



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

**Contra Costa County Mental Health Commission**  
**Capital Facilities and Projects/IT and Quality of Care Combined Meeting**  
**Friday ♦ June 25, 2010 ♦ 3:00 – 4:00 p.m.**  
**2425 Bisso Lane ♦ First Floor Conference Room 132B ♦ Concord**

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.

**AGENDA**

*Public Comment on items listed on the Agenda will be taken when the item is discussed.  
Times are approximate; items may be taken sooner than noted or out of the order listed.*

1. 3:00 **CALL TO ORDER- Chair Annis Pereyra**
2. 3:05 **PUBLIC COMMENT.** The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission.
3. 3:10 **SITE INSPECTIONS AND SITE INSPECTIONS TOOLS**
  - A. Consider site inspection tools including, but not limited to:
    1. Conservators Handbook-Checklist for Care Facility
    2. MHCC- Residential Care Facility Monitoring Form
    3. MHCC-Board and Care Home Visits Form
    4. MHC-Program Site Visit Evaluation Form
  - B. Consider developing a prioritized list of sites to visit.
4. 3:40 **DISCUSS STATUS OF MHSA CAPITAL FACILITIES FUNDS PROJECTS**
  - A. Consider updates on current projects, utilization reports of Children and TAY usage at CSU, Adult usage of Nevin and Neirika facilities and related topics.
  - B. Consider strategy for advocating for Capital Facilities Projects, including ARC and CRF.
  - C. Make recommendations to MHC at 7/8/10 meeting if appropriate.
5. 4:00 **ADJOURNMENT**

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California Welfare & Institutions Code Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.*



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

- You may not move the conservatee to a facility outside California without first getting a judge's approval. The petition you must file for this approval is Judicial Council form GC-085, *Petition to Fix Residence Outside the State of California*. The court's order approving the move is prepared on Judicial Council form GC-090, *Order Fixing Residence Outside the State of California*. Blank copies of both forms are included in Appendix F at the back of this handbook.
- You need a judge's approval before you may sell the conservatee's home or former home. This is in addition to the court's involvement in the sale process itself. See Chapter 5 for more information about selling a conservatee's property.

## **CHECKLIST FOR SELECTING A CARE FACILITY**

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If you decide that the most appropriate, least restrictive setting for the conservatee is a care facility, visit recommended facilities to decide which one to choose. The following questions will help you find out about the facility. Many of these questions are reprinted with permission from the American Association of Retired Persons. Most of them apply to skilled-nursing facilities, but you will find many of them useful in evaluating other kinds of care facilities as well.

### **GENERAL QUESTIONS**

- | <b>YES</b>               | <b>NO</b>                | <b>Ask the Facility Administrator:</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility licensed by the appropriate state department? The license should be posted in an obvious place. (California Department of Social Services licenses board-and-care homes; California Department of Health Services licenses intermediate-care and skilled-nursing facilities). |
| <input type="checkbox"/> | <input type="checkbox"/> | If it is a skilled-nursing facility, is the administrator licensed by the state Board of Nursing Home Administrators? The license should be posted in an obvious place.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If the facility is advertised as a life-care or continuing-care facility, does it have a valid certificate of authority from the Continuing Care Program of the California Department of Social Services?   |

## CHECKLIST FOR SELECTING A CARE FACILITY

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### GENERAL QUESTIONS

- | YES                      | NO                       | Ask the Facility Administrator (continued):  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have there been any citations by the licensing authority?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, have the problems been corrected?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility certified to receive Medicare and Medi-Cal payments? Ask for a copy of the facility's last certification report. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility offer rehabilitation therapies such as occupational, physical, and speech therapy?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents allowed to wear their own clothes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents allowed to decorate their rooms?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents allowed to keep some of their own possessions, including furniture?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a place for private visits with family and friends?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the visiting hours convenient for residents and visitors?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a list of residents' rights posted in an obvious place?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the rooms well-ventilated? At what temperature are rooms kept? _____°F.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Can residents have a say in choosing roommates?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are social services available to residents and their families?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have recreational, cultural, intellectual, or religious activities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there group and individual activities? Ask to see a schedule of events.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are activities offered for residents who are confined to their rooms?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an activities coordinator on staff?   |

