# COUNTY OF LOS ANGELES
# PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

**JERRY E. POWERS**
Chief Probation Officer


October 20, 2015

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **STARSHINE TREATMENT CENTER, INC. (STARSHINE) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Starshine Group Home, operated by Starshine Treatment Center, Inc., in February 2015. Starshine has four (4) sites, located in the Fifth Supervisorial District of San Bernardino County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to Starshine's program statement, its purpose is to treat adolescent males and their families with issues related to abuse, neglect, behavioral and emotional issues and delinquency in a residential setting.

Starshine Treatment Center has four (4), six-bed sites and is licensed to serve a capacity of 24 males, 8-17 years of age. Starshine is also an AB 12 (Non-Minor Dependent) approved facility. At the time of this review, Starshine was serving 10 Los Angeles County Probation children and two (2) children with dual supervision status (Los Angeles County Probation and DCFS), and 12 children from other counties. Based on the sample, the placed children's overall average length of placement was 12 months, and their average age was 17 years.

Seven (7) children were randomly selected for the interview sample, five (5) Probation and two (2) Dual Supervision children. There was one (1) child in the sample who was prescribed psychotropic medication, and his case was reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required

documentation of psychiatric monitoring. Additionally, two (2) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

## SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Starshine, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Starshine was in compliance with seven (7) of the 10 areas of our Contract Compliance Review: "Licensure Contract Requirements", "Facility and Environment", "Education and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", "Personal Rights and Social/Emotional Well-Being", and "Discharge Children".

Although, PPQA/GHM noted deficiencies in three (3) of the 10 areas, there were no egregious finding in any of the areas. Deficiencies noted in the area of: "Maintenance of Required Documentation and Service Delivery", were related to Starshine needing to ensure that all NSP's are developed timely and comprehensive. In the area of "Personal Needs Survival and Economic Well-Being", Starshine failed to ensure that all children are free to spend their allowance as they wish. In the area of "Personnel Records", Starshine needed to ensure that all employees have their required training and that verification of their education/experience is present in their file.

## REVIEW OF REPORT

On April 20, 2015, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Starshine Administrator Cecilia Pace and Executive Director James Pace. Administrator Pace and Executive Director Pace agreed with the review findings and recommendations and were 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).

Starshine Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. 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. 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.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:ed

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Cecilia Pace, Starshine Treatment Center Administrator
Community Care Licensing

# STARSHINE TREATMENT CENTER GROUP HOME
# CONTRACT COMPLIANCE MONITORING REVIEW
# FISCAL YEAR 2014-2015

## SCOPE OF REVIEW

The purpose of this review was to assess Starshine's compliance with the County contract and State regulations and include a review of the Starshine 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, seven (7) placed children; five (5) Probation and two (2) Dual Supervision (supervised by both DCFS and Probation) children were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of this review, one (1) placed child was prescribed psychotropic medication. Their 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) Probation discharged children's files were reviewed to assess Starshine's compliance with permanency efforts. There were no DCFS discharge files available to review since no DCFS children had been discharged during the review period.

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 three (3) areas were out of compliance.

**Maintenance of Required Documentation and Service Delivery**

Seven (7) children's Needs and Services Plans (NSPs), two (2) Dual Supervision and five (5) Probation, were reviewed for completion, accuracy and timeliness of NSPs. Of the seven (7) files randomly selected, 24 NSP's were reviewed; seven (7) initial NSPs and 17 updated NSPs. Of the NSPs reviewed, two youth had initial and updated NSPs that were out of compliance.

- Of the two (2) Initial NSP's reviewed that were out of compliance, one (1) was not completed timely. It was dated 10/4/13 and should have been dated 9/28/13. Additionally, the admission date is documented incorrectly as 11/14/12, when it should've been 8/28/13: however, all throughout the report, there are dates listed that are prior to 8/28/13, so it is unknown what his actual date of admission is. Furthermore, both Initial NSPs had information on pages indicating "For Quarterly Only," also adding confusion as to whether the reports were Initial or Quarterly reports.

