COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **STARSHINE TREATMENT CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring Unit (GHM) conducted a review of Starshine Treatment Center in June 2013. Starshine Treatment Center has four (4) sites located in the Fifth Supervisorial District of San Bernardino County and provides services to Los Angeles County Probation and Department of Children and Family Services (DCFS) foster children and youth. According to Starshine Treatment Center's program statement, its purpose is to treat male sex offenders.

Starshine Treatment Center has four (4) six-bed sites and is licensed to serve a capacity of twenty-four (24) boys, ages 8 - 17, and is also an AB 12 (Non-Minor Dependent) certified facility. At the time of review, Starshine Treatment Center served seven (7) Probation children and one (1) DCFS placed child. The placed children's overall average length of placement was 12 months, and their average age was 18 years. All seven (7) placed children were selected for the sample, six (6) Probation children and one (1) DCFS child, and one (1) placed child was prescribed psychotropic medication. This case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, two (2) Probation discharged children's files were reviewed to assess Starshine's compliance with permanency efforts, in that no DCFS children were discharged in the review period, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Starshine Treatment Center and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Starshine Treatment Center was in compliance with seven (7) of the 10 areas of the Contract Compliance Review: Licensure/Contract Requirements; 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.

However, deficiencies were noted in the areas of Facility and Environment, Maintenance of Required Documentation and Service Delivery and Personal Rights and Social/Emotional Well-Being. Starshine Treatment Center needed to ensure the common areas of the Group Home were properly maintained, develop comprehensive Needs and Services Plans, and ensure that all children are allowed to plan and participate in extra-curricular activities.

REVIEW OF REPORT

On July 11, 2013, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Starshine Treatment Center staff James Pace, Executive Director, Cecilia Pace, Administrator and Rita Hill, Child Care Worker Supervisor. Starshine Treatment Center representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their compliance with regulatory standards and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

Starshine Treatment Center provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

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

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
James Pace, Executive Director, Starshine Treatment Center
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

STARSHINE TREATMENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Starshine-Garden
2965 Garden Dr.
San Bernardino, CA 92404
License # 360910261
Rate Classification Level: 10

Starshine-Buckeye
1584 Buckeye St
Highland, CA 92346
License # 360911127
Rate Classification Level: 10

Starshine-Lynwood
1004 E. Lynwood Dr.
San Bernardino, CA 92404
License# 366402532
Rate Classification Level: 10

Starshine-40th
731 E. 40th St.
San Bernardino, CA 92404
License# 360910260
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: June 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

	8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	8. Full Compliance 9. Improvement Needed 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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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 Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication	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. Full Compliance 10. Full Compliance

	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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	11. Full Compliance 12. Improvement Needed 13. Improvement Needed
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**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)

STARSHINE TREATMENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Starshine Treatment Center's compliance with the County contract and State regulations and include a review of Starshine Treatment Center's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, seven (7) placed children were selected for the sample, six (6) Probation children and one (1) DCFS child. Placement Permanency & Quality Assurance, Group Home Monitoring Unit (GHM), interviewed each child and reviewed their case files to assess the care and services they received. Additionally, two (2) Probation discharged children's files were reviewed to assess Starshine's compliance with permanency efforts, in that no DCFS children were discharged in the review period. At the time of the review, one (1) placed child was prescribed psychotropic medication. PPQA/GHM reviewed his case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

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 of care and supervision.

CONTRACTUAL COMPLIANCE

The following three (3) areas were out of compliance.

Facility and Environment

During the inspection of the facilities, it was noted that there was one physical deficiency. Starshine's 40th Street home had mold in the restroom located in the hallway.

Recommendation

1. Starshine Treatment Center management shall ensure that the mold is removed from the restroom.

Maintenance of Required Documentation and Service Delivery

During the review of the children files, it was noted that the child files were missing the Probation Caseworker's signature authorizing the implementation of the Needs and Service Plans (NSPs). Of the seven (7) child files reviewed, one child file did not document the DPO's monthly contact over a three month period. Some of the child files that were reviewed were missing the child's signatures. One child was missing the signature page on one of his updated NSP's, and one (1) NSP that should have been present was also not in the file; therefore, Starshine was out of compliance with developing timely and comprehensive initial and updated Case Plans.

