COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY
DOWNEY, CALIFORNIA 90242
(562) 940-2501

TERRI L. McDONALD
Chief Probation Officer

May 15, 2018

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

FROM: Terri L. McDonald
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 May 2017. Starshine has four (4) sites in San Bernardino County and provides services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children located in the Fifth Supervisorial District. 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-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 Dependents) (NMDs) approved facility. At the time of the review, Starshine was serving two (2) Probation children, one (1) DCFS child, and three (3) NMDs. The overall length of placement was 12 months, and the average age was 18 years old.

Three (3) children were selected for the interview sample: two (2) Probation, and one (1) DCFS. There was one (1) child in the sample who was prescribed psychotropic medication, and his case was reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulation and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Starshine, that they were provided with good care and appropriate and effective services of quality, were comfortable in their environment, and were treated with respect and dignity. Starshine was in compliance with six (6) of the 10 areas of the Contract Compliance Review: Maintenance of Required Documentation and Service Delivery, Education and Workforce Readiness, Health and Medical Needs, Psychotropic Medication, Personal Rights and Social/Emotional Well-Being, and Discharge Children.

PPQA/GHM noted deficiencies in four (4) of the 10 areas, with five (5) deficient elements out of 76 specific elements within each of the 10 areas. Although, there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period was in one (1) of the 10 areas. In the area of "Licensure/Contract Requirements," Starshine needed to ensure that the vehicles used to transport children were well maintained and in good repair. In the area of "Facility and Environment," Starshine needed to make a minor repair to a bedroom wall. In the area of "Personal Needs/Survival and Economic Well-Being," Starshine failed to accommodate a child who was on a special diet. In the area of "Personnel Files," Starshine needed to ensure that all staff has their required training and that all staff meet the minimum education requirements.

REVIEW OF REPORT

On May 24, 2017, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Starshine's Executive Director, Dr. James Pace, and Administrator, Cecilia Pace. Starshine's representatives agreed with the review findings and recommendations, were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

TLM:SEM:FC
PV:tm

Attachments

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

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: May 2017
I	**Licensure/Contract Requirements** (8 Elements)	
	1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) complaints on child abuse/safety and/or physical deficiencies since the last review.	1. Full Compliance
	2. Vehicles used to transport children are maintained in good repair.	2. Improvement Needed
	3. Disaster drills are conducted at least every six months and documented.	3. Full Compliance
	4. The runaway policy is documented and properly maintained.	4. Full Compliance
	5. Detailed sign-in/out logs are maintained.	5. Full Compliance
	6. Weekly allowance logs are accurately maintained.	6. Full Compliance
	7. Monthly clothing allowance logs are accurately maintained.	7. Full Compliance
	8. SIRs documented in the NSPs and case files being properly reported via the I-track system.	8. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. The exterior and the grounds of the Group Home are well maintained.	1. Full Compliance
	2. Common quarters are well maintained.	2. Full Compliance
	3. Children's bedrooms are well maintained.	3. Improvement Needed
	4. The Group Home maintains adequate recreational equipment and educational resources in good repair and makes them readily available to children.	4. Full Compliance
	5. The Group Home maintains adequate nutritious perishable and non-perishable foods.	5. Full Compliance

III	**Maintenance of Required Documentation and Service Delivery** (3 Elements) 1. The initial NSP was completed accurately and on time. 2. The Updated NSPs were completed accurately and on time. 3. The Group Home provided children with counseling and other services (based on current NSPs).	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
IV	**Educational and Workforce Readiness** (3 Elements) 1. Children are enrolled in school within three school days. 2. The Group Home ensures the children attend school as required. 3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of IEPs are maintained in their files.	Full Compliance (All)
V	**Health and Medical Needs** (4 Elements) 1. Initial medical exams are conducted timely. 2. Initial dental exams are conducted timely. 3. Required follow-up medical examinations are conducted timely. 4. Required follow-up dental examinations are conducted timely.	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court-Approved Authorizations are on file. (Including accurate dosage) 2. Psychiatric Evaluation/Reviews (561c) are current.	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (18 Elements) 1. Children are informed of the Group Home's rules and consequences. 2. Children report the consequences for not following the rules are fair. 3. Children are informed of the Foster Youth Bill of Rights.	Full Compliance (All)