## **CHECKLIST FOR SELECTING A CARE FACILITY**

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- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents encouraged—but not forced—to take part in activities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do staff members assist residents in getting from their rooms to activities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents encouraged to participate in activities outside the facility?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do residents have the opportunity to attend religious services and talk with clergy in and out of the facility?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are barber and beautician services available?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility provide transportation for residents?  |
|                          |                          | Does each resident have:   |
| <input type="checkbox"/> | <input type="checkbox"/> | A reading light?   |
| <input type="checkbox"/> | <input type="checkbox"/> | A comfortable chair?   |
| <input type="checkbox"/> | <input type="checkbox"/> | A closet?  |
| <input type="checkbox"/> | <input type="checkbox"/> | A chest of drawers for personal belongings?  |
| <b>YES</b>               | <b>NO</b>                | <b>Ask Yourself:</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | If the facility is a locked or secured-perimeter facility, do you have the specific court authorization to place the conservatee in this type of facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility near the conservatee's family and friends?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility conveniently located on a bus route?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the atmosphere warm, pleasant, and cheerful?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a sense of fellowship among the residents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility administrator courteous and helpful?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff members cheerful, courteous, and enthusiastic?   |

## CHECKLIST FOR SELECTING A CARE FACILITY

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### GENERAL QUESTIONS

- | YES                      | NO                       | Ask Yourself (continued):  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do staff members show residents genuine interest and affection?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do staff members seem attentive to residents' needs? (If they are watching TV, for example, they may not be attentive to residents.)           |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the residents look well cared for and content?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do staff members appear to treat residents with dignity and respect? (For example, do staff members knock before they enter residents' rooms?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do residents, visitors, and volunteers speak favorably about the facility?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility clean and orderly?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the temperature seem comfortable and the rooms well ventilated?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility reasonably free of unpleasant odors?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do bathing and toilet facilities offer adequate privacy?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a curtain or screen available to give each bed privacy?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a public telephone for residents' use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is fresh drinking water within reach?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is suitable space available for recreational activities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are tools and supplies provided for recreational activities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a lounge where residents can talk, read, play games, watch television, or just relax away from their rooms?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have a yard or outdoor area where residents can get fresh air and sunshine?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there wheelchair ramps?  |

## CHECKLIST FOR SELECTING A CARE FACILITY

- Are toilet and bathing facilities easy for physically impaired residents to use?

### **SAFETY QUESTIONS**

**YES    NO    Ask the Facility Administrator:**

- Is the furniture attractive, comfortable, and easy for physically impaired people to get into and out of?
- Is there an automatic sprinkler system?
- Are there portable fire extinguishers?
- Is there automatic emergency lighting?
- Are the smoke detectors, automatic sprinkler system, and automatic emergency lighting in good working order?
- Are there fire drills for staff and residents?
- Is there a smoking policy for staff, residents, and visitors?  
What is it?

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Are there nurse call buttons and emergency call buttons:

- At each resident's bed?
- At each toilet?
- At each bathing facility?

**YES    NO    Ask Yourself:**

- Are smoking policy rules observed?
- Is the facility free of obvious risks, such as obstacles, hazards, and unsteady chairs?

## CHECKLIST FOR SELECTING A CARE FACILITY

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### SAFETY QUESTIONS

- | YES                      | NO                       | Ask Yourself (continued):   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there grab bars in toilet and bathing facilities and on both sides of hallways? Ask to see the bathrooms. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do bathtubs and showers have nonslip surfaces?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do all rooms open onto a hallway?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are exits clearly marked and exit signs illuminated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are exit doors unobstructed and can they be unlocked from inside?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are doors to stairways kept closed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility well lighted?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are hallways wide enough to allow wheelchairs to pass each other easily?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an emergency evacuation plan posted in a prominent place?  |

### HEALTH SERVICE QUESTIONS

- | YES                      | NO                       | Ask the Facility Administrator:   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | In case of medical emergencies, is a doctor available at all times, either on staff or on call? Ask for the names of doctors on staff or on call. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility allow residents to be treated by doctors of their own choosing?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents involved in planning their own care?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is confidentiality of medical records assured?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the facility made arrangements with a nearby hospital for quick transfer in an emergency?   |

