



Starlight Children and Family Services

COMMUNITY TREATMENT FACILITY (CTF)

PLAN OF OPERATION

INCL. PROGRAM STATEMENT

Revised and Updated 06-06-06

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STARLIGHT CHILDREN AND FAMILY SERVICES

COMMUNITY TREATMENT FACILITY (CTF)

I. PROGRAM STATEMENT

Revised and Updated 06-06-06

Starlight Children and Family Services is pleased to submit a revised and up-to-date Plan of Operation, including Program Statement for the Starlight Community Treatment Facility (Starlight CTF) (original dated May 5, 1999). This updated plan and statement does not involve any changes to the basic program structure or location of the CTF. The CTF is one among a number of bundled components designed to meet the needs of youth with serious emotional and behavioral disorders, including: a) a Community Care Licensed Group Home Rate Classification Level (RCL) 13/14 residential treatment program; b) an on-site seven day per week Medi-Cal certified intensive day treatment program; c) an array of supportive mental health services;¹ and, d) an on-site State Department of Education certified non-public school,² all located in San Jose, California. *Starlight Children and Family Services'* programs obtain administrative and related support services from *Stars Behavioral Health Group* (SBHG) which provides such services to mental health and foster care agencies throughout California.

The Starlight CTF continues to maintain capacity to serve up to thirty-six youth at a time, ages 11 to 18, with male and females on separate secure units. Contracts with any of California's county mental health, child welfare, and juvenile probation departments may be established to access the program. The revised plan and statement provides a fresh overview of the Starlight CTF, notification of facility improvements, and updates of required plan components, to augment the original Plan of Operation which remains largely applicable. In addition to the Program Statement, a brief overview highlighting changes will be provided to each regulated section (I-X) of the Plan of Operation as listed in the Table of Contents.

MISSION

The mission of *Starlight Children and Family Services'* Community Treatment Facility (Starlight CTF) 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 care because of the severity of their emotional and behavioral problems and very high risk behaviors. The CTF offers an alternative to hospitalization or incarceration of mentally ill minors in order to stabilize and support the transition of these youth to less restrictive placements, including with family, foster families, or lower level group homes as part of each youth's long term permanency plan. The Starlight CTF integrates residential, treatment, and educational services in a comprehensive and coordinated program in order to:

Help youth:

- Become emotionally stable
- Develop the skills necessary for successful adult lives
- Find satisfying vocational activities and social relationships

Help families:

- Bring voice to their needs in supporting the youngster
- Maintain or transition their youngster home
- Discover and utilize their strengths and skills

¹ DTI and other mental health services are operated under Starlight Adolescent Center, Inc.

² The non-public school is operated under Starlight High School, Inc.

- Succeed in school
- Discover supports and resources in the community
- Maintain or achieve permanent placement in a family home
- Achieve long-term self-sufficiency

PHILOSOPHY

Starlight CTF provides continuously monitored residential care combined with highly individualized professional treatment and educational services in a safe and secure setting in order to assist youth to gain the social and functional skills necessary for appropriate development and recovery, return to community living, and positive social integration.

All *Starlight Child and Family Services'* programs, including the Starlight CTF, are committed to providing services for youth and families that are:

1. ***Family-centered*** -- focusing on family needs and supporting their involvement;
2. ***Strength-based*** -- building on the talents, strengths and resources of youth, families and communities;
3. ***Normalizing*** -- attending to the needs of all youth for safe and healthy living, recreational outlets, positive social contact, personal expression, and maintenance of daily routines;
4. ***Clinically-proficient*** -- recruiting, training, and supervising staff to provide quality mental health care through evidenced-based practices and/or emerging promising practices;
5. ***Culturally-competent*** -- understanding and responding to the diverse and distinctive backgrounds of clients and families, whether related to age, gender, ethnicity, language, religion, sexual orientation, family culture, and/or national origin;
6. ***Collaborative*** -- identifying and accomplishing goals through teamwork among program staff, clients, families, communities and partners from mental health, social services, probation, education and other organizations;
7. ***Flexible*** -- applying resources in creative, yet accountable and cost-effective ways; and,
8. ***Accountable*** -- documenting services well, monitoring quality, and tracking treatment outcomes.

GOALS

The treatment staff of the Starlight CTF partner with each youth and family to plan and work toward the achievement of individualized goals across four broad domains. The goals of treatment are for clients to be:

- Safe at home or in family-like settings
- Improving in health and mental health
- Attending and progressing in school
- Out of trouble with the law

For example, a goal might be to reduce the occurrence of a high risk behavior such as assaults toward peers from 4 or 5 times a week to none. In this example, the youth's ability to learn appropriate ways to manage their anger and impulses (i.e., without lashing out to harm others) is monitored through close-in supervision, incident reporting, and treatment team review that involves the client and their caretakers (parent, legal guardian, conservator, etc.). In this example, the youth's specific treatment goal may have implications for all four outcome domains: safety while in the setting as well as readiness to

discharge to a lower level of care; permission and capacity to be at school; mental health objectives such as transforming rage, correcting thinking errors, and/or improving impulse control; and, staying out of trouble with the law.

In addition to individual treatment goals, specific indicators are tracked for each of the above outcome domains that reflect county and program-specific priorities and contracts as well as the profile and challenges facing the Starlight CTF service population generally. The capacity to empirically document outcomes across these domains is being built incrementally, with additional indicators added over time as program resources permit. For example, A *Client Outcome Report* (COR), and an *Independent Living Skills Scale* (ILSS) included in the Appendix, are being implemented in FY 06-07.