	4. Children participate in the development of their NSPs. 5. Children are supervised by staff. 6. Children are treated with respect. 7. Children feel safe in the Group Home. 8. Children have an adult they can talk with privately. 9. Children are allowed to have private telephone calls and to send and received unopened mail. 10. Children have privacy during the visits with family or close friends. 11. Children are offered to participate in mentorship program. 12. Children are allowed to attend or not attend religious services of their choice. 13. Children are given the opportunity to participate in planning recreational activities with the staff. 14. Children are given the opportunity to participate in recreational activities at the Group Home. 15. Children are given the opportunity to participate in extracurricular or community activities. 16. Children's chores are reasonable. 17. Children are informed about their rights to medical and dental treatment (right to refuse). 18. Children are informed about their right to refuse psychotropic medication.	
VIII	**<u>Personal Needs/Survival and Economic Well-Being</u>** (16 Elements) 1. Children are provided with medical care when needed. 2. Children are provided with dental care when needed. 3. Children are provided with transportation. 4. Children are encouraged and supported by staff in keeping a Life Book. 5. Children are assisted by adults in completing schoolwork when help is needed. 6. Children are provided with youth development or daily living skills services. 7. Children are provided with their own personal hygiene items. 8. Children get enough food to eat. 9. Children with special diet needs are provided with accommodations by the staff.	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed

	10. Children receive at least the basic weekly allowance. 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items.	10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance 16. Full Compliance
IX	**Discharged Children** (3 Elements) 1. The Group Home placed the child in accordance with their program statement and population criteria. 2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care. 3. The Group Home attempted to stabilize the child's placement prior to requesting a removal.	Full Compliance (All)
X	**Personnel Records** (14 Elements) 1. Staff signed a criminal record statement (LIC 508) prior to or on hire date. 2. Staff received criminal clearance from CCLD prior to hire date. 3. Staff received medical clearance within 1 year prior to hire date or within seven days after hire date. 4. Staff received TB clearance within 1 year prior to hire date or within seven days after hire date. 5. Staff met educational and/or experience requirements in accordance with the agency's program statement and Title 22. 6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgement. 7. Staff had current California driver's license on file. 8. Staff had current CPR certification on file. 9. Staff had current First Aid certification on file. 10. Staff received initial emergency intervention training (e.g. Pro-ACT).	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance

	11. Staff received initial 24-hour training (8 hours prior to supervision and 16 hours within 90 days of hire).	11. Full Compliance
	12. Staff has current emergency intervention training on file (e.g. Pro-ACT).	12. Full Compliance
	13. Staff received 20 hours of on-going training.	13. Improvement Needed
	14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.	14. N/A

STARSHINE TREATMENT CENTER INC., GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017

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, three (3) placed children, two (2) Probation and one (1) DCFS, 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, one (1) placed child was prescribed psychotropic medication. His case file was reviewed to assess for the timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged children's files 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 van located at Starshine's 40th Street, Site-2, was missing the cup holder in the 2nd row. This

could be an issue as children can hide prohibited items in the open space; however, it did not affect the safety of the overall vehicle.

Recommendation

Starshine's management shall ensure that:

1. All vehicles used to transport children are maintained in good repair.

Facility and Environment

An inspection of the interiors of Starshine revealed a minor cosmetic deficiency that requires correction.

At Starshine's Lynwood, Site-4, there was a small hole in the wall where a poster board was removed.

Recommendation

Starshine's management shall ensure that:

1. All Children's Bedrooms are maintained in good repair. The small hole in the wall at the Lynwood site needs to be repaired or the poster board replaced.

Maintenance of Required Documentation and Service Delivery

Three (3) children's files were reviewed for Need and Services Plans (NSPs), and all three (3) children were placed long enough to have both Initial and Updated NSPs in their file. Due to the fact that two (2) of the children had been there for over one year and their Initial NSPs were reviewed previously, only their Updated NSPs were reviewed. Therefore, one (1) Initial NSP was reviewed, and nine (9) Updated NSPs were reviewed.