## CHECKLIST FOR SELECTING A CARE FACILITY

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is emergency transportation available?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have an arrangement with a dentist to provide residents with dental care on a routine basis or on an as-needed basis? Ask for the names of dentists who provide care for residents. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pharmaceutical services supervised by a pharmacist? Ask for the pharmacist's name.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does a pharmacist maintain and monitor a record of each resident's drug therapy?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents allowed to choose their own pharmacy?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a separate room been set aside for storing and preparing drugs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least one registered nurse (RN) or licensed vocational nurse (LVN) on duty day and night?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an RN on duty during the day, seven days a week?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does an RN serve as director of nursing services?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If the conservatee requires special services such as physical therapy or a special diet, can the facility provide them?   |

**YES    NO    Ask Yourself:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the conservatee's doctor willing to visit the facility? |
|--------------------------|--------------------------|--|

### **MEAL QUESTIONS**

**YES    NO    Ask the Facility Administrator:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are at least three meals served each day?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are meals served at normal hours, with plenty of time for leisurely eating? Ask to see the meal schedule. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are more than 14 hours scheduled between the evening meal and the next day's breakfast?                   |



## CHECKLIST FOR SELECTING A CARE FACILITY

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### MEAL QUESTIONS

- | YES                      | NO                       | Ask the Facility Administrator (continued):  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | May I visit the dining room during mealtime?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are nutritious between-meal and bedtime snacks available?<br>What is served? _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are special meals prepared for patients on therapeutic diets?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Can visitors join residents at mealtime?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a charge for visitors' meals?   |
| YES                      | NO                       | Ask Yourself:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask to sample a meal. Does the meal that is served match the posted menu?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents given enough food?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the meals look appetizing?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the food taste good?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is food served at the proper temperature?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the dining area attractive and comfortable?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do residents who need help eating receive it, either in the dining room or in their own rooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the kitchen clean and reasonably tidy?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is food that should be refrigerated left standing out on counters?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Is waste properly disposed of?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do kitchen staff follow good standards of food handling?                                       |

**CHECKLIST FOR SELECTING A CARE FACILITY**

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**FINANCIAL QUESTIONS**

**YES    NO    Ask the Facility Administrator:**

What is covered by the basic monthly fee, and what isn't covered?

\_\_\_\_\_

\_\_\_\_\_

       Is there a list of fees for specific services that aren't included in the basic rate?

       Is there a refund for unused days that were prepaid?

       Is there a minimum period (sometimes called a private pay period) before the facility will accept Medi-Cal?

**YES    NO    Ask Yourself:**

Does the contract between the resident and the facility clearly state:

       Costs?

       The admission dates?

       Services that will be provided?

       Discharge and transfer conditions?

How does the cost compare with that of other facilities?

\_\_\_\_\_

\_\_\_\_\_



# MENTAL HEALTH CONSUMER CONCERNS, INC.

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1420 Willow Pass Road, Suite 120  
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Tel: (925) 646-5788  
Fax: (925) 646-5787

## Residential Care Facility Monitoring Form

- I. Name of Facility:  
\_\_\_\_\_
- II. Facility Representative (name):  
\_\_\_\_\_  
Administrator                  Resident/Client                  Staff
- III. Address and Phone Number of Facility:  
\_\_\_\_\_  
\_\_\_\_\_
- IV. Type of License (Level of Care):  
\_\_\_\_\_
- V. Date of Monitoring:  
\_\_\_\_\_
- VI. Monitor:  
\_\_\_\_\_
- VII. Verbal Feedback given to facility:    Y    N  
\_\_\_\_\_
- VIII. Date and Time of Follow-Up Visit (if applicable):  
\_\_\_\_\_
- IX. Letter sent to Licensing?    Y    N  
Date:  
\_\_\_\_\_



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## RCF Monitoring Tool

- I. Can the resident have private visits?      Y      N  
\_\_\_\_\_
- II. Does the resident possess and control his/her own money (receipts)?      Y      N  
\_\_\_\_\_
- III. Does the resident have access to individual storage space?      Y      N  
\_\_\_\_\_
- IV. Does the resident have access to telephones to make and receive private calls?      Y      N  
\_\_\_\_\_
- V. Can the resident send and receive unopened mail?      Y      N  
\_\_\_\_\_
- VI. Does the resident receive assistance in voting/registering to vote?      Y      N  
\_\_\_\_\_
- VII. Is the resident free from corporal or unusual punishment (lock-outs)?      Y      N  
\_\_\_\_\_
- VIII. Are the residents aware of the laws regarding complaints?      Y      N  
\_\_\_\_\_
- IX. Does each resident receive an admissions agreement (Request sample)?      Y      N  
\_\_\_\_\_
- X. Does the agreement contain the following:
  - a. house rules      Y      N
  - b. grounds for eviction      Y      N
  - c. Visitation policy      Y      N