Recommendation

1. Starshine Treatment Center management shall ensure that they document efforts to obtain the DPO/county workers signature authorizing the implementation of the NSP.
2. Starshine Treatment Center will ensure that all updated NSPs have the DPO/county worker's monthly contact documented.
3. Starshine Treatment Center will ensure that all NSPs are developed timely and are comprehensive with the participation of the child, which is indicated by the child's signatures and having all NSP's present in the file, along with the signature page.

Personal Rights and Social/Emotional Well-Being

During the child interviews, one child stated that he is not given the opportunity to participate in planning activities. Another child stated that he is not given the opportunity to participate in extra-curricular activities at school.

Recommendation

4. Starshine Treatment Center management shall ensure the all children are given the opportunity to plan activities and participate in extra-curricular activities at school.

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

PPQA/GHM's did not conduct a Compliance Monitoring Review in the 2011-2012, fiscal year as Los Angeles County Probation recently acquired a new Contract in late 2012. PPQA/GHM will follow-up on recommendations made for this fiscal period (2012-2013) on the following year's report.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller's Office.

Starshine Treatment Center, Inc.

(A California Non-Profit Corporation)

July 30, 2013

Lynwood Regional Justice Center
Attn: SDPO Pamela Pease
11701 Alameda Street
Lynwood, Ca 90262

CORRECTIVE ACTION PLAN

1) Mold in 40th Street bathroom window: Maintenance personnel corrected the problem on the same date that Los Angeles monitor discovered the deficiency.

2) Missing Signatures on NSP/Quarterly and MTD Reports: New "double check" protocol was developed which involves the following sequence: a) Therapists will be directly responsible for getting all signatures including the parent/legal guardian, probation officer, Starshine Treatment Center's (STC) Executive Director, or any other individual involved in the MTD or required on the NSP/Quarterly Progress Report; b) Each Probation Officer will be assigned a file box at STC's corporate office where unsigned MTD, NSP and Quarter Progress documents will be placed. The signature page for those documents which remain unsigned will be again forwarded to the required individual for their signature and/or given to the probation officer when they come to visit their minor. All administrative staff (Administrator, Child Care Worker Supervisor, Executive Director, and the Administrative Assistant) will be responsible for checking the boxes daily to ensure a quick resolution of the problem. Facility Team Leaders will be required to notify administration if they spot a report with a missing signature in their house files. Each attempt by Starshine staff to obtain DPO signatures will be documented in writing either by the Administrative Assistant or the client's social worker/therapist.

3) The STC social workers/therapists will be required to document monthly probation officer contact for their clients.

4) NSP for client dated 11/29/2012 was located (see attached) but was without the required signatures. (Note: STC social workers are attempting to get all of the missing signatures for all of the reports identified during the inspection by Los Angeles monitor.)

5) The opportunity to participate in age-appropriate activities at school and out in the community: Starshine protocol regarding extracurricular activities is as follows: 1) Client must provide a request that they wish to participate in an extracurricular activity; 2) STC social worker must contact Probation Officer to get their approval. 3) If authorization is given, Team Leader

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presents request to STC team/administration with a confirmation that the client is eligible as evidenced by his Level 2 or better status to participate in extracurricular activities. (Because of the nature of the residents we serve, they are not allowed to wander around the community without appropriate adult supervision.) If client is at least Level 3 status and if P.O. has given authorization and if the time of the activity does not interfere with group or individual therapy sessions, client will be allowed to participate in the extracurricular activity. In general, clients will be given more opportunity to provide input as it applies to their social and recreational needs. They will also be given more opportunity to participate in the planning of social and recreational activities. More specifically, each house has elected a Student Representative who is responsible for talking to their constituents in order to get their recommendations for various recreational and social activities. The Student Representatives then present their proposals at the weekly Team Leader meetings in which the administrative/decision-making team (consisting of the four Team Leaders, the Child Care Worker Supervisor, Administrator, and sometimes the Executive Director) are present. The administration staff along with the Student Representatives discuss the proposals and determine if they are reasonable. If found to be viable, all parties put together a plan to implement the proposals including a time line.

Please note that while Starshine sponsors Winter and Summer intermural competitions between the four homes, they are primarily organized by the residents. Specifically, the residents choose their team's captain, determine what sports are to be played during each session, the name of their team, the color and type of jerseys (purchased by Starshine), whether they have their name or a favorite number on the jersey, and how many games are played and the location of the competition. Starshine purchases the revolving trophies for the championship teams which are placed in the winner's group home. Additionally, the residents organize and put on our annual Christmas talent show and participate in the planning of our Summer picnic each year.

Sincerely,

James B Pace

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