A shared interest among agency partners (from child welfare, mental health, probation, education, and other community representatives) along with Starlight leadership and staff is for treatment to move along as efficiently as possible. The course and length of treatment is determined by each client's individual needs and life situation including, primarily, the nature, severity and degree of entrenchment of their psychopathology, and available family and/or alternative community placements and support resources. Starlight staff work diligently from the point of admission forward to advance each youth's permanency objectives, reduce the most dangerous and/or debilitating high risk behaviors, and foster resiliency, life skills, and family/community connections. The length of stay varies for each client with lengths of stay ranging recently from 20 to 772 days with an average of 263 days (almost nine months).³ A policy on utilization review is provided (see VI: UTILIZATION REVIEW, per §1919 (8), TQM 2.00 Utilization Review Process).

Additional Starlight CTF program goals are:

- a) Achievement of client, family and agency partner satisfaction with services (multiple measurements taken annually);
- b) Realization of cultural competency objectives per an *Annual Cultural Competency Plan* (see II: STAFFING, per §1919 (4A) and §5600.2(g) of the W&I Code, FY 05-06 Cultural Competency Annual Plan); and,
- c) Advocacy, collaboration and coordination on behalf of clients with agency partners and community resources in order to facilitate treatment success, permanency objectives, and successful linkage to aftercare services.

The Starlight CTF is part of a continuum of *Starlight Children and Family Services'* programs in Santa Clara County focused on the needs of children and adolescents with serious emotional and behavioral problems and their families. Santa Clara County CTF clients may discharge to a family home or lower level placement with aftercare services provided by the *Starlight Children and Family Services'* community-based intensive day treatment program and non-public school, or in-home, school-based and outpatient mental health services.

TARGET POPULATION

The Starlight CTF serves adolescents ages 11 to 18, of both genders, that come from a variety of backgrounds and a number of California counties. The youth served in the CTF suffer from severe emotional disturbance and have a history of very troubled and high risk behaviors including aggressive, oppositional, provocative, impulsive, and self-destructive behaviors, often accompanied by intense negativism and social withdrawal. Along with these behaviors, the youth typically suffer from strained or impaired, if not entirely absent, interpersonal and family relationships, resulting in a vital need for restorative social support, and in some instances, family finding. Starlight CTF youth have experienced

³ Figures based upon CTF Report (Section 1912 Required Reporting), January 5, 2006, for discharges occurring July 1, 2005 through December 31, 2005.

one or more prior treatment failures in outpatient, extended care management, or less restrictive settings. If not in the stable and intensive treatment environment of the Starlight CTF, the youth would be in psychiatric hospitals or continue to move among placements, treatment settings, and shelters. Their behavior may represent a potential danger to self, others and/or property, and their treatment requires comprehensive evaluation, close staff supervision, intensive therapy, remedial education, and monitoring of the need for psychopharmacological intervention. All Starlight CTF clients -- whether referrals originate from child welfare, mental health, special education, or juvenile probation -- meet medical necessity criteria for treatment in a structured and secure treatment environment per the authorizing county's mental health risk review and placement committee (such as Santa Clara County's (SCC) *Interagency Placement Review Committee* (IPRC) process). Starlight youth represent less than 1% of the overall child/youth population of California in terms of the severity of their psychiatric disorders. Over 50% of youth have functional assessment scores (C-GAS) upon admission that are below 35 on a 0 to 100 point rating scale, where 100 is optimal functioning and the range of 31-40 reflects major impairments in multiple areas (e.g., persistent aggression without clear instigation, markedly withdrawn and isolated, suicide attempts).

A comprehensive utilization report on Starlight CTF clients was produced and distributed in early 2004 and provides a retrospective profile of clients served from 2000 through 2003 (data summarized below). An updated report including outcome data will be available after the close of FY 05-06.

Ages	Gender	Ethnicity	Referral Sources
33% 11 thru 14	57% Male	45% Anglo American	44% Juvenile Probation
52% 15 and 16	43% Female	34% Hispanic/Latino	31% Child Welfare
15% 17 and 18		18% African American	25% Mental Health
		2% Other Ethnicity	(AB 3632)
		1% Asian American	

Immediate Prior Placement	Prior Psychiatric Hospitalizations	Prior Group Home Placements	Diagnoses (More than one possible)
51% Juvenile Hall	15% None	19% None	72% Emotional Disorders
16% Psychiatric Hospital	29% One or Two	35% One or Two	52% Behavioral Disorders
17% Group Home	25% Three or Four	25% Three or Four	20% Psychotic Disorders
10% Family Home	31% Five or More	21% Five or More	
6% Shelter			

SERVICE ARRAY

The comprehensive array of services -- residential, rehabilitative, treatment, and schooling -- available to clients during placement at Starlight CTF are:

1. **Residential Care:** Starlight Community Treatment Facility (CTF) is a 36-bed, 7-day, 24-hour residential milieu situated on a three acre semi-rural property in south San Jose, California. The facility was a hospital retrofitted to support two secure living units for girls and boys separately, classrooms, group meeting rooms, offices, a dining room and recreational spaces. The facilities include a computer lab and library, an on-site gymnasium, a swimming pool, recreational space for creative and expressive arts, sports and leisure equipment, and an outdoor playing field. The program model for residential milieu treatment is a community practice standard that integrates social learning theory into an overall bio-psycho-social approach with treatment further focused and enhanced through evidence-based practices within a mental health funded Day Treatment Intensive (DTI) program (see next section). Within the parameters of the overall program model, services are highly individualized and each client and available parent(s), guardian, or conservator is

engaged in the development of an individualized Needs and Services Plan (NSP) which is reviewed and updated monthly. The DTI Mental Health Clinicians coordinate the NSPs with the DTI treatment plans, which are also required, in order to assure that all the various treatment staff are focused and working together with the youth and family toward the same set of priority treatment goals, and to coordinate discharge and transition planning (see IV: POLICIES AND PROCEDURES per §1919 (6C, E-F)).