- XI. Does each resident have a Needs and Services plan?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XII. Does the Plan include the medical/dental needs of the resident?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XIII. Does the Operator provide basic laundry services?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XV. Do the meals include a balanced meal with fresh fruit and vegetables?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XVI. Do all residents have opportunities to attend community activities?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XVII. Are there planned recreational activities for the residents?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XVIII. Is each resident (not under Conservatorship) afforded the right to refuse medications?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XIX. Is a Patients' Rights Poster in clear view?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XX. Is the residence clean and sanitary?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_
- XXI. Is there an inside lock on the bathroom door?      Y      N  
\_\_\_\_\_  
\_\_\_\_\_

HOME



**MENTAL HEALTH CONSUMER CONCERNS, INC.**

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date \_\_\_\_\_

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RESIDENT INTERVIEW

- I. Can the resident have private visits?            Y            N  
\_\_\_\_\_
- II. Does the resident possess and control his/her own money?    Y            N  
\_\_\_\_\_
- III. Does the resident have access to individual locked storage space?    Y            N  
\_\_\_\_\_
- IV. Does the resident have access to telephones to make and receive private calls?    Y            N  
\_\_\_\_\_
- V. Can the resident send and receive unopened mail?            Y            N  
\_\_\_\_\_
- VI. Is the resident free from corporal or unusual punishment (lock-outs)?    Y            N  
\_\_\_\_\_
- VII. Are the residents aware of the laws regarding complaints?            Y            N  
\_\_\_\_\_
- VIII. Does the Operator provide basic laundry services?            Y            N  
\_\_\_\_\_
- X. Do the meals include a balanced meal with fresh fruit and vegetables?    Y            N  
\_\_\_\_\_
- II. Are there planned recreational activities for the residents?            Y            N  
\_\_\_\_\_
- XIII. Is each resident (not under Conservatorship) afforded the right to refuse medications?    Y            N  
\_\_\_\_\_
- XIX. Do you understand the grounds for eviction?            Y            N  
\_\_\_\_\_



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## Group Home Monitoring Tool

1. Do any residents have special healthcare needs?      Y      N  
\_\_\_\_\_
2. If so, does the resident have an Individualized Health Care Plan?      Y      N  
\_\_\_\_\_
3. a. License posted?      Y      N  
b. Date of License: \_\_\_\_\_
4. a. Patients' Rights Posters up?      Y      N  
b. Visiting Policy posted?      Y      N  
\_\_\_\_\_
5. If there are 13 or more residents, is there a qualified substitute on the premises?      Y      N  
Name? \_\_\_\_\_
6. If there are 13 or more residents, is there a primary staff person assigned to planned activities?  
Y      N      Name? \_\_\_\_\_
7. What are some of the activities? \_\_\_\_\_  
\_\_\_\_\_
8. Does each resident have a needs and services plan on file? (look at one example file)      Y      N  
\_\_\_\_\_
9. Was the child able to participate in the development of the needs and services plan?      Y      N  
\_\_\_\_\_
10. What is the standard for terminating a resident from the program? \_\_\_\_\_  
\_\_\_\_\_
11. How many terminations have their been in the last year? \_\_\_\_\_
12. Does each resident have a discharge plan? ( look at one example)      Y      N  
\_\_\_\_\_

