

Current (2017) Members of the Contra Costa County Mental Health Commission

Duane Chapman, District I (Chair); Barbara Serwin, District II (Vice Chair); Meghan Cullen, District V; Douglas Dunn, District III; Diana MaKieve, District II; Lauren Rettagliata, District II; Connie Steers, District IV; Gina Swirsding, District I; Jason Tanseco, District III; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, District II
BOS Representative, Diana Burgis, District III, BOS Alternate

The Mission Statement of the MHS/Finance Committee: In accordance with our mandated duties of Welfare & Institutions Code 5604, and aligned with the Mental Health Commission's MHS Guiding Principles, and the intent and purpose of the law, the MHS/Finance Committee will work in partnership with all stakeholders, all community-based organizations and County providers to review and assess system integration and transformation in a transparent and accountable manner

MHS/Finance Committee Meeting
April 20, 2017 ♦ 1:00-3:00 p.m. ♦ 1340 Arnold Drive, Room 112, Martinez

AGENDA

- I. Call to order/Introductions**
- II. Public Comment**
- III. Commissioner Comments**
- IV. Chair Announcements**
- V. APPROVE Minutes from March 16, 2017 meeting**
- VI. DISCUSS the proposed Family Support program- Stephanie Chenard**
- VII. REVIEW and DISCUSS program reviews – Stephanie Chenard**
- VIII. DISCUSS Hope House and transitional housing for adults with serious mental illness- Jan Cobaleda-Kegler**
- IX. COMMITTEE DISCUSSION: regarding the changes in MHS Programs from Prevention and Early Intervention to Workforce Education and Training**
- X. COMMITTEE DISCUSSION: regarding First Break and Oak Grove transitional housing and prepare questions for requesting information to present to the full commission meeting.**
- XI. Adjourn**



**MHSA-FINANCE Committee
MONTHLY MEETING MINUTES
March 16, 2017 – First Draft**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Chair, Lauren Retagliata, called the meeting to order at 1:09pm.</p> <p><u>Commissioners Present:</u> Chair- Lauren Rettagliata, District II Vice-Chair-Douglas Dunn, District III (arrived @1:15pm) Diana MaKieve, District II Duane Chapman, District I</p> <p style="text-align: center;"><u>Commissioners Absent:</u> Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u> Pat Godley, Chief Financial Officer for CCC-Public Health Services Cynthia Belon, Director of Behavioral Health Warren Hayes, Mental Health Program Chief Stephanie Chenard, MHSA Analyst Teresa Pasquini, previous commissioner (arrived @1:09) Adam Down, Behavioral Health Administration Jill Ray, Field Representative, District II Liza A. Molina-Huntley, MHC Executive Assistant</p>	<p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance
<p>II. Public comments: None</p>	
<p>III. Commissioners comments: None</p>	
<p>IV. Chair comments: None</p>	
<p>V. Approve minutes from February 16, 2017 meeting</p> <p>MOTION to approve minutes made by, Diana MaKieve, seconded by Duane Chapman.</p> <p>Corrections- Lauren: EA correct and clarify page one with Stephanie which are the Board and Care facilities that have completed review reports.</p> <p>VOTE: 3-0-0 YAYS: Lauren, Duane, Diana NAYS: none ABSTAIN: none ABSENT: SAM YOSHIOKA</p>	<p>Executive Assistant</p> <ul style="list-style-type: none"> • Clarify, correct and post finalized minutes.

<p>VI. Review and Discuss MHSA Program and Fiscal Reviews- Warren Hayes and Stephanie Chenard</p> <ul style="list-style-type: none"> • Warren- in this three year period, which ends at the end of June, 52 program reviews will be completed. There are seven remaining: COFFEE, COPE, SENECA, LA CLINICA, PUTNAM, LINCOLN, CHILD CENTER and FIRST HOPE, will be completed by 6/30/17. We will have six reports ready for April and expect another five to be completed in May, 11 total in process, that the Commission should receive in the next 2-3 months. • Lauren- there are reports that have not met the requirements, or deficiencies have been found in specific areas. Are there any MHSA programs that still have not cleared their deficiencies? • Warren- To clarify the process, BHS/MHSA, does program reviews of all programs that are funded in part or all by MHSA. The MHSA team does not have a line responsibility for all of those. Again, it is not an audit, it's a review we provide a recommendation if we feel that, the program, doesn't meet the standard, we say so and we turn over the recommendations to whoever is in charge. The majority of the MHSA programs are done, except for one. The PEOPLE WHO CARE program, in East County, has a 90 day plan. Most of the findings were regarding the general acceptable accounting principles. All are very responsive to comply with contract requirements. • Lauren- Can a list is compiled of all the facilities that have been cited with a corrective action plan and who's responsible? What is the best way to get at this? • Warren- Several months ago I gave you a composite report on collectively what findings were found that had some, little and none at all. Do you remember that report? • LAUREN- Yes, I do but there were some that you handed over to other agencies, not under your purview, under someone else's. I am asking for a list that compiles those corrective actions, which ones are still outstanding that aren't under your purview to correct. Because it's hard for us to know, if it's the MHSA team, or another administrative team? We would like to know if there are corrective actions yet to be made and whose purview do they fall under? • Warren- What we would have to do, on our team, is to go back and redo that. If you request that, then for a future meeting, then our staff can compile that information. Again, back to the earlier point, as the reports come in we can inform you if they're ours or not, then you can schedule a discussion with the person responsible. • Stephanie- to exemplify Warren's point, for instance the Board and Cares, since those aren't managed by MHSA, we had a meeting with the Adult System of Care, Jan Cobaleda-Kegler and other people involved, to look at what we are going to do with the Board and Cares, as a whole. It was a general work group. It was a work group, not open to the public. No minutes were taken. 	<p>Warren Hayes:</p> <ul style="list-style-type: none"> • Will distribute six reports to MHC/MHSA Finance Committee by June 30, 2017
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<ul style="list-style-type: none"> • Lauren- is there a report or minutes of that meeting? • Warren- most reviews, are not compliance issues, the issues are related to better business practices. We will call out items that related to contract compliance, we usually correct on the spot and follow up to make sure that it's done. Again, we are not in the chain of command that is responsible for that area, it's a briefing and pass to the system, manager or chief. Again, it's up to the person who is responsible, to determine if they will make immediate corrective actions. We will start the program review again on 7/1/17 and then we will be able to see any changes have been made. • Duane- once the reports are done, why can't the commission be one of those that receive the reports as an FYI? • Warren- the MHSA Finance Committee receives all the reports. When the committee receives, all the reports, it will be a good time, for the MHSA Finance Committee, to sort out which ones are the CCCBHS chain of command for the particular program and what are the recommendations and if there are any immediacy, long term, short term addressing that's necessary. Back to Lauren's original question, do we have any reports for this month? We are almost ready to give you six reports. It depends on what level of involvement, the Committee members want to have. It is better to take action, as you go along, rather than wait. 	
<p>VII. REVIEW and DISCUSS MHSA Three year Program and Expenditure DRAFT Plan for Fiscal years 2017 to 2020- Warren Hayes</p> <ul style="list-style-type: none"> • Warren- The three year plan is kicked off with the CPAW meeting, which all the Commission members were invited earlier this month. We received a lot of input, made some changes and have recognized the changes and responded to the individuals that gave input. It is what we call the "informal" period for input. Monday, March 20, 2017, will become the formal process where it will be posted, on line, for a 30 day public comment period (as per law to April 20, 2017). There will be forms posted online on our MHSA/Mental Health website, under Behavioral Health. After the 30 day period has past, the Mental Health Commission will host a public hearing at the May 3, 2017 meeting. The format for that is, because the Commission is a public venue that is Government Ordinance driven, the public will be invited and on the agenda a time period is allowed for public input. The hearing part is at the end of the Commission meeting and allows individuals to provide public comments (2-3 minutes per person). The comments, regarding the final draft, are recorded. At this time we do not get into a dialogue with the public at the Commission meeting hearing. The open dialogue is only at the informal CPAW meeting. The Mental Health Commissioners will have time to make their comments and discuss whether they take a position, or not, and it is recorded and by law we are required to respond, in writing to all of the formal public comments provided, within 30 days. All the public comments received from the hearing, 	

along the Commission's position or recommendations become part of our draft and will be stated in appendix "F". Everything will be posted: the public comments, the Commission meeting, the agenda, the minutes, public comment period, the comments and the county's response to all of it. It all becomes part of the document that goes to the County Administrator's office for agendaing; we hope that the draft, Three Year Plan, will be on the June agenda for the Board of Supervisor's consideration. If any of the substantive comments by the public or Commission, cause a significant change in the draft, then we have to start all over. We will start back to the public (CPAW) comment period, the public hearing, and the county's response and continue the process, from the beginning.

- **Teresa-** has there ever been a substantive comment that has required to start over?
- **Warren-** Not since I have been with BHS. If there is a significant program reduction, additions, eliminations, changes- that would be substantive. The Finance Division will do a final appendix "E" which will summarize and make adjustments to the dollar amounts. There will be a final adjustment between the draft and the final document that goes before the Board. If people state that they like one program and not the other, then common sense is that we would have to go back to the beginning and allow the public the opportunity to look at the changes.
- **Lauren-** At last year's meeting, with the Commission, there were public concerns about the Rye's Center and it not meeting the needs of the community.
- **Duane-** We receives complaints from the community stating that there are no services in West County. The current programs that we have do not meet the needs of the African American population in West County. In general, there are no services, health or mental health care, in West County. Communities have changed in Richmond, they shift.
- **Warren-** A "Quantative Needs Assessment," was done to look at the prevalence and penetration rates, by region, by race/ethnicity, by age group and the report results were that there is an equal distribution of mental health services across all regions, all age groups and across all race/ethnicities. The issue is more about connecting those individuals to the services. Maybe a better job at outreaching to the different regions is needed? A comprehensive program and fiscal review, was created for NEW LEAF and RYSE, the findings were that they met the requirements and did the scope of what they were paid to do. I live in the West end of the County, for decades and I have worked in West County. The micro communities have shifted. RYSE is not in the heart of Richmond and that is for safety reasons, it's in the best centralized location possible.
- **Lauren-** The public saw some programs getting funded that they questioned the effectiveness to meet the needs of the community.

<p>We have the dilemma of the community saying that the programs are not meeting their needs. What can we do? Regarding the report we have, from Erin McCarthy, “Appendix B,” and it has level of care, program agency, target population, region served...(part of the Needs Assessment), is there a possibility for you (Warren) to add a fifth column to include dollars spent? (Referencing the attachment included in Mental Health Commission meeting agenda for 2/1/17)</p> <ul style="list-style-type: none"> • Warren- No, because the issue is how far do we need to go? The amount of time and effort that is made by the staff to attach that level of specificity was beyond our reach. We could retrieve, out of the auditor’s expenditure summary, the total amounts, but it will not be broken down and we are out of time to go back and redo. • Lauren- Pat, (CFO- Godley), this would really help out the Mental Health Commission because this helps us to see were dollars are spent. (referencing: B1- of the Needs Assessment report) • CFO Godley- That is from Warren’s report and that has been completed. 	
<p>VIII. DISCUSS budget updates with Chief Financial Officer of Contra Costa County’s Public Health Services- Pat Godley</p> <ul style="list-style-type: none"> • Lauren- We basically need to know the budget updates, are there any significant changes that are occurring and what are they? • CFO Godley- Yes. (Provided handout with updated budget for the Behavioral health division-Mental Health, 9 pages.) • Director Belon- Vern gave an update to the Mental Health Commission regarding Behavioral Health’s priorities for 2017-2018. • CFO Godley- A brief overlay of where we are- we go through an annual budget, where the County’s administrative staff gather to develop what is necessary to fund the programs going into the future years. We are currently in the 2016-2017 Fiscal year and we are moving into the next budget year, 2017-2018. The basic available funding from the County’s General Fund has remained constant, no changes. The department has approximately \$95 million in the County’s General Fund, to support and run the Health Department. We have developed a budget that will finance the ongoing activities of the different departments, inclusive of Mental Health, without any negative service impact. The macro overlay is that this budget – for Mental Health, for the department and for the State of California is all being developed on the assumption that there are no changes to the AFFORDABLE CARE ACT. The Affordable Care Act is changing hour by hour, and it will have an impact. This falls under three general areas: 1) the total dollars available to the Medicaid and MediCal population, 2) the eligibility, how many people will qualify to be covered under MediCal and Medicaid? 3) Even if the dollars are identified appropriately how do we define a block granted to the States? How will the State handle the distribution of that block grant, at the local level? Children’s hospitals have a separate funding stream, Mental Health has a 	<p>EA- place on the April meeting agenda, for the Executive Committee, to have a discussion regarding the HHH’s Housing Committee</p>

separate funding stream, Quality Health Centers have a separate funding stream, all of those need to be addressed and come out to a revenue neutral area with adequate dollars. Everyone is aware of the changes to come and that is a major message. The handout provided is a summary schedule of the Health Service Department, which identifies the adopted 2016-2017 budget and the 2017-2018 recommended budgets. This is a draft and it is subject to the final approval of the County's Administrators Office. This is still being finalized, no changes are anticipated. Then it will be presented to the full Board of Supervisors for discussion and public input. The Enterprise funds are primarily the hospitals, clinics and the Health Plan and Mental Health has also been identified. Last year for the adopted budget, we had a \$191 million, with a General Fund contribution of \$17.2 million. Moving into the "Recommended Budget," for 2017-2018 years, we have a budget of \$211 million, with a \$17.2 million dollar County subsidy. There is growth in the Mental Health, and in a couple of areas, through the EPSTD (Early Periodic Screening Detection Treatment) program. Utilizing the growth from that program, that it's still growing, because we have revenues coming in from that side and match, some of the dollars from MHSA and the realignment. We do have dollars identified that are coming from MHSA for different areas: Continuum of Care Reform that is included for implementation in 2017-2018, Mobile Crisis Team (both youth and adults) and Oak Grove. There is a 3% community based organization cola built in, that we believe we will be able to handle, the revenue off-set, there shouldn't be any negative impact. We have specific funding for implementation, that is not included within the Mental Health budget; the electronic medical record. We have used some of the funds from the WHOLE PERSON CARE grant. We have received the first \$20 million dollars, for the first year, and will continue to receive the same amount annually, for the next five years. A portion of the funds will be used to implement the electronic medical record. We have a lot of positive things going on, assuming that the ACA doesn't change; if it does, we would have to start over from scratch.

- **Doug-** The five year Whole Person Care grant, is that subject to change depending on the outcome of the fate of the ACA?
- **CFO Godley-** It's unclear, at this time. California is operating under a MediCal Waiver through the year 2020, these grants, or part of them, are MediCal Waiver. The regulations have not been completed yet. It is unclear as to whether those waiver dollars would roll into the per capita calculation or not. The debate has gone both ways. Any question related to the ACA will have the same response; there is too much uncertainty at this time.
- **Lauren-** so the increase in budget is coming basically from an increase in MHSA funds and the EPSDT? There must be a significant amount of dollars coming from those two programs because there is over a \$21 million increase in funding.

