County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 28, 2015

To: Supervisor Hilda L. Solis, Chair
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PLB by Diane Iglesias

STARVIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY QUALITY ASSURANCE REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of Starview Adolescent Center Community Treatment Facility (the CTF) in March 2015. The CTF has one site located in the Fourth Supervisorial District and provides services to County of Los Angeles DCFS placed children, as well as placements from other counties. According to the CTF's program statement, its 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 QAR looked at the status of the placed children's safety, permanency and well-being during the most recent 30 days and the CTF's practices and services over the most recent 90 days. The CTF scored at or above the minimum acceptable score in 8 of 9 focus areas: Permanency, Placement Stability, Visitation, Engagement, Service Needs, Assessment & Linkages, Teamwork, and Tracking & Adjustment. OHCMD noted opportunities for improved performance in the focus area of Safety.

The CTF provided the attached approved Quality Improvement Plan addressing the recommendations noted in this report. In July 2015, OHCMD quality assurance reviewer met with the CTF to discuss results of the QAR and to provide the CTF with technical support to address methods for improvement in the area of Safety.

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

PLB:EM:KR:rds

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Kent Dunlap, Chief Executive Officer, Starview CTF
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

STARVIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY
QUALITY ASSURANCE REVIEW (QAR)
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a Quality Assurance Review (QAR) of Starview Adolescent Center Community Treatment Facility (the CTF) in March 2015. The purpose of the QAR is to assess the CTF's service delivery and to ensure that the CTF is providing children with quality care and services in a safe environment, which includes physical care, social and emotional support, education, and workforce readiness, and other services to protect and enhance their growth and development.

The QAR is an in-depth case review and interview process designed to assess how children and their families are benefiting from services received and how well the services are working. The QAR utilizes a six-point rating scale as a *yardstick* for measuring the situation observed in specific focus areas. The QAR assessed the following focus areas:

Status Indicators:

- Safety
- Permanency
- Placement Stability
- Visitation

Practice Indicators:

- Engagement
- Service Needs
- Assessment & Linkages
- Teamwork
- Tracking & Adjustment

For Status Indicators, the Reviewer focuses on the child's functioning during the most recent 30 day period and for Practice Indicators, the Reviewer focuses on the FFA's service delivery during the most recent 90 day period.

For the purpose of this QAR, interviews were conducted with three focus children, three Department of Children and Family Services (DCFS) Children's Social Workers (CSWs), two CTF staff members, one CTF therapist, and the CTF administrator.

At the time of the QAR, the placed children's average number of placements was two, their overall average length of placement was seven months, and their average age was 16. The focus children were randomly selected. None of the focus children were included as part of the sample for the 2014-2015 contract compliance review.

QAR SCORING

The CTF received a score for each focus area based on information gathered from on-site visits, agency file reviews, DCFS court reports and updated case plans, and interviews with the CTF staff, DCFS CSWs, service providers, and the children. The minimum acceptable score is 6 in the area of Safety and 5 in all remaining areas.

Focus Area	Minimum Acceptable Score	CTF QAR Score	CTF QAR Rating
Safety - The degree to which the CTF ensures that the child is free of abuse, neglect, and exploitation by others in his/her placement and other settings.	6	3	**Marginally Inadequate Safety Status** - The focus children are somewhat avoiding behaviors that cause harm to self, others, or the community but occasionally may present a behavior that has low to moderate risk of harm. Somewhat inadequate protection of the focus children from abuse or neglect exists, which poses an elevated danger of immediate or serious harm for the children. Protective strategies used by the CTF staff may be somewhat limited or inconsistent in reducing risks of harm. In placement and/or in other settings, the focus children may be exposed to occasional intimidation and fear of harm. Safety status is somewhat limited or inconsistent.
Permanency - The degree to which the child is living with caregivers who are likely to remain in this role until the child reaches adulthood, or the child is in the process of returning home or transitioning to a permanent home and the child, the CTF staff, caregivers and CSW, support the plan.	5	5	**Good Status** - The focus children have substantial permanence. The focus children may be transitioning to live with a relative/kin caregiver who has lifelong commitment to the children resulting in a sense of belonging and permanency without a legal plan. DCFS reunification or permanency goals are being fully supported by the CTF.
Placement Stability - The degree to which the CTF ensures that the child's daily living, learning, and work arrangements are stable and free from risk of disruptions, and known risks are being managed to achieve stability and reduce the probability of future disruption.	5	5	**Good Stability** - The focus children have substantial stability in placement and school settings with only planned changes and no more than one disruption. The focus children have established positive relationships with primary caregivers, key adult supporters, and peers in those settings.