12. What kind of household duties are the residents required to do?  
\_\_\_\_\_
14. Will household duties go undone because a resident refuses to participate?    Y            N  
\_\_\_\_\_
15. Request to see policy on staff to resident ratios. \_\_\_\_\_  
\_\_\_\_\_
16. What is the complaint procedure for the residents? \_\_\_\_\_  
\_\_\_\_\_
- a. Do the residents receive copies of this procedure?    Y            N  
\_\_\_\_\_
- b. Is the procedure clearly posted?                    Y            N  
\_\_\_\_\_
17. What are the procedures for a resident who you believe requires seclusion or restraint? \_\_\_\_\_  
\_\_\_\_\_
17. What kind of menu do you provide? (request to see example) \_\_\_\_\_  
a. fresh fruit and vegetables daily?                    Y            N
18. Do the residents get an allowance at least once per month?    Y            N  
\_\_\_\_\_
19. Are the residents able to attend religious activities if they choose?    Y            N  
a. How is this accommodated? \_\_\_\_\_
20. Are the residents able to participate in community activities?    Y            N  
a. What are some recent activities? \_\_\_\_\_  
\_\_\_\_\_
21. Is there a space provided for indoor activities, relaxation and/or private visitation?    Y            N  
\_\_\_\_\_
22. Is the Group Home clean and sanitary?                    Y            N  
\_\_\_\_\_
23. What is your overall impression of the facility? \_\_\_\_\_





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## Questionnaire for Residents of Group Homes

1. How long have you been here?

---

2. Are you a ward or dependent of the court?

---

3. If you need to get in touch with your parents or social worker, are you able to do so promptly? Y N

---

4. Can you have a visitor without prior notice to the facility? Y N

---

5. Are you able to see visitors privately? Y N

---

6. What are the consequences for misbehaving?

---

7. Are you forced to do housework? Y N

---

8. Do you have a variety of foods available during meals? Y N

---

9. Do you have fresh fruit and vegetables available? Y N

---

10. What kinds of activities do you participate in?

---

11. Are there enough activities? Y N  
Indoor and outdoor?

---

12. Do you participate in community activities (church)?      Y      N  
How often?

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13. What can you do if you have a complaint about the home or staff?

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14. Do you know how to get in touch with a Patients' Rights Advocate?      Y      N

---

15. Can you keep and use your own personal items?      Y      N

---

16. Can you send and receive unopened mail?      Y      N

---

17. Do you get an allowance?      Y      N  
How often?

How much?

Are you able to spend this money as you like?

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18. Are you involved in a resident council?      Y      N

Would you be interested in having one?      Y      N

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Mental Health Consumer Concerns, Inc.  
Patients' Rights Advocacy Program  
Board and Care Home Visits

Name of B&C: \_\_\_\_\_

Owner: \_\_\_\_\_

Operator: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Time In: \_\_\_\_\_ Out: \_\_\_\_\_

Number of beds: \_\_\_\_\_ Matches license: Y N Number of Residents: \_\_\_\_\_ license Y N

# of Stairs to Entry: \_\_\_\_\_ # Stairs inside: \_\_\_\_\_

Advocate: \_\_\_\_\_

Staff on premises: Y N How many: \_\_\_\_\_

Residents home: Y N

PRA poster (in clear view) Y N Correct phone #'s on poster Y N

Wheelchair accessible Y N

**Notes to above Information**

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## Board and Care Homes Advocate Visit

### A - PERSONAL RIGHTS

#### Title 22 §85072

- |   |           |
|---|-----------|
| 1. clients visit the facility prior to admission  | 1 2 3 4 5 |
| 2. facility informs authorized representative of activities related to care and supervision                                 | 1 2 3 4 5 |
| 3. communication to facility from relative or representatives is answered promptly and completely                           | 1 2 3 4 5 |
| 4. clients have visitors, including advocacy representatives, visit privately during waking hours                           | 1 2 3 4 5 |
| 5. clients wear his/her own clothes   | 1 2 3 4 5 |
| 6. clients possess and use his/her own personal items, including toilet articles  | 1 2 3 4 5 |
| 7. clients possess and control his/her own cash resources   | 1 2 3 4 5 |
| 8. clients have access to individual storage space for private use  | 1 2 3 4 5 |
| 9. clients have access to telephones to make and receive private calls ( private phone line w/o extension) free local calls | 1 2 3 4 5 |
| 10. clients mail and receive <u>unopened correspondence</u>   | 1 2 3 4 5 |
| 11. clients receive assistance in exercising right to vote  | 1 2 3 4 5 |
| 12. clients move from facility in accordance with the terms of the admission agreement                                      | 1 2 3 4 5 |
- 

### B - Title 22 §80072

- |  |           |
|--|-----------|
| 1. client are accorded dignity in his/her personal relationships with staff and others | 1 2 3 4 5 |
|--|-----------|