- CFO- Godley:** We have approximately \$8.5 million coming in from the new programs in the colas, the realignment dollars is complicated. The 1991 Realignment shows no growth projected in this budget, normally we would pick up \$1.5 million in any given year, if the economy holds. We do not have anything built into the Realignment funds this year because of the State action regarding in home supportive services. They have taken an action that will transfer the in home supportive services back to the counties and as a result, the counties will have to pick up a larger share of that cost. The way that the realignment funds are structured, the IHSS, when it's transferred back, computes into a case load growth for social services. Social Services are the first recipients for any growth revenues in 1991 Realignment Funds, depended upon their growth rate. The state takes the program funds, then the funds go to the county, and the county is made responsible for the funds. Then the funds get counted and the Social Services growth amount, over the years, provides them with the first access to any growth dollars from now into the future until they are made whole, and that can take anywhere from 5 to 7 years. Mental Health services will not be able to participate in any growth dollars until Social Services' is no longer owed for growth. This is part of the Governor's proposed budget which he has the authority to do, on this particular program, which was established by the Coordinated Care Initiative in regards to the 1991 Realignment funds. There are a number of efforts underway, at the State level, to decrease the impact for the County and potentially there may be a spin off, as to what can be done in the future with the 1991 Realignment funds.
- Lauren-** do you think there is movement at the State level, to help correct this deficit that Mental Health has?
- CFO Godley-** Yes, lobbyists are in the process of doing that. I suspect that it will not have any impact for the 2017-2018 year and it will mitigate the loss forward. Almost every county is lobbying for the change because of the impact on their General Fund and the collateral damage associated with the mental and physical health in the out years. In regards to the 2011 Fiscal Realignment dollars, there is approximately \$1.5 million built into the budget for growth. Part of that draw, is for Federal participation in MediCal. The State made the change about three years ago, on the 2011 Realignment funds, from the allocation process. We believe that it operates in the exact function as the 1991, in terms of a rolling base every year then you go into your growth realignment and that goes into the base and sets the amount for the next fiscal period.
- Lauren-** The amount of money that is in the Emergency fund, that MHSAs hold money that has not been spent and it rolls between \$40-\$50 million dollars. How much money now resides in that fund and has any interest accrued?
- CFO Godley-** I will double check, we use to do an interest allocation,

and the interest is at a quarter of a percent.

- **Warren-** it's approximately \$423,000 dollars in interest accrued, for the entire amount.
- **CFO Godley-** This draft provided is not complete. This is to give you all an overview of what is going on with the budget. I can provide any details; you need, at a future meeting. The basic message is that we have new programs coming on board in the 2017-2018 year and revenues identified to support the new programs and will finally have an EMR (Electronic Medical Record system).
- **Doug-** Are we talking about the MHSAs unspent funds?
- **Lauren-** Yes, the MHSAs unspent funds. Do we have an exact dollar amount?
- **Warren-** It's a projection, we are in March and what we are doing is building the budget, a projection of what it will look like by July 1st, four months from now.
- **Lauren-** ok, I understand. Is it still in that quarter percent? Because again, when you have \$50 million, it makes a difference.
- **Warren-** The interest is included as part of the budget in the Three Year Plan. The interest is part of the revenue and it is included.
- **CFO Godley-** The interest rate that we actually receive is the amount that the county invests, in the best interests of all of their assets, inclusive MHSAs.
- **Lauren-** The new programs are Oak Grove, the Continuum of Care Reform, EMR, and the Mobile Crisis expansion. Cynthia, (Director of BH), in the community funding process over the last five years the number one need identified at the meeting is housing. Yet, housing has not been substantially increased and there are some huge problems, as far as housing and continuum of care in the County. We have our crisis residential but we don't really have a large transitional housing component. We have the augmented board and cares and other facilities are constantly at capacity. We have people being rejected and we are not keeping up with the demand and it has been identified as a number one problem. I can see that we will have Oak Grove but what is the long term plan? Is there a long term housing plan? Has the Mental Health Department developed a long term housing plan?
- **Director Belon-** as a Behavioral Health Division, the Mental Health system, does not have a long term housing plan. When you talk about housing, as you just mentioned, there are various definitions of housing. Some are short term with the expectation that people will transition to other housing, but a lot of times there is no "other housing." That has been a major issue, particularly around permanent housing opportunities. That is recognized and that is the main reasons that housing became its own division, under Health Housing, and Homeless Services. The reason is to draw attention to the very fact of the need. Not to be placed with Behavioral Health, because it needs to expand across the department, with the

understanding that housing is definitely a health issue that impacts everybody, all of our patients across the County. Do we have an answer? No. Do we have new monies going to housing? Very little. As you know, coming from that side of the system, it is something that troubles me deeply. The short answer is: no, we do not have a plan. There is a lot more conversation that we, as a system, need to have and I believe that we will be having discussions during this next year. We are moving more towards accelerating, what we consider integration, improved patient care, and really meeting patient needs.

- **Lauren-** What role, can we as the Mental Health Commission, play in getting a housing plan for seriously mentally ill?
- **Director Belon-** Are you just looking at the seriously mentally ill? Because again, it is very hard to just narrow it to that subpopulation. If you want to do that then yes, the Commission can take on a role and we can talk about that, and we have talked about it during this past year. If it's really looking at housing needs across a wider continuum and wider population, than perhaps other advisory bodies should be talking with each other. I have encouraged that to happen, over the last year, as a starting point. We can talk more about that, this is obviously not the right meeting for that but I am certainly interested in having that conversation with you and with whoever else is interested in having that conversation.
- **Lauren-** My personal opinion is that this is the venue for this type of conversation to take place because we have the MHSA dollars available for it and it's through the community planning process that this is always brought up as the number one need. That's why I said for the seriously mentally ill, because this is what MHSA dollars can address and are we sitting on unspent funds and we'd have to drive a process where we didn't bankrupt MHSA because there are programing dollars that have to follow with your housing dollars. There is this huge unmet need and that's why I said for the seriously mentally ill and it's where we look at this and we know that "No Place Like Home" will be coming online, that has to have at least five units. I was able to participate in the webinar where they identified transitional housing, which we don't have past the 30 days crisis center, would not be funded through "No Place Like Home" because it would be considered one unit. This is where the planning that needs to happen at the mental health administrative level.
- **Director Belon-** The reason why I said that this may not be the most appropriate venue is because first of all, you have to figure out what kind of housing you want and this is the MHSA Finance Committee. To me, it first has to have the conversation about what's missing, where are the gaps, what do you want to see and then you figure out how to fund it. That's why I said we don't start here. The second thing is that there is a Housing Committee, driven by HHH. Those conversations would be most appropriately started and thought through at the Housing Committee meetings. If that is not

happening, then there must be something not working and we need to take a look at how we may structure it differently, for those conversations to happen. That is why that committee was created.

- **Jill-** Are you talking about the Council on Homelessness?
- **Director Belon-** No, I am not. I am talking about the Housing Committee, CPAW use to run it, and then Behavioral Health took it over.
- **Warren-** Actually, it's under Lavonna Martin, the Director of HHH (Health, Housing and Homeless Services).
- **Director-** The Health, Housing and Homeless Services, - Housing Committee, is the most appropriate place to start this conversation. We do not start to figure how to fund something that we cannot yet define. MHSA is one funding source, within the Mental Health System, and the Behavioral Health Division.
- **Lauren-** I guess where our direction is and where I'm asking you for help is because of the needs of the specialty mentally ill, the fact that there is not a strategic plan to improve housing. We are not interfacing well with that specific committee that you're telling us to meet with.
- **Director Belon-** Than can we have a conversation about how and why it's not working. That is information that I need to take forward, so I can have a conversation with the Director of that program. We can have a discussion, about the committee, once the problems have been identified and sent to me, so we can see how we might restructure the Committee and help the meetings be more effective. The communication is needed so that the planning can happen, with the goal of creating a strategic plan, for housing for the seriously mentally ill. Does that make sense?
- **Lauren-** Totally and I appreciate you being here to hear my concerns.
- **Director Belon-** My question to you is what is the most appropriate venue to start this conversation? Do you want to have the conversation at the Executive or the Quality of Care Committee?
- **Duane-** Let's do it at the Executive Committee
- **Director-** Belon (to EA- can you add it to the agenda at the next month's meeting? Thank you) and thank you Lauren for bringing up this discussion.
- **Teresa-** Is there an adequate continuum for the specialty mental health population that will allow them to be in the least restricted possible care? There has been territorialism on everybody's part. There needs to be a plan to address this population and I believe that there never was. There is a lot of literature available and numerous reports.
- **Lauren-** I believe we made a notch forward on making this happen. Doug, you have a question?
- **Doug-** Thank you for sharing the update with us (CFO-Godley). In previous years, on the AOT workgroup, we received program expenditure details, around seven pages long; can you provide more

<p>details of the expenditures? And, do you have something about realignment for FFP? Between micro and macro levels.</p> <ul style="list-style-type: none"> • CFO Godley- I do and I can send that information to you. The FFP (Federal Financial Participation), realignment bulk is under patient revenue, the short answer is yes. I can show you the FFP component of the revenue source. Probably 80% of that patient revenue is going to be FFP, which is not an issue. The two big things for this Committee to keep informed of is the: ACA (Affordable Care Act) and the CCI (Coordinated Care Initiative), these two are the most important to keep track of, because it impacts all the realignment funds. • Lauren- If you can pass on the information, at the State and Federal level and forward it to Liza, the Executive Assistant. Thank you. 	
<p>IX. DISCUSS and PREPARE format for full commission meeting in May- Warren Hayes</p> <ul style="list-style-type: none"> • Lauren- Since we are the MHSA committee, and we had a good turn out last year, how do we propose to get the word out to the Central, South and East parts of the County about the hearing in May? • Warren- There is a large list of interested parties that we used for advertising the community forum in October, November and December. We can provide that to the Executive Assistant, because again, this is really your event and what I'm hearing, that you're asking is, how to get the word out. There are individuals, who have expressed an interest and/or actually participated in the planning process of this event. It would be a matter of alerting that list, of the upcoming event. • (Recap: the Mental Health Commission will be hosting a public hearing on the May 3, 2017 meeting. The format has been previously described, in item VII-“ REVIEW and DISCUSS MHSA Three year Program and Expenditure DRAFT Plan for Fiscal years 2017 to 2020- Warren Hayes”) • Lauren- so how should we express the importance of this hearing to all parts of the county? Do we have any good verbiage or do we have to create it? It gets lost when we say there's a hearing. .. • Warren- Again, this is for public comments only, not where we engage, that was already done at the CPAW meeting. This is where people make an official comment on the plan- good, better or indifferent. I am very happy to work with Adam and Liza to come up with some draft language, if you folks want to review it and meet your approval to accompany that. • Lauren- If you all can create the announcement and invite everyone, at least two weeks out and a week before, that should be fine. • Warren- That's a good idea because it's important to manage expectations so people know exactly what the venue is and what it isn't. I have an extensive list of those who have participated and that have expressed an interest. I do recommend that you, as a Committee or Commission, participate in the planning part of the process for this year, starting in July. On Monday, March 20, the information can be accessed on the MHSA, Mental Health web page. 	<p>Warren, Adam & Liza create announcement and list of invitees for the MHC Commission hearing in May</p>

<ul style="list-style-type: none"> • Lauren- Yes, that is exactly right, the process needs to be explained to the general public, so they know what is going on. 	
<p>X. REVIEW updates regarding fulfillment of Psychiatrists positions and salary increases-</p> <ul style="list-style-type: none"> • Jill- In reference to the email I sent to Lauren: the current MOU has been extended through to the end of April, to allow for continued negotiations. A settlement was not reached in February, has hoped, so they extended the contracts through April 30 to allow for further negotiations to come up with an agreeable solution. • Lauren- why has the MOU been extended? This has been happening for three years. The shortage of Psychiatrists has been going on for years. • Jill- I am not sure that anyone can answer that question and you did not ask me that question before the meeting. I do not know when the original MOU was. It has been extended for two months, currently, that is not uncommon. There are other union bodies that do the same. Union negotiations are beyond the County's control and up to each union to accept what is offered. • Lauren- What about the FTE's that are unfilled. We are understaffed. • Warren- At the clinical level, Psychiatrists are contracted to cover shifts. We are at about 67% of normal. We are down one third. • Lauren- The problems is that the contracted doctors are very part time, sometimes one or two days a week. They are nowhere near as effective as a regularly staffed doctor. • Jill- When you're dealing with contract employees versus full time employees, who are invested in the system, it is a tougher system to run. • Liza- as Dr. Whalen stated, when he was present at the meeting in January, Psychiatry graduates have declined. • Warren- The graduate decline is a national issue; it is not just in our area. • Doug- Dr. Whalen did state that all new contracts were going to be at least three days. • Liza- Dr. Whalen did commit to be at the April MHSA meeting. • Lauren- I guess we will have to wait and hopefully then we can get an update. 	<p>EA will confirm with Dr. Whalen for April 20, 2017 MHSA meeting regarding any updates (if updates, will arrive after 1:30pm)</p>
<p>XI. Adjourned at 3:02pm</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** November 10, 2016
Date of Exit Meeting: January 6, 2017
- II. **Review Team:** Stephanie Chenard, Joseph Ortega,
- III. **Name of Program:** Williams Board & Care - Vallejo
430 Fordham Drive
Vallejo, CA 94589
- IV. **Program Description.** The County contracts with Williams, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.
- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.
- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Williams provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Williams has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed.
7. Quality Assurance	Partially Met	Continue to work with CCL to ensure proper procedures are being followed.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	No	Level and quality of staff are not quite sufficient to support program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer and service provider interviews.

Discussion. As part of the site visit five of the six residents who receive augmented services were interviewed. We also spoke to the owner and one staff person.

Consumer Interviews:

We met and talked to five of the six residents who receive augmented services for severe or persistent mental illness. The residents, for the most part, seemed happy with the facility and staff. The residents have been living there for varying times, ranging from 7 years to 2 months. The residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. All the residents we spoke to also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), the quiet neighborhood, and social aspect of the facility. Although some of the residents did express a desire for better upkeep of the house. One of them specified they would like to see the walls re-painted.

Staff Interviews:

We spoke individually to the facility administrator, and one daytime caregiver. The administrator indicated that she provides transportation for the residents to their appointments – 3 who are seen in Concord, and 3 in Richmond. She also mentioned that she occasionally will take the residents on outings, such as going to the Dollar Store, or other places that interest them.

The daytime caregiver detailed that she prepares the morning, mid-day and evening meals for the residents during the week. She menu plans a few days in advance, asking the residents for their input and striving to provide balanced meals. Morning medication is often given with breakfast. Evening medication is given after dinner, except for one resident, who needs certain medicines earlier.

There are two more employees listed on the personnel roster for evening and weekend coverage, however, they were not present at the time of our visit.

