division (OHCMD) that these incidents were not submitted via the I-Track system.

- Monetary and clothing allowance logs were not comprehensive.

Clothing allowance logs demonstrated three youth were being provided their clothing allowance once every two months, rather than monthly and there was no documentation that the youth were in agreement. It was also noted that one youth did not receive his weekly allowance while he was on a home pass or upon his return.

- Both facilities do not maintain detailed sign in/out logs for the placed youth.

At the Rancho Cucamonga site, there were several entries; however, some entries did not include the youth's return time and required signatures. At the Upland site, there were only the two most recent entries, it was reported that a youth had ripped out prior entries.

Recommendation

The Group Home's management shall ensure that:

1. SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via ITrack.

2. Children's monetary and clothing allowance logs are thorough and detailed. The children are provided with timely monetary and clothing allowances they are entitled to receive, and the Group Home maintains documentation to demonstrate this occurs.

3. Detailed Sign-In/Out Logs for Placed Youth are maintained to include all required information.

<u>Facility and Environment</u>

- One bedroom of the Upland site contained two mattresses that were visibly worn and needed to be replaced.

During the monitoring review period, this oversight was immediately noted and the matter was resolved within five days with the replacement of both mattresses. During the exit conference, Group Home Administrator, Towana Bryant, acknowledged the need to ensure the youth have adequate bedding.

Recommendation

The Group Home's management shall ensure that:

4. Regular inspections of all mattresses, bedding and pillows is conducted.

Maintenance of Required Documentation and Service Delivery

- During the review of one child's case file there was no documentation of the Group Home's efforts to contact the County's Children's Social Worker during the months of October 2013, and January and February 2014.

Recommendation

The Group Home's management shall ensure that:

5. Staff documents all attempts to contact the County worker, including the date, time of day and method of contact, with corresponding number or email address in the case files.

Personnel Records

- One employee had a driver's license on file, which expired on August 9, 2013, and the new license was not issued until September 9, 2013.

- Three employees did not receive the minimum 40 hours of training for the first 12 months of employment, and two employees were not Pro-ACT certified during their employment of 4 and 6 months respectively.

During the exit conference, Group Home Administrator, Towana Bryant, stated that as a result of this review she created a spreadsheet that includes important information for each employee, including the expiration date of their driver's license.

Recommendation

The Group Home's management shall ensure that:

6. The Group Home develops a protocol to review Employee personnel files to ensure the agency maintains updated driver's licenses for all employees. This protocol shall specify the frequency of review and identify the title of the person that will complete the review, along with the documentation of the results.

7. All employees receive all the minimum required training at the appropriate timeframes during their employment with the Group Home.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated August 15, 2013 identified 9 recommendations.

Results

Based on OHCMD's follow-up, the Group Home fully implemented 7 of 9 recommendations for which they were to ensure:

- The Group Home sites are in compliance with Title 22 Regulations and free from CCL citations.

- Children are progressing toward meeting NSP case goals.

- Staff receives NSP training to ensure comprehensive initial NSPs are developed.

- Staff receives NSP training to ensure comprehensive updated NSP are developed.

- Children attend school daily, as required, and the necessary services to assist the children in improving academic performances and attendance are provided.

- Children's follow-up dental examinations are timely and documented in their case files.

- All children make progress toward achieving NSP goals and that is documented in NSPs for children placed at least 30 days.

Based on OHCMD's follow-up, the Group Home did not implement two previous recommendations for which they were to ensure that:

- SIRs are appropriately documented, cross reported, and submitted timely to all required parties via I-Track.

- Employees receive all required training timely.

Recommendation

8. The outstanding recommendations from the 2012-2013 monitoring report dated August 15, 2013, which are noted in this report as Recommendations 1 and 8, are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. Towana Bryant, the Group Home Administrator will ensure that staff is trained on the importance of fully complying with SIR documentation, cross reporting, and timely submission via I-Track. Also, that all employees comply with meeting the minimum training requirements. This Group Home will consult with OHCMD and CAD for additional support and technical assistance. We will assess for implementation of recommendations during our next monitoring review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

Fields Comprehensive Youth Services, Inc
Corrective Action Plans for Contract Compliance
County of Los Angeles Department of Auditor Controller
Children's Group Home Ombudsman Division

May 14, 2014

I. <u>Licensure/Contract Requirements</u>

#4 Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely? (Safety): An incident (two school suspensions) in minor's file that should have been submitted to OHCMD and required parties via I-track, but were not.
Future plan to ensure Special Incident Reports (SIR's) appropriately documented and cross-reported:

Corrective Action Plan:
In addition to the reporting requirements in Title II, Division 6 Chapter1, Section 80061, and Chapter 5, Section 84061, all reportable incidents are currently being submitted via the I-track web-based system to Probation, DCFS and all other required parties. All employees will receive additional reiteration training on the LA County DCFS and Probation Special Incident Reporting Guideline for Group Homes procedures specifying type of reportable incidents (to include school suspensions and serious behavior incidents) how, to whom, and when incidents are to be reported and cross reporting via the I-track web based system.

