



CALVIN C. REMINGTON
Interim Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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December 7, 2016

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

FROM: Calvin C. Remington *Felicia Cotton for*
Interim 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 April 2016. 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 dual supervision youth (Probation and Department of Children and Family Services (DCFS) 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 has four (4), six (6) bed sites and is licensed to serve a capacity of 24 boys, 8-17 years of age. Starshine is also an AB 12 (non-minor dependent) approved facility. At the time of the review, Starshine was serving five (5) Los Angeles County Probation children and two (2) children with dual supervision status (Los Angeles County Probation and DCFS). Based on the sample size, the placed children's overall average length of placement was 16 months, and their average age was 18 years old.

Seven (7) children were randomly selected for the interview sample, five (5) Probation and two (2) Dual Supervision children. There were three (3) children in the sample who were prescribed psychotropic medication (all Probation), and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged children's files (all Probation) 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 six (6) of the 10 areas of our Contract Compliance Review: "Facility and Environment", Education and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", "Personal Needs/Survival and Economic Well-Being", "Personnel Records".

Although, PPQA/GHM noted deficiencies in four (4) out of the 10 areas, there were no egregious findings or child safety issues in any of the areas. Three (3) of the four (4) areas are new from last year's review, which means that Starshine remained in compliance with the areas that they were deficient in during the last review period, with exception to one (1) area, "Maintenance of Required Documentation and Service Delivery". In the area of "Licensure/Contract Requirements", Starshine needed to ensure that all vehicles are properly maintained. It was noted, in the area of "Maintenance of Required Documentation and Service Delivery" that Starshine needed to ensure that all NSP's initial and updated are comprehensive. In the area of "Personal Rights and Social/Emotional Well-Being", Starshine failed to ensure that the consequences are fair for all children. In the area of "Discharged Children", Starshine failed to ensure that the children were making progress towards their permanency goals and were discharged according to their permanency goals.

REVIEW OF REPORT

On May 12, 2016, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Starshine's Executive Director, Dr. James Pace and Administrator Cecilia Pace. Both the Executive Director and Administrator 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).

Starshine Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on May 25, 2016, and all deficiencies cited in the CAP were corrected; however, an additional follow up will be conducted for NSPs to ensure the agency's adherence to their CAP in this area. 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.

Each Supervisor
December 7, 2016
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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.

CCR:FC
LCM

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Lori Glasgow, Executive Officer, Board of Supervisors
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, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

Starshine, Buckeye
License Number: # 360911127
Rate Classification Level: # 10

Starshine, 40th Street
License Number: # 360910260
Rate Classification Level: #10

Starshine, Garden Drive
License Number: #360910261
Rate Classification Level: # 10

Starshine, Lynwood Drive
License Number: #366402532
Rate Classification Level: #10

	Contract Compliance Monitoring Review	Findings: April 2016
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
II	<u>Facility and Environment</u> (5 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods 	Full Compliance (ALL)
III	<u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance

	Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 10. Improvement Needed
IV	<u>Educational and Workforce Readiness</u> (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	<u>Health and Medical Needs</u> (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	<u>Psychotropic Medication</u> (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance

	Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	11. Full Compliance 12. Full Compliance 13. Full Compliance
VIII	<u>Personal Needs/Survival and Economic Well-Being</u> (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	Full Compliance (All)
IX	<u>Discharged Children</u> (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
X	<u>Personnel Records</u> (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. <u>All</u> Required Training	Full Compliance (ALL)

**STARSHINE TREATMENT CENTER, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016**

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 Starshine'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
- 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), 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 the review, three (3) placed children were prescribed psychotropic medication (all Probation). Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged children's files (all Probation) were reviewed, to assess Starshine'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.

Licensure/Contract Requirements

During the inspection of the facility vehicles, it was noted that the Garden site

vehicle's tire pressure sensor light was on. This was immediately brought to the Administrator's attention for explanation and repair.

Recommendation

Starshine's management shall ensure that:

1. All facility vehicles are kept in good repair.

Maintenance of Required Documentation and Service Delivery

Seven (7) children's files were reviewed for Needs and Service Plans (NSPs), and of those, only three (3) children's files were reviewed for initial NSPs. The remaining four (4) children were in last year's monitoring sample; therefore, their initial NSP's were not reviewed again. All seven (7) children had Updated NSPs reviewed, and three (3) of the children had only Initial NSPs reviewed due to their current length of stay.