Results. Williams staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MHSa only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Williams serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Williams.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Williams is meeting their needs.

Results. Williams appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Williams is licensed for 6 possible beds. Currently, all 6 are being utilized by residents who fit the MHSA criteria.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the

facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Williams is meeting most of the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff performs a variety of augmented services including medication assistance, laundry, cleaning, and assistance with grooming/hygiene. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship or case management, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. During the review of the residents' records, the team did note that one resident did not have a current annual assessment. It is recommended that the facility contact the county's Mental Health Housing Coordinator if they are unable to get adequate support from the Case Manager to complete these assessments in a timely fashion.

One thing of note is that the property has a moderate back yard space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for more outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired, as part of a meaningful activity program.

Results. Williams appears to be providing most of the services outlined in the *County Augmented Board and Care Services Agreement* and annual assessments. It is recommended that the facility work with the County to ensure that annual assessments for the residents are all current. It is further recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There has been one complaint investigated by the Department of Social Services Community Care Licensing service in the past four years and six

site visits. The reports available from the two most recent visit in the past 15 months show findings around issues such as disrepair of bathroom fixtures and other amenities in the house, facility upkeep, medications not being properly secured, potentially dangerous items being accessible to residents (e.g., household cleaners, etc.), and insufficient staff First Aid certifications.

As noted by the Community Care Licensing (CCL) evaluator, most of these issues were resolved quickly. When the MHSA review team was given a tour, a visual inspection also confirmed that many of these items had been resolved. The team also followed up with a discussion with the administrator and staff as to how these problems were being addressed. While there were some cosmetic issues that needed attention, the amenities and fixtures had been replaced and were all in working order, and the grounds were clean. The administrator also showed us how medications were stored and secured, and where the cleaning products were stored and secured.

When asked about the grievance process, the residents indicated that they felt they had clear direction of who to report concerns to, including escalating things through the county, or state. There is a very clear written grievance policy and stated procedure for clients, and information posters with grievance processes were posted very visibly in the common area, available for anyone in the household to consult, if needed. However, for the staff, the grievance policies did not seem to be documented. It is recommended that the administrator put together a policy manual to be able to make available to any current and potential new staff.

Results. Williams is participating positively with state and county agencies to identify and address current and potential issues. It is recommended that Williams continue to review its practices to keep up with adequate safety matters.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. Williams administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Williams appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there does not appear to be sufficient staff for the program services provided. Although the facility is small, and has a family feel to it, the information packet on the program provided by the facility notes that it has three 8-hour shifts per day. However, according to the personnel report, there are only two caregivers scheduled per day. The daytime caregiver who is generally scheduled 10 hour shifts per day, 4 days per week, however, through conversation during the visit, it seems that she may be working more hours and additional days. The evening care giver has 16 hour shifts, 7 days per week. There is an additional weekend caregiver who comes in to help for the two 10 hour day shifts. It is recommended that the facility explore adding additional staff time to help relieve these shifts, as the facility may be out of compliance with state and federal labor laws.

The daytime caregiver mentioned that she had more than 20 years' experience working as a caregiver, and that she had specific training in caring for clients with dementia.

CPR and First Aid certification cards were provided for three of the four listed on the personnel roster. It is recommended that the fourth member (weekend day coverage) also obtain the CPR certification to keep on record.

Results. There does not appear to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. Recommendations are as noted above.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Williams is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSa. They have been in contract with the County for augmented services since 1998. These rates have remained the same for the past several years. Williams has asked for a rate increase, and the county has approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Williams's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed. It is current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. Effective communication between contract manager and contractor. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Williams staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Williams contracts and sign and forward submitted invoices, conservators to interact with Williams staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Williams staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Williams with the objective of strengthening the County's contract manager and Mental Health Housing Coordinator roles as a central program and fiscal points of contact.

VIII. Summary of Results.

Williams provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Williams provides a stable, supportive living environment. Many of the issues that have been identified seem to center on the lack of a solid record keeping system in the facility, and insufficient activities planned for the residents.

IX. Findings for Further Attention.

- The facility staff should contact the county's Mental Health Housing Coordinator if a resident needs more case management support.
- It recommended that the facility engage the residents to determine and develop outdoor activities and other meaningful activities and recreation that could best utilize the space available.
- The administrator should put together a more comprehensive staff policy manual to make available to any current and potential new staff.
- It is recommended that Williams continue to review its practices to keep up with adequate safety matters.
- It is recommended that the facility explore adding additional staff time to help relieve the current caregiver shifts, and update the staff records and training to ensure that all listed staff have the proper certifications.
- The County should strengthen the County's contract monitor and Mental Health Housing Coordinators role in order to act as the County's central program and fiscal coordinators to Williams, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. November 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Williams Board and Care

Point of Contact: Frederick Williams.

Contact Information: 4229 Taft Street, Richmond, CA 94804.

1. Program: Augmented Board and Care - Housing Services - CSS

The County contracts with Williams Board and Care, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Consumers eligible for MHSA services.
- c. Annual MHSA Payment Limit: \$ 30,000
- d. Number served: For FY 14/15: 12 beds available.
- e. Outcomes: To be determined.

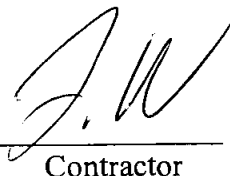
APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-20(20)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at his residential facility located at **4229 Taft Avenue, Richmond, California 94804 and 430 Fordham Drive, Vallejo, California 94589** ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that he and his staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in his or his facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.


Contractor


County Dept.

APPENDIX C

Employee Roster

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY Williams Board & Care Home	FACILITY TYPE ARF
PREPARED BY Katrina Williams	FACILITY NUMBER 486803302
DATE 9-14-16	

A. STAFF SUBJECT TO CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following staff members are subject to a criminal background check pursuant to Sections 1522, 1568.09, 1569.17 and 1596.871 of the Health and Safety Code. A California background clearance or a criminal record exemption shall be obtained prior to employment, residence or initial presence in the facility.

NAME	DATE EMPLOYED	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
Katrina Williams <small>Licensee/Administrator</small>		Administrator	S-S	24hr	On call					
Margaret		direct staff	MON	8am	6pm					
			Tues	8Am	6pm					
			Wed	8Am	6pm					
			Thurs	8Am	6pm					
			Frid	8am	6pm					
Valerie		Direct Staff	MON	8am	8am					
			Tues	8am	8am					
			Wed	8am	8am					
			Thurs	8am	8am					
			Fri	8am	8am					
			Sat	8am	8am					
			Sun	8am	8am					
Julian			MON	8am	8am					
			Tues	8am	8am					
			Wed	8am	8am					
			Thurs	8am	8am					
			Fri	8am	8am					
			Sat	8am	8am					
			Sun	8am	8am					
Valerie			MON	8am	8am					
			Tues	8am	8am					
			Wed	8am	8am					
			Thurs	8am	8am					
			Fri	8am	8am					
			Sat	8am	8am					
			Sun	8am	8am					

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** August 11, 2016
Date of Exit Meeting: October 28, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum

- III. **Name of Program:** United Family Care, LLC
dba Family Courtyard
2840 Salesian Avenue
Richmond, CA 94804

- IV. **Program Description.** The County contracts with United Family Care, LLC (“Family Courtyard”), a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.
3. Provide the services for which funding was allocated.	Yes	Individual Augmentation agreements supporting contract need to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Family Courtyard has been serving residents placed there.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services identified through monthly assessments are being performed.
7. Quality Assurance	Partially met	Appropriate policies and procedures are in place. Further, new measures have been identified for assessing quality programming.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility does not meet the federal funding threshold to require annual audits.

11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand role of contract manager to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHPA General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer, family member, and service provider interviews.

Discussion. As part of the site visit four residents were interviewed individually, and additional input was obtained by 24 consumers who completed a written survey prior to the site visits. We also spoke to several different staff members, including three staff from the management team and nine line staff.

Survey Results:

Questions	Responses: n=24				
	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	4	3	2	1	0
1. Help me improve my health and wellness.	Average score: 3.00 (n=24)				
2. Allow me to decide what my own strengths and needs	Average score: 3.05 (n=24)				

3. Work with me to determine the services that are most helpful	Average score: 3.13 (n=23)			
4. Provide services that are sensitive to my cultural background.	Average score: 2.84 (n=24)			
5. Provide services that are in my preferred language	Average score: 3.26 (n=23)			
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.44 (n=23)			
7. Are open to my opinions as to how services should be provided	Average score: 3.22 (n=23)			
8. What does this program do well?	<ul style="list-style-type: none"> • Provide a clean home for me • Give appointments, send you to right doctor and also, give right medicine 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Safety • Slow down when tripping and get all information right so you can be called a good hospital and decent staff • Food 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Mental Health Services • Case Management • Clothing 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Average score: 3.15 (n=20)			
12. Any additional comments?	<ul style="list-style-type: none"> • I really think nothing is missing or lost. I think your job is hard enough to do as is but your coping well and doing your best job possible. • It (the program) is not important to me because they haven't done for me to help me. 			

Consumer Interviews:

Each of the residents interviewed indicated that they were appreciative of the facility, staff, and daily activities they had the opportunity to participate in. The residents have been at the facility ranging from several months, to several years. The residents also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents

indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), social aspect of the facility, activities. However, they did express the desire to have more “community around food” (i.e., input on their meals, etc.). Certain residents also expressed the desire to have more involvement from their County case managers. Moving forward, it is recommended that facility staff engage the residents more in the planning of their daily program. It is also recommended that the facility staff communicate promptly with the County’s housing liaison if a resident needs more case management support.

Staff Interviews:

Staff interviewed ranged in job titles and duties. There was staff from the night shift, day caregivers, activity director, facilities, and kitchen. The staff indicated there was a regular weekly and daily activity calendar that was created every month, however, there is flexibility in the schedule to accommodate resident desires. The staff also engaged in money management activities for many of the residents. Many residents also left to go to programs offered during the day, such as the Wellness City by Recovery Innovations, or a day program through Guardian. Residents are usually driven by a staff escort to their medical and other health care appointments. Staff may occasionally take residents on shopping errands if there are no appointments. Meal plans are often created with the help of a dietician for residents with particular needs. Finally, the facility offers a “barbershop” service for the residents to help in their grooming.

The staff we spoke to gave the impression of being in tune with the medical and daily needs of the residents. While there seemed to be an increase in staff trainings on bigger medical issues, a desire was expressed for more training for all staff on day-to-day care, such as assisting residents in grooming and hygiene. **Results.** Family Courtyard staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. As a matter of regular practice Family Courtyard staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was

matched by verifying observation of residents participating in the consumer group meeting.

Results. The program serves the agreed upon target population.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. There is a clear level of augmented services, particularly around medical and medication support, and basic living tasks that may be better delineated in the service work plan to reflect the degree of service provided.

Results. Appropriate augmented Board and Care services are provided by Family Courtyard with appropriate intensive mental health specialty services for the residents. However, the individual augmentation agreement language in the contract should more specifically identify the services that are provided.
4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Family Courtyard is meeting their needs.

Results. Family Courtyard appears to be meeting the needs of the population for which it was designed.
5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that there are 61 possible beds open to the County, which are close to being fully utilized. The service work plan, however, does not capture the services that augment the board and care service in a manner that enable quantifying the services provided, and enabling program impact on residents to be determined and reported to the County.

Results. The program serves the number of individuals that have been placed in their facility by Contra Costa County.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. There are a variety of daily group activities scheduled that the residents can participate in, many of which promote well-being and self-reliance. One thing of note was that the property had an expansive back yard type of space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired.

Results. Family Courtyard appears to be providing the services outlined in the monthly assessments of needs conducted on each resident, with additional supported services to promote wellness, recovery, and self-reliance. It recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

7. **Quality Assurance.** How does the program assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 5 complaints investigated by the Department of Social Services Community Care Licensing service in the past 4 years. This has resulted in several findings by the licensing agency and 7 unannounced visits between October 2015 and April 2016. The last comprehensive inspection report with significant findings was dated 01/29/16. These findings included deficiencies around the lack of posted information on Residents' Rights and complaint/grievance information, lack of planned activities, insufficient bedding in rooms, and insufficient medical training for a few new staff members. The absence of a Resident Council Poster resulted in a fine being assessed on the facility. Previous findings included maintenance of grounds and food service/menu planning. There have been two subsequent unannounced visits by a licensing evaluator to follow-up on complaints and citations, who indicated that proof of corrections had been submitted for all findings.

These complaints and visits were brought up during our interview with management staff. They indicated that they had taken several steps towards resolving the previous issues including more staff training, a dedicated activities coordinator, additional programs, extra supply of bed linens, setting up a technical support meeting with Community Care Licensing to help with compliance, addressing a few residents with significant behavioral issues, and adjusting the smoking areas to help manage residents from spending excess time hanging out in front of the facility and parking lot of a nearby school, which was causing problems with perception in the local community.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through the County, or state.

Results. Family Courtyard is participating positively with State and County agencies as well as the local community to identify and address current and potential issues. The program has implemented new policies and procedures for staff and programming for residents. It is recommended that Family Courtyard continue to review its practices and programming to keep residents engaged and active.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's Privacy Policy.

Discussion. Family Courtyard staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment. When touring the facility, however, it was noted that while all resident records are organized and stored in individual binders that are on a shelf in a locked office, the names of the residents were clearly labeled on the spine, facing outward and visible from the window where the public can check in. While, according to the County Quality Improvement Coordinator, this is not necessarily considered a HIPAA violation, it is recommended that the facility configure the binders so that the names are not visible to the public entering the facility, to ensure greater privacy of the residents.

Results. Family Courtyard appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. Family Courtyard staff that were interviewed represented management, caregiving, facilities, food and laundry services, and administrative support functions of the facility. Additionally, during a tour of the facility we were introduced to many other staff in a variety of functions and delivering specific services. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. All 23 positions (full and part-time) were reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. However, several staff indicated they felt that due to the type of care required by many of the residents being served, they were stretched to serve everyone appropriately. The staff further indicated that this may be alleviated with stronger case management support from the County case managers, and possibly more training in how to effectively

encourage and work with residents to engage in better grooming and hygiene habits.

Results. There appears to be sufficient qualified staff to carry out the functions specified in the program. Family Courtyard is encouraged to strengthen their communication with County case workers and to seek and provide opportunities for staff to increase their capacity to support residents living with mental health issues.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Family Courtyard has sufficient size, diversity of funding resources and adequate cash flow to support their staff deliver and sustain services. They have been in contract with the County at a set monthly augmentation rate of \$620 per resident since 2008. Family Courtyard has recently requested an increase in their rate. This rate increase request is currently under review.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Family Courtyard's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Property, vehicle, liability insurance policies were reviewed. All were current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Family Courtyard staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Family Courtyard's contracts and sign and forward submitted invoices, conservators and case managers to interact with Family Courtyard staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations.

