County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

October 27, 2015

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

From: Philip L. Browning
Director

Cynthia McCay Miller for

STAR VIEW CHILDREN AND FAMILY SERVICES COMMUNITY TREATMENT FACILITY FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a fiscal and contract compliance assessment of Star View Children and Family Services Community Treatment Facility (the CTF) in October 2014. The CTF has one site located in the Fourth Supervisorial District and provides services to DCFS placed children, as well as children from other counties. According to the CTF's program statement, its stated purpose is, "to provide an organized and structured multi-disciplinary treatment program for youth who cannot be safely maintained in family homes or lower level group home care because of the severity of their emotional and behavioral problems and very high risk behaviors."

The CTF is licensed to serve a capacity of 40 male and female children, ages 11 through 17. At the time of the review, the CTF served 24 placed DCFS children, as well as 12 children placed through various counties. The placed children's average length of placement was 4 months and their average age was 17.

SUMMARY

CAD conducted a fiscal compliance assessment, which included an on-site review of the CTF's financial records, such as financial statements, bank statements, check register, and personnel files to determine the CTF's compliance with the terms, conditions, and requirements of the CTF contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The CTF was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; and Payroll and Personnel.

CAD noted deficiencies in the areas of Cash/Expenditure, related to bank reconciliations having outstanding items for longer than six months.

During CAD's contract compliance review, the interviewed children generally reported: having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity. One child reported not feeling safe with the other youth in the CTF. CAD completed three follow-up visits and this child confirmed feeling safe in the CTF when her home passes (visits to family) began.

The CTF was in full compliance with 7 of 10 sections of our contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations; Maintenance of Required Documentation and Service Delivery, related to not obtaining County Children's Social Worker's (CSW's) authorization to implement the Need and Services Plans (NSPs), not documenting CSW monthly contacts, initial and updated NSPs were not developed timely and did not include the participation of the CTF staff; and Personal Rights and Social/Emotional Well-Being, related to one child reporting not feeling safe, not providing adequate supervision and that the rewards and discipline system are unfair.

Attached are the details of our review.

REVIEW OF REPORT

On December 4, 2014, Rosalind Arrington, DCFS CAD, held an Exit Conference with CTF representatives: Dr. Natalie Spiteri, Administrator, Rob McKinstry, Administrative Coordinator, Andrew Levander, Clinical Director, Dr. Lindsay Watson, Director of Treatment Services, Johnnie George and Susan Blackwell, CTF Program Managers, Dante Antenor, Director of Facilities, Robert Utley, Lead Maintenance Technician, Dana Wyss, Director of Training, Colette Esparza, Director of Quality Assurance, Erica Wicke, Director of Group Services, and Darin Rorrer, Quality Assurance. DCFS staff included: Sherman Mikle, CAD, Mary Nichols, DCFS Treatment Foster Care, and Adelina Arutyunyan, Out-of-Home Care Management Division (OHCMD).

On February 5, 2015, Luis Moreno, DCFS CAD Fiscal held the Fiscal Exit Conference with Gary Barnes, Assistant Chief Financial Officer and Deiadra Kearns, Regional Controller. The CTF representatives were in agreement with the fiscal and contract review findings and recommendations, were receptive to implementing systemic changes to improve compliance with regulatory standards and agreed to address the noted deficiencies in a Fiscal Corrective Action Plan (FCAP).

A copy of this compliance report has been sent to the A-C and CCL.

CAD conducted a follow-up visit to the CTF in March 2015 to verify implementation of the compliance CAP.

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

PLB:EM
LTI:ra

Attachments

c: Sachi Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Kent Dunlap, Executive Director, Star View Children and Family Services
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

STAR VIEW CHILDREN AND FAMILY SERVICES
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 – 2015

SCOPE OF REVIEW

The fiscal compliance assessment included a review of the Star View Children and Family Services Community Treatment Facility (the CTF) financial records for the period of June 30, 2013 through August 30, 2014. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register, and personnel files to determine the CTF's compliance with the terms, conditions, and requirements of the CTF contract with the Department of Children and Family Services (DCFS), the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site fiscal compliance assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The CTF was in full compliance with 4 of 5 areas of the fiscal compliance assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Cash/Expenditures

- Bank Reconciliations had outstanding items for longer than six months.