Of the three (3) Initial NSPs reviewed, all three (3) were out of compliance due to the goals not written in a way that were measurable. The goals provided were too general and not child specific. For example, "Increase the use of problem solving techniques to control unhealthy emotional responses".

Of the three (3) Initial NSPs reviewed, one (1) was not comprehensive due to the concurrent case plan goal box not being marked.

Of the seven (7) children's files reviewed, two (2) of the Updated NSPs reviewed, contained signatures and dates that were signed prior to the completion of the actual NSP.

Of the seven (7) children's files reviewed, one (1) of the updated NSP's was missing the Group Home representative's signature, and two (2) other NSP's were missing the concurrent case plan goal box checked. Additionally, the county worker's contact was documented in the incorrect section. All seven (7) of the children's files reviewed had updated NSP's that were deemed not comprehensive due to the goals not being written in a way that were measurable. For example, one goal was written as, "Increase the ability to organize thoughts, stay focused on goals, and increase sustained motivation levels through use of a daily planner". All goals should be child specific, measurable, attainable, realistic, and time orientated.

Recommendation

Starshine's management shall ensure that:

1. All NSPs are implemented and discussed with staff
2. All children are progressing towards meeting their NSP case goals.
3. The county workers monthly contacts are documented.
4. All Initial NSPs, Initial are comprehensive, by ensuring that all boxes are checked and that information is documented in the correct section.
5. All Updated NSPs are timely, comprehensive and with the child's participation.

Personal Rights and Social/Emotional Well-Being

During the child interviews, one child reported that he did not feel like the consequences were fair. The child reported that the consequence received does not fit the action. For example, the child explained that all of the children do not always receive the same consequence. The child stated that if he was to break a rule, he would receive a consequence but if another child was to break the same rule, the staff would not issue the exact same consequence.

Recommendation

Starshine's management shall ensure that:

1. All children understand the discipline policy and feel that it is fair.

Discharged Children

During the review of the four (4) children's discharged files, it was noted that two (2) of the children failed to make progress toward their permanency goal. One child AWOL'd for a day and a half and was not working cooperatively towards his goals, and the other child was acting out sexually at school. Due to these behaviors and posing a danger to the community, Starshine terminated both youth from the program; therefore, the children did not meet their permanency goal of reunification. Although the children were not making progress towards their permanency goal, the Group Home was providing therapeutic services for each child.

Recommendation

Starshine's management shall ensure that:

1. All children make progress towards their permanency goal.
2. All children made progress towards their NSP goals.

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

PPQA/GHM's last compliance report dated October 20, 2015, identified six (6) recommendations.

Results

Based on the follow-up, Starshine fully implemented four (4) of the six (6) previous recommendations for which they were to ensure that:

- All NSP's initial and updated are developed timely
- All children are free to spend their allowance as they wish
- All staff files document the required minimum education/experience
- All staff files document a current CPR card

However, the follow-up discovered that Starshine failed to fully implement two (2) of the previous six (6) recommendations for which they were to ensure that:

- All NSP's are written in a detailed thorough manner to show progress toward meeting their NSP goals.
- All NSP's initial and updated are comprehensive

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Starshine Group Home was completed by the Auditor Controller during the 2014-2015, fiscal year; however, has not been posted to the website.

Starshine Treatment Center, Inc.

(A California Non-Profit Corporation)

November 14, 2016

Ms Pamela Pease

pamela.pease@probation.lacounty.gov

Los Angeles County Probation Department

Los Angeles, California

CORRECTIVE ACTION PLAN

I. Licensing/Contract Requirements-#3: Problem: Tire pressure sensor in the Garden van reported low tire pressure. Cause: Faulty tire pressure sensor. Solution/Implementation: Tire pressure was checked by maintenance personnel who found tire pressure to be within normal operating limits. Vehicle was taken to mechanic the day after the monitor's inspection and the tire pressure sensor was replaced. At no time were the clients in danger due to low tire pressure. Documents regarding replacement of the defective tire pressure sensor was forwarded to the monitor on 5/10/2016. Quality Assurance to insure compliance maintenance: Maintenance supervisor to enhance weekly vehicle maintenance monitoring.