Despite all of these interactions with County representatives, facility staff and management have all expressed a strong desire to strengthen the role of County in the care and management of the residents. Whether this be in the form of more Public Health Nurse visits, case manager visits, etc., the desire is for helping to eliminate the challenges currently for Family Courtyard staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Family Courtyard with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Family Courtyard provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a larger residential facility, with up to 61 approved beds available to Contra Costa County for adults who need daily assistance. Housing has been identified as a high priority critical issue for the County, and Family Courtyard provides a stable, supportive living environment. The issues that have been identified for attention pertain primarily to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Family Courtyard's contract needs to spell out the augmented services that are provided to the individual residents.
- The facility should empower and encourage the Resident Council to solicit and offer more feedback on programmatic activities, particularly around outdoor recreation and communal dining.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to the facility, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. August 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Monthly assessments for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Tax Returns

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

United Family Care, LLC (Family Courtyard)

Point of Contact: Juliana Taburaza.

Contact Information: 2840 Salesian Avenue, Richmond CA, 94804.

1. Program: Augmented Board and Care Housing Services - CSS

The County contracts with United Family Care, LLC , a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 271,560.
- d. Number served: For FY 14/15: 48 beds available.
- e. Outcomes: To be determined.

APPENDIX B


Service Work Plan


SERVICE PLAN

Number 24-681-84(13)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at its residential facility located at 2840 Salesian Avenue, Richmond, CA 94804 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that its staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in its license or its facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials: _____


Contractor


County Dept.

APPENDIX C

Employee Roster

FAMILY COURTYARD

Facility No. 075600757

STAFF SCHEDULE

NAME	SAT	SUN	MON	TUES	WED	THURS	FRI	Remarks
CAREGIVING DEPT								
Albaran, Neil (Med Staff)	OFF	OFF	3PM-12Midn	3PM-12	3PM-12	3PM-12	OFF	
Bilan, Grace (Med Staff)	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Fudolig, Teodula	OFF	OFF	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	
Guiam, Jiena (Med Staff)	OFF	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	OFF	7AM-4PM/MD	
Inumerable, Susan	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	OFF	
Fernandez, Lawrence	7AM-4PM	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	
Romero, Federico (Med)	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	OFF	Reliever
Boyd Dejour	7AM-4PM	OFF	7:30AM-4:30PM	12MidN-7AM	12MidN-7AM	OFF	7:30AM-4:30PM	
GRAVEYARD								
Aguinaldo, Rey	12MidN-7AM	12MidN-7AM	12MidN-7AM	OFF	OFF	12MidN-7AM	12MidN-7AM	
Boyd, Dejour				12MidN-7AM	12MidN-7AM	OFF		
MAINTENANCE								
Talavera, Ariel	7AM-4PM	OFF	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	
KITCHEN/DINING								
Jingle Ucol	OFF	OFF	7AM-1:30PM	7AM-1:30PM	7AM-1:30PM	7AM-4PM	7AM-4PM	
Patague, Godofredo	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	OFF	7:30AM-4:30PM	
Rodriguez, Maria	7:30AM-4:30PM	OFF	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	
Alegre, James	8AM-5PM	8AM-5PM	OFF	OFF	OFF	OFF	OFF	RELIEVER
ACTIVITY								
Mai, Luyen	7:00AM-4:00PM	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
ADMIN.								
Tejero, Norma	OFF	OFF	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	
Castro, Lodelyn (Med)	7:30AM-4:30PM	OFF	8AM-5PM	8AM-5PM	OFF	7:30AM-4:30PM	3PM-12Midn	
De Ocampo, Vincent	OFF	OFF	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	
Taburaza, Joseph	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME
Taburaza, Juliana	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** September 2, 2016
Date of Exit Meeting: November 17, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum,
Lauren Rettagliata

- III. **Name of Program:** Oak Hills
141 Greenmeadow Circle
Pittsburg, CA 94565

- IV. **Program Description.** The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.

- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Oak Hills provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Oak Hills has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed.
7. Quality Assurance	Partially Met	Continue to work with CCL to ensure proper procedures are being followed.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	No	Level and quality of staff are not quite sufficient to support program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer and service provider interviews.

Discussion. As part of the site visit, five residents who receive augmented services were interviewed. We also spoke to the owner and one staff person.

Consumer Interviews:

We met and talked to five of the six residents who receive augmented services for severe or persistent mental illness. The residents, for the most part, seemed happy with the facility and staff. The residents have all been there for some time, ranging from 6-16 years. The residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. All the residents we spoke to also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), the peaceful feel of the home, and the social aspect of the facility. Some of the residents did express a desire for more activities around the house. One of them specified they would love to engage in more musical activities.

Certain residents also expressed the desire to have more involvement from their County case managers. One reported that he no longer had a case manager, and requested to have another assigned. Moving forward, it is recommended that the facility staff communicate promptly with the County’s housing liaison if a resident needs more case management support.

Staff Interviews:

We spoke individually to the facility administrator, and one daytime caregiver. The administrator indicated that several of the residents take responsibility for scheduling their own medical and care appointments, as well as their own transportation to and from the appointments. She assists the residents who are less able to manage transportation to their appointments. She also communicates with the doctors regarding managing and adjusting dosages for the residents' medications. The money seems to be managed in a joint effort by the case managers, the administrator, and the daytime caregiver. The administrator did advise that the daytime caregiver is responsible for both morning and evening medications every day of the week, as the caregiver lives full-time at the house.

The daytime caregiver detailed that she prepares the morning and evening meals for the residents, and sometimes makes sandwiches for lunch, if the residents are at home during the day. She menu plans several days in advance. Morning medication is often given with breakfast. Evening medication is given after dinner.

The administrator indicated that her son stays overnight to help out, but he was not present at the time of the site visit.

Results. Oak Hills staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MHSa only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Oak Hills serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Oak Hills.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Oak Hills is meeting their needs.

Results. Oak Hills appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Oak Hills is licensed for 6 possible beds. Currently, all 6 are being utilized by residents who fit the MHSA criteria.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Oak Hills is meeting the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff perform a variety of augmented services, including medication assistance, laundry, cleaning, and assistance with grooming/hygiene. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. One thing of note was that the property had a moderate back yard space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired.

Results. Oak Hills appears to be providing the services outlined in the County *Augmented Board and Care Services Agreement* and annual assessments. It recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There has been 1 complaint investigated by the Department of Social Services Community Care Licensing service in the past 4 years and 4 site visits. The reports available from the most recent visit in the past year show findings, such as disrepair of flooring, and other elements of the house, medications not being properly secured, medications and/or dosages not

matching doctor's orders, potentially dangerous items being accessible to residents with dementia (e.g., knives, matches, firearms, tools, etc.), and insufficient bonding for money management.

As noted by the Community Care Licensing (CCL) evaluator, most of these issues were resolved quickly. When the MHSA review team was given a tour, a quick visual inspection also confirmed that many of these items had been resolved. The team also followed up with a discussion with the administrator and staff on how these problems were being addressed. The administrator stated she had increased her bond for money management and submitted that to the CCL. She showed us how medications were stored and secured. She also talked with us about how she works with the residents to ensure that their medications are up to date when they go to their quarterly doctor visits.

When asked about the grievance process, residents felt they had clear direction of who to report concerns to, including escalating things through the county or state. Information posters with grievance processes were posted very visibly in the common area, available for anyone in the household to consult, if needed. However, for the staff, the grievance policies did not seem to be very well documented. While a hand-written policy was submitted as part of this review, it is recommended that the administrator put together a policy to be able to make available to any current and potential new staff.

Results. Oak Hills is participating positively with state and county agencies to identify and address current and potential issues. It is recommended that Oak Hills continue to review its practices to keep up with adequate safety matters.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. The Oak Hills administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Oak Hills appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there does not appear to be sufficient staff for the program services provided. Although the facility is small, and has a family feel to it, there is only one daytime caregiver who is working 12-hour (or longer) shifts per day, 5 days per week. The evening care giver has a similar 12-hour shift, 5 days per week. The administrator indicated that she and her husband (co-owners of the facility) usually take the weekend shifts to relieve the weekday caregivers. However, the administrator indicated, and the daytime caregiver confirmed, that the day caregiver also often was responsible for overseeing medication assistance on the weekend. It is recommended that the facility explore adding additional staff to help relieve these shifts, as the facility may be out of compliance with state and federal labor laws.

CPR and First Aid certification cards were provided for three of the four listed on the personnel roster. It is recommended that the fourth member (one of the co-owners) also obtain the CPR certification to keep on record.

Results. There does not appear to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. Recommendations are as noted above.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Oak Hills is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSA. They have been in contract with the County since 2000, with augmentation contracts starting in 2000. These rates have remained the same for the past several years. Oak Hills has asked for a rate increase, and the county has approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. Oversight sufficient to comply with generally accepted accounting

principles. Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. Documentation sufficient to support invoices. Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Oak Hills's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed, and are current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. Effective communication between contract manager and contractor. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Oak Hills staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Oak Hills contracts and sign and forward submitted invoices, conservators to interact with Oak Hills staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Oak Hills staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Oak Hills with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Oak Hills provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Oak Hills provides a stable, supportive living environment.

IX. Findings for Further Attention.

- The facility staff should communicate promptly with the County's housing liaison if a resident needs more case management support. Moreover, it is recommended that the County Housing Services Coordinator follow-up with the residents who have indicated they wish to have a case manager.
- It is recommended that the facility engage the residents to determine and develop outdoor activities and recreation that could best utilize the space available.
- The administrator should put together a policy manual to make available to any current and potential new staff.
- It is recommended that Oak Hills continue to review its practices to keep up with adequate safety matters in the proper secured storage of medication.

- It is recommended that the facility explore adding additional staff to help relieve the current caregiver shifts, and update the staff records and training to ensure that all listed staff have the proper certifications.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to Oak Hills, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. September 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Oak Hills Residential Facility

Point of Contact: Rebecca Lapasa.

Contact Information: 141 Green Meadow Circle, Pittsburg, CA 94565.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Oak Hills Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 21,120
- d. Number served: For FY 14/15: 6 beds.
- e. Outcomes: To be determined.

APPENDIX B

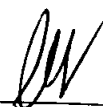
Service Work Plan

SERVICE PLAN

Number 24-681-48(18)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at her residential facility located at **141 Green Meadow Circle, Pittsburg, California 94565** ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that her staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in her license or her facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.





APPENDIX C

Employee Roster

PERSONNEL REPORT / Staff

INSTRUCTIONS: This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultants). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY: DAK HILLS RES, FACILITY FACILITY TYPE: ARF FACILITY NUMBER: # 075600407

PREPARED BY: Rebecca Lapasa DATE: JAN 2016

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Section 1522, 1569.17 and 1580.871 of the Health and Safety Code. Completed BID-7 Fingerprint Cards and the Child Abuse Index Check (LIC 1989) shall be submitted within 4 calendar days following employment or initial presence in the facility. Completed BID-7 Fingerprint Cards for Residential Care Facilities for the Elderly staff required to be fingerprinted, shall be submitted within 20 days following employment or initial presence in the facility.

LICENSEE/ADMINISTRATOR	NAME	DATE EMPLOYED	JOB TITLE	SPECIALTY		SPECIALTY		SPECIALTY	
				DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	
	Rebecca Lapasa	7/2000	Administrator / Staff Licensee	M-F	7:30am - 11:00am	SAT/SUN	9:00am - 1:00pm		(on call)
	Edna L. Lapasa	07/2000	Licenses / Staff Naidprance			SUN	9:00am - 1:00pm		(on call)
	Adelina Daniels	05/2010	Caregiver - (live in)	M-F	9:00am - 9:00pm				(on call)
	Brent Lapasa	8/6/12	Caregiver / Staff	M-F	9:00am - 9:00pm				

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** September 2, 2016
Date of Exit Meeting: December 13, 2016
- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Windy Murphy
- III. **Name of Program:** Woodhaven
3319 Woodhaven Lane
Concord, CA 94519
- IV. **Program Description.** The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.
- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.
- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Woodhaven provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Woodhaven has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Partially met	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed, but closer attention should be paid to dietary needs.
7. Quality Assurance	Partially Met	Continue to work with CCL to ensure proper procedures are being followed.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	No	Level and quality of staff are not quite sufficient to support program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer and service provider interviews.

Discussion. As part of the site visit, two of the three residents who receive augmented services were interviewed. We also spoke to the owner/administrator.

Consumer Interviews:

We met and talked to two of the three residents who receive augmented services for severe or persistent mental illness. The resident we were not able to speak to left as the team arrived, in order to take the bus and BART to a school for the deaf in Fremont. The two residents, for the most part, seemed quite happy with the facility and staff. They have all been there for some time, ranging from 5 to 6 years. The residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. The residents we spoke to also reported that they perceived their medication to be handled satisfactorily by the facility and their needs met. (Further discussion of medication handling will be discussed below.) Some of the specific things the residents indicated they liked in particular were: feeling safe, the peaceful feel of the home, and they feel comfortable. Some of the residents did express that they felt one of the bathrooms needed more repairs. One resident also expressed the desire to have more involvement from their County case managers.

Moving forward, it is recommended that the staff continue to work on upkeep of the facility. It is also recommended that facility staff communicates promptly with the County's housing liaison if a resident needs more case management support.

Staff Interviews:

We spoke individually to the facility administrator. The administrator's brother, who is listed on the personnel roster as a weekend caregiver, left for another job before we had a chance to speak with him, so the only staff we met with was the administrator.

The administrator indicated that she assists the residents with transportation to their appointments. Some of the residents do well with public transportation, but she indicated that she is usually the one who takes them to the places they need to go. Each resident receives their own individual spending allowance checks in the mail, so she does not need to engage in money management. The administrator advised that she or her sister are responsible for both morning and evening medications every day of the week.

The administrator also said that she prepares the morning and evening meals for the residents, and sometimes a casual lunch, if the residents are at home during the day. She menu plans several days in advance. Morning medication is often given with breakfast, but the timeframe on this seemed to be fluid. Evening medication is given after dinner, but again, this timeframe seems to be variable.

The administrator indicated that her two brothers and her sister help out to provide 24 hour coverage. Because her brothers aren't adequately fluent in English, she makes sure either she or her sister is present at all times to ensure someone can communicate to provide adequate care. Further discussion on this follows below in Section 7.

Results. Woodhaven staff appears to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MHSA only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Woodhaven serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Woodhaven.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Woodhaven is meeting their needs.

Results. Woodhaven appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Woodhaven is licensed for 6 possible beds. Currently, 3 are being utilized by residents who fit the MHSA criteria. The other two are filled by privately placed residents, and one resident pays extra for a private room.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Woodhaven is meeting the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff perform a variety of augmented services, including medication assistance, laundry, cleaning, and assistance with diet and weight maintenance. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. One thing of note was that one of the residents required nutritional supplements several times daily. When asked about how these supplements were handled, the administrator noted that she gave the resident one “occasionally”. It is recommended that these nutritional supplements be offered regularly and possibly charted, much like the daily medications are, to ensure compliance with this medical direction.