For the medical aspect, visiting and on-call physicians/psychiatrists provide medical oversight, comprehensive evaluation, and medication support services. Nurses maintain professional standards for daily medical management and provide 24-hour supervision and guidance to youth in such matters as personal hygiene, dressing, sleep regulation, and taking prescribed medications. Nurses orient youth to the unit and staff upon admission, and help youth complete personal property inventories. Only Registered Nurses (RNs), Licensed Vocational Nurses (LVNs) and Licensed Psychiatric Technicians (LPTs) administer medications (either orally or intramuscularly) as prescribed by the physician; nursing staff also follow-up and monitor lab work, X-rays, off-site medical exams (e.g., hearing, vision, etc.) and other medical needs as prescribed by the attending physician (see IV: POLICIES AND PROCEDURES, per §1919 (6A-J) and V: QUALITY ASSURANCE per §1919 (7), SBHG TQM Manual, for more information about medical and nursing practices).

The safety of all clients, staff, and visitors is always a primary concern. The ratio of direct treatment staff to clients is at least 1:5 daytime and 1:10 nighttime, per *California State Department of Social Services Community Care Licensing Standards* (see II: STAFFING, per §1919 (4A), Consolidated Staffing Pattern). In addition to high staff to client ratios, on-call administrative, nursing, youth counseling, and rehabilitation staff are available for emergency coverage and intervention. Starlight leadership make every effort to assure very high standards of staff compliance and ethical conduct, such as with respect to preventing institutional abuse or neglect. All staff have background checks and are fingerprinted prior to starting work with minors (see II: STAFFING, per §1919 (4A), LIC 500); subsequently, Department of Justice (DOJ) records are checked twice a year in accordance with Santa Clara County (SCC) policy. Both clients and staff receive information and trainings about their rights and responsibilities to maintain safe, respectful relationships. Staff collaborate regularly with the county *Mental Health Advocacy and Protection* (MHAP) unit to conduct due process rights workshops with Starlight youth and investigations as necessary (see IV: POLICIES AND PROCEDURES, per §1919 (6 I), MHAP Client's Rights Presentation).

Nurses, youth counselors, and resident managers all serve as coaches (encouraging, motivating), teachers (modeling, guiding), counselors (listening, intervening), house-parents (scheduling, monitoring), and limit-setters (enforcing, disciplining) to the youth. Residential milieu staff have direct, therapeutic, and monitored relationships with the youth, essentially providing surrogate parenting to clients while they live in the CTF. Milieu staff focus on:

- Providing continuous supervision to youth;
- Fostering positive relationships;
- Supporting client mastery of the activities of daily living;
- Stimulating coping skills and social skills development;
- Scheduling daily life including recreational and celebratory outlets; and,
- Deescalating high risk behaviors to avoid use of restrictive interventions.

A Points and Levels (P&L) system allows youth to start immediately to experience successes and earn privileges beyond basic care. Clients entering residential treatment are

typically seriously impaired in almost all areas of living and often profoundly de-motivated, recoiling from life under their mental illness, stigmatization, and social isolation. In order to regain normal levels of social, emotional, behavioral, and educational functioning, they need to learn a number of skills and change a number of behaviors, and feel supported in doing so. Points and Levels (P&L) break down this process into a series of small steps. To encourage clients to make these steps, privileges and rewards are given to reinforce desired behaviors. "Catch a kid doing something right" is the motto. Each skill mastered is called a "merit badge." The P&L system is the most effective way for youth to practice changing maladaptive behaviors -- when staff applies creative, positive incentives with kindness and respect, not as a means of punishment. Our training program emphasizes the correct use of P&L (see II: STAFFING, per §1919 (4D), SBHG Residential Treatment Program Handbook). Information about the P&L System, as well as all other aspects of the program, is provided to clients (see IV: POLICIES AND PROCEDURES, per §1919 (6L), Student Handbook).

Dietary and food services are an integral part of a youngster's treatment program. Special protocols for dietary services support the psychotherapeutic needs of youth and include activities such as barbecues, ethnic and cultural food service, and training in meal preparation. Close coordination between dietary and clinical staff is necessary regarding medication interactions on appetite, nutritional uptake, and healthy weight management. In order to provide the support necessary for good eating habits, "family style" dining is used, with assigned staff eating with the youngsters, serving as supervisors, role models, and interventionists around dining issues.