- Plan to prevent reoccurrence: The Supervisor will ensure the Facility Manager are reporting all reportable incidents are properly and timely submitted to Probation, DCFS via I-track web-based system according to the LA County SIR Guideline for group homes including cross reporting to the proper officials/authority

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Managers

#7 Are appropriate and comprehensive monetary and clothing allowance logs being maintained? (Well-being): Discrepancies in monetary allowance log regarding a minor on holiday home pass and did not receive an allowance while he was home pass or upon his return from the home pass
Future plan to ensure all minors receive a weekly allowance whether they are on extended home pass or not:

Corrective Action Plan: Minors on home pass will continue to be included on the allowance sheet and will at least receive the minimal allowance. The allowance will be safeguarded and documented accordingly in the allowance log and upon the minor's return he will receive his allowance and all appropriate signatures will be obtained for proper verification,

- Plan to prevent reoccurrence: The Supervisor will ensure the Facility Manager as well as all staff members are aware verbally and in writing that the above corrective action plan regarding allowance must be adhered to effective immediately.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Facility Managers/Lead Staff

#8 Does the Facility maintain a detailed sign in/out log for placed children? (Safety)
Discrepancies to note, in the current sign in/out log had signatures and entries were left blank, torn pages and one log only had 2 most recent entries.
Future plan to ensure that the sign in/out log for placed minors is accurately utilized by all minors placed (who leave grounds independently) with all appropriate signatures, times, location and contact information (if necessary)

Corrective Action Plan: All staff will receive refresher training on the sign in/out procedure on 5/28/2014. The facility manager will check the sign in/out log every Monday to ensure that the log is being properly utilized and completed. Disciplinary action will be issued if log not being properly utilized by staff and/or monitored by facility managers

- Plan to prevent reoccurrence: The Supervisor will ensure the Facility Managers are checking the sign/in out log weekly and holding staff accountable if they are not adhering to the sign in/out procedures. Supervisor will hold facility managers accountable to ensure the sign in/out log being done consistently and accurately

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor/Facility Mangers

III. Maintenance of Required Documentation and Service Delivered

#21 Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file? (Well-being)
In one minor's file, the was no documented contact with the minor's CSW during 10/13, 1/14, and 2/14
Future plan to ensure there are regular consistent contact with the minor's CSW and/or attempts to contact are well documented in the minor's case file and/or the Quarterly Reports

Corrective Action Plan:
Facility Managers will document all communication and attempts to communicate with the minor's CSW on individual communication sheets and/or County Worker forms which will be kept in minor's case file. Supervisor will review County Social Worker forms and individual communication sheets in the case file weekly at Administrative meetings to ensure Facility Managers and staff are utilizing supporting forms already in place to document phones calls, on grounds visits, emails, and any other correspondents as well as attempted contact with the minor's CSW.

- Plan to prevent reoccurrence: Supervisor will review supporting forms utilized to document all communications with CSWs and review weekly in administrative meetings with the facility managers

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor

IX. Discharged Children

#57 For children placed at least 30 days, did the child make progress toward meeting their NSP goals (Permanency) Two minors were not discharged according to permanency plans, and one minor did not demonstrate progress towards his goals
Future plan to ensure minor continue to make progress toward meeting their NSP goals

Corrective Action Plan:

Ongoing training will continue to ensure all Treatment Team staff has a clear understanding of treatment planning, needs and services plans and documenting progress accordingly and how to remain pro-active in assisting minor with progressing toward goals.
Supporting forms already in place to confirm progress being made, progress not being made, interventions or resources utilized to assist minor in reaching goals and any setbacks. Managers will continue to ensure the supporting forms are being utilized and make sure the information is being properly documented to review with the Clinician regularly. This information will continue to be reviewed by treatment team and minor to address need for modifications and what is needed to achieve the goal. Also to ensure accurate information included on updated Needs and Service Plans the Facility Manager will continue to provide Clinicians with detailed support information and a therapy log will be utilized for staff to write weekly summaries on minor's behaviors, progress, issues, concerns etc. to ensure we all remain on the same page. This will continue to assist Clinicians, the treatment team and the minor to make any necessary adjustments to continue to work towards positive progress towards completing their NSP goals.

- Plan to prevent reoccurrence: The Supervisor will continue to ensure the supporting Group Progress Review forms are utilized and completed properly for the treatment team to review and also to make sure the Clinician continue to receive all pertinent information to determine if minor's are or are not progressing toward Needs and Service case goals and the necessity for adjustments.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or Facility Manager

X. Personnel Records

#63 Do required employees who transport minors, have a valid CA driver's license? (Safety)
Lapse in valid driver's license
Future plan to ensure all employees who transport minors have a valid CA driver's license

Corrective Action Plan:

An employee spread sheet was created to track/monitor expiration dates, required re-certification trainings and/or documents. Employees will be issued timely written notification of re-certification and/or documentations due. Failure to supply the due documentations or attend/participate in the required

trainings will result in employee being removed from the work schedule until such requirements are met timely. All employees failing to adhere will be terminated from our organization.

- Plan to prevent reoccurrence: The Supervisor will continue to communicate with human resources and closely monitor the employee spread sheet to ensure all employees' requirements; trainings and other relevant documentations are kept updated and current..

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or Executive Director

#65 Have appropriate employees received all required training (initial 40 hours training), minimum of one-hour child abuse reporting, CPR, First-Aid, required annual and emergency intervention) (Safety)
Two employees not Pro-Act trained, one staff missing 5.5 hours of initial annual training, one staff had an expired driver's license on file
Future plan to ensure employees receive all required training timely

Corrective Action Plan:
Fields Comprehensive Youth Services' employees will attend the Pro-Act Certification training and become a certified pro-act trainer to prevent delays in the training process and ensure all employees are trained timely. Pro-Act training will be scheduled two times yearly to ensure incoming staff and re-certifications are a part of the normal training schedule.

- Plan to prevent reoccurrence: Staff who are hired in between these trainings will not be in a position to restrain and/or assist with restraining if needed until they are properly certified to do so.

- Person responsible for implementing corrective action: Supervisor and/or Executive Director

- Person responsible for monitoring to ensure corrective action remains implemented: Supervisor and/or Human Resources Department

If you have any questions regarding the above CAP for contract compliance please feel free to contact me at 909 376-4148 or Towana Bryant at 909 945-1318

Respectfully Submitted,

Arby E. Fields
Executive Director