Results. Woodhaven appears to be providing the majority of the services outlined in the *County Augmented Board and Care Services Agreement* and annual assessments. However, it recommended that the facility manage dietary needs, like nutritional supplements, regularly and possibly chart them to ensure compliance with medical direction.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 0 complaints investigated by the Department of Social Services Community Care Licensing service in the past 2 years and 7 site visits. However, the reports available from the past five visits in the past year and a half show findings such as:

- medications not being properly stored or secured
- medications and/or dosages not matching doctor's orders
- potentially dangerous items being accessible to residents (i.e., disinfectants, cleaning solutions, poisons, and other items)
- some grounds/facilities issues (related to pigeon cages in the backyard),
- missing staff certifications and requirements (i.e., First Aid and CPR certificates, TB test, physician's report, application, resume, etc.),
- incomplete or missing annual needs assessment, and
- Lack of staffing competent in care procedures and sufficient language and communication skills. .

As noted by the Community Care Licensing (CCL) evaluator, several of these issues were resolved quickly, such as the removal of the pigeon cages and cleaning the facility daily. When the MHSA review team was given a tour, a quick visual inspection also confirmed that many of these items had been resolved. However, it was noted that the cabinet with the cleaning supplies had an unlocked padlock hanging in place.

The administrator was also able to provide First Aid cards upon request for the four people listed on her personnel report, as well as for her husband, who performs maintenance and repairs at the property. A review of the records onsite also showed that the annual needs assessment had been completed in partnership with the County and were current on all residents.

There were a few notable issues, however, that have come up several times with the CCL – namely, the medication handling, staff certifications/requirements, and “competent staff.” Much of the medication handling and competent staff findings stem from the employment of the administrator's two brothers, neither of whom are fluent enough in English to be able to competently communicate with medical

personnel, emergency personnel, or dispense and handle medication appropriately. The CCL has noted this as an issue towards ability to provide quality care on three separate visits. The report from the last CCL visit in September noted that the primary purpose of the visit was in response to several non-compliance issues in the past few years and to conduct an overview interview with the administrator in order to assess her knowledge. The CCL Licensing Program Analyst found the administrator to be deficient in demonstrating knowledge in several areas and have recommended scheduling a non-compliance conference in the CCL East Bay Office at a later date.

The team followed up with a discussion on how these problems were being addressed. The administrator showed us how medications were stored and secured. She indicated that she handled the medications for the residents – ensuring that their prescriptions were current, that her daily logs were up to date, and that expired meds were disposed of properly. However, the team did note that there was a box of liquid asthma medication, and when asked about the nebulizer equipment to dispense the medication, the administrator indicated that the resident no longer needed the nebulizer as part of his treatment. It is recommended that the administrator continue to review all medication records and inventory to ensure that all medications in the house match the residents' current prescriptions, and that all necessary equipment to dispense the medications appropriately is on hand and available.

The team further spoke with the administrator about the issues pertaining to the employment of her brothers and their language proficiency. The administrator mentioned that one of her brothers only helps out one day per weekend. She stated that either she, or her sister, are present at the house at all times to ensure that someone who is proficient at communicating in English with the residents or any emergency/support workers that may come. The administrator also mentioned that her other brother was on an extended vacation. The team asked how the two brothers were working on improving their English, as they are still listed on the personnel roster. She indicated that the brothers were not inclined to take additional classes to help develop this skill.

Additionally, when asked about the plan to address the findings by the CCL for failure to demonstrate adequate knowledge in several areas, the administrator showed how she was studying various Title 22 conditions to deepen her knowledge of all areas indicated in the 9/14/16 CCL Facility Evaluation Report. She also indicated that the non-compliance conference had not yet been set by CCL. It is recommended that the administrator continue to study the specific

areas of deficiency, and that the County Mental Health Housing Services Coordinator follow-up with CCL and the facility on these issues.

When asked about the grievance process, residents felt they had clear direction of who to report concerns to, including escalating things through the county or state. Information posters with grievance processes were posted in the common area, available for anyone in the household to consult, if needed.

Results. Woodhaven has experienced deficiencies in their practices, as noted by the CCL. However, the facility appears to be participating positively with state and county agencies to identify and address current and potential issues. As noted above, it is recommended that Woodhaven continue to review its practices, make the necessary changes as noted, and keep current with safety requirements.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. The Woodhaven administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Woodhaven appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there does not appear to be sufficient staff for the program services provided. The facility is small, and has a family feel to it, however, there is currently only one daytime caregiver, the administrator, who is working 12-hour (or longer) shifts per day, 6-7 days per week. The evening care giver, her sister, has a similar 12-hour shift, 6-7 days per week. Although the administrator indicated that her brothers are around to

help out, they cannot be left in the facility alone, as demonstrated by the language deficiencies described above. It is recommended that the facility explore adding additional qualified staff time, as the facility may be out of compliance with state and federal labor laws.

Results. There does not appear to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. Recommendations are as noted above.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Woodhaven is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSA. They have been in contract with the County since 2008, with augmentation contracts starting the same year. These rates have remained the same for the past several years. Woodhaven has asked for a rate increase, and the county has been approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources appear to be sufficient to deliver and sustain services, given their current staffing pattern.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Woodhaven's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed, and are current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Woodhaven staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Woodhaven contracts and sign and forward submitted invoices, conservators to interact with Woodhaven staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Woodhaven staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Woodhaven with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Woodhaven provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Woodhaven provides a stable, supportive living environment.

IX. Findings for Further Attention.

- It is recommended that the facility staff communicates promptly with the County's housing liaison if a resident needs more case management support.
- It is recommended that the facility make timely repairs and work on upkeep of the facility.
- It is recommended that the facility follow the medical directions regarding nutritional supplements (and all medications) and regularly chart to ensure compliance.
- It is recommended that Woodhaven continue to review its practices to keep up with adequate safety matters in the proper secured storage of medication.
- It is recommended that the facility explore adding additional qualified staff time to help relieve the current caregiver shifts.
- It is recommended that the administrator continue to study the specific areas of deficiency and that the County Mental Health Housing Services Coordinator follow-up with CCL and the facility in order to assist and monitor in addressing the above issues.
- The County should strengthen the County's Housing Coordinator's role in order to act as the County's central program coordinator to Woodhaven, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. September 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

Appendix D – Community Care Licensing Facility Evaluation Report

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Woodhaven

Point of Contact: Milagros Quezon.

Contact Information: 3319 Woodhaven Lane, Concord, CA 94519.

1. **Program: Augmented Board and Care - Housing Services - CSS**

The County contracts with Woodhaven, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Consumers eligible for MHSA services.
- c. Annual MHSA Payment Limit: \$ 13,500
- d. Number served: For FY 14/15: 5 beds available.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-87(7)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at her residential facility located at 3319 Woodhaven Lane, Concord, CA 94518 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that she and her staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in her or her facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

APPENDIX C

Employee Roster

PERSONNEL REPORT

INSTRUCTIONS: This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff [e.g., Social Worker and other consultant(s)]. Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY		FACILITY TYPE		FACILITY NUMBER	
WOODHAVEN HOME		HOMFOR THE MENTALLY ILL		079200181	
PREPARED BY		DATE		DATE	
MILAGROS N. QUEZON / LICENSEE/ADMINISTRATOR		MILAGROS N. QUEZON		SEPTEMBER 1, 2016	

A. STAFF SUBJECT TO CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following staff members are subject to a criminal background check pursuant to Sections 1522, 1568.09, 1569.17 and 1596.871 of the Health and Safety Code. A California background clearance or a criminal record exemption shall be obtained prior to employment, residence or initial presence in the facility.

NAME	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
MILAGROS N. QUEZON		LICENSEE/ADMINISTRATOR	M-FRI	8AM 5PM				
				5PM 7AM				
MA. CONCEPCION NAVARRO	08-2011	DIRECT CARE PROVIDER	Th/Fr	5PM 7AM				
		"LIVE-IN FOR THE WEEKEND	Sat/Su	7AM 7PM				
				7PM 6AM				
DIONISIO NAVARRO	03-2011	DIRECT CARE PROVIDER	Sa/Su	7AM 7PM				
		"LIVE-IN FOR THE WEEKEND		7PM AM				
DOMINGO R. AQUINO	04-2016	DIRECT CARE PROVIDER	M-FRI	7AM 7PM				

APPENDIX D

Department of Social Services Community Care Licensing

Facility Evaluation Report

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200181

Report Date: 09/14/2016

Date Signed 09/14/2016 11:59:02 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME	FACILITY NUMBER: 079200181
ADMINISTRATOR: MILAGROS N. QUEZON	FACILITY TYPE: 735
ADDRESS: 3319 WOODHAVEN LANE	TELEPHONE: (925) 408-7573
CITY: CONCORD	STATE: CA
CAPACITY: 6	ZIP CODE: 94519
TYPE OF VISIT: Office	DATE: 09/14/2016
MET WITH: Milagros Quezon	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Sandra Covington met with Milagros Quezon the
2 licensee/administrator for a Component II interview. The administrator did not demonstrator the
3 knowledge of several areas of the facility program or the regulations. The purpose of the overview was
4 to determine whether the administrator is qualified to run the facility. There has been several non-
5 compliance issues in the past few years at the facility. Based upon today's visit, LPA is recommending
6 that a non-compliance conference is schedule in the East Bay office. LPA will send a letter outlining the
7 details of this meeting at a later date:
8

9 The licensee/administrator failed to demonstrate knowledge in the following areas:
10

- 11 • Describing the kind of services the facility offer
- 12 • Medical emergency procedures
- 13 • Procedure for handling medication - including PRN and destruction procedures
- 14 • What to do when a resident goes AWOL
- 15 • After determining whether a resident is appropriate, what records are required in file
- 16 • Eviction procedure
- 17 • How she pre-screen a potential client
- 18 • What type of abuse they are mandated to report and to whom
- 19 • How she will insure that staff follows licensing regulations and resident needs and service plans
- 20 • What are the requirements for an Administrators
- 21 • The required documents in resident and staff files
- 22 • What are Prohibited Health Conditions
- 23 • What are Restricted Health Condition
- 24
- 25

SUPERVISOR'S NAME: Rajind Basi
LICENSING EVALUATOR NAME: Sandra Covington
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2621
TELEPHONE: (510) 873-6410

DATE: 09/14/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/14/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 1

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200181

Report Date: 07/08/2016

Date Signed 07/08/2016 12:32:06 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: WOODHAVEN HOME	FACILITY NUMBER: 079200181
ADMINISTRATOR: MILAGROS N. QUEZON	FACILITY TYPE: 735
ADDRESS: 3319 WOODHAVEN LANE	TELEPHONE: (925) 408-7573
CITY: CONCORD	STATE: CA
CAPACITY: 6	ZIP CODE: 94519
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 5
MET WITH: Dionisio Navarro	DATE: 07/08/2016
	UNANNOUNCED TIME BEGAN: 09:10 AM
	TIME COMPLETED: 12:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sandra Covington arrived to the facility unannounced to conduct a
2	case management visit. LPA met with Dionisio Navarro the caregiver. Shortly after the visit, Milagros
3	Quezon the licensee and Ma Navarro another caregiver arrived. The purpose of today's visit is to
4	discuss with the licensee the problem of her employing staff who does not speak or understand
5	English. During today's visit, LPA interviewed the licensee, staff, caregivers, residents, reviewed R1 file
6	and medications. R1 need constant medical supervision in treating his COPD, asthma and HTN. This
7	resident has a prescription for Spiriva with instructions for him to inhale a capsule into lungs every day.
8	However, the caregivers and licensee stated they have not given the resident the medication since
9	6/24/16. There is no documentation in the facility states this medication was discontinued. The
10	licensee reported she changed medical physicians for this resident but didn't notify the new physician
11	about the Spiriva.
12	
13	Sometime in April 2016, R1 had an asthma attack in the home and the caregiver Dionisio had to
14	contact his sister to communicate with the paramedics.
15	
16	Milagros is the primary person who transport residents to/from appointments and have dialogue with
17	medical staff. However, she does not demonstrate the ability to understand simple requirements such
18	as when medication is to be administered, if a residents' medication has been discontinued and when to
19	notify physicians about current medications being administered.
20	
21	LPA called the facility 6/20/16 and spoke to Domingo Aquino another caregiver who did not understand
22	or speak English well. Because the licensee has continued to employ incompetent staff and put
23	residents health and safety at risk, a citation is incurred. See attached LIC 809D report. A civil penalty
24	in the amount of \$150.00 is assessed for a repeat violation within 12-months.
25	

SUPERVISOR'S NAME: Rajind Basi	TELEPHONE: (510) 622-2621
LICENSING EVALUATOR NAME: Sandra Covington	TELEPHONE: (510) 873-6410
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">FACILITY REPRESENTATIVE SIGNATURE:</td> <td style="width: 40%; border: none; text-align: right;">DATE: 07/08/2016</td> </tr> </table>	FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016	

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC809 (FAS) - (06/04) Page: 1 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME **FACILITY NUMBER:** 079200181
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/08/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 07/15/2016 Section Cited 80064(a)	1 2 3 4 5 6 7	Administrator - Qualifications and Duties: The current administrator does not appear to have the knowledge and ability to comply with the Title 22 regulations. Milagros Quezon does not have the ability to recruit, employ, train, and evaluate qualified staff. She lack the understanding of medication, when to alert treating physicians	1 2 3 4 5 6 7	The licensee will contact LPA Covington to schedule a date for Component II overview. Contact will be made by due date.
13	8 9 10 11 12 13 14	about medications and when medications are discontinued.	8 9 10 11 12 13 14	
Type B	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
12	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Rajind Basi	TELEPHONE: (510) 622-2621
LICENSING EVALUATOR NAME: Sandra Covington	TELEPHONE: (510) 873-6410
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME

FACILITY NUMBER: 079200181

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/08/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/08/2016 Section Cited 80065(a)	Personnel Requirements: 1 2 Facility personnel shall be competent to 3 provide the services necessary to meet 4 individual client needs and shall, at all 5 times, be employed in numbers necessary 6 to meet such needs. Caregivers Dionisio 7 Navarro and Domingo Aquino has been working in the facility but does not	The licensee will resubmit an accurate LIC 1 500 specifying competent staff working in 2 the facility at all times. The report 3 submitted 2/18/16 did not reflect true staff 4 working in the facility. 5 6 7
	8 speak or understand English well to 9 provide the necessary care. The 10 caregivers are unable to communicate to 11 emergency crew, assist residents with 12 medications and speak to licensing staff. 13 This is a repeat violation within 12-months. 14 The first citation was issued 2/17/16. A civil penalty in the amount of \$150.00 is issued in association with this citation.	
Type A 07/09/2016 Section Cited 80075(b)(5)(B)	Health Related Services: 1 2 Medications shall be given according to 3 physician's directions. R1 is prescribed 4 Spiriva with instructions to inhale a 5 capsule into lungs every day. The 6 caregivers and licensee ceased from 7 giving the resident the medication 6/24/16 without a discontinued order	The licensee will submit either a 1 discontinued order or statement from 2 treating physician stating the resident is to 3 remain on the medication. 4 5 Documentation will be sent by due date. 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Rajind Basi LICENSING EVALUATOR NAME: Sandra Covington LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 622-2621 TELEPHONE: (510) 873-6410 DATE: 07/08/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME

FACILITY NUMBER: 079200181

VISIT DATE: 07/08/2016

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LPA is requesting the following documents from R1 file be faxed or mailed to the CCL office by 7/14/16:</p> <ul style="list-style-type: none"> -Physician's report dated 6/7/10 -Replacement appraisal -Centrally stored medication log -Medication Administrator Record for June and July 2016 -Emergency Medical Record Form <p>LPA conducted exit interview with Milagros Quezon and Ma Navarro while obtaining plan of corrections. LPA also discussed preventive measures on repeat violations and how to keep the facility in compliance.</p> <p><u>The following deficiencies were observed in violation of the California Code of Regulations Title 22 Division 6.</u></p> <p><u>Appeal Rights Given</u> <u>LIC 421 Given</u> <u>LIC 9098 Given</u></p>

SUPERVISOR'S NAME: Rajind Basi LICENSING EVALUATOR NAME: Sandra Covington LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 622-2621 TELEPHONE: (510) 873-6410 DATE: 07/08/2016
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
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Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** September 2, 2016
Date of Exit Meeting: December 13, 2016
- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Windy Murphy
- III. **Name of Program:** Woodhaven
3319 Woodhaven Lane
Concord, CA 94519
- IV. **Program Description.** The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.
- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.
- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Woodhaven provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Woodhaven has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Partially met	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed, but closer attention should be paid to dietary needs.
7. Quality Assurance	Partially Met	Continue to work with CCL to ensure proper procedures are being followed.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	No	Level and quality of staff are not quite sufficient to support program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer and service provider interviews.