Focus Area	Minimum Acceptable Score	CTF QAR Score	CTF QAR Rating
Visitation - The degree to which the CTF staff support important connections being maintained through appropriate visitation.	5	5	**Substantially Acceptable Maintenance of Visitation & Connections** - Generally effective family connections are being sought for all significant family/Non-Related Extended Family Member through appropriate visits and other connecting strategies.
Engagement - The degree to which the CTF staff working with the child, biological family, extended family and other team members for the purpose of building a genuine, trusting and collaborative working relationship with the ability to focus on the child's strengths and needs.	5	5	**Good Engagement Efforts** - To a strong degree, a rapport has been developed, such that the CTF staff, DCFS CSW, parent and the focus children feel heard and respected. Rapports indicate that good, consistent, efforts are being used by the CTF staff necessary to find and engage the focus children, and other key people.
Service Needs - The degree to which the CTF staff involved with the child, work toward ensuring the child's needs are met and identified services are being implemented and supported and are specifically tailored to meet the child's unique needs.	5	5	**Good Supports & Services Needs** - A good and substantial array of supports and services substantially matches intervention strategies identified in the case plan. The services are generally helping the focus children make progress toward planned outcomes. A usually dependable combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory.
Assessment & Linkages - The degree to which the CTF staff involved with the child and family understand the child's strengths, needs, preferences, and underlying issues and services are regularly assessed to ensure progress is being made toward case plan goals.	5	5	**Good Assessment and Understanding** - The focus children's functioning and support systems are generally understood. Information necessary to understand the focus children's strengths, needs, and preferences is frequently updated. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood. Necessary conditions for improved functioning and increased overall well being are generally understood and used to select promising change strategies.

Focus Area	Minimum Acceptable Score	CTF QAR Score	CTF QAR Rating
Teamwork - The degree to which the "right people" for the child and family, have formed a working Team that meets, talks, and makes plans together.	5	6	**Optimal Teamwork** - The team contains all the important supporters and decision makers in the focus children's life, including informal supporters. The team has formed an excellent, consistent working system that meets, talks, and plans together, face-to-face team meetings are held regularly and as frequently as the team may deem necessary, as well as at critical points to develop plans.
Tracking & Adjustment - The degree to which the CTF staff who is involved with the child and family is carefully tracking the progress that the child is making, changing family circumstances, attainment of goals, and planned outcomes.	5	5	**Good Tracking and Adjustment Process** - Intervention strategies, supports, and services being provided to the focus children are generally responsive to changing conditions. Frequent monitoring, tracking, and communication of the focus children's status and service results to the team are occurring.

STATUS INDICATORS
(Measured over last 30 days)

What's Working Now (Score/Narrative of Strengths for Focus Area)

Permanency (5 Good Status)

Permanency Overview: The CTF is providing the services that correspond with the focus children's permanency plans. The CTF demonstrates supportive efforts to reach the permanency plan requested by DCFS. One of the primary goals of the CTF is to work with each placed child to assist them in stabilizing children's behaviors so that the placed children can work toward achieving their permanency goals. The CTF assists the focus children to develop coping skills, decrease negative behaviors, and helps prevent the focus children from engaging in risky or self-harming behaviors. When family reunification is the permanency goal, the CTF involves family members. The CTF therapist, DCFS CSW and the Therapeutic Behavioral Services (TBS) team for those focus children who are receiving TBS services, also work to assist in transitioning the focus children to a less restrictive placement.