Since the 1999 Plan of Operation, the residential component of Starlight CTF has undergone significant upgrades to interventions, programming, and training in two key areas: 1) with respect to the management of dangerous behavior; and, 2) to overall flow, shift transitions, and opportunities provided youth during evening and recreational programming. With respect to the management of dangerous behavior, SBHG and Starlight leadership engaged in a series of quality improvement efforts corresponding to the passage of Senate Bill 130 regarding the use of restrictive interventions. These included: a) substantial evolution to agency policy and procedures on the management of dangerous behavior (see IV: POLICIES AND PROCEDURES, §1919 (6G), NSG 1.70, Management of Dangerous Behavior); b) voluntary discontinuation of the use of mechanical restraints (still allowed by law in a CTF); c) extensive staff trainings on the new MDB policy including a corresponding shift from Professional Assault Response Training (PART) to PRO-ACT with greater focus on prevention, de-escalation, and evasion of aggression; d) ongoing Health and Safety CQI Committee attention and improvement projects focused on high risk behaviors, including safety contests and more recently, systematic review of incident debriefings; e) enhancements to the core training curriculum for residential treatment staff to improve their understanding of client behavior, how to build relationships with clients, and use of practical intervention skills (see II: STAFFING §1919 (4D)); and, f) clarification of language applied to restrictive interventions to create more consistent and reliable incident reporting and data for quality management (for further analyses, summary of quality improvement projects, and areas of continued improvement regarding use of restrictive interventions, please see V: QUALITY ASSURANCE, per §1919(7), Starlight CTF Management of Acuity (QI Report)).

In spring 2005, and in response to youth feedback on satisfaction surveys, Starlight leadership engaged all staff and clients in rounds of interactive planning discussions in order to identify ways to improve the milieu program, resulting in the development of the Real Life program. This evening curriculum includes normalizing recreational activities and outings, educational groups, and opportunities for family to join youth at the facility for

workshops and celebratory events. External community resources are brought into the mix of offerings and the program is coordinated through a daily community meeting process with the transition from the day's DTI program through the evening meal and determination of each youth's appropriate level of involvement (see X: APPENDICES, Real Life Program, as well as policy on Client Outings).

2. ***Day Treatment Intensive (DTI)***: DTI services and other mental health services identified below (nos. 3-7) are provided by Starlight Adolescent Center, Inc. through contracts with the departments of mental health of counties utilizing the CTF. The DTI program is offered 7 days per week (1:30 pm to 6:00 pm daily) and is a multi-disciplinary treatment service designed to reduce youth's psychiatric symptoms and risk behaviors, increase functioning and coping skills, and enable youth to relate to peers and adults in a satisfying and self-esteem promoting manner. Individual therapy, family therapy and groups are provided by Mental Health Clinicians and Rehabilitation Therapists (each within their scope of practice and expertise) to meet the treatment needs of youth presenting with different diagnoses (clinical pathways), risk factors, or skill development needs. As a full day Medi-Cal certified program, DTI services involve over 4 continuous hours daily of programming with at least 3 hours of groups, and a daily Community Meeting of staff and clients together to support milieu communication, planning, and problem-solving. A licensed or registered clinician with a scope of practice of psychotherapy must be present and available in the milieu during all DTI hours and a schedule is posted weekly on each unit to keep clients informed about the program (see X: APPENDICES, 2006 Starlight Schedule for a copy of the master integrated schedule that includes DTI among all service components). DTI services are funded through Medi-Cal's *Early Periodic Screening, Diagnoses and Treatment (EPSDT)* program, AB 3632 funds, or County General Funds (CGF).

DTI rehabilitative and treatment groups are organized into one of four types.

- Psychotherapy -- promoting psychosocial adaptation, realization of human potential, healthy intra- and inter-personal process, and resolution of internal or external conditions resulting from client emotions, behavior, and/or thinking that negatively impact others;
- Skill-building -- facilitating the identification of the symptoms, internal barriers and personal skills needed to overcome specific psycho-social experiences, and to practice specific new skills and adaptive behaviors;
- Adjunctive -- stimulating client self expression, rehabilitation, and personal growth through art, music, drama, recreation, etc.; and,
- Process-oriented -- dealing with program business, peer issues, and milieu relationship dynamics and problem solving.

Starlight CTF is one among a number of SBHG-affiliated programs making use of evidence-based practices such as ART/EQUIP groups based on *Aggression Replacement Training (ART)*.⁴ This proven skill-building curriculum is especially helpful to older youth and young adults with histories of oppositional-defiant, aggressive behavior, and conduct disorder. ART/EQUIP groups provide training on moral judgment, anger management, correction of thinking errors, and pro-social skills using coaching, technology (e.g., videos

⁴ Gibbs, J.C., Potter, G.B., & Goldstein, A.P. (1995) *The EQUIP Program: Teaching Youth to Think and Act Responsibly Through a Peer-Helping Approach*. Research Press: ISBN 0-87822-356-8.

and computer games), and a positive peer culture. In the curriculum, a strong, pro-social group identity becomes the foundation for mastering ART skills and an antidote to the kinds of "deviancy training" that can arise when youth with conduct problems come together. A number of concrete social skills are addressed through the social skills training component of ART. These include: learning how to express complaints constructively, caring for someone who is sad or upset, dealing with negative peer pressure, avoiding fights, preparing for stressful conversations, helping others, responding to someone who is angry at you, coping with failure, and expressing care and appreciation to others. Through ART/EQUIP, participants learn that "caring is cool" and that they are capable of compassion and helping others. Aggression is reduced and clients are empowered to handle angry feelings responsibly. The SBHG ART/EQUIP program recently received a 2006 *National Council of Community Behavioral Healthcare* (NCCBH) Service Excellence Award.