- Of the two (2) Initial NSPs reviewed that were out of compliance, both were non-comprehensive under the area "Case Plan Goal". One (1) did not have the correct box checked, in that "Legal Guardianship" was checked, and there is no documentation related to efforts to contact or inquire about child's biological parents. The box for "Family Reunification" should have been checked. The other Initial NSP did not have any box checked, and "Family Reunification" should have been checked as this child's biological parents were present and involved. Additionally, the language in the "Comment" section is not applicable to why a certain box was checked. The "Comment" section is to include justification or support for the "Case Plan Goal". Also, on one there is language under "Reason for Modification of Permanency Plan", and this should always be left blank on an Initial NSP. Furthermore, under "NSP Treatment and Visitation", it is listed for Family Therapy that the child's main support is unknown (no family sessions scheduled), but under "Visitation", both mother and father have clearly had numerous contacts over the phone and face-to-face.

- Of the two (2) Initial NSPs reviewed that were out of compliance, both were non-comprehensive under the area "Concurrent Case Plan Goal". Both have the box "PPLA" checked with no justification as to why "Adoption" or "Legal Guardianship" was not chosen, as these must always be ruled out first before going to "PPLA". The comment section on one reads "it is too early to make any recommendation" when the child clearly has supportive family, and the Concurrent Plan should have been discussed with child and family during this initial period.

- Of the two (2) Initial NSPS reviewed that were out of compliance, both had some goals that were not child-specific and too broad to realistically provide any information as whether the child improved or decreased the behavior making it difficult to determine future progress. For example, one Initial NSP had "Follow the school rules and have good behavior, as well as have no lower than a "C" in all assignments...." The other Initial NSP had "Establish and maintain appropriate boundaries with peers and staff."

- Of the five (5) Updated NSP's reviewed that were out of compliance, one (1) Updated NSP was not completed timely. It was dated 3/4/14 and should have been dated 2/28/14. Two Updated NSPs on this same child have the dates of the Quarterly Reporting period incorrect. One has the dates of 11/28/13 to 2/28/14 and the other has the dates of 3/28/13 to 5/28/14, and the dates of admission are inconsistent.

- Of the five (5) Updated NSPs reviewed that were out of compliance, two (2) on one child were non-comprehensive under the area "Case Plan Goal" in that none of the boxes were checked, and two (2) on another child were non-comprehensive in that two boxes were checked and only the Case Plan Goal of Family Reunification can be chosen since the case is still in the first 12 months.

- Of the five (5) Updated NSPs reviewed that were out of compliance, two (2) on one child had incorrect documentation under "Concurrent Plan Goal". The comment states, "It is too early in his treatment program to make any recommendation", but he had already been in the program 7-9 months and adoption and legal guardianship were still not ruled out under the comment section.

- Of the five (5) Updated NSPS reviewed that were out of compliance, two (2) on one child had some goals that were not child-specific and too broad to realistically provide any information as whether the child improved or digressed in his treatment, which made it difficult determine his progress. For example, both Updated NSPs had "Follow the school rules and have good behavior, as well as have no lower than a "C" in all assignments...." The child was not making progress for the first 6 months, and the goal was not modified with any new interventions implemented. On the last NSP dated 5/5/15, the goal dropped off the NSP with no explanation.

**Recommendation**

Starshine's management shall ensure that:

1. All NSPs are written in a detailed and thorough manner to show that children Progressing Toward Meeting NSP Case Goals

2. All NSP's initial and updated are developed timely.

3. All NSP's initial and updated are comprehensive. The goals provided shall be written in a way that they can be measured.

**Personal Needs/ Survival and Economic Well-Being**

- During the seven (7) child interviews, one (1) child reported that he was not able to spend his allowance freely. The child reported that he is not allowed to purchase food or additional clothing with his allowance.

**Recommendation**

Starshine's management shall ensure that:

1. All children are allowed to spend their allowance as they wish, as long as it does not jeopardize their health and safety or is specified in the NSP.

**Personnel Records**

- During the review of five (5) personnel files, one (1) file was missing their minimum education/experience requirement.
- During the review of five (5) personnel files, one (1) file, on another employee, was missing a copy of their current CPR card.

**Recommendation**

Starshine's management shall ensure that:

1. All personnel files have documentation of their minimum education/experience in the file.

2. All personnel files have documentation of their current CPR card in the file.

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

PPQA/GHM's last compliance report dated June 9, 2014, identified three (3) recommendations.