The focus children are all aware of their permanency plans and are motivated to do well in order to achieve their goals. The permanency plan for the first focus child is Planned Permanent Living

Arrangement (PPLA). The focus child reported that she is aware of her permanency plan, but she feels that the CTF is not supportive of her achieving her permanency goals. She elaborated on this further by stating that she is serious about participating in group therapy and Independent Living Program (ILP) services, but her peers are not. Her peers are disruptive during group therapy. She feels that the CTF staff does not do enough to get them to stop, and therefore, she does not benefit from those services, which she feels are important for her to achieve her permanency goals.

The second focus child reported that his permanency goal is family reunification with his parents with a concurrent plan of legal guardianship. The focus child reported that the CTF is supporting him by providing the services he needs, which are helping him to become more stable. He understands that before he can return home he needs to stop harming himself, learn new coping skills, and regulate his feelings.

The third focus child reported that he would like to reunify with his mother; however, his permanency plan is PPLA. The focus child's concurrent plan is legal guardianship. All three DCFS CSWs reported that they work with the CTF therapist on a regular basis in efforts to assist the focus children achieve their permanency goals. The DCFS CSWs reported that they stay in communication with the CTF therapist and work together to either reunify the focus child with family if that is the plan or to help the focus children transition to lower level of care.

The focus children reported that they count on their therapist and reported having a good relationship with her.

Placement Stability (5 Good Stability)

Placement Stability Overview: The CTF is providing good stability for the focus children. Two of the focus children have remained placed at the CTF for more than six months. The third focus child has remained placed at the CTF for approximately five months. The intensive CTF services are geared toward stabilizing the focus children and decreasing their self-harming or risky behaviors. In efforts to achieve stability, the CTF is helping the focus children with reducing substance use and preventing running away. The focus children have dramatically decreased runaway episodes, as the CTF is a locked facility. The focus children have been able to make progress towards their goals, as they have remained at the CTF and are available to participate in the treatment services. The clinical director is also available to address any concerns the focus children have.

The first focus child reported that the CTF helps prevent her from doing drugs, as she cannot AWOL from the CTF. She reported that there is staff she can go to, who give her good advice and have prevented her from harming herself. The focus child also shared that she can always go to the clinical director anytime she has concerns about her placement at the CTF.

The second focus child reported that the CTF helps prevent him from harming himself. The focus child reported that he has been working with the CTF therapist on decreasing self-harming behaviors. He shared that he has a good rapport with the CTF therapist, and that the therapist has helped him a lot.

The third focus child reported he feels the CTF has helped him significantly, as he cannot AWOL. However, he also reported that he was bored there.

All three DCFS CSWs for the focus children reported that since the CTF is the highest level of care, they understand that the CTF provides intensive services, works with the children, and does not request to have the children replaced. The DCFS CSWs also reported that they collaborate with the CTF therapist, addressing the children's progress, as well as concerns or issues.

Visitation (5 Substantially Acceptable Maintenance of Visitation & Connections)

Visitation Overview: The CTF is generally effective in maintaining family ties and follows the court orders and the DCFS CSWs' recommendations for each of the focus children. The focus children's visitation plans are fully implemented, and all the focus children have visits with their family members. The CTF is supportive of visitation and encourages the focus children to maintain regular contact with their family members, whenever possible. Visits usually take place on-site at the CTF and are monitored by CTF staff. The CTF staff also encourages the focus children to call their family, as it always helps them with their self-harming behaviors when they speak to their family members.

The first focus child has monitored visits at the CTF with her parents, as well as her maternal grandparents, twice a month. The focus child reported that when she is having a tough day, the CTF staff encourages her to call her family, as it always helps her feel better when she speaks to her family members.

The second focus child has made significant progress at the CTF and has been doing well. Visits with his parents are unmonitored. Recently, off-site visits were approved, and he has four-hour home passes. The focus child reported that he enjoys his visits with his parents and he calls his parents often.