Another evidenced based practice is planned for implementation at Starlight during FY 06-07. *Dialectical Behavioral Therapy*⁵ (DBT) involves once weekly individual psychotherapy along with other interventions (e.g., group therapy, telephone contact, and environmental restructuring). DBT is appropriate for clients who have long-standing problems with intense emotions (e.g., anger, shame, guilt, anxiety, sadness) that they have trouble modulating (their emotional arousal is rapid, peaks at a high level, and takes more time to return to baseline than for most people). DBT has been shown to be effective with clients who engage in self-harmful and life-threatening behaviors, reducing such behavior, associated crisis and psychiatric hospitalization, and premature drop-out from treatment. The focus of DBT is to actively teach skills within the context of the therapeutic relationship that will help the client manage otherwise disorganizing emotions.

3. **Case Management (CM):** This includes assisting residential youth to gain access to needed medical, educational, social, prevocational, vocational, rehabilitative and other community resources through plan development, communication, coordination, referral, and service monitoring to assure access. Case management involves maintaining consultative professional relationships with outside agency partners and is funded through EPSDT, AB 3632 or CGF.
4. **Mental Health Services (MHS):** Interventions outside of DTI program hours are designed to reduce disabling symptoms and/or improve functioning consistent with goals of learning, development, rehabilitation and self sufficiency. Services may include assessment, plan development, individual or group therapy, rehabilitation groups, and collateral contacts with significant persons in the client's life in support of the client's treatment goals. For CTF youth these services include family finding and related collateral efforts applied to advance permanency plans. MHS are funded through EPSDT, AB 3632, or CGF.
5. **Medication Support Services (MSS):** These are services provided by a licensed physician such as psychiatric evaluations and the administration and monitoring of psychiatric medications. Medications are prescribed to reduce acute and extreme symptoms and safely stabilize clients so that they can benefit from all aspects of their treatment program. Staff psychiatrists and nurses oversee medication use according to professional protocols and with ongoing, expert, external pharmaceutical consultation. For more information see IV: POLICIES AND PROCEDURES, per §1919 6D, Medication Administration, and X: APPENDICES, SBHG Practice Philosophy Regarding the Use of Psychotropic Medications with Youth). MSS are funded through EPSDT, AB 3632, or CGF.

⁵ Linehan, M (1993) *Cognitive Behavioral Treatment of Borderline Personality Disorder*. Guildford Press, NY

6. ***Therapeutic Behavioral Services (TBS)***: TBS are brief, intensive, one-on-one behavioral interventions to children and youth with a serious behavioral and emotional disturbance that put them at risk of being hospitalized, placed in high level residential treatment, losing a stable placement, or not being able to move to a lower level placement. The behavioral coaching is highly focused on the specific problems that lead to hospitalization and/or, in the case of a CTF, risk of loss of placement and/or inability to step-down to a lower level of care. TBS are provided as one component of a mental health service plan; to be eligible youth must be referred by their Mental Health Clinician. Funding is only through EPSDT.
7. ***Crisis Intervention (CI)***: Crisis intervention services are available during times of psychiatric crisis which are unplanned situations that demand an immediate response and the expertise of professional staff. The intervention is a quick emergency response enabling the client to cope with the crisis while maintaining their status (avoiding hospitalization) to the extent possible, and are limited to stabilizing the presenting emergency. Although the specific crisis occurrence is unplanned, Starlight Mental Health Clinicians consider client safety and stability during admission and/or at any point in service as needed to bring all treatment team participants together to understand and agree on how a client's crisis might be avoided and/or best managed. Funding is through EPSDT, AB 3632, or CGF.
8. ***Starlight High School (SHS)***: SHS is a state certified non-public school (NPS), operated by Starlight High School, Inc., providing comprehensive educational programming for grades 6 to 12 with both core academic and elective subjects. Pursuant to federal *Individuals with Disabilities Education Act* (IDEA) regulations, each youth receives an *Individualized Education Plan* (IEP) for special education by credentialed instructors. Instructors are experienced in working with emotionally disturbed youth and with maximizing educational achievement among youth with learning disabilities. Services include speech and language therapists when needed. All CTF youth must go to school every day, unless medically excused. Credits earned at the NPS transfer back to the public school and count toward high school graduation. Some youth earn their high school diploma while at the NPS. Additionally, Starlight High School offers a Workability Program, proving CTF youth with employment readiness training and job experiences both at Starlight and in the community.

The Starlight High School (SHS) curriculum is approved by the state and local school district and includes subject areas provided by regular public high schools. The curriculum is reviewed and upgraded every three years. SHS participates in the State Department of Education's *School Accountability Report Card* (SARC), including education of foster care youth, with mandated posting of results (<http://www.starsgroup.org/schools>). About one third of Starlight High School students enter the program with the ability to read, write and solve mathematical problems at grade level. The majority does not and the need for remedial education is written into each client's IEP. Moreover, students entering residential treatment are not always able to maintain the same achievement level they once did. Medication trials and unresolved emotional conflicts frequently cause temporary lapses in the ability to perform academically. Therefore, teachers choose lessons and assignments tailored to meet the student's functioning level for each day from a curriculum which can be applied flexibly to "meet students where they are" -- whether remedial or grade level:

- Social Science (3 yrs) – World History, U.S. History, U.S. Government, Economics
- English (4 yrs) – Literature, Language Arts, Reading, Writing
- Mathematics (2 yrs) – General Mathematics, Algebra, Geometry
- Science (2 yrs) – Life Science, Physical Science
- Health and Physical Education (4 yrs) – wide variety of subjects
- Electives (Varies) – Career Education, Fine Arts, Foreign Language, Computers