Discussion. As part of the site visit, two of the three residents who receive augmented services were interviewed. We also spoke to the owner/administrator.

Consumer Interviews:

We met and talked to two of the three residents who receive augmented services for severe or persistent mental illness. The resident we were not able to speak to left as the team arrived, in order to take the bus and BART to a school for the deaf in Fremont. The two residents, for the most part, seemed quite happy with the facility and staff. They have all been there for some time, ranging from 5 to 6 years. The residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. The residents we spoke to also reported that they perceived their medication to be handled satisfactorily by the facility and their needs met. (Further discussion of medication handling will be discussed below.) Some of the specific things the residents indicated they liked in particular were: feeling safe, the peaceful feel of the home, and they feel comfortable. Some of the residents did express that they felt one of the bathrooms needed more repairs. One resident also expressed the desire to have more involvement from their County case managers.

Moving forward, it is recommended that the staff continue to work on upkeep of the facility. It is also recommended that facility staff communicates promptly with the County's housing liaison if a resident needs more case management support.

Staff Interviews:

We spoke individually to the facility administrator. The administrator's brother, who is listed on the personnel roster as a weekend caregiver, left for another job before we had a chance to speak with him, so the only staff we met with was the administrator.

The administrator indicated that she assists the residents with transportation to their appointments. Some of the residents do well with public transportation, but she indicated that she is usually the one who takes them to the places they need to go. Each resident receives their own individual spending allowance checks in the mail, so she does not need to engage in money management. The administrator advised that she or her sister are responsible for both morning and evening medications every day of the week.

The administrator also said that she prepares the morning and evening meals for the residents, and sometimes a casual lunch, if the residents are at home during the day. She menu plans several days in advance. Morning medication is often given with breakfast, but the timeframe on this seemed to be fluid. Evening medication is given after dinner, but again, this timeframe seems to be variable.

The administrator indicated that her two brothers and her sister help out to provide 24 hour coverage. Because her brothers aren't adequately fluent in English, she makes sure either she or her sister is present at all times to ensure someone can communicate to provide adequate care. Further discussion on this follows below in Section 7.

Results. Woodhaven staff appears to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MHSA only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Woodhaven serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Woodhaven.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Woodhaven is meeting their needs.

Results. Woodhaven appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Woodhaven is licensed for 6 possible beds. Currently, 3 are being utilized by residents who fit the MHSA criteria. The other two are filled by privately placed residents, and one resident pays extra for a private room.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Woodhaven is meeting the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff perform a variety of augmented services, including medication assistance, laundry, cleaning, and assistance with diet and weight maintenance. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. One thing of note was that one of the residents required nutritional supplements several times daily. When asked about how these supplements were handled, the administrator noted that she gave the resident one “occasionally”. It is recommended that these nutritional supplements be offered regularly and possibly charted, much like the daily medications are, to ensure compliance with this medical direction.

Results. Woodhaven appears to be providing the majority of the services outlined in the *County Augmented Board and Care Services Agreement* and annual assessments. However, it recommended that the facility manage dietary needs, like nutritional supplements, regularly and possibly chart them to ensure compliance with medical direction.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 0 complaints investigated by the Department of Social Services Community Care Licensing service in the past 2 years and 7 site visits. However, the reports available from the past five visits in the past year and a half show findings such as:

- medications not being properly stored or secured
- medications and/or dosages not matching doctor's orders
- potentially dangerous items being accessible to residents (i.e., disinfectants, cleaning solutions, poisons, and other items)
- some grounds/facilities issues (related to pigeon cages in the backyard),
- missing staff certifications and requirements (i.e., First Aid and CPR certificates, TB test, physician's report, application, resume, etc.),
- incomplete or missing annual needs assessment, and
- Lack of staffing competent in care procedures and sufficient language and communication skills. .

As noted by the Community Care Licensing (CCL) evaluator, several of these issues were resolved quickly, such as the removal of the pigeon cages and cleaning the facility daily. When the MHSA review team was given a tour, a quick visual inspection also confirmed that many of these items had been resolved. However, it was noted that the cabinet with the cleaning supplies had an unlocked padlock hanging in place.

The administrator was also able to provide First Aid cards upon request for the four people listed on her personnel report, as well as for her husband, who performs maintenance and repairs at the property. A review of the records onsite also showed that the annual needs assessment had been completed in partnership with the County and were current on all residents.

There were a few notable issues, however, that have come up several times with the CCL – namely, the medication handling, staff certifications/requirements, and “competent staff.” Much of the medication handling and competent staff findings stem from the employment of the administrator's two brothers, neither of whom are fluent enough in English to be able to competently communicate with medical

personnel, emergency personnel, or dispense and handle medication appropriately. The CCL has noted this as an issue towards ability to provide quality care on three separate visits. The report from the last CCL visit in September noted that the primary purpose of the visit was in response to several non-compliance issues in the past few years and to conduct an overview interview with the administrator in order to assess her knowledge. The CCL Licensing Program Analyst found the administrator to be deficient in demonstrating knowledge in several areas and have recommended scheduling a non-compliance conference in the CCL East Bay Office at a later date.

The team followed up with a discussion on how these problems were being addressed. The administrator showed us how medications were stored and secured. She indicated that she handled the medications for the residents – ensuring that their prescriptions were current, that her daily logs were up to date, and that expired meds were disposed of properly. However, the team did note that there was a box of liquid asthma medication, and when asked about the nebulizer equipment to dispense the medication, the administrator indicated that the resident no longer needed the nebulizer as part of his treatment. It is recommended that the administrator continue to review all medication records and inventory to ensure that all medications in the house match the residents' current prescriptions, and that all necessary equipment to dispense the medications appropriately is on hand and available.

The team further spoke with the administrator about the issues pertaining to the employment of her brothers and their language proficiency. The administrator mentioned that one of her brothers only helps out one day per weekend. She stated that either she, or her sister, are present at the house at all times to ensure that someone who is proficient at communicating in English with the residents or any emergency/support workers that may come. The administrator also mentioned that her other brother was on an extended vacation. The team asked how the two brothers were working on improving their English, as they are still listed on the personnel roster. She indicated that the brothers were not inclined to take additional classes to help develop this skill.

Additionally, when asked about the plan to address the findings by the CCL for failure to demonstrate adequate knowledge in several areas, the administrator showed how she was studying various Title 22 conditions to deepen her knowledge of all areas indicated in the 9/14/16 CCL Facility Evaluation Report. She also indicated that the non-compliance conference had not yet been set by CCL. It is recommended that the administrator continue to study the specific

areas of deficiency, and that the County Mental Health Housing Services Coordinator follow-up with CCL and the facility on these issues.

When asked about the grievance process, residents felt they had clear direction of who to report concerns to, including escalating things through the county or state. Information posters with grievance processes were posted in the common area, available for anyone in the household to consult, if needed.

Results. Woodhaven has experienced deficiencies in their practices, as noted by the CCL. However, the facility appears to be participating positively with state and county agencies to identify and address current and potential issues. As noted above, it is recommended that Woodhaven continue to review its practices, make the necessary changes as noted, and keep current with safety requirements.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. The Woodhaven administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Woodhaven appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there does not appear to be sufficient staff for the program services provided. The facility is small, and has a family feel to it, however, there is currently only one daytime caregiver, the administrator, who is working 12-hour (or longer) shifts per day, 6-7 days per week. The evening care giver, her sister, has a similar 12-hour shift, 6-7 days per week. Although the administrator indicated that her brothers are around to

help out, they cannot be left in the facility alone, as demonstrated by the language deficiencies described above. It is recommended that the facility explore adding additional qualified staff time, as the facility may be out of compliance with state and federal labor laws.

Results. There does not appear to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. Recommendations are as noted above.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Woodhaven is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSA. They have been in contract with the County since 2008, with augmentation contracts starting the same year. These rates have remained the same for the past several years. Woodhaven has asked for a rate increase, and the county has been approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources appear to be sufficient to deliver and sustain services, given their current staffing pattern.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Woodhaven's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed, and are current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Woodhaven staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Woodhaven contracts and sign and forward submitted invoices, conservators to interact with Woodhaven staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Woodhaven staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Woodhaven with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Woodhaven provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Woodhaven provides a stable, supportive living environment.

IX. Findings for Further Attention.

- It is recommended that the facility staff communicates promptly with the County's housing liaison if a resident needs more case management support.
- It is recommended that the facility make timely repairs and work on upkeep of the facility.
- It is recommended that the facility follow the medical directions regarding nutritional supplements (and all medications) and regularly chart to ensure compliance.
- It is recommended that Woodhaven continue to review its practices to keep up with adequate safety matters in the proper secured storage of medication.
- It is recommended that the facility explore adding additional qualified staff time to help relieve the current caregiver shifts.
- It is recommended that the administrator continue to study the specific areas of deficiency and that the County Mental Health Housing Services Coordinator follow-up with CCL and the facility in order to assist and monitor in addressing the above issues.
- The County should strengthen the County's Housing Coordinator's role in order to act as the County's central program coordinator to Woodhaven, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. September 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

Appendix D – Community Care Licensing Facility Evaluation Report

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Woodhaven

Point of Contact: Milagros Quezon.

Contact Information: 3319 Woodhaven Lane, Concord, CA 94519.

1. **Program: Augmented Board and Care - Housing Services - CSS**

The County contracts with Woodhaven, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Consumers eligible for MHSA services.
- c. Annual MHSA Payment Limit: \$ 13,500
- d. Number served: For FY 14/15: 5 beds available.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-87(7)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at her residential facility located at 3319 Woodhaven Lane, Concord, CA 94518 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that she and her staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in her or her facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

APPENDIX C

Employee Roster

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff [e.g., Social Worker and other consultant(s)]. Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY WOODHAVEN HOME	FACILITY TYPE HOM FOR THE MENTALLY ILL	FACILITY NUMBER 079200181
PREPARED BY MILAGROS N. QUEZON / LICENSEE/ADMINISTRATOR	DATE SEPTEMBER 1, 2016	

A. STAFF SUBJECT TO CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following staff members are subject to a criminal background check pursuant to Sections 1522, 1568.09, 1569.17 and 1596.871 of the Health and Safety Code. A California background clearance or a criminal record exemption shall be obtained prior to employment, residence or initial presence in the facility.

NAME	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
MILAGROS N. QUEZON <small>Licensee/Administrator</small>		LICENSEE/ADMINISTRATOR	M-FRI	8AM 5PM				
MA. CONCEPCION NAVARRO	08-2011	DIRECT CARE PROVIDER	Th/Fr	5PM 7AM				
DIONISIO NAVARRO	03-2011	"LIVE-IN FOR THE WEEKEND	Sat/Su	7AM 6AM				
		DIRECT CARE PROVIDER	Sa/Su	7AM 7PM				
		"LIVE-IN FOR THE WEEKEND		7PM AM				
DOMINGO R. AQUINO	04-2016	DIRECT CARE PROVIDER	M-FRI	7AM 7PM				

APPENDIX D

Department of Social Services Community Care Licensing

Facility Evaluation Report

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200181

Report Date: 09/14/2016

Date Signed 09/14/2016 11:59:02 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: WOODHAVEN HOME	FACILITY NUMBER: 079200181
ADMINISTRATOR: MILAGROS N. QUEZON	FACILITY TYPE: 735
ADDRESS: 3319 WOODHAVEN LANE	TELEPHONE: (925) 408-7573
CITY: CONCORD	STATE: CA
CAPACITY: 6	ZIP CODE: 94519
TYPE OF VISIT: Office	DATE: 09/14/2016
MET WITH: Milagros Quezon	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Sandra Covington met with Milagros Quezon the
 2 licensee/administrator for a Component II interview. The administrator did not demonstrator the
 3 knowledge of several areas of the facility program or the regulations. The purpose of the overview was
 4 to determine whether the administrator is qualified to run the facility. There has been several non-
 5 compliance issues in the past few years at the facility. Based upon today's visit, LPA is recommending
 6 that a non-compliance conference is schedule in the East Bay office. LPA will send a letter outlining the
 7 details of this meeting at a later date:
 8

9 The licensee/administrator failed to demonstrate knowledge in the following areas:
 10

- 11 • Describing the kind of services the facility offer
- 12 • Medical emergency procedures
- 13 • Procedure for handling medication - including PRN and destruction procedures
- 14 • What to do when a resident goes AWOL
- 15 • After determining whether a resident is appropriate, what records are required in file
- 16 • Eviction procedure
- 17 • How she pre-screen a potential client
- 18 • What type of abuse they are mandated to report and to whom
- 19 • How she will insure that staff follows licensing regulations and resident needs and service plans
- 20 • What are the requirements for an Administrators
- 21 • The required documents in resident and staff files
- 22 • What are Prohibited Health Conditions
- 23 • What are Restricted Health Condition
- 24
- 25