Recommendation:

The Agency's management shall ensure that:

1. Bank Reconcillations are resolved timely.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review has not been conducted by the Auditor-Controller.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the CTF will be conducted in County Fiscal Year 2015-16.

STAR VIEW CHILDREN AND FAMILY SERVICES COMMUNITY TREATMENT FACILITY
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4025 West 226th Street
Torrance, CA 90505
License #197803340
Rate Classification Level: Community Treatment Facility

	Contract Compliance Monitoring Review	**Findings: October 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. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (All)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
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. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Improvement Needed
	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	9. Improvement Needed

	NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and 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 Nutritious 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. Children's 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 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children 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	Full Compliance (All)

STAR VIEW CHILDREN AND FAMILY SERVICES COMMUNITY TREATMENT FACILITY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the October 2014 review. The purpose of this review was to assess Star View Child and Family Services Community Treatment Facility's (the CTF's) compliance with its County contract and State regulations and included a review of the CTF'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, seven placed children were selected for the review. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the CTF's compliance with permanency efforts. At the time of the review, five of seven sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five CTF staff files for compliance with Title 22 regulations and County contract requirements and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citations.

CCL cited the CTF on April 9, 2014, as a result of deficiencies and findings noted during an investigation for an incident that occurred on March 17, 2014. According to the report, CCL substantiated two personal rights violations related to two male youth that engaged in sexual behavior, as a result of lack of supervision. CCL reviewed the video and confirmed the incident occurred. The CTF representative admitted that another staff should have been

present in the room. CCL requested a Plan of Correction (POC) within two weeks to address appropriate staff supervision. CCL cleared the POC on June 17, 2015.

CCL cited the CTF on April 10, 2014, as a result of deficiencies and findings noted during an investigation for an incident that occurred on March 12, 2014. According to the report, CCL substantiated the allegation for the lack of supervision when a shift leader opened up a patio back door, due to complaints from the children being too hot. The staff went to the staff station to retrieve an item, leaving the child in the dayroom unsupervised for five to seven minutes. Consequently, two youth were absent without official leave (AWOL) from the facility from an unsecured tarp. The staff admitted to leaving the children unsupervised and resigned from the program. The CTF was also assessed and fined for a civil penalty of $150 for the repeated violation of the same Title 22 regulation subsection within a 12-month period. CCL cleared the POC on April 16, 2014. Out-of-Home Care Investigation Section (OHCIS) requested a Corrective Action Plan (CAP) requiring the CTF to ensure the overhead tarp will be secured at all times. OHCIS approved the CAP on August 12, 2015.

CCL cited the CTF on May 2, 2014, as a result of deficiencies and findings noted during an investigation for a Case Management–Self Reported Incident visit. According to the report, CCL substantiated a personal rights violation related to staff #1 who shoved and/or pushed the child in the time out room after a verbal dispute took place in the child's bedroom and staff #2 lifted his hand toward the child while in the time out room. Staff denied any inappropriate behavior; however, CCL reviewed the video and confirmed the incidents occurred. Staff #1 was terminated and staff #2 was initially suspended, but returned and received a counseling/warning letter. CCL requested a POC from the CTF to include verification that the staff were re-trained in emergency intervention techniques and on group home policies, related to how to document incidents and report the incidents to management. CCL cleared the POC on May 28, 2014.

CCL cited the CTF on June 25, 2014, as a result of deficiencies and findings noted during an investigation for an incident that occurred on February 28, 2014. According to the report, CCL substantiated the violation when it was discovered that the CTF staff did not report an incident that occurred on February 26, 2014, involving three children that resulted in CTF staff having to restrain two children from attacking a third child. This incident should have been reported as required by Title 22 regulations and the DCFS Special Incident Report (SIR) guide for CTFs. CCL requested that the CTF submit a report for the incident that occurred on February 26, 2014, including the names of all children and staff involved. The POC included re-training staff on reporting requirements. CCL cleared the POC on July 24, 2014.