**Results**

Based on the follow-up, Starshine Treatment Center fully implemented two (2) of the three (3) previous recommendations for which they were to ensure that:

- The facility and environments were free of physical deficiencies
- All children are given the opportunity to plan activities and participate in extra-curricular activities at school

However, the follow-up discovered that Starshine failed to fully implement one (1) part of one of the previous three (3) recommendations, for which they were to ensure that:

- All NSP's are developed timely and are comprehensive. The Group Home did however have the child's signature present on the NSP's, and all NSP's were present in the file.

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

A current fiscal review of Starshine Group Home by the Auditor Controller was not scheduled for the 2014-2015, fiscal year.

**STARSHINE TREATMENT CENTER, INC. GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Starshine, Buckeye**
**1584 Buckeye Street**
**Highland, CA 92346**
**License Number: # 360911127**
**Rate Classification Level: # 10**

**Starshine, 40th Street**
**731 E. 40th Street**
**San Bernardino, CA 92404**
**License Number: # 360910260**
**Rate Classification Level:#10**

**Starshine, Garden Drive**
**2965 Garden Drive**
**San Bernardino, CA 92404**
**License Number: #360910261**
**Rate Classification Level: # 10**

**Starshine, Lynwood Drive**
**1004 E. Lynwood Drive**
**San Bernardino, CA 92404**
**License Number: #366402532**
**Rate Classification Level: #10**

| | **Contract Compliance Monitoring Review** | **Findings: February 2015** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements)<br><br>1. Timely Notification for Child's Relocation<br>2. Transportation Needs Met<br>3. Vehicle Maintained In Good Repair<br>4. Timely, Cross-Reported SIRs<br>5. Disaster Drills Conducted & Logs Maintained<br>6. Runaway Procedures<br>7. Comprehensive Monetary and Clothing Allowance Logs Maintained<br>8. Detailed Sign In/Out Logs for Placed Children<br>9. CCL Complaints on Safety/Plant Deficiencies | Full Compliance (ALL) |
| II | **Facility and Environment** (5 Elements)<br><br>1. Exterior Well Maintained<br>2. Common Areas Maintained<br>3. Children's Bedrooms<br>4. Sufficient Recreational Equipment/Educational Resources<br>5. Adequate Perishable and Non-Perishable Foods | Full Compliance (ALL) |
| III | **Maintenance of Required Documentation and Service Delivery** (10 Elements)<br><br>1. Child Population Consistent with Capacity and Program Statement<br>2. County Worker's Authorization to Implement NSPs<br>3. NSPs Implemented and Discussed with Staff<br>4. Children Progressing Toward Meeting NSP Case Goals<br>5. Therapeutic Services Received<br>6. Recommended Assessment/Evaluations Implemented<br>7. County Workers Monthly Contacts Documented | 1. Full Compliance<br><br>2. Full Compliance<br>3. Full Compliance<br>4. Improvement Needed<br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance |

| | | |
|---|---|---|
| | 8. Children Assisted in Maintaining Important Relationships<br>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation<br>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation | 8. Full Compliance<br>9. Improvement Needed<br>10. Improvement Needed |
| IV | **Educational and Workforce Readiness** (5 Elements)<br>1. Children Enrolled in School Within Three School Days<br>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals<br>3. Current Report Cards Maintained<br>4. Children's Academic or Attendance Increased<br>5. GH Encouraged Children's Participation in YDS/ Vocational Programs | Full Compliance (ALL) |
| V | **Health and Medical Needs** (4 Elements)<br>1. Initial Medical Exams Conducted Timely<br>2. Follow-Up Medical Exams Conducted Timely<br>3. Initial Dental Exams Conducted Timely<br>4. Follow-Up Dental Exams Conducted Timely | Full Compliance (ALL) |
| VI | **Psychotropic Medication** (2 Elements)<br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review | Full Compliance (ALL) |
| VII | **Personal Rights and Social/Emotional Well-Being** (13 Elements)<br>1. Children Informed of Group Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Appropriate Staffing and Supervision<br>4. GH's efforts to provide Meals and Snacks<br>5. Staff Treat Children with Respect and Dignity<br>6. Appropriate Rewards and Discipline System<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend or not Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed About Their Medication and Right to Refuse Medication<br>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)<br>13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) | |
| VIII | **Personal Needs/Survival and Economic Well-Being**<br>(7 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity and Quality of Clothing Inventory<br>3. Children's Involved in Selection of Their Clothing<br>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items<br>5. Minimum Monetary Allowances<br>6. Management of Allowance/Earnings<br>7. Encouragement and Assistance with Life Book | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br><br>5. Full Compliance<br>6. Improvement Needed<br>7. Full Compliance |
| IX | **Discharged Children** (3 Elements)<br><br>1. Children Discharged According to Permanency Plan<br>2. Children Made Progress Toward NSP Goals<br>3. Attempts to Stabilize Children's Placement | Full Compliance (ALL) |
| X | **Personnel Records**<br>(7 Elements)<br><br>1. DOJ, FBI, and CACIs Submitted Timely<br>2. Signed Criminal Background Statement Timely<br>3. Education/Experience Requirement<br>4. Employee Health Screening/TB Clearances Timely<br>5. Valid Driver's License<br>6. Signed Copies of Group Home Policies and Procedures<br>7. All Required Training | 1. Full Compliance<br>2. Full Compliance<br>3. Improvement Needed<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Improvement Needed |

Starshine Treatment Center, Inc.

# (A California Non-Profit Corporation)

## CORRECTIVE ACTION PLAN: 2015

September 13, 2015

**Maintenance of Required Documentation and Service Delivery**

Findings: 1) One client's NSP was late, dated 10/4/2015 but due 9/28/13. Additionally, his updated NSP was also late dated 3/4/2015 but should have been completed by 2/28/15. 2) Additionally, one client's NSP dated 6/23/2015 as well as his updated NSP dated 8/23/2015 did not have measurable goals in the narrative section of the report.

Corrective Action Plan: 1) All reports need to be completed in accord with the required time frames: Administrative assistant to keep track, monitor, and transmit to the social workers/counselors via a computer generated spread sheet due dates and additional tracking information for NSPs and Quarterly Reports for each client. (Please refer to a sample of the computer based document in Appendix A.) 2) Goals need to be measurable in the narrative section of the NSP: While we have imbedded in the NSP report quantifiable ways of measuring progress (Refer to Appendix B), we will add in the narrative section specific detail which states the number of times a target behavior needs to go or has gone from baseline to a specified number identified in the NSP as the "goal." For example: "Client has a difficulty with cursing as he swears on average 10 times a day. His goal for the next month is to go from his baseline of 10 down to 3 times a day."

**NSP: Initial and Updated, Inaccurate Dates and Timely Submission**

Findings: 1) One client's Initial NSP was late, dated 10/4/13 but due 9/28/13. Additionally, the admission date is documented incorrectly as 11/14/12, but should've been 8/28/13 (however all through report, there are dates listed that are prior to 8/28/13 so actual date of admission is unknown). 2) Two clients' Initial NSP's incorrectly had information on pages indicating "For Quarterly Only." 3) One client's Updated NSP was late, dated 3/4/14 but due 2/28/14, and for same client, 2 Updated NSP's have dates of the Quarterly Reporting period incorrect, that of 11/28/13 to 2/28/14 and the other has dates of 3/28/13 to 5/28/14 (and dates of admission are inconsistent).

Cause of Non-Compliance: Human error. Social worker/therapist erred on reports but currently is no longer employed at Starshine.

Implementation Method: The social worker/therapist and the administrative assistant who is responsible for monitoring and reporting the timeliness of the NSPs to the administrator and the executive director, will undergo further training to insure compliance to CCL and L.A. County standards. Also, social worker/therapist will attend trainings offered by L.A. County to ensure reports are meeting standards.

Corrective Action Plan: 1) All reports need to be completed in accordance with required time frames: Administrative assistant to keep track, monitor, and transmit to the social workers/counselors via a computer generated spread sheet due dates and additional tracking information for NSP's and Quarterly Reports for each client. 2) All reports of one social worker/therapist will be reviewed/proof read for errors by the other social worker/therapist to guard to greatest possible against human error.