II. STAFFING

The CTF is overseen by the Facility Administrator who is accountable for all CTF operations, interagency collaborations, setting positive leadership tone, hiring and termination of department heads, and assuring that all client and family rights are upheld. The Medical Director is a trained psychiatrist who is responsible for: a) ensuring medical and psychiatric care standards including care coordination; b) providing psychiatric services including comprehensive assessments and medication support services; c) 24/7 emergency availability in support of milieu staff and clients; and, d) helping to assure that client/family rights are upheld. The Mental Health Program Director (aka Clinical Director) is responsible for: a) ensuring nursing, psychological and behavioral treatment quality and standards; b) assisting with interagency collaborations; c) assisting in recruiting and hiring clinical department heads and staff; d) care coordination and providing clinical guidance to milieu staff; e) overseeing that each client's treatment is carried out per the service plan, including directing review and changes as needed to assure client progress; and, f) helping to assure that client/family rights are upheld. The Facility Administrator manages the Clinical Director, Director of Residential Services and the Director of Medical Records; the Clinical Director in turn manages the Director of Nursing, Director of Treatment Services, Director of DTI Rehabilitation, and Director of Staff Development, and others.

All professional treatment staff of Starlight CTF are degreed and licensed/registered and meet CTF §1921 requirements for Social Workers, Marriage and Family Therapists, RNs, LVNs, LPTs, Mental Health Workers, Psychologists and Psychiatrists. Youth Counselors and Rehabilitation Aides are expected to have an Associates degree in a behavioral science and at least two years experience. Nursing services are provided under the supervision of a full-time Registered Nurse with experience in psychiatric nursing. There is at least one licensed nurse on duty every shift. In addition, there are no less than two full time equivalent (FTE) nursing staff per 36 clients on each 8-hour shift, during each 24 hour period, on a 7 day (weekly) basis.

Documents in this section:

A. Staffing Patterns, Job Descriptions, and Cultural Competency

- Consolidated Staffing Pattern-30 Beds
The staffing pattern is adjusted based upon census, which averaged 29.4/mo., Jan-Mar 06. Staff are added to a.m. and p.m. shifts when a unit's census reaches 18.
- Current Nursing Staffing Pattern
- Current LIC 500
- Current Job Descriptions
Service staff who work directly with CTF youth, regardless of funding source for positions, but not including school personnel.
- FY 05-06 Cultural Competency Annual Plan
Progress on this plan will be reported to SCC MH after end of fiscal year.

B. Mental Health Director

- Pamela Stephens, MFT, Lic # 28122
Hired as MH Director (aka Clin. Dir.) 11-25-02; promoted to CTF Admin. 12-16-05
- James B. Sondecker, MSW, Lic # 19298
Hired as MH Director (aka Clin. Dir.) 04-17-06

C. Organizational Chart and Contracted Providers

- Starlight Children and Family Services Organizational Chart
Including CTF Chain of Command and Leadership Positions
- SBHG Management Services – executives, directors, areas of expertise and functions
- Consulting Professionals

Gary Crouppen, PhD, clinical psychologist -- clinical consultation
Robert Daigle, MD, physician -- medical assessments, history and physicals
Barbara Kammerlohr, Ed.D, educator – special education consultant
Michael Kreutzer, MD, psychiatrist -- medical director, assessments, medication support
Mary Ann Niehardt, PhD, clinical psychologist -- PRO-ACT trainer of Starlight trainers

D. Staff Development (Training) Plan

- Starlight Children and Family Services Staff Development Plan
Plan sections describe new training resources focused on CTF staff
- General Orientation: 40 Hours
Schedule of topics and trainers
- SBHG Residential Treatment Program Model Handbook
- Jan-May Monthly Training Calendars
- Stars Behavioral Health Group Training Modules (list)
Starlight's training program is supported by SBHG Management Services
- Training Announcements (examples)
- Relationship-Based Training for Youth Counselors
Example of curriculum of recently implemented training

III. ACCESS TO OTHER RESOURCES

Documents in this section:

- CAD 1.50 Emergency Medical Transfers
- NSG 1.00 Accidents/Emergency Care
- NSG 2.80 Consulting Medical and Emergency Services
- NSG 3.50 Crisis Intervention

Starlight is contracted with county mental health to provide crisis intervention services for our CTF clients. Also see IV: POLICIES AND PROCEDURES, NSG 1.70 Management of Dangerous Behavior, D.2.h., regarding circumstances in which the Medical, Nursing or Clinical Director might pursue psychiatric hospitalization.

- Educational Placements and Classes: Not Applicable

Starlight CTF youth are enrolled in Starlight High School, a certified non-public school.

IV. POLICIES AND PROCEDURES

SBHG and Starlight leadership have developed over 160 written policies and procedures since the program began operations in 2000. Included with this submission is a selection of those that correspond to the regulatory section for the Plan of Operations (itemized below, including some policies that were recently updated). Please contact the Executive Director for additional policies and procedures if needed.