CCL cited the CTF on June 25, 2014, as a result of deficiencies and findings noted during an investigation for an incident that occurred on March 7, 2014. CCL substantiated a personal rights violation when the child did not receive appropriate medical attention for her injuries after being involved in an incident with peers. Staff reported that the child was hit in the face several times by her peers. CCL requested a written POC to ensure that children receive medical care after injuries and/or restraints and to submit verification that staff have been trained on the procedures. CCL cleared the POC on May 8, 2015.

CCL cited the CTF on June 26, 2014, as a result of deficiencies and findings noted during a CCL case management visit along with a complaint investigation. CCL substantiated a

personal rights violation when it was discovered during a substantiated DCFS investigation on June 6, 2014, that a video showed the child was roughly taken down to the ground from behind by at least six staff during the restraint. As part of the approved CAP submitted to OHCIS, the CTF agreed to strengthen its nursing assessments, especially after physical restraints and to initiate in-service trainings and provide Pro-ACT Response training. Two staff confirmed being injured during the restraint. CCL requested a POC from the CTF to submit verification that staff has been re-trained on emergency intervention. CCL cleared the POC on July 9, 2014.

CCL cited the CTF on July 25, 2014, as a result of deficiencies and findings noted during a CCL case management deficiencies visit in conjunction with a complaint investigation. CCL substantiated a Personal Rights violation when a staff member gestured to hit a child in response to her aggression towards him. After the incident, the staff member left the cottage, turned in his keys and left the facility. According to the report, the staff member never returned to the program and resigned effective April 23, 2014. CCL also requested a POC from the CTF to submit verification that staff have been re-trained on children's personal rights and on how to handle the situation more effectively. CCL cleared the POC on August 27, 2014.

CCL cited the CTF on September 25, 2014, as a result of deficiencies and findings noted during an investigation for an incident that occurred on May 2, 2014. Child #1 was restrained and injured during the incident. The SIR was submitted via I-Track database and cross reported to the DCFS Children's Social Worker (CSW) and OHCIS on May 5, 2014. OHCIS found the allegations of abuse by CTF staff on two children to be inconclusive for one child and unfounded for the other child. OHCIS requested a CAP requiring SIR training to ensure all information regarding involved staff for any given incident is included. According to the CCL report, the deficiency was cited since the staff did not report the incident to CCL per Title 22 regulations. CCL requested a POC from the CTF to submit a copy of the report to CCL through I-Track database and include the CTF's investigation findings. CCL cleared the POC on October 22, 2014.

Recommendation:

The CTF's management shall ensure that:

1. The CTF is in compliance with Title 22 regulations and free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- The CTF did not obtain the DCFS CSW's authorizations to implement Needs and Services Plans (NSPs).

For two NSPs reviewed, the CTF did not obtain the CSW's authorization to implement the NSPs timely. The CTF did not attempt to obtain authorization within the timeframes, nor were there efforts documented in obtaining the CSW's authorization to implement the NSPs.

- The CTF did not document monthly contact with the CSW for two children.

The CTF stated they will ensure there is documentation in all case files of the attempts made to contact the CSW on monthly basis.

- Development of initial NSPs with child's participation was not timely.

The NSPs were not developed within the required timeframes with the participation of the children and they were not signed by the CTF treatment staff on two initial NSPs reviewed.

- Development of updated NSPs with child's participation was not timely.

Although the updated NSPs were developed, two updated NSPs reviewed were not signed by the CTF treatment staff.

The CTF representative stated that the updated NSPs are late because the CTF staff did not understand that the initial NSPs were due in 15 days and the updated NSPs were due 90 days from the date of placement and every 90 days thereafter. For all future NSPs, the CTF will ensure that all NSPs are submitted timely with all required signatures prior to the due dates.