The one (1) Initial NSP reviewed was not comprehensive in that the Concurrent Case-Plan goal section was completed incorrectly. The box for "PPLA" was checked without any narrative of how Adoption and Legal Guardianship had been explored and either identified as the Concurrent Plan or why it was ruled out. The narrative section does not discuss that any Family Finding efforts were made to identify others to connect the child to since it was made clear that he could not return home at this time. Additionally, under two sections that noted "Quarterly Only", there was detailed information in both sections that should have remained blank. Some of the goals were not developed and written with the youth and in SMART format, for example, "will channel his energy into

productive, healthy directions," or "increase self-esteem and attention-seeking in healthy ways." Lastly, the signature page is missing the parents' signatures, and there is clear indication that both parents are involved and have routine visitation.

Of the nine (9) children's Updated NSPs reviewed, none of them were comprehensive in that the Concurrent Case-Plan goal section was completed incorrectly. The box for "PPLA" was checked without any narrative of how Adoption and Legal Guardianship had been explored and either identified as the Concurrent Plan or why it was ruled out. The narrative section does not discuss that any Family Finding efforts were made to identify others to connect the child to since it was made clear that he could not return home at this time. Additionally, two (2) of the nine (4) Updated NSPs did not have any information in the narrative section under Concurrent Case-Plan Goal. Lastly, none of the NSPs had the parent's signatures, even though the parents were involved in the case plan and visitation was occurring.

Recommendation

Starshine 's management shall ensure that:

1. Initial NSPs are comprehensive in that they are completed accurately.
2. Updated NSPs are comprehensive in that they are completed accurately.

Personal Needs/Survival and Economic Well-Being

During the child interviews, one (1) child reported that he was on a special diet and the Group Home was not accommodating to his dietary needs. The child reported that he was vegan, and the Group Home was not providing vegan food for him to eat. As a result, the child reported that he returned to a traditional diet.

Recommendation

Starshine's management shall ensure that:

1. All children with special dietary needs are accommodated by the Group Home staff.

Personnel Files

A review of five (5) staff files revealed the following deficiencies:

- One (1) staff file was missing verification of education or experience.

- Three (3) staff files were missing verification of the required 20 hours of ongoing training, which should include Commercial Sexual Exploitation of Children (CSEC) and Developmental Disability (DD) training.

Recommendation

Starshine's management shall ensure that:

1. All staff have verification of the required minimum education or experience.

2. All staff have the required on-going training, which includes CSEC and DD training.

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

PPQA/GHM's last compliance report dated December 7, 2016, identified nine (9) recommendations.

Results

Based on the follow-up, Starshine fully implemented seven (7) of the nine (9) previous recommendations for which they were to ensure that:

- NSPs were implemented and discussed with staff
- All children were progressing toward meeting NSP Case Goals
- All County Workers monthly contacts were documented
- An appropriate rewards and discipline system was in place
- All children understand the discipline policy and feel that it is fair
- All children were discharged according to their Permanency Plan
- All discharged children make progress towards their NSP and permanency goals.

However, the follow-up discovered that Starshine failed to fully implement two (2) of the previous nine (9) recommendations for which they were to ensure that:

- All facility vehicles are kept in good repair. Although Starshine remains deficient in this area again, the Group Home did make the necessary repairs to the vehicle sited in last year's monitoring report. The issue with the current year does not impact the safety in transporting the children.
- All Initial NSPs are developed in a timely and comprehensive manner with Child's Participation

- All Updated NSPs are developed in a timely and comprehensive manner with Child's Participation

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 2016-2017, Fiscal Year.

STARSHINE TREATMENT CENTER, INC.
1255 E HIGHLAND AVENUE, SUITE 216
SAN BERNARDINO, CA 92404
(909) 882-7978 Phone
(909) 882-1282 Fax

June 19, 2017

Los Angeles County
Group Home Monitoring Review Exit Summary
Corrective Action Plan

Attn: Ms. Ratasha Smith

We are submitting our CAP for Starshine Treatment Center's Group Home Monitoring Review of 2016.