III. Maintenance of Required Documentation and Service Delivery-#23, 24: Problem: Some of the NSP goals, both initial and updated, were not measurable or time limited and as such, did not follow the SMART format. Cause: Protocol not followed, human error, and lack of training. Solution/Implementation: Los Angeles County monitor re-trained lead social worker/therapist regarding SMART. Contrary to CCL guidelines, we learned that the NSP goals are required to be updated every three (3) instead of six months. Monitor explained that a complex system of demonstrating therapeutic progress was not necessary and explained in detail what was expected directly to the lead therapist. The latter indicated that she understood the protocol and that she would now train Starshine's two other therapists the correct method of demonstrating NSP goal progress. Quality Assurance to insure compliance maintenance: Lead therapist will be responsible for monitoring NSP's to insure that they meet standards set by Los Angeles County. Training and monitoring by STC staff commenced on site 5/12/2016 and is ongoing and continuous.

III. Maintenance of Required Documentation and Service Delivery-#23, 24: Problem: Group home representative signature missing on one NSP report. Cause: Human error. Solution/Implementation: Administrative Assistant to be responsible for reviewing all reports to insure that all required signatures, including that of the group home representative, is present as required by L.A. County policy. Quality Assurance to insure compliance maintenance: Enhanced monitoring by Administrative Assistant who will be monitored by the lead counselor.

III. Maintenance of Required Documentation and Service Delivery-#23, 24: Problem: Signing the NSP prior to completion of the same. Cause: Failure to follow Starshine protocol.

Solution/Implementation: Reinstatement and implementation of Starshine's policy/procedure that NSP reports are never signed prior to their completion. Social worker staff, including those that have been out on disability, retrained. Quality Assurance to insure compliance maintenance: The lead social worker/counselor to monitor all NSPs to insure that all aspects meets Los Angeles County standards. Training commenced on 5/15/2016 and is ongoing and continuous commencing at orientation for new counselors.

III. Maintenance of Required Documentation and Service Delivery-#23, 24: Problem: "Case worker" information located in the incorrect section of the NSP. Cause: Human error. Solution/Implementation: Social worker(s) to be retrained by their supervisor. Quality Assurance to insure compliance maintenance: The lead social worker/counselor to monitor all NSPs to insure that all aspects meets Los Angeles County standards. Training started 5/12/2016 and is ongoing and continuous.


III. Maintenance of Required Documentation and Service Delivery-#23, 24: Problem: Some of the NSP's missing a check mark in the "concurrent case plan" box. Cause: Human error. Solution/Implementation: Social worker(s) to be retrained and monitored by their supervisor. Quality Assurance to insure compliance maintenance: The lead social worker/counselor to monitor all NSPs to insure that all aspects meets Los Angeles County standards. Training/monitoring started 5/12/2016 and is ongoing and continuous.

VII. Personal Rights and Social/Emotional Well-Being-#41: Problem: One client out of 7 reported that he feels consequences are not fair. Cause: Client is angry with Starshine, wants more freedom, and appears to be suffering from "short timers syndrome" triggered by upcoming release date. Solution/Implementation: This client will be contacted and a meeting will be set up between him and a representative from administration to further discuss the matter. While this can be a very common complaint for youth placed involuntarily outside their home, STC will work with the youth involved to objectively assess his complaint and take necessary corrective action, if warranted. Quality Assurance to insure compliance maintenance: Client will continue to be seen for weekly individual counseling to monitor and confront his concerns in a fair and proactive fashion.

IX. Discharged Children-#57: Problem: Two L.A. clients during the last 12 months were not making progress towards their NSP goals. Cause: One client left the facility without permission for 1.5 days and the other client sexually acted out at school. Solution/Implementation: Because both clients were considered to be a danger to the community at large, they were terminated from the program. Both received the contracted intensive therapeutic services but neither accepted responsibility for their behavior and consequently, did not make progress in meeting their NSP goals. In the future, Starshine will make every effort to work with each client in terms of meeting and discharging our clients according to their Permanency Plan which will be directed by their CFT. Quality Assurance to insure compliance maintenance: In accord with CARF accreditation standards, Starshine will continue to collect and analyze data throughout the year to determine if our initial client acceptance procedure needs to be enhanced, the historical information sent by the County was incomplete and therefore presented a false picture of the risk that a particular client posed, or that a combination of both factors contributed to the treatment failure. It should

be noted, however, that because of the nature of the youth that Starshine serves, infrequent treatment termination may be necessary for the sake of safety. Starshine recognizes that we have a responsibility not only to the youth that we serve, their families, and the counties that place them, but also to the community at large.

Respectfully submitted,

 *James B. Cole, Executive Director*
Group Home Representative