Recommendations:

The CTF's management shall ensure that:

2. The CTF obtains or document efforts to obtain the CSW's authorization to implement the NSPs.

3. County Children's Social Workers monthly contacts are documented.

4. Development of timely, comprehensive, initial NSPs with the child's participation.

5. Development of timely, comprehensive, updated NSPs with the child's participation.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

- One child expressed not feeling safe at the CTF, due to peers being wild and fighting between peers.

- One child stated that there is not sufficient supervision and staff allows peers to hit another child.

- One child reported that the CTF rewards and discipline system are not fair. The child would prefer a different method for consequences and not hands on (physical restraint).

The CTF representative stated that every year, at least one child reports not feeling safe. This is due to the children's aggression during a restraint, which often times results with injury to the child and/or the staff. The children placed at the CTF have a need for the highest level of care due to their mental health and behavioral issues. The CTF stated the one child that

reported all the deficiencies listed above is bi-polar and has a history of aggressive behaviors and making false allegations.

CAD followed up with the child and her primary therapist twice after the compliance review. On January 14, 2015, a CTF representative reported that a CSW interviewed the child with her primary therapist. The primary therapist remarked that the CSW asked the child if she was feeling safe at the CTF and the child reported, "yes, she felt safe here."

During CAD's third follow-up visit to the CTF on May 6, 2015, the child was interviewed again and stated that she feels safe in the CTF now that she is able to go home on passes. She also mentioned that she has no other complaints now and everything is going good for her at the CTF. During the follow-up visit, the CTF also provided documentation which verify that there is appropriate staffing and supervision at all times and the rewards and discipline system are fair.

Recommendations:

The CTF's management shall ensure that:

6. Children feel safe at the CTF.

7. There is appropriate staffing and supervision at all times.

8. The CTF provides an appropriate rewards and discipline system to all children.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD'S) CTF CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated November 7, 2014, identified 31 recommendations.

Results:

Based on CAD's follow-up, the CTF fully implemented 23 of 31 recommendations for which they were to ensure:

- All vehicles in which children are transported are maintained.
- SIRs are submitted timely to all parties via I-Track.
- A detailed Sign In/Out Log is maintained.
- Exterior grounds are well maintained.
- Common areas are well maintained.

- Children's bedrooms are well maintained.
- Children are provided with adequate reading material and access to computers.
- NSPs are implemented and discussed with staff members.
- Children are progressing toward meeting their NSP goals and documentation is maintained in the children's case file.
- The CTF documents the monthly contact with DCFS CSWs.
- Children are assisted in maintaining important relationships.
- Children receive a timely initial dental examination.
- Children are administered medication as prescribed and approved on the current PMA.
- All children are informed of the CTF's policies and procedures and any changes that may occur.
- Children are provided nutritious and palatable meals and snacks at all times.
- Children are treated with respect and dignity.
- Children are free to attend religious services and activities of their choice.
- Children are given the opportunity to plan age appropriate activities.
- Children are given the opportunity to participate in age appropriate activities.
- Children participate in the selection of their clothing.
- Children are encouraged and assisted in creating a Life Book/Photo Album.
- Staff members meet the education and work experience requirements at the time of hire.
- Staff members receive all required training on a timely basis, including certification in CPR/FIRST Aid and Pro-ACT Refresher courses.

Based on the results of the current review, eight recommendations were not implemented:

- The CTF is in compliance with Title 22 regulations and free from CCL citations.
- Efforts to obtain the DCFS CSW's authorization to implement the NSPs are documented.

- The CTF documents efforts to contact the County Children's Social Worker monthly.
- Comprehensive initial NSPs are developed in a timely manner.
- Comprehensive updated NSPs are developed in a timely manner.
- Children feel safe at the CFT.
- There is appropriate supervision at all times.
- The rewards and discipline system are fair.

Recommendation:

9. The outstanding recommendations from the 2013-2014 monitoring report dated November 7, 2014, which are noted in this report as Recommendations 1, 2, 4, 5, 6, 7, 8 and 9 are fully implemented.

