COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

November 26, 2014

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM: Jerry E. Powers
Chief Probation Officer

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

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Starshine Treatment Center in June of 2014. Starshine Treatment Center has four (4) sites, in which all four (4) are located in the Fifth Supervisorial District of San Bernardino County. Starshine Treatment Center provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). 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 24 males, 8 - 17 years of age. Starshine is also an AB 12 (Non-Minor Dependent) approved facility. At the time of the review, Starshine Treatment Center was providing care for eight (8) Probation children, two (2) DCFS children, two (2) dually supervised children (Probation and DCFS) and 13 children from outside counties. The placed children's overall average length of placement was 10 months, and their average age was 16.79 years old.

The interview sample size was seven (7) children, five (5) Probation children, two (2) DCFS children. Two (2) children in the sample were on psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to

assess compliance with permanency efforts, 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 five (5) of the 10 areas of the Contract Compliance Review: "Licensure/Contract Requirements"; "Education and Workforce Readiness"; "Health and Medical Needs"; "Psychotropic Medication" and "Personal Needs/Survival and Economic Well-Being".

However, deficiencies were noted in the area of "Facility and Environment", in that, Starshine Treatment Center needed to repair a minor deficiency in one of the bedrooms at the Lynwood Drive site. Additionally, Starshine Treatment Center needed to address the area of "Maintenance of Required Documentation and Service Delivery", in that, the Group Home needs to ensure that all Needs and Service Plans are comprehensive and not missing any information. Deficiencies were also noted in the area of "Personal Rights and Social/Emotional Well-Being", in that, Starshine Treatment Center needed to ensure that all children are allowed to plan activities and participate in extra-curricular activities at school and that the discipline system that is in place is fair. Deficiencies were also noted in the area of "Discharge Children", in that, none of the summaries provided information related to whom the youth was discharged, making it difficult to determine if they were discharged according to their permanency plan. Lastly, deficiencies were noted in the area of "Personnel Records", in that, two (2) of the files reviewed did not document the staff's education requirements by including their high school diploma in the file.

REVIEW OF REPORT

On June 26, 2014, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Starshine Treatment Center Executive Director James Pace, Administrator Cecilia Pace and Child Care Worker Supervisor Rita Hill. Starshine Treatment Center representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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. A follow-up visit was conducted, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid

future deficiencies. Assessment for continued 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:MEP:REB:
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Karen D. Richardson, Out-of-Home-Care Management, DCFS
Leticia Torres-Ibarra, 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-Lynwood
1004 E. Lynwood Dr.
San Bernardino, CA 92404
License# 366402532
Rate Classification Level: 10

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

Starshine-Garden
2965 Garden Dr.
San Bernardino, CA 92404
License # 360910261
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 2014**
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. Full Compliance 3. Improvement Needed 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	7. County Workers Monthly Contacts Documented 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	7. Full Compliance 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance

	10. 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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	10. Full Compliance 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance
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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

STARSHINE TREATMENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

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, five (5) Probation children and two (2) DCFS children. 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. Additionally, three (3) discharged children's files were reviewed during the monitoring, two (2) Probation and one (1) DCFS, to assess Starshine Treatment Center's compliance with permanency efforts. At the time of the review, two (2) placed child were prescribed psychotropic medication, and those case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

Five (5) staff files were also 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 five (5) areas out were out of compliance.

Facility and Environment

- During the inspection of the facilities, it was noted that the Lynwood Drive site needed to repair and/or replace the rollers on the closet door in the bedroom. This was the only deficiency noted out of the four (4) facilities that were inspected.

Recommendation

1. Starshine Treatment Center management shall ensure that the noted deficiency in the children's bedroom is repaired or replaced in a timely manner.

Maintenance of Required Documentation and Service Delivery

During the review of the seven (7) children's files, it was noted that all children had been placed long enough to have both Initial and Updated Needs and Service Plans (NSPs) completed and in their file, except for one file that was missing an Updated Case Plan. Overall, the Initial and Updated NSPs for all seven (7) children met the compliance standards as defined by the Master Group Home Contract. The goals reviewed were specific to each individual child, and the NSP's also documented the children's progress toward meeting their goals. All of the NSP's, both Initial and Updated, were developed timely, and all of the required signatures were present. The only non-compliance factor was related to missing information.

- Of the seven (7) children's files reviewed, none of the Initial and Updated NSPs were comprehensive in that they had missing information. Related specifically to the check boxes for "Case Plan Goal" and "Concurrent Plan", each NSP had either only one of the boxes checked or neither of the boxes checked. Although the narrative clearly detailed each child's case plan goal and concurrent plan related to important people in their lives that would be permanency options if Family Reunification failed, the unchecked boxes resulted in missing information.