1) Section I. Licensure/Contract Requirements –
   Finding: 40th (Site-2) Van cup holder in the 2nd row needs to be replaced.
   Cause: The clients tend to play with objects that are not bolted down.
   Resolution: A cup holder was ordered and replaced in the 40th Street van. Attached is the order confirmation dated May 23, 2017.
   Implementation: During the weekly van checks a section will be added to the vehicle check off list to include "check cup holders". This will be implemented as of August 14, 2017.
   QA Plan: The clients will be asked not to remove the cup holders. Our vans receive a weekly inspection so this will be a part of our inspection to ensure that all cup holders are in the vans. The facility administrator will also check the vehicle check log weekly.
2) Section II. Facility and Environment –
   Finding: Lynwood (site-4) Needs to fill the hole in bedroom #2 or replace the poster board.
   Cause: Pictures were previously hung in that area and the holes were not filled in.
   Resolution: The poster board was replaced at our Lynwood Facility in Room #2. Pictures are attached which show the replaced board, as well as, a picture of the board decorated.
   QA Plan: The facility managers will inspect their facilities daily and inform the on duty handyman that a repair is needed. The repairs will take place within 24 hours aside from weekends.

3) Section VIII. Personal Needs/Survival and Economic Well-Being –
Finding: Client was on a vegan diet but the Group Home was not accommodating his needs so he changed to a regular diet.
Cause: Starshine was accommodating this client's diet.
Resolution: Attached are receipts to verify that client did in fact purchase food separately to accommodate his vegan diet. Also attached is an incident report written by Facility Manager stating that it was for "personal reasons" that the client no longer required a vegan diet.
QA Plan: STC will continue to accommodate and meet each of our client's needs. Every other week our director, James Pace, meets with a house representative from each facility and are able to bring any concerns to that meeting. All Starshine clients are aware of Starshine complaints procedures and they are able to request to speak with any of our administrators and/or executive director, at any time. This is a policy that has/was implemented at the time of this complaint.
4) Section X. Personnel Files –
Finding: Staff was missing her proof of education. Several staff were missing CSEC and DD training. Staff was missing her annual training only had 3.25 hours of training documented for 2016 and was also missing CSEC and DD training.
Cause: Staff files were not up to date as is required.
Resolution: Attached is a letter from Colton Joint Unified School District confirming that staff did in fact graduate in 1988 with a diploma. Also, attached are the signed forms that staff will complete. All required training each year and more specifically the Commercial Sexual Exploitation of Children and Developmental Disabilities which was completed by May 30, 2017. Starshine CCWS will ensure that we are in compliance with all required staff training.
QA Plan: 1) For all STC staff trainings we have hired a person to assist in tracking/documenting the trainings so that we are better informed and up to date on staff trainings. All staff files will be checked quarterly as well – this will serve as a back-up system which has been implemented as of June 19, 2017.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Finding: Concurrent Case-Plan goal section was completed incorrectly. Specifically, the box for "PPLA" was checked without any narrative of how Adoption and Legal Guardianship had been explored and either identified as the Concurrent Plan or why it was ruled out. The narrative section did not discuss any Family Finding efforts for youth who could not be returned to their parents.

Cause: Clinicians unaware of STRTP requirements regarding concurrent case-plans.

Resolution: Clinicians will undergo additional training regarding STRTP standards in this area.

Finding: Under two sections that noted "Quarterly Only", there was detailed information in both sections that should have remained blank.

Cause: Clinician error.

Resolution: Feedback will be given to clinicians along with subject specific training.

Finding: Some of the goals were not developed and written with the youth.

Cause: Clinicians error.

Resolution: Clinicians will be given additional training in this area.

Finding: Some of the goals were not written using the SMART format.

Cause: Clinicians error.

Resolution: Clinicians will be reminded that they must use the SMART format when writing goals.

Finding: The signature page is missing the parents' signatures, even though some parents were actively involved as evidenced by family therapy sessions and routine visitation.

Cause: Failure on the part of both the clinician completing the NSP and the administrative assistant who is supposed to provide a final check to determine if the NSP is comprehensive and complete.

Resolution: Clinicians and administrative assistant to undergo retraining in this area.

In general, Starshine's management shall ensure that Initial and updated NSPs are comprehensive and completed accurately.

Please let me know if there are any further questions.

Sincerely,

James B. Pace, Ph.D.
Executive Director