A follow-up visit was conducted March 6, 2015, by CAD and the CTF had implemented 7 of 8 recommendations. The CTF has not fully implemented being in compliance with Title 22 regulations and free from CCL citations. CAD will continue to assess implementation of the recommendation during the next monitoring review. OHCMD will provide on-going technical assistance prior to the next review.

Star View Children & Family Services
4025 W. 226th St.
Torrance, CA 90505
(310) 373-4556
(310) 373-2826

March 6, 2015

Star View Children and Family Services, Inc.
Plan of Corrective Action
On site-Fiscal Compliance Assessment: 10/20/14 – 10/24/14
Internal Control Questionnaire (ICQ) received on July 9, 2014

I. FINDINGS: FCAT Section IV –Cash Expenditures
We reviewed bank statements, cancelled checks, check registers, and credit card statements for the months of June, July, and August 2014. The following deficiencies were noted:

Question No. 25
Finding

- The bank reconciliation for June, July, and August showed outstanding items for longer than six months.

FCAP
Effective March 1, 2015 Kelly LaRue, General Staff Accountant, will coordinate with the AP manager to ensure all outstanding checks have been resolved before bank reconciliation is finalized. Deiadra Kearns, Regional Controller will ensure this process is implemented and provide documentation to verify compliance with the FCAP.

Star View Children & Family Services
4025 W. 226 Street
Torrance, California 90505
Telephone: (310) 373-4556
Fax: (310) 373-2826

July 14, 2015

Sherman Mikle
Contracts Administration Division – Contract Compliance Section
Department of Child and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

Dear Mr. Mikle:

CAP Addendum - This letter is in response to your request for **Corrective Action Plans** for the following findings from the **Group Home Monitoring Review Field Exit Summary, DATED 12/04/14**:

I. **Licensure/Contract Requirements: 9. Is the group home free of any Substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?**

9. Although Star View is not free of any substantiated CCL complaints on safety, we have appealed and/or answered all requested Plans of Correction, but have only received clearances for deficiencies given from 05/23/14; 07/10/14; 08/25/14; and 10/03/14. As soon as Star View receives documentation regarding the outstanding appeals and/or POCs, we will forward a copy of the findings along to OHCMD. Star View has taken several new measures to ensure children are not harmed by staff, including improved nursing assessments and thorough supervision of direct care staff. Star View also created a Job Coach position specifically to enhance training for new staff related to personal rights, use of the ARC-model, and dignified verbal interventions. Star View also created a Nursing Department Coordinator, under the direction of the Director of Nursing (DON), to enhance nursing practices and support the role of nursing assessments, documentation and medical responsiveness. This process and system will be monitored by the Director of Nursing, the Director of Training, Clinical Director, and Administrative Coordinator, along with the Administrator to ensure compliance.

II. **Maintenance of Required Documentation and Service Delivery: 16. Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan? 21. Are county workers contacted monthly by the GH and are the contacts appropriately documented in the case file? 23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? 24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?**

16. Star View will ensure that CSW authorization is documented and kept in the client's record. The process of ensuring this area of compliance will be managed by the Clinical Secretary, the Primary Therapist, and the Director of Treatment Services (DTS). The Clinical Secretary will fax and or securely email transmittals of required documents needing signatures. These documents will be submitted to the CSW in a timely manner and the request process will be repeated up to three times at which point the request will be directed to the CSW supervisor to obtain any outstanding CSW signatures.

21. Star View will continue to document all correspondence with CSW's noted in the report. The Primary Therapists who did not follow the established procedure of documentation pertaining to monthly CSW correspondence by group home staff have received disciplinary action and/or resigned from employment. Star View Adolescent Center will continue to ensure that this standard is adhered to by group home staff responsible for this area of compliance. Director of Treatment Services will have primary responsibility for this area of compliance.