The third focus child has weekly unmonitored visits at the CTF with his mother and siblings. The focus child reported that he also contacts his mother once a day and stated that his visits are fine. The focus child's DCFS CSW reported that she is working with the CTF therapist on obtaining hourly passes for the focus child to visit with his mother off-site, if the focus child's behavior continues to improve. The focus child also has visits with his Alcoholics Anonymous sponsor, who meets with him weekly at the CTF.

All three DCFS CSWs reported that the CTF is doing a good job in facilitating visitation and monitoring the visits for the focus children. They also reported that they have not had any complaints or concerns from family members who visit the focus children.

<u>What's Not Working Now and Why (Score/Narrative of Opportunities for Improvement)</u>

Safety (3 Marginally Inadequate Safety Status)

Safety Overview: Based on the QAR, the CTF provides marginally inadequate safety for the focus children. The focus children placed at the CTF present with a history of behaviors, which include being a danger to self, others, or the community. These displays of behavior place the children at a moderate to high risk of harm. The focus children have a history of severe behavior and emotional problems and may engage in risky behaviors. The CTF is the highest level of care available for the

most vulnerable children; therefore, the highest level of supervision is required to keep the children safe.
The focus children reported feeling unsafe at the CTF for various reasons. One focus child reported that she did not feel safe due to other placed children at the CTF engaging in behaviors that the CTF staff does not see. The focus child reported that placed children go into each other's rooms against the CTF's policy, and staff does not always see this occurring. The focus child also reported that placed children also engage in assaultive behaviors towards other CTF placed children and staff.

Of further concern, the focus children reported that staff engaged in inappropriate behaviors toward placed children, as well as mistreatment of the children placed at the CTF.

The second focus child reported that staff engaged in inappropriate name calling. The focus child shared that he reported an incident to the CTF house manager, who arranged for the staff member not to be around him. However, the inappropriate name-calling continued.

The third focus child reported an incident of alleged physical abuse of a placed child at the CTF by staff. The focus child described an incident in which a staff member entered the focus child's bedroom and slapped the focus child's roommate on the face for allegedly not following directions and calling the staff member inappropriate names.

The quality assurance reviewer contacted the Child Protection Hotline and reported the alleged physical and emotional abuse incidents reported by the focus children. The referral for the incident involving the focus child that was called inappropriate names was generated as "Information to the DCFS CSW." The incident involving the child that was slapped by the staff member was "Evaluated Out", to Law Enforcement, Community Care Licensing (CCL) and Out-of-Home-Care Investigations Section (OHCIS), as the child was a Whittier Unified School District placement and not a DCFS dependent. Both incidents were also reported to the CTF administrator during the QAR. An internal investigation was completed by the CTF and it was determined that the two staff involved in the incident in which the child was slapped, the alleged perpetrator and the CTF nurse who assessed the child and failed to document the incident. The CTF administrator indicated that their decision was going to be to terminate both staff; however, the two staff resigned from their positions prior to the CTF completing their investigation. OHCIS completed a supplementary investigation and determined that the CTF took appropriate disciplinary action, and no further action was required by the CTF. CCL determined that the allegations were Inconclusive with no deficiencies cited.

The CTF submitted 89 Special Incident Reports (SIRs) via the I-Track database during the past 30 days. Incidents involved injuries, self-injurious behaviors, assaultive behaviors by children toward staff or other placed children, psychiatric hospitalizations, physical restraints, law enforcement involvement, suicidal ideation or attempts, medical hospitalizations, and property damage. Eight SIRs involved two focus children. One SIR involved a focus child who had engaged in assaultive behavior toward staff. Seven SIRs involved a second focus child, who had engaged in several incidents of assaultive behavior towards staff and another placed child, and self-injurious behaviors, resulting in physical restraint.

PRACTICE INDICATORS

(Measured over last 90 days)

What's Working Now (Score/Narrative of Strengths for Focus Area)

Engagement (5 Good Engagement Efforts)

Engagement Overview: The CTF makes good and consistent efforts to engage the focus children and key people in the decisions made for the focus children. The CTF ensures to engage the family when they visit the focus children. Two of the focus children reported that they can always talk to the CTF therapist if they need anything. All three of the focus children reported that the CTF therapist and DCFS CSWs have meetings and discuss any issues or concerns that may arise. Although the CTF does a good job in engaging the key people in the focus children's lives, two of the focus children reported that they only count on the CTF therapist, as someone who they can go to at any time. The third focus child reported that he speaks to the clinical director or house manager if he needs to. The focus children did not identify any other staff that they could go to.