- Additionally, there was one (1) child's file where the updated NSP should have been present in the file but was not; however, during the exit interview the Group Home reported that they had provided the child's duplicate file to review, and for some reason that NSP did not make it into that file. They explained that the required updated NSP was always present in his original file and provided a copy as verification. In spite of this one NSP, all Initial and Updated NSPs, including this one, were not comprehensive in that they were missing information due to unchecked boxes.

Recommendation

1. Starshine Treatment Center management shall ensure that all Initial and Updated NSPs are developed in a comprehensive manner by ensuring that all boxes are checked and that all of the children's NSP's are present in the file.

Personal Rights and Social/Emotional Well-Being

- During the child interviews, one child stated that the discipline system that is in place is not fair. He reported that he may have a difference of opinion from staff related to the severity of a rule that he has broken. He indicated that he may view the infraction as small, and the staff may think that is was a severe infraction, which results in a more severe consequence than he was expecting. All of the children reported that, if a rule is broken, the consequence received will

be a drop in level status. Additionally, the Group Home reported that, if a child feels that a consequence is not fair, they have the opportunity to write a grievance or contact the Group Home's on-duty worker, whose responsibility it is to resolve any issues that a child may have. The children also receive an orientation packet upon arrival that is reviewed and signed by the youth that explains the expectations and the consequences. During the monitoring review, a copy of the Group Home's rules and expectations that was signed by this particular youth was found in his file. All of the children reported that, if a rule is broken, the consequence received will be a drop in level status. However, there appears to be a communication issue with this child in that they are not fully aware of the objective process related to the decisions about specific violations and consequences; therefore, more consistent communication and reminders must be implemented.

- Two (2) of the seven (7) children reported that they are not given the opportunity to participate in planning activities. The Group Home has a designated child who meets with the other children in the Group Home weekly to gather ideas for planning activities. The designated child then meets with the Group Home Administrator to present the ideas. Group Home needs to provide consistent communication and reminders on this process.

- One (1) of the seven (7) children interviewed stated that he is not given the opportunity to participate in extra-curricular activities at school. He reported that in order to participate in extra-curricular activities at school, they have to maintain a specific level, but he did not feel that if he achieved the required level the Group Home would allow him to participate. However, at the time of this monitoring review, the youth did not meet the required level necessary to participate. All children are provided with an orientation packet upon arrival that outlines the expectations that must be met before being able to participate in extracurricular activities, and this youth had a signed copy of this packet in his file. The Group Home reported that, if a child wants to participate in extracurricular activities, they have to submit a request form, which is reviewed by the Administrative staff. A child has to maintain an appropriate behavior and therapeutic level to participate in extracurricular activities being that this is a sex offender treatment program. The Group Home must implement more consistent communication and reminders related to this area.

Recommendation

1. Starshine Treatment Center management shall ensure that all children are aware of the discipline system that is in place and ensure that the discipline system that is in place is fair to all children by providing consistent communication and feedback.

2. Starshine Treatment Center management shall ensure that all children have the opportunity to participate in planning activities and provide consistent communication and feedback regarding the process.

3. Starshine Treatment Center management shall ensure that all children have the opportunity to participate in extracurricular activities at school once they meet the required levels and provide consistent communication and feedback regarding their status to achieve this opportunity.

Discharge Children

- Of the three (3) discharge summaries that were reviewed, two (2) Probation and one (1) DCFS, none of the summaries indicated the destination of the child's discharge; therefore, it could not be determined if they were discharged according to their permanency plan. Although all three (3) of the discharge summaries contained detailed aftercare information related to the youth's education and/or vocational plans, they did not specify if the child successfully completed the sex offender program or to whom the child was reunified/discharged.

Recommendation

1. Starshine Treatment Center management shall ensure that all of the children are discharged according to their permanency plan by including on all discharge summaries where and to whom the child is being reunified/discharged and if they successfully completed the sex offender program.

Personnel Records

- During the review of personnel records, it was noted that two (2) of the five (5) employee's files reviewed did not contain proof of their education requirements. The Group Home did not have any documentation present in the file verifying their minimum education requirements. Both employees were missing copies of their high school diplomas.

Recommendation

1. Starshine Treatment Center management shall ensure that all personnel have the minimum required education requirements present in the file for each employee.

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

PPQA/GHM's last compliance report dated June 9, 2014, identified three (3) recommendations.

Results

Based on the follow-up, Starshine Treatment Center fully implemented two (2) of the three (3) previous recommendations for which they were to ensure that:

- Remove the mold from the hallway restroom at the 40th street location
  - **Fully implemented**

- Document efforts to obtain all county workers and youth signatures and ensure that all NSP's are present in the file.
  - **Fully implemented**

- All children are given the opportunity to plan activities and participate in school extra-curricular activities
  - **Remains out of compliance**

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 CENTERS, INC.