SUPERVISOR'S NAME: Rajind Basi
LICENSING EVALUATOR NAME: Sandra Covington
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2621
TELEPHONE: (510) 873-6410

DATE: 09/14/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/14/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 1

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200181

Report Date: 07/08/2016

Date Signed 07/08/2016 12:32:06 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: WOODHAVEN HOME	FACILITY NUMBER: 079200181
ADMINISTRATOR: MILAGROS N. QUEZON	FACILITY TYPE: 735
ADDRESS: 3319 WOODHAVEN LANE	TELEPHONE: (925) 408-7573
CITY: CONCORD	STATE: CA
CAPACITY: 6	ZIP CODE: 94519
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 5
MET WITH: Dionisio Navarro	DATE: 07/08/2016
	UNANNOUNCED TIME BEGAN: 09:10 AM
	TIME COMPLETED: 12:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sandra Covington arrived to the facility unannounced to conduct a
2	case management visit. LPA met with Dionisio Navarro the caregiver. Shortly after the visit, Milagros
3	Quezon the licensee and Ma Navarro another caregiver arrived. The purpose of today's visit is to
4	discuss with the licensee the problem of her employing staff who does not speak or understand
5	English. During today's visit, LPA interviewed the licensee, staff, caregivers, residents, reviewed R1 file
6	and medications. R1 need constant medical supervision in treating his COPD, asthma and HTN. This
7	resident has a prescription for Spiriva with instructions for him to inhale a capsule into lungs every day.
8	However, the caregivers and licensee stated they have not given the resident the medication since
9	6/24/16. There is no documentation in the facility states this medication was discontinued. The
10	licensee reported she changed medical physicians for this resident but didn't notify the new physician
11	about the Spiriva.
12	
13	Sometime in April 2016, R1 had an asthma attack in the home and the caregiver Dionisio had to
14	contact his sister to communicate with the paramedics.
15	
16	Milagros is the primary person who transport residents to/from appointments and have dialogue with
17	medical staff. However, she does not demonstrate the ability to understand simple requirements such
18	as when medication is to be administered, if a residents' medication has been discontinued and when to
19	notify physicians about current medications being administered.
20	
21	LPA called the facility 6/20/16 and spoke to Domingo Aquino another caregiver who did not understand
22	or speak English well. Because the licensee has continued to employ incompetent staff and put
23	residents health and safety at risk, a citation is incurred. See attached LIC 809D report. A civil penalty
24	in the amount of \$150.00 is assessed for a repeat violation within 12-months.
25	

SUPERVISOR'S NAME: Rajind Basi	TELEPHONE: (510) 622-2621
LICENSING EVALUATOR NAME: Sandra Covington	TELEPHONE: (510) 873-6410
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">FACILITY REPRESENTATIVE SIGNATURE:</td> <td style="width: 40%;">DATE: 07/08/2016</td> </tr> </table>	FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016	

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC809 (FAS) - (06/04) Page: 1 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME **FACILITY NUMBER:** 079200181
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/08/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/15/2016 Section Cited 80064(a)	Administrator - Qualifications and Duties: 1 The current administrator does not appear 2 to have the knowledge and ability to 3 comply with the Title 22 regulations. 4 Milagros Quezon does not have the ability 5 to recruit, employ, train, and evaluate 6 qualified staff. She lack the understanding 7 of medication, when to alert treating physicians	1 The licensee will contact LPA Covington to 2 schedule a date for Component II 3 overview. Contact will be made by due 4 date. 5 6 7
8 9 10 11 12 13 14	about medications and when medications are discontinued.	8 9 10 11 12 13 14
Type B 1 2 3 4 5 6 7		
1 2 3 4 5 6 7		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Rajind Basi LICENSING EVALUATOR NAME: Sandra Covington LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 622-2621 TELEPHONE: (510) 873-6410 DATE: 07/08/2016
---	---

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
---	-------------------------

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME

FACILITY NUMBER: 079200181

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/08/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/08/2016 Section Cited 80065(a)	Personnel Requirements: 1 2 Facility personnel shall be competent to 3 provide the services necessary to meet 4 individual client needs and shall, at all 5 times, be employed in numbers necessary 6 to meet such needs. Caregivers Dionisio 7 Navarro and Domingo Aquino has been working in the facility but does not	The licensee will resubmit an accurate LIC 1 500 specifying competent staff working in 2 the facility at all times. The report 3 submitted 2/18/16 did not reflect true staff 4 working in the facility. 5 6 7
	8 speak or understand English well to 9 provide the necessary care. The 10 caregivers are unable to communicate to 11 emergency crew, assist residents with 12 medications and speak to licensing staff. 13 This is a repeat violation within 12-months. 14 The first citation was issued 2/17/16. A civil penalty in the amount of \$150.00 is issued in association with this citation.	
Type A 07/09/2016 Section Cited 80075(b)(5)(B)	Health Related Services: 1 2 Medications shall be given according to 3 physician's directions. R1 is prescribed 4 Spiriva with instructions to inhale a 5 capsule into lungs every day. The 6 caregivers and licensee ceased from 7 giving the resident the medication 6/24/16 without a discontinued order	The licensee will submit either a 1 discontinued order or statement from 2 treating physician stating the resident is to 3 remain on the medication. 4 5 Documentation will be sent by due date. 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Rajind Basi LICENSING EVALUATOR NAME: Sandra Covington LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 622-2621 TELEPHONE: (510) 873-6410 DATE: 07/08/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME

FACILITY NUMBER: 079200181

VISIT DATE: 07/08/2016

NARRATIVE	
1	LPA is requesting the following documents from R1 file be faxed or mailed to the CCL office by 7/14/16:
2	
3	-Physician's report dated 6/7/10
4	-Replacement appraisal
5	-Centrally stored medication log
6	-Medication Administrator Record for June and July 2016
7	-Emergency Medical Record Form
8	
9	LPA conducted exit interview with Milagros Quezon and Ma Navarro while obtaining plan of corrections.
10	LPA also discussed preventive measures on repeat violations and how to keep the facility in
11	compliance.
12	
13	
14	
15	
16	The following deficiencies were observed in violation of the California Code of Regulations Title
17	<u>22 Division 6.</u>
18	
19	<u>Appeal Rights Given</u>
20	<u>LIC 421 Given</u>
21	<u>LIC 9098 Given</u>
22	
23	
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SUPERVISOR'S NAME: Rajind Basi	TELEPHONE: (510) 622-2621
LICENSING EVALUATOR NAME: Sandra Covington	TELEPHONE: (510) 873-6410
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
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Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** September 2, 2016
Date of Exit Meeting: November 17, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum,
Lauren Rettagliata

- III. **Name of Program:** Oak Hills
141 Greenmeadow Circle
Pittsburg, CA 94565

- IV. **Program Description.** The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.

- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Oak Hills provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Oak Hills has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed.
7. Quality Assurance	Partially Met	Continue to work with CCL to ensure proper procedures are being followed.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	No	Level and quality of staff are not quite sufficient to support program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer and service provider interviews.

Discussion. As part of the site visit, five residents who receive augmented services were interviewed. We also spoke to the owner and one staff person.

Consumer Interviews:

We met and talked to five of the six residents who receive augmented services for severe or persistent mental illness. The residents, for the most part, seemed happy with the facility and staff. The residents have all been there for some time, ranging from 6-16 years. The residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. All the residents we spoke to also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), the peaceful feel of the home, and the social aspect of the facility. Some of the residents did express a desire for more activities around the house. One of them specified they would love to engage in more musical activities.

Certain residents also expressed the desire to have more involvement from their County case managers. One reported that he no longer had a case manager, and requested to have another assigned. Moving forward, it is recommended that the facility staff communicate promptly with the County’s housing liaison if a resident needs more case management support.

Staff Interviews:

We spoke individually to the facility administrator, and one daytime caregiver. The administrator indicated that several of the residents take responsibility for scheduling their own medical and care appointments, as well as their own transportation to and from the appointments. She assists the residents who are less able to manage transportation to their appointments. She also communicates with the doctors regarding managing and adjusting dosages for the residents' medications. The money seems to be managed in a joint effort by the case managers, the administrator, and the daytime caregiver. The administrator did advise that the daytime caregiver is responsible for both morning and evening medications every day of the week, as the caregiver lives full-time at the house.

The daytime caregiver detailed that she prepares the morning and evening meals for the residents, and sometimes makes sandwiches for lunch, if the residents are at home during the day. She menu plans several days in advance. Morning medication is often given with breakfast. Evening medication is given after dinner.

The administrator indicated that her son stays overnight to help out, but he was not present at the time of the site visit.

Results. Oak Hills staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MESA only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Oak Hills serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Oak Hills.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Oak Hills is meeting their needs.

Results. Oak Hills appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Oak Hills is licensed for 6 possible beds. Currently, all 6 are being utilized by residents who fit the MHSA criteria.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Oak Hills is meeting the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff perform a variety of augmented services, including medication assistance, laundry, cleaning, and assistance with grooming/hygiene. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. One thing of note was that the property had a moderate back yard space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired.

Results. Oak Hills appears to be providing the services outlined in the County *Augmented Board and Care Services Agreement* and annual assessments. It recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There has been 1 complaint investigated by the Department of Social Services Community Care Licensing service in the past 4 years and 4 site visits. The reports available from the most recent visit in the past year show findings, such as disrepair of flooring, and other elements of the house, medications not being properly secured, medications and/or dosages not

matching doctor's orders, potentially dangerous items being accessible to residents with dementia (e.g., knives, matches, firearms, tools, etc.), and insufficient bonding for money management.

As noted by the Community Care Licensing (CCL) evaluator, most of these issues were resolved quickly. When the MHSA review team was given a tour, a quick visual inspection also confirmed that many of these items had been resolved. The team also followed up with a discussion with the administrator and staff on how these problems were being addressed. The administrator stated she had increased her bond for money management and submitted that to the CCL. She showed us how medications were stored and secured. She also talked with us about how she works with the residents to ensure that their medications are up to date when they go to their quarterly doctor visits.

When asked about the grievance process, residents felt they had clear direction of who to report concerns to, including escalating things through the county or state. Information posters with grievance processes were posted very visibly in the common area, available for anyone in the household to consult, if needed. However, for the staff, the grievance policies did not seem to be very well documented. While a hand-written policy was submitted as part of this review, it is recommended that the administrator put together a policy to be able to make available to any current and potential new staff.

Results. Oak Hills is participating positively with state and county agencies to identify and address current and potential issues. It is recommended that Oak Hills continue to review its practices to keep up with adequate safety matters.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. The Oak Hills administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Oak Hills appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there does not appear to be sufficient staff for the program services provided. Although the facility is small, and has a family feel to it, there is only one daytime caregiver who is working 12-hour (or longer) shifts per day, 5 days per week. The evening care giver has a similar 12-hour shift, 5 days per week. The administrator indicated that she and her husband (co-owners of the facility) usually take the weekend shifts to relieve the weekday caregivers. However, the administrator indicated, and the daytime caregiver confirmed, that the day caregiver also often was responsible for overseeing medication assistance on the weekend. It is recommended that the facility explore adding additional staff to help relieve these shifts, as the facility may be out of compliance with state and federal labor laws.

CPR and First Aid certification cards were provided for three of the four listed on the personnel roster. It is recommended that the fourth member (one of the co-owners) also obtain the CPR certification to keep on record.

Results. There does not appear to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. Recommendations are as noted above.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Oak Hills is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSA. They have been in contract with the County since 2000, with augmentation contracts starting in 2000. These rates have remained the same for the past several years. Oak Hills has asked for a rate increase, and the county has approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. Oversight sufficient to comply with generally accepted accounting

principles. Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. Documentation sufficient to support invoices. Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Oak Hills's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed, and are current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. Effective communication between contract manager and contractor. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Oak Hills staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Oak Hills contracts and sign and forward submitted invoices, conservators to interact with Oak Hills staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Oak Hills staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Oak Hills with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Oak Hills provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Oak Hills provides a stable, supportive living environment.

IX. Findings for Further Attention.

- The facility staff should communicate promptly with the County's housing liaison if a resident needs more case management support. Moreover, it is recommended that the County Housing Services Coordinator follow-up with the residents who have indicated they wish to have a case manager.
- It is recommended that the facility engage the residents to determine and develop outdoor activities and recreation that could best utilize the space available.
- The administrator should put together a policy manual to make available to any current and potential new staff.
- It is recommended that Oak Hills continue to review its practices to keep up with adequate safety matters in the proper secured storage of medication.

- It is recommended that the facility explore adding additional staff to help relieve the current caregiver shifts, and update the staff records and training to ensure that all listed staff have the proper certifications.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to Oak Hills, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. September 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Oak Hills Residential Facility

Point of Contact: Rebecca Lapasa.

Contact Information: 141 Green Meadow Circle, Pittsburg, CA 94565.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Oak Hills Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 21,120
- d. Number served: For FY 14/15: 6 beds.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-48(18)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at her residential facility located at **141 Green Meadow Circle, Pittsburg, California 94565** ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that her staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in her license or her facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Contractor

County Dept.

APPENDIX C

Employee Roster

PERSONNEL REPORT / Staff

INSTRUCTIONS: This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultants). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY: DAK HILLS RES, FACILITY FACILITY TYPE: ARF FACILITY NUMBER: # 075600407

PREPARED BY: Rebecca Lapasa DATE: JAN 2016

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Section 1522, 1569, 17 and 1580, 871 of the Health and Safety Code. Completed BID-7 Fingerprint Cards and the Child Abuse Index Check (LIC 1989) shall be submitted within 4 calendar days following employment or initial presence in the facility. Completed BID-7 Fingerprint Cards for Residential Care Facilities for the Elderly staff required to be fingerprinted, shall be submitted within 20 days following employment or initial presence in the facility.

LICENSEE/ADMINISTRATOR	NAME	DATE EMPLOYED	JOB TITLE	SPECIALTY		SPECIALTY		SPECIALTY	
				DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	
	Rebecca Lapasa	7/2000	Administrator / Staff Licensee	M-F	7:30m - 11:00m	SAT/SUN	9:30m - 1:00m		(on call)
	Edmundo Lapasa	07/2000	Licenses / Staff Maintenance			SUN	9:30m - 1:00m		(on call)
	Adelina Daniels	05/2010	Caregiver - (live in)	M-F	9:00m - 9:00m				(on call)
	DWENT Lapasa	8/6/12	Caregiver / Staff	M-F	9:00m - 9:00m				

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** August 11, 2016
Date of Exit Meeting: October 28, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum

- III. **Name of Program:** United Family Care, LLC
dba Family Courtyard
2840 Salesian Avenue
Richmond, CA 94804

- IV. **Program Description.** The County contracts with United Family Care, LLC (“Family Courtyard”), a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.
3. Provide the services for which funding was allocated.	Yes	Individual Augmentation agreements supporting contract need to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Family Courtyard has been serving residents placed there.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services identified through monthly assessments are being performed.
7. Quality Assurance	Partially met	Appropriate policies and procedures are in place. Further, new measures have been identified for assessing quality programming.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility does not meet the federal funding threshold to require annual audits.