CCL Topics §1919 (6A-L)	Corresponding Starlight P&P
A. Daily Observations and Interactions	<ul style="list-style-type: none"> • NSG 5.50 Nursing Documentation • NSG 5.60 Client Rounds and Supervision
B. Admission	<ul style="list-style-type: none"> • CAD 1.00 Admission Policy for the CTF • CAD 1.10 Admission of New Youths • NSG 6.50 Psychiatric Evaluations • Comprehensive Biopsychosocial Evaluation (Form)
C. Discharge	<ul style="list-style-type: none"> • CAD 1.40 Discharge Policy • CAD 1.80 Transfer Summary
D. Psychotropic Medication Control	<ul style="list-style-type: none"> • NSG 4.50 Med. Admin. for Dependents of the Court • NSG 7.70 Telephone Orders
E. Needs & Services Plan, Consumer Involvement	<ul style="list-style-type: none"> • NSG 4.00 Interdisciplinary Treatment Plan • Treatment Plan (Form) • NSG 5.00 Needs and Services Plan/Assessment • NSG 7.40 Treatment Planning, Nursing
F. Needs & Services Plan, Monthly Review	<ul style="list-style-type: none"> • NSG 4.00 Interdisciplinary Treatment Plan (in E, above)
G. Physical Restraint and Seclusion	<ul style="list-style-type: none"> • NSG 1.70 Management of Dangerous Behavior • LEG 1.65 Client Rights Denial and Restoration
H. Staff Training on Client Rights	<ul style="list-style-type: none"> • See II, Staffing, D., topics under General Orientation
I. Visitation and Phone Use	<ul style="list-style-type: none"> • ADM 2.90 Visitors • LEG 1.66 Right to Phone Access
J. Confidentiality	<ul style="list-style-type: none"> • HR F-3 Confidentiality of Client Information
K. Transitioning Within Facility	<ul style="list-style-type: none"> • Not applicable. All areas of the facility are secure.
L. Informing Client/Caretaker	<ul style="list-style-type: none"> • Admission Agreement • Insurance Authorization • Agency Group Home Agreement • Informed Consent (Forms) • Personal Rights (Forms) • Client Preferences (Form) • HIPAA NPP Acknowledgement of Receipt • Complaint/Grievance (Forms) • PGM 1.40 Student Handbook • Student Handbook (April 2005) • MHAP Client Rights Training Presentation

V. QUALITY ASSURANCE

Starlight applies the *SBHG Total Quality Management (TQM)* program and the delivery, quality, fidelity, and outcomes of services are addressed in this context. TQM fulfills delegated responsibilities by county mental health and other oversight agencies to address the accuracy, completeness, consistency, and conformity of services to quality standards and regulations. Starlight's TQM program encompasses five methods of quality management – key indicators, probes, quality assurance, utilization review, and peer review – applied to continuous quality improvement (CQI), along with results from outcome studies and satisfaction surveys. Detailed information about these methods can be found in the enclosed TQM Manual (also see VI: UTILIZATION REVIEW, per §1919 (8)).

Information produced in TQM is reviewed by Starlight's CQI Committees which include both standing committees (i.e., Management Practices, Medical and Nursing Practices, and Health and Safety), as well as the regular participation of the Starlight Quality Assurance (QA) Director in departmental meetings (i.e., Residential Services, DTI Rehab, Treatment Services, and Non-Public School). The Starlight QA Director reports to the Executive Director of *Starlight Children and Family Services* which gives them both the authority and independence from department heads required to provide quality assurance oversight (see II: STAFFING §1919 (4C), Organizational Chart). The QA Director oversees information gathering, analyses, flow, distribution, and reporting and is supported by SBHG Management Services (Clinical Consulting Team). The staff of Starlight further amplifies youth and family voice in quality review by running periodic surveys and/or focus groups to gather input on specific topics in need of attention and development. CQI Committee review of quality indicators may result in the formation of a Quality Improvement Team (QIT) sponsored by an agency leader that brings select staff together to analyze a trend, problem-solve, implement, and then monitor a quality improvement project. A Quarterly CQI Council provides an opportunity for all stakeholders to come together and review quality indicators, identify options, and set priorities for quality improvement.

Starlight also works on the cultural competency of service delivery through an annual process which results in a written plan (see II: STAFFING, per §1919 (4A) and §5600.2(g) of the W&I Code, FY 05-06 Cultural Competency Annual Plan). Starlight, along with all SBHG programs, is committed to conducting all business in compliance with the highest ethical standards and all applicable laws, rules, and regulations. A *Corporate Compliance Handbook*, *Compliance Officer* and *Compliance Help Line* (866-782-7722) are available for any/all staff or consumers with questions or issues regarding legal, regulatory or ethical matters pertaining to the workplace and service delivery process.

Tabled below are TQM methods cross-walked to regulated program elements.

Regulated Elements	TQM Methods
Performance Outcomes	Key indicators, probes, cultural competency plan, outcomes
Professional Staff	Corporate compliance, quality assurance, utilization review, peer
Contract Requirements	Key indicators, probes, corporate compliance, annual program
Correcting Deficiencies	Key indicators, probes, quality assurance, utilization review, peer
Subcontractor Monitoring	Corporate compliance, annual program review

Documents in this section:

- SBHG Total Quality Management Manual

While multiple and varied TQM methods address both licensed mental health professionals and child care staff accountability for the services and care provided youth, see in particular the CTF key indicators and the probes applicable to residential services, particularly under

headings of safety and security, consumer quality of life, medical and nursing practices, and clinical and program practices.

- Starlight Annual TQM Plan for FY 05-06
Programs articulate specifically how they implement the SBHG TQM program and the quality initiatives completed in the prior year as well as planned for the coming year.
- TQM 1.00 Annual Program Reviews and Consultation Reports
- Starlight Community Treatment Facility Management of Acuity (QI Report)

VI. UTILIZATION REVIEW

Based upon a county's Mental Health Plan (MHP) Utilization Review (UR) may be either primarily a county-run and/or delegated responsibility. For Santa Clara County, UR is primarily managed through the county's *Interagency Placement Review Committee* (IPRC) process in which multi-agency referrals are screened for appropriateness of RCL 13/14 including CTF placements. Subsequent to placement, UR is managed primarily internally, per policy and procedure, with renewal of authorization for Day Treatment Intensive required by the county every 90 days (see also V: QUALITY ASSURANCE, per §1919(7), SBHG TQM Manual for more information about medical necessity determinations).