(A California Non-Profit Corporation)

1255 E. Highland Avenue, Suite 216
San Bernardino, CA 92404

July 9, 2014

Lynwood Regional Justice Center
Attn: DPO RaTasha Smith
11701 Alameda Street
Lynwood, Ca 90262

Re: Corrective Action Plan

A. Facility and Environment

The defective rollers on the closet door at our Lynwood facility were replace June 27, 2014. Please refer to attached pictures which verify that the repairs were made.

B. Maintenance of Required Documentation and Service Delivery

Case plan goals and concurrent case plan goals will be completed as of July 1, 2014 in accord with L.A. County specifications. Specifically, the appropriate boxes will be checked followed by relevant subject specific comments when required.

Additionally, Starshine's two full-time social workers devised a new, more comprehensive treatment/monitoring strategy for measuring client progress toward individual goal completion. Please refer to the attached documents titled Corrective Action Plan-Needs and Services Plan-Outcome Goals and Weekly Outcome Goals Tracking Log as well as a sample modified Needs and Services Plan-needs/outcome section.

C. Personal Rights and Social/Emotional Well-Being

1) **Unfair Consequences** - When a resident feels that a consequence is unfair we will further educate them about our policies and procedures regarding this matter, which are: A) Speaking to their Team Leader about their concerns and resolving the dispute within the group home. If this proves to be unsuccessful, they are able to: B) File a written grievance using the attached form (*Resident Grievance Procedure Form*), which would be submitted to the Team Leader. The latter would then be required in a timely manner (within 24 hours during regular business hours or the next business day if grievance occurs on a weekend) to present it to Starshine Administration. The Administration would then call a meeting for all of the involved parties including the resident with the goal of working toward a resolution. If the problem in question occurs on a weekend or after office hours and an immediate problem resolution is required, Starshine's On-Duty worker would be called to intervene and a meeting between all involved parties would take place. Please also note that the residents always have the option to refuse to do the consequence. In this instance, Starshine would detail the nature and scope of the incident, identify the parties involved, and send an incident report to the resident's probation officer, social worker or both if they are dual status. The incident report would then be re-visited/reviewed with the probation officer/social worker when they come for their monthly visit with the resident present for one final attempt at conflict resolution.

   Finally, Starshine's discipline system is fair but because we treat very high risk youth with a significant sexual perpetrator history, we are very structured. Of course, some of the clients do not like this high level of supervision:

2) **Input for Activities** - A monthly calendar of events and activities for each group home site is composed by the facility's Team Leader. The latter also conducts weekly groups within the home whereby the residents have the opportunity and are encouraged to give their input regarding the activities and outings that would be of particular interest to them. Additionally, we have a Student Representative for each facility who is responsible for presenting bimonthly to the administration both the concerns of their fellow group home residents as well as their desires as it relates to planned activities, desired weekend outings, and how and when to celebrate the major holidays. For example, every Christmas the residents are very much a part of the planning process in that they have decided to put on, direct, and compete in their annual talent show. They decide what food they want and have some control over the music that is played. They are also very much involved in our yearly Summer picnic. They decide, for example, what sports competitions take place, determine the name of their team and to some extent the design of their team's jersey, pick the food and sometimes even the vendor who supplies the food, what visitors are invited, etc. (Please refer to the minutes of our most recent Student Representative meeting which occurred on the October 13, 2014.) Starshine will continue to encourage and support our client's requests (when possible) to participate in related activities.

3.Extra-Curricular Activities - All Starshine residents will continue to have the opportunity to earn extracurricular activities if they meet certain requirements and follow the Starshine format. The latter is described in detail by the attached *Acknowledgement* Form and the *Request to Participate in After School Activities* form. While the first form was recently developed specifically for this CAP in order to reeducate the STC residents regarding the requirements needed to participate in off-site activities, the second has been in place for many months as has been the process for earning extra-curricular activities. Because Starshine deals exclusively with very high risk adolescent sexual offenders, we are very concerned about unsupervised residents in a public setting and the attending risk to the community at large.

D) Discharged Children

Commencing on the above date, all discharge summaries will contain the required information to determine if the terminated client was in fact discharged in accord with his permanency plan. Additionally, the discharge summaries will disclose if this was a positive or negative termination and where the client was discharged to. In order to provide a wide spectrum of post-treatment information which can be readily assessed, Starshine developed a Discharge Face Sheet which is attached for review.

E) Personnel Records

Commencing immediately, for Starshine staff who educational level consists only of a high school education, they will be required to summit proof (a high school diploma, transcripts, GED documentation, etc) to verify that they actually completed a high school education.

Sincerely,

James B. Pace, Ph.D./CRP

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