- 2. clients are accorded safe, healthful, comfortable accommodations 1 2 3 4 5
  
- 3. clients are free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of a punitive nature including, but not limited to: interference with daily living function 1 2 3 4 5
  
- 4. clients attend religious services on a voluntary basis 1 2 3 4 5
  
- 5. clients leave or depart facility at any time 1 2 3 4 5
  
- 6. clients are not placed in any restraining devices 1 2 3 4 5
  
- 7. clients are not locked in any room, building, or facility premise by day or night 1 2 3 4 5
  
- 8. clients choose to receive or reject medical care or health-oriented services 1 2 3 4 5
  
- 9. transportation is provided to medical/dental appointments 1 2 3 4 5
  
- 9. clients are personally advised and given copy of rights 1 2 3 4 5
  
- 10. all information from § 8007 is posted in areas accessible to clients and visitors 1 2 3 4 5

**C - ADMISSION AGREEMENT**  
**Title 22 §80068**

- licensee maintains individual written admission agreements with all clients or with authorized representative 1 2 3 4 5
  
- Admission agreement specify
- 1. basic services 1 2 3 4 5
  
- 2. available optional services 1 2 3 4 5
  
- 3. payment provisions 1 2 3 4 5
  
- 4. modification conditions 1 2 3 4 5
  
- 5. refund conditions 1 2 3 4 5

6. condition for termination of agreement 1 2 3 4 5

7. copy dated, signed with copy to client 1 2 3 4 5

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**D - NEEDS AND SERVICES PLAN** 1 2 3 4 5

**Title 22 §85068 & §85068.3** 1 2 3 4 5

Need and services plan includes:

1. clients desire in regards to admission, specific needs, medical hx, mental condition, function limitations 1 2 3 4 5

2. needs appraisal or individual program plans 1 2 3 4 5

3. facility plans for meeting above needs 1 2 3 4 5

Needs & services plan updated as necessary to assure accuracy and document client changes 1 2 3 4 5

When modifications identify client needs that cannot be met by facility, the following requirements are met: 1 2 3 4 5

1. outside consultation to determine if needs can be met by facility 1 2 3 4 5

2. if needs can be met at facility a modified service plan is developed 1 2 3 4 5

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**E- SERVICES**

**Title 22 §85075, §85076, §85077, §85079, §85088**

1. facility develops & implements a plan to assure that assistance is provided to clients in medical and dental needs 1 2 3 4 5

2. provides necessary personal assistance and care with activities of daily living 1 2 3 4 5

3. provides basic laundry services 1 2 3 4 5

4. provides care and supervision to meet the client's needs as identified in needs and services plan 1 2 3 4 5

- |   |           |
|---|-----------|
| 5. provides meals that are sufficient, well-balanced, tasty, hot meals 1-2 times daily (ask for menu)   | 1 2 3 4 5 |
| 6. ensures that planned recreational activities are provided  | 1 2 3 4 5 |
| 7. ensures that opportunities for planning activities are given to clients  | 1 2 3 4 5 |
| 8. assures that clients are given opportunity to attend community activities  | 1 2 3 4 5 |
| 9. in facilities with 7 or more clients notices of planned activities are posted  | 1 2 3 4 5 |
| 10. has an established resident councils, if so are notices posted and are they held without a staff member present   | 1 2 3 4 5 |
| 11. supplies necessary to meet the requirements of the planned activity program: daily newspapers, current magazines and a variety of reading material ( special equipment to meet clients with disabilities) | 1 2 3 4 5 |
- 

**F - FACILITY**

**Title 22 §85009, §85076, §85079, §85080, §85087, §85087.2,3**

- |  |           |
|--|-----------|
| 1. in facilities with 7 or more clients license should be posted in a prominent publicly accessible location | 1 2 3 4 5 |
| <b>Food Service:</b>   |           |
| 2. food is served in a dinning room close to kitchen so that food may be served quickly and easily           | 1 2 3 4 5 |
| 3. perishables stored for no more than 2 days  | 1 2 3 4 5 |
| 4. refrigerators and freezers clean  | 1 2 3 4 5 |
| 5. the menu and actual food served match, meals are hot, nutritious and varied                               | 1 2 3 4 5 |
| 6. assure that no more than 2 people are sharing a bedroom   | 1 2 3 4 5 |
| 7. no bedroom is used as entryway into another space   | 1 2 3 4 5 |