Document in this section:

- TQM 2.0 Utilization Review Process policy and procedure.

Note: §1919 (8A-B) is not applicable as the CTF is entirely secure and youth are not transferred between secure and non-secure portions of the facility.

VII. CONTRACTS

Currently, *Starlight Children and Family Services* has a contract to provide mental health services to CTF clients and receive supplementary funding for the CTF. Santa Clara County has served as the “host county” allowing other counties, such as Alameda, to contract with them directly for CTF access. This will change in the upcoming fiscal year with Starlight contracting directly with other county mental health administrations, and/or child welfare and juvenile probation, seeking to access the treatment program for their most troubled youth (youth now come from over ten different counties). Copies of these county MH contracts will be submitted to CCL when finalized.

Document in this section:

- Santa Clara Valley Health and Hospital System Mental Health Department Fourth Amendment to FY 05-06 Agreement

VIII. FACILITIES

Enclosed is an up-to-date detailed map of the Starlight building and grounds that encompasses the CTF Program, Starlight High School, Community Services, and Shared (Public) Space. The CTF is now entirely secure with residential quarters, group/honor rooms, classrooms, bathrooms, cafeteria, and seclusion rooms located within locked doors. The 1999 Plan of Operation description of the restraint and seclusion room remains accurate, with the exceptions that Starlight staff no longer make use mechanical restraints (discontinued winter, 2005).

A number of security and aesthetic improvements were made recently to the Starlight facility and others are being planned. At the top of the list is the locking of the doors to the CTF portion of the building (note: residential units were already locked) that separates the CTF from the reception area and our community services programs. This additional, second layer of locked doors (installed spring 2006) further decreases AWOL risk of youth, thereby increasing confidence in building security among referring agencies such as juvenile probation. The added locked doors were agreed upon by the Santa Clara County (SCC) Mental Health Department and negotiated with the SCC Fleet and Facilities Department, with approval and fire clearance from the SCC Fire Department.

On the units, nursing stations were removed as they created a bottleneck near the entrance doors as well as a physical hazard for youth who would climb on top of them. Removing them has created more open space and a friendlier, living space feeling on the residential units. Nurses now operate solely out of separate, secure medication rooms (already in existence) when they are not on the unit. Low areas of unit ceilings have been reinforced with metal plates installed on the corners to prevent youth from jumping and grabbing a hold of prior exposed aluminum frames. Additional cosmetic, comfort, educational, and entertainment improvements include stepped-up maintenance schedules, refurbishing of youth rooms, embellishments to group rooms and honors lounges both on and off residential units, reconfiguration of school spaces to ease congestion, provision of better computing technology to both staff and youth, and landscaping enhancements.

A further security enhancement involves improvements to exterior fencing (e.g., around the yard). An agreement has been achieved with the SCC Fleet and Facilities Department to erect slightly higher fences with a new kind of material that prevents youth from gaining hand-holds and foot-holds on the fencing. This project will be worked on during FY 06-07.

Finally, there is a plan under discussion with county mental health (project timeline TBD) to create an intensive services unit (ISU) that would house, treat, and school youth (fully integrated program) of both genders who are in an unstable condition (e.g., bizarre, disorganized and psychotic behaviors, active aggression, self-harm). This unit would provide short-term psychiatric stabilization of incoming or already enrolled CTF clients and an opportunity to more effectively manage the CTF milieu on behalf of the treatment needs of all the youth. The availability of this unit would help program staff maintain quality control over a client's transition back to the CTF from an unstable period or crisis/hospitalization episode (also see V: QUALITY ASSURANCE, per §1919(7), Starlight CTF Management of Acuity (QI Report)). CCL will be notified again regarding this development as plans are finalized with SCC MH and building authorities.

Document in this section:

- Starlight Floor Plan and Evacuation Routes

IX. BUDGET

Services provided to youth in the CTF are reimbursed through the responsible funding and oversight agency as follows, based upon the type of service provided per regulated eligibility criteria, service documentation standards, and provider scope of practice:

1. *Community Treatment Facility*

CTF room and board with milieu treatment and staffing funded through Social Services.

2. *Starlight High School*

High school educational programming funded through Education.

3. *Mental Health Services*

Day Treatment Intensive (DTI), Case Management (CM), Mental Health Services (MHS), Medication Support Services (MSS), Therapeutic Behavioral Services (TBS) and Crisis Intervention (CI) funded through Mental Health.

Document in this section:

- Group Home Program Rate Applications (SR 1-5)

X. APPENDICES

Documents in this section:

- Client Outcomes Report (COR) Form
- Independent Living Skills Scale (ILSS) Form
- Real Life Program Description
- Client Outings Policy and Procedure
- 2006 Starlight Schedule (Girls and Boys Dorms)
- Practice Philosophy Regarding the Use of Psychotropic Medications with Youth

Starlight Adolescent Center Floor Plan and Evacuation Routes

In Case of Emergency, Call 9-1-1

NOTE: Floor plans are posted throughout the facility for reference

Silicon Valley Boulevard