The DCFS CSWs for the focus children reported that they have a good working relationship with the CTF therapist, and they maintain regular contact. They also meet with the CTF therapist and the focus children during their monthly face-to-face visits at the CTF. The DCFS CSWs reported that they are happy with the CTF's efforts in engaging all the key people in the focus children's lives.

Service Needs (5 Good Supports & Services)

Service Needs Overview: The CTF provides the focus children with a good and substantial array of supports and services, which match the intervention strategies identified in the case plans. The CTF provides services such as daily individual therapy, day treatment intensive groups, medication support services, which includes seeing the CTF psychiatrist two times a month, family support, and TBS. The CTF therapist helps the focus children with improving their behavior and decreasing incidents of self-harm, and is very committed to working with the focus children.

The first focus child reported that she receives individual and group therapy. She also participates in the CTF's Individual Living Program. The second focus child reported that he also receives individual and group therapy. He is learning new coping skills, is decreasing incidents of self-harming behavior, and is also learning to better manage his emotions. The third focus child reported that he is receiving individual therapy and group therapy. Each of the focus children reported that they are benefitting from the services they are receiving. However, they expressed frustration that the group therapy provided at the CTF was not effective and that they were not fully benefitting from group therapy, as their peers were not serious about their participation and were also disruptive during the sessions, due to not following group participation rules, joking around and being disruptive to the whole group.

The DCFS CSWs reported that the focus children are receiving all the appropriate services they need and that the CTF is doing a good job with the services and resources in place for the focus children. They reported that the focus children have been doing well as their behaviors improved and they have made progress towards their goals.

Assessment & Linkages (5 Good Assessments and Understanding)

Assessment & Linkages Overview: The CTF ensures that the focus children's challenges, trauma and support systems are comprehensively understood. The focus children meet with their therapist twice a week to assess their progress and evaluate their needs. The CTF provides appropriate services and interventions to address focus children's needs and assist them in improving their behaviors and functioning. The CTF provides the therapeutic and support services the focus children and their families need. Because the children placed at the CTF are high-risk for running away, children may not always participate in activities within the community; the special services and activities are offered on-site, such as band, yoga, arts, and poetry groups. The three focus children reported that the CTF therapist has helped them with decreasing their self-harming behaviors.

The CTF therapist communicates the progress of the focus children, as well as any concerns, with the DCFS CSWs to ensure that they are fully aware of the child's status. Based on each focus child's needs, communication and collaboration occurs as often as needed, sometimes, as often as a few time per week between the CTF therapist, DCFS CSW and family members. The services needs and supports are regularly assessed and modified to ensure progress is made toward case plan goals.

Teamwork (6 Optimal Teamwork)

Teamwork Overview: The CTF demonstrates optimal teamwork. The CTF ensures team meetings occur monthly. Team members include the focus children, DCFS CSWs, CTF therapist, TBS team, the CTF's psychiatrist, CTF nursing staff, family members, when appropriate and the clinical director. Discussion at the monthly treatment team meetings include children's progress, case plan and treatment goals.

Each of the focus children reported that they participate in monthly treatment meetings at the CTF. The focus children also knew all of their team members and were happy with how their team collaborates and works cohesively.

The DCFS CSWs are kept informed of the monthly treatment meetings and that the CTF therapist ensures the DCFS CSWs are invited. The DCFS CSWs reported that they have attended the treatment meetings when they are available. They further reported that they have a great working relationship with the CTF therapist, and they meet with the CTF therapist and the focus children on a monthly or as needed basis and work together for the best interest of the focus child. The effective teamwork is evident in the progress the focus children are making toward meeting their case plan and Needs and Services Plan (NSP) goals.