- |  |           |
|--|-----------|
| 8. facility is clear of potential hazards for people whose balance or eyesight is poor   | 1 2 3 4 5 |
| 9. outdoor space provided, easily accessible and protected from traffic  | 1 2 3 4 5 |
| 10. outdoor space is shaded, comfortable and furnished for outdoor use   | 1 2 3 4 5 |
| 11. a room available for relaxation and visitation with friends and relatives  | 1 2 3 4 5 |
| 12. one toilet and sink for each 6 persons including staff   | 1 2 3 4 5 |
| 13. one bathtub or shower for every 10 people  | 1 2 3 4 5 |
| 14. number of beds matches number of clients licensed for  | 1 2 3 4 5 |
| 15. bedroom furniture should include: a chair, a night stand, a lamp or lights necessary for reading. ( a nightstand may be shared by 2 beds | 1 2 3 4 5 |
| 16. one closet and two drawers for each client   | 1 2 3 4 5 |
| 17. clean linen available  | 1 2 3 4 5 |
| 18. emergency lights, fire extinguishers, visual and or auditory signals   | 1 2 3 4 5 |



**Contra Costa County  
MENTAL HEALTH COMMISSION**

**PROGRAM SITE VISIT – EVALUATION FORM**

Location of Site Visit: \_\_\_\_\_

Address: \_\_\_\_\_

City/County: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Type of Facility:

- Housing (ie, Board and Care)
- Day Treatment
- Inpatient Facility
- Other \_\_\_\_\_

**PHYSICAL PLANT/CONDITION OF FACILITY (Circle Selection):**

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
General Appearance	<input type="checkbox"/>	1	2	3	4	5
Cleanliness	<input type="checkbox"/>	1	2	3	4	5
Safety	<input type="checkbox"/>	1	2	3	4	5
License Posted & Visible	<input type="checkbox"/>	1	2	3	4	5
Patients Rights Information Posted	<input type="checkbox"/>	1	2	3	4	5
Other physical structures:	<input type="checkbox"/>					
• Ramp	<input type="checkbox"/>	1	2	3	4	5
• Patio Areas	<input type="checkbox"/>	1	2	3	4	5
• Parking	<input type="checkbox"/>	1	2	3	4	5
• Other	<input type="checkbox"/>	1	2	3	4	5

Comments: \_\_\_\_\_

**PERSONNEL/STAFF (Circle selection):**

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
Adequate Staffing (ie, Ratio of residents to staff adequate for facility)	<input type="checkbox"/>	1	2	3	4	5
Professional Credentials of Staff	<input type="checkbox"/>	1	2	3	4	5
Interns	<input type="checkbox"/>	1	2	3	4	5
Recreational Therapists	<input type="checkbox"/>	1	2	3	4	5

Comments: \_\_\_\_\_

**WITHIN THE FACILITY (Circle selection):**

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
Laundry Facility Present <input type="checkbox"/>		1	2	3	4	5
Laundry Facility Maintained <input type="checkbox"/>		1	2	3	4	5
Kitchen Facility <input type="checkbox"/>		1	2	3	4	5
Bathroom(s) Facility <input type="checkbox"/>		1	2	3	4	5
Client Bedrooms: <input type="checkbox"/>						
• Size adequate <input type="checkbox"/>		1	2	3	4	5
• Windows in room <input type="checkbox"/>		1	2	3	4	5
• Closet space adequate <input type="checkbox"/>		1	2	3	4	5
• Configuration <input type="checkbox"/>		1	2	3	4	5

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**CONTENT OF PROGRAM (Circle selection):**

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
Scheduled Daily Activities <input type="checkbox"/>		1	2	3	4	5
Organized Games in Evening <input type="checkbox"/>		1	2	3	4	5
Chores Assigned to Residents <input type="checkbox"/>		1	2	3	4	5

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**OVERALL EVALUATION OF PROGRAM SITE (Check choice):**

- Unsatisfactory     Less than Satisfactory     Average     Satisfactory     Highly Satisfactory

**ADDITIONAL COMMENTS REGARDING YOUR VISIT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUGGESTIONS FOR ANY IMPROVEMENTS TO PROGRAM/SITE:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Program Evaluator: \_\_\_\_\_  
Signature Date