23. Star View Adolescent Center will ensure the timely and comprehensive submission of all Initial NSP reports in accordance with Statement of Work Section 2.16 through identification of goals developed with Primary Therapist and client's Treatment Team. In particular, we will ensure that all required dates and updates are included and that we follow the established timelines to completion and submission dates. The Clinical Secretary will use an Excel spreadsheet and input all due dates and send spreadsheet to therapists, the Director of Treatment Services and the Clinical Director. The Primary Therapists, under the supervision of the Director of Treatment Services and Clinical Director, will review each NSP for comprehensiveness, to include proper dates, timeliness and accuracy. Clients will actively be engaged in the creation of their initial needs and service plan as is indicated and if developmentally age appropriate.

24. Star View Adolescent Center will ensure the timely and comprehensive submission of all Quarterly NSP reports in accordance with Statement of Work Section 2.16 through identification of goals developed with Primary Therapist and client's Treatment Team. In particular, we will ensure that all required dates and updates are included and that we follow the established timelines for completion and submission dates. The Clinical Secretary will use an Excel spreadsheet and input all due dates and send spreadsheet to therapists, the Director of Treatment Services and the Clinical Director. The Primary Therapists, under the supervision of the Director of Treatment Services and Clinical Director, will review each NSP for comprehensiveness, to include proper dates, timeliness and accuracy. Clients will actively be engaged in the creation of their quarterly needs and service plan as is indicated and if developmentally age appropriate.

V. Personal Rights and Social /Emotional Well-Being: 37. Do children feel safe in the group home? 38. Does the GH provide appropriate staffing and supervision? 41. Is a fair rewards and discipline system in place?

37. It is Star View's ongoing goal and commitment to provide all children placed in the group home with a sense of safety. Client DS reported that she felt unsafe at times citing that a specific peer's (KW) aggression against her and witnessed peer-to-peer aggression on her dorm was a couple of the reasons. Client DS and each client at Star View is assigned a youth counselor (YC), who serves as their primary contact every shift. The youth counselor is responsible for day-to-day supervision of the milieu that includes, but is not limited to monitoring interactions with peers, managing conflicts with peers, and modeling and assisting with behavioral self-management. A major focus for the primary youth counselor is their assigned client's well-being. The YC checks-in with their client periodically throughout the shift to assess the client's well-being and offer support when needed. If a client reports feeling unsafe, the YC will offer support and process any feelings the client is experiencing. Another area where client safety is assessed, monitored, and processed is in psychotherapeutic sessions with the client's Primary Therapist, who meets with each client weekly for a period of at least an hour. Also, Star View has a client representative, which is also the Clinical Director and he is responsible for handling grievances, including not feeling safe around peers. Our grievance policy provides an opportunity for each client to communicate whenever they feel a need, such as safety is not being met. Additionally, daily Community Meetings also provide a safe and structured forum for clients to address issues and concerns related to the safety and security of the living environment and treatment milieu. Client satisfaction surveys will help to identify areas of clinical attention and client concerns.

38. Star View provides appropriate staffing and supervision, even though one child indicated that she felt unsafe while interviewed. The youth counselor to child ratio is at least 1:5 during AM and PM shift. Although youth counselors are primarily responsible for the day-to-day supervision of the children, the children are also supported by management team members, primary therapists, rehabilitation staff, therapeutic behavioral services staff, and South Bay High School staff throughout the day. Routine weekly staffing meetings occur to ensure appropriate coverage of the dorms and anticipate activities, such court hearings, outings, safety precautions, and appointments are managed with the appropriate staffing supervision in place. Residential Program Managers, under the supervision of the Director of Residential Services, will ensure ongoing compliance related to children's staffing and supervision.

41. There is a fair rewards and discipline system in place to meet the developmental and emotional needs of the children placed at Star View. This rewards and discipline system was designed to consider age, cognitive ability, fairness, and teaching opportunity. There is a continuous effort on the part of staff and managers to review and supervise the execution of rewards and discipline and to modify when needed to best meet the developmental needs and expectations of each individual child. Although not a theme reported by any of the other clients interviewed, additional systems have been put in place to expand the agency's ability