Tracking & Adjustment (5 Good Tracking & Adjustment Process)

Tracking & Adjustment Overview: Interventions, strategies, supports, and services provided to the focus children are generally responsive to changing conditions. The focus children's progress is discussed regularly between the CTF therapist and the DCFS CSWs. The CTF therapist has a great understanding of what is working and not working for the focus children and, as a result, ensures interventions are implemented or modified, in order to meet the needs of the focus children. The CTF therapist works with the team in modifying and/or changing the goals. Adjustments are promptly

made when it is determined that specific services are not producing the desired results and additional services are needed for the focus children.

Two of the focus children reported that they could always go to their therapist who is helpful and assists them when things are not going right. One of the focus children reported that staff at the CTF is not very helpful; however, did not give any examples.

DCFS CSWs reported that they maintain regular contact with the CTF therapist in regards to how the focus children are doing. DCFS CSWs also reported that they receive Needs and Services Plans quarterly and are invited to the meetings as well.

NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT CHALLENGES

In December 2014, OHCMD provided the CTF with technical support related to findings indicated in the 2013-2014 contract compliance review. Technical support and training was provided to the CTF related to SIR reporting guidelines. In January 2015, OHCMD provided the CTF with technical support in regards to SIRs and Title 22 regulations for CTFs. In March 2015, OHCMD provided the CTF with technical support related to issues and concerns regarding inappropriate CTF staff interactions with the placed children.

In July 2015, quality assurance reviewer met with the CTF to discuss results of the QAR and to provide the CTF with technical support to address methods for improvement in the area of Safety. The CTF submitted the attached Quality Improvement Plan (QIP). OHCMD quality assurance staff will continue to provide ongoing technical support, training, and consultation to assist the Group Home in implementing their QIP.

Star View Children and Family Services

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July 30, 2015

Adelina Arutyunyan, MSW
Children Services Administrator I
DCFS-Out-of-Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, CA 91731

Dear Ms. Arutyunyan,

This letter is in response to your **REQUEST FOR A QUALITY IMPROVEMENT PLAN** as a result of the on-site Quality Assurance Review conducted on March 10, 2015.

Star View Children and Family Services will be implementing the following quality improvement plan to address the Safety concerns outlined in your report:

Safety (3 Marginally Inadequate Safety Status)

It was discussed and documented in the exit review with OHCMD and the SVCFS team that there are noted concerns related to areas of safety, staffing, training needs, supervision, and documentation.

It is the continued plan and expectation that all staff treat the children in our care with courtesy, respect and dignity. Improvements include:

- In July 2015, specific attention has been given to the re-alignment and addition of residential managers, who now share the responsibility of staff supervision to better meet the need for safety and observation of how staff interact with children and to increase program oversight.

- Further enhancements were made in May 2015 by reassigning staff to different dorms, changing teams of staff, and restructuring of the new staff with seasoned staff to increase efficacy on the dorms.

- Our new Job Coach that began in early 2015 is helping with oversight, in vivo training, and modeling of our Administrator's vision for new staff during at least their first 90 days. The Job Coach also has reduced staff turnover which leads to increased attachments for the children and supports program stability.

- As of July 2015, all relevant direct care staff have received in-service training on proper documentation and the standard that is expected.

- In July 2015, residential management began facilitating a monthly revolution of weekly team meetings for each dorm, including a leadership meeting. The team and leadership meetings help to provide necessary training, coaching and team building for direct care staff and

floor supervisors that are designed to improve overall safety.

- Our Clinical Director serves as the client representative to address any concerns the children have. If clients have a concern at any time, they are permitted to use the phone to call the client representative or can request to meet directly with available management. Additionally, Primary Therapists meet with their clients at least two times weekly to check in on any concerns they may have related to how they are treated by staff.

The staff who are responsible to ensure these actions are maintained are the Clinical Director, Director of Nursing, Director of Training, Director of Residential Services, and the Residential Program Managers.

Administrative Coordinator, Rob McKinstry and Administrator, Dr. Natalie Spiteri will be responsible for ensuring that this quality improvement plan is implemented.

If you have any questions or need further information, please contact me.

Sincerely,

Natalie Spiteri, Psy.D.
Administrator