Quality Assurance (QA) Plan to Maintain Compliance

- On-going in house trainings
- Attend L.A. County training meetings to insure standards are being met

**Case Plan Goal and Co-Current Case Plan Goal**

Findings: Boxes were checked incorrectly relating to Permanency Placement and were non-comprehensive.

Cause of Non-Compliance: Human Error. Lack of comprehension and training regarding this section of Quarterly Report.

Implementation Method: The social worker/therapist will undergo further training to insure Case Plan Goal and Concurrent Case Plan Goal are discussed with the child and family during the Initial 30 day placement period. The Corrective Action Plan for these findings will be implemented immediately.

Corrective Action Plan: All reports of one social worker/therapist will be reviewed/proof read for errors by the other social worker/therapist to guard to greatest possible against human error.

Quality Assurance (QA) Plan to Maintain Compliance

- On-going in house trainings
- Attend L.A. County training meetings to insure standards are being met

**Initial NSP Goals were not child-specific and measurable**

Findings: 1) Two Initial NSPs were both out of compliance, both had some goals that were not child-specific and too broad to realistically provide any information as to whether the child improved or decreased the behavior making it difficult to determine future progress. 2) One Updated NSP had some goals that were not child-specific and too broad to realistically provide any information as to whether the child improved or digressed in his treatment, which made it difficult to determine his progress.

Cause of Non-Compliance: Prior Corrective Action Plan did not meet county standards for correction. Corrective Action Plan (CAP) of April 2015 to implement measurable child-specific treatment goals could not be applied retroactively to Initial and Updated NSPs (from 2013 through April 2014). Social worker/therapist erred on reports but currently is no longer employed at Starshine.

Implementation Method: Both social workers/therapists will undergo further training to insure compliance to CCL and LA County standards and will confer with one another to create more child-specific measurable goals to determine child's progress. The Corrective Action Plan for these findings will be implemented immediately.

Corrective Action Plan: 1) Goals need to be child-specific, measurable, and narrowly tailored. For example, on Initial NSP's and Updated NSP's goal specified as not being in compliance: "Follow the school rules and have good behavior, as well as have no lower than a 'C' in all assignments..." will be changed to be more specific and measurable to state for example to read: "[client's name] will decrease acts of defiance from 4 x's daily in the classroom to 1x daily in the classroom, measured by: Teacher's Reports, Incidents (number reported) and [client's name] will increase his grades from 4 F's to earning 4 C's , Client will attend tutoring 2x weekly for 1 hour sessions. Grades will be measured by weekly school progress reports which are mandated to be turned in each week by [client's name]."

Quality Assurance (QA) Plan to Maintain Compliance

- On-going in house trainings
- Attend L.A. County training meetings to insure standards are being met

**Personal Needs/ Survival and Economic Well-Being**

Findings: One client reported that he was not allowed to spend his allowance as he wished.

Corrective Action Plan: It has always been the rule that the clients can spend their allowance on things that they desire as long as it does not compromise their health and safety and/or violates their terms and conditions of probation or the law of the land. Certain other restrictions may also apply including a required amount specified in their NSP to be saved for their future and, in some cases, money taken out for restitution, the amount of which has been predetermined by court. In order to inform the client of both their rights and responsibilities as it applies to their allowance, Starshine will re-educate them by having them read and sign the attached form found in Appendix C.

**Personal Records**

Findings: After a review of the personnel files, it was determined that one staff member was missing a copy of her CPR certificate and another did not have proof of minimum educational requirements, in this case, a copy of her high school diploma.

Corrective Action Plan: Prospective employees must present documentation that they meet the minimum educational and experience requirements: While a high school diploma is sometimes very difficult for older people to produce, the person that interviews perspective employees will continue to stress that verification of both education and experience is mandatory before they can start working at Starshine. Additionally, the administrative assistant will be responsible for double checking all pre-employment packets prior to the perspective employee commencing work to insure that this requirement is met. The latter will also be responsible for re-checking all current personnel files in order to insure compliance in this matter.

Respectfully submitted,

James B. Pace, Ph.D./CRP

James B. Pace, Ph.D.
Executive Director
Licensed Psychologist
Psy 3845