11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand role of contract manager to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer, family member, and service provider interviews.

Discussion. As part of the site visit four residents were interviewed individually, and additional input was obtained by 24 consumers who completed a written survey prior to the site visits. We also spoke to several different staff members, including three staff from the management team and nine line staff.

Survey Results:

Questions	Responses: n=24				
	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	4	3	2	1	0
1. Help me improve my health and wellness.	Average score: 3.00 (n=24)				
2. Allow me to decide what my own strengths and needs	Average score: 3.05 (n=24)				

3. Work with me to determine the services that are most helpful	Average score: 3.13 (n=23)			
4. Provide services that are sensitive to my cultural background.	Average score: 2.84 (n=24)			
5. Provide services that are in my preferred language	Average score: 3.26 (n=23)			
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.44 (n=23)			
7. Are open to my opinions as to how services should be provided	Average score: 3.22 (n=23)			
8. What does this program do well?	<ul style="list-style-type: none"> • Provide a clean home for me • Give appointments, send you to right doctor and also, give right medicine 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Safety • Slow down when tripping and get all information right so you can be called a good hospital and decent staff • Food 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Mental Health Services • Case Management • Clothing 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
Average score: 3.15 (n=20)				
12. Any additional comments?	<ul style="list-style-type: none"> • I really think nothing is missing or lost. I think your job is hard enough to do as is but your coping well and doing your best job possible. • It (the program) is not important to me because they haven't done for me to help me. 			

Consumer Interviews:

Each of the residents interviewed indicated that they were appreciative of the facility, staff, and daily activities they had the opportunity to participate in. The residents have been at the facility ranging from several months, to several years. The residents also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents

indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), social aspect of the facility, activities. However, they did express the desire to have more “community around food” (i.e., input on their meals, etc.). Certain residents also expressed the desire to have more involvement from their County case managers. Moving forward, it is recommended that facility staff engage the residents more in the planning of their daily program. It is also recommended that the facility staff communicate promptly with the County’s housing liaison if a resident needs more case management support.

Staff Interviews:

Staff interviewed ranged in job titles and duties. There was staff from the night shift, day caregivers, activity director, facilities, and kitchen. The staff indicated there was a regular weekly and daily activity calendar that was created every month, however, there is flexibility in the schedule to accommodate resident desires. The staff also engaged in money management activities for many of the residents. Many residents also left to go to programs offered during the day, such as the Wellness City by Recovery Innovations, or a day program through Guardian. Residents are usually driven by a staff escort to their medical and other health care appointments. Staff may occasionally take residents on shopping errands if there are no appointments. Meal plans are often created with the help of a dietician for residents with particular needs. Finally, the facility offers a “barbershop” service for the residents to help in their grooming.

The staff we spoke to gave the impression of being in tune with the medical and daily needs of the residents. While there seemed to be an increase in staff trainings on bigger medical issues, a desire was expressed for more training for all staff on day-to-day care, such as assisting residents in grooming and hygiene. **Results.** Family Courtyard staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community). **Method.** Compare the program description, service work plan, and individual services agreements with the current client census. **Discussion.** As a matter of regular practice Family Courtyard staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was

matched by verifying observation of residents participating in the consumer group meeting.

Results. The program serves the agreed upon target population.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. There is a clear level of augmented services, particularly around medical and medication support, and basic living tasks that may be better delineated in the service work plan to reflect the degree of service provided.

Results. Appropriate augmented Board and Care services are provided by Family Courtyard with appropriate intensive mental health specialty services for the residents. However, the individual augmentation agreement language in the contract should more specifically identify the services that are provided.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Family Courtyard is meeting their needs.

Results. Family Courtyard appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that there are 61 possible beds open to the County, which are close to being fully utilized. The service work plan, however, does not capture the services that augment the board and care service in a manner that enable quantifying the services provided, and enabling program impact on residents to be determined and reported to the County.

Results. The program serves the number of individuals that have been placed in their facility by Contra Costa County.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. There are a variety of daily group activities scheduled that the residents can participate in, many of which promote well-being and self-reliance. One thing of note was that the property had an expansive back yard type of space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired.

Results. Family Courtyard appears to be providing the services outlined in the monthly assessments of needs conducted on each resident, with additional supported services to promote wellness, recovery, and self-reliance. It recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

7. **Quality Assurance.** How does the program assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 5 complaints investigated by the Department of Social Services Community Care Licensing service in the past 4 years. This has resulted in several findings by the licensing agency and 7 unannounced visits between October 2015 and April 2016. The last comprehensive inspection report with significant findings was dated 01/29/16. These findings included deficiencies around the lack of posted information on Residents' Rights and complaint/grievance information, lack of planned activities, insufficient bedding in rooms, and insufficient medical training for a few new staff members. The absence of a Resident Council Poster resulted in a fine being assessed on the facility. Previous findings included maintenance of grounds and food service/menu planning. There have been two subsequent unannounced visits by a licensing evaluator to follow-up on complaints and citations, who indicated that proof of corrections had been submitted for all findings.

These complaints and visits were brought up during our interview with management staff. They indicated that they had taken several steps towards resolving the previous issues including more staff training, a dedicated activities coordinator, additional programs, extra supply of bed linens, setting up a technical support meeting with Community Care Licensing to help with compliance, addressing a few residents with significant behavioral issues, and adjusting the smoking areas to help manage residents from spending excess time hanging out in front of the facility and parking lot of a nearby school, which was causing problems with perception in the local community.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through the County, or state.

Results. Family Courtyard is participating positively with State and County agencies as well as the local community to identify and address current and potential issues. The program has implemented new policies and procedures for staff and programming for residents. It is recommended that Family Courtyard continue to review its practices and programming to keep residents engaged and active.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's Privacy Policy.

Discussion. Family Courtyard staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment. When touring the facility, however, it was noted that while all resident records are organized and stored in individual binders that are on a shelf in a locked office, the names of the residents were clearly labeled on the spine, facing outward and visible from the window where the public can check in. While, according to the County Quality Improvement Coordinator, this is not necessarily considered a HIPAA violation, it is recommended that the facility configure the binders so that the names are not visible to the public entering the facility, to ensure greater privacy of the residents.

Results. Family Courtyard appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. Family Courtyard staff that were interviewed represented management, caregiving, facilities, food and laundry services, and administrative support functions of the facility. Additionally, during a tour of the facility we were introduced to many other staff in a variety of functions and delivering specific services. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. All 23 positions (full and part-time) were reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. However, several staff indicated they felt that due to the type of care required by many of the residents being served, they were stretched to serve everyone appropriately. The staff further indicated that this may be alleviated with stronger case management support from the County case managers, and possibly more training in how to effectively

encourage and work with residents to engage in better grooming and hygiene habits.

Results. There appears to be sufficient qualified staff to carry out the functions specified in the program. Family Courtyard is encouraged to strengthen their communication with County case workers and to seek and provide opportunities for staff to increase their capacity to support residents living with mental health issues.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Family Courtyard has sufficient size, diversity of funding resources and adequate cash flow to support their staff deliver and sustain services. They have been in contract with the County at a set monthly augmentation rate of \$620 per resident since 2008. Family Courtyard has recently requested an increase in their rate. This rate increase request is currently under review.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Family Courtyard's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Property, vehicle, liability insurance policies were reviewed. All were current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Family Courtyard staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Family Courtyard's contracts and sign and forward submitted invoices, conservators and case managers to interact with Family Courtyard staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations.

Despite all of these interactions with County representatives, facility staff and management have all expressed a strong desire to strengthen the role of County in the care and management of the residents. Whether this be in the form of more Public Health Nurse visits, case manager visits, etc., the desire is for helping to eliminate the challenges currently for Family Courtyard staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Family Courtyard with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Family Courtyard provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a larger residential facility, with up to 61 approved beds available to Contra Costa County for adults who need daily assistance. Housing has been identified as a high priority critical issue for the County, and Family Courtyard provides a stable, supportive living environment. The issues that have been identified for attention pertain primarily to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Family Courtyard's contract needs to spell out the augmented services that are provided to the individual residents.
- The facility should empower and encourage the Resident Council to solicit and offer more feedback on programmatic activities, particularly around outdoor recreation and communal dining.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to the facility, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. August 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Monthly assessments for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Tax Returns

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

United Family Care, LLC (Family Courtyard)

Point of Contact: Juliana Taburaza.

Contact Information: 2840 Salesian Avenue, Richmond CA, 94804.

1. Program: Augmented Board and Care Housing Services - CSS

The County contracts with United Family Care, LLC , a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 271,560.
- d. Number served: For FY 14/15: 48 beds available.
- e. Outcomes: To be determined.

APPENDIX B


Service Work Plan


SERVICE PLAN

Number 24-681-84(13)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at its residential facility located at 2840 Salesian Avenue, Richmond, CA 94804 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that its staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in its license or its facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials: _____


Contractor


County Dept.

APPENDIX C

Employee Roster

FAMILY COURTYARD

Facility No. 075600757

STAFF SCHEDULE

NAME	SAT	SUN	MON	TUES	WED	THURS	FRI	Remarks
CAREGIVING DEPT								
Albaran, Neil (Med Staff)	OFF	OFF	3PM-12Midn	3PM-12	3PM-12	3PM-12	OFF	
Bilan, Grace (Med Staff)	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Fudolig, Teodula	OFF	OFF	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	
Guiam, Jiena (Med Staff)	OFF	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	OFF	7AM-4PM/MD	
Inumerable, Susan	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	OFF	
Fernandez, Lawrence	7AM-4PM	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	
Romero, Federico (Med)	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	OFF	Reliever
Boyd Dejour	7AM-4PM	OFF	7:30AM-4:30PM	12MidN-7AM	12MidN-7AM	OFF	7:30AM-4:30PM	
GRAVEYARD								
Aguinaldo, Rey	12MidN-7AM	12MidN-7AM	12MidN-7AM	OFF	OFF	12MidN-7AM	12MidN-7AM	
Boyd, Dejour				12MidN-7AM	12MidN-7AM	OFF		
MAINTENANCE								
Talavera, Ariel	7AM-4PM	OFF	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	
KITCHEN/DINING								
Jingle Ucol	OFF	OFF	7AM-1:30PM	7AM-1:30PM	7AM-1:30PM	7AM-4PM	7AM-4PM	
Patague, Godofredo	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	OFF	7:30AM-4:30PM	
Rodriguez, Maria	7:30AM-4:30PM	OFF	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	
Alegre, James	8AM-5PM	8AM-5PM	OFF	OFF	OFF	OFF	OFF	RELIEVER
ACTIVITY								
Mai, Luyen	7:00AM-4:00PM	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
ADMIN.								
Tejero, Norma	OFF	OFF	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	
Castro, Lodelyn (Med)	7:30AM-4:30PM	OFF	8AM-5PM	8AM-5PM	OFF	7:30AM-4:30PM	3PM-12Midn	
De Ocampo, Vincent	OFF	OFF	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	
Taburaza, Joseph	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME
Taburaza, Juliana	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** August 18, 2016; September 6, 2016
Date of Exit Meeting: October 11, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum,
Lauren Rettagliata

- III. **Name of Program:** LTP CarePro, Inc.
dba Pleasant Hill Manor
40 Boyd Road
Pleasant Hill, CA 94523

- IV. **Program Description.** The County contracts with LTP CarePro, Inc. (“Pleasant Hill Manor”), a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.
3. Provide the services for which funding was allocated.	Yes	Individual Augmentation agreements supporting contract need to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Pleasant Hill Manor has been serving residents placed there.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services identified through monthly assessments are being performed. However, a Resident Council should help drive programming.
7. Quality Assurance	Yes	Appropriate policies and procedures are in place.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility does not meet the federal funding threshold to require annual audits.

11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	No	Policies not sufficient nor current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand role of contract manager to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer, family member, and service provider interviews.

Discussion. As part of the site visit three residents were interviewed individually, and additional input was obtained by 11 consumers who completed a written survey prior to the site visits. We also spoke to several different staff members, including two staff from the management team and 9-10 line staff.

Survey Results:

Questions	Responses: n=24				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness.	Average score: 3.55 (n=11)				
2. Allow me to decide what my own strengths and needs	Average score: 3.46 (n=11)				
3. Work with me to determine the services that are most helpful	Average score: 3.50 (n=10)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.37 (n=11)				
5. Provide services that are in my preferred language	Average score: 3.64 (n=11)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.19 (n=11)				
7. Are open to my opinions as to how services should be provided	Average score: 3.28 (n=11)				
8. What does this program do well?	<ul style="list-style-type: none"> • Support Services • Independence • Helps me to provide services such as learning to improve my health 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Food variety • Handling problems • More services to bring clients to appointments 				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Education • Regular services are whenever possible, going on unless there are changes. After changes made and get to be done, everything else goes back to regular. 				
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important	Important	Somewhat Important	Not Important	
	4	3	2	1	
	Average score: 3.81 (n=11)				

12. Any additional comments?	<ul style="list-style-type: none"> I like to stay in contact with everybody in my whole family/friends whenever I can. People in my whole family have a lot of things to do whether or not on all of their own and as soon as I can I want to get back in connections with everybody again.
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Consumer Interviews:

Each of the residents interviewed indicated that they were appreciative of the facility, staff, and daily activities they had the opportunity to participate in. The residents have been at the facility ranging from a few months, to several years. The residents also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents indicated they liked in particular were: independence (freedom to be able to go out), social aspects of the facility, and the activities. However, they did indicate areas of improvement to be: more variety in their meal choices, and a central area to post activities (like a bulletin board where you can try to find others with similar interests in activities). There was also a desire for guidance in more independent living. Importantly, residents also expressed that transportation to medical appointments was a challenge. Some residents found that they have had to reschedule appointments due to lack of reliable transportation. Moving forward, it is recommended that facility staff engage the residents more in the planning of their daily program. It is also recommended that the facility staff partner with the County for more reliable transportation options.

Staff Interviews:

Staff interviewed ranged in job titles and duties. There were day caregivers, facilities, laundry, and kitchen staff interviewed. Most staff indicated that they had worked at the facility for several years. The staff indicated there was a regular weekly and daily activity calendar. Meal plans are often created with the help of a dietician for residents with particular needs.

The staff we spoke to gave the impression of being very in tune with the medical and daily needs of the residents. Each caregiver was assigned a resident roster, so that they managed 10 residents each. The resident list for each caregiver is balanced by level of severity of need, meaning they will each have both high needs residents and more independent residents.

Results. Pleasant Hill Manor staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community).
Method. Compare the program description, service work plan, and individual services agreements with the current client census.
Discussion. As a matter of regular practice Pleasant Hill Manor staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was matched by verifying observation of residents participating in the consumer group meeting.
Results. The program serves the agreed upon target population.
3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.
Method. Compare the service work plan or program service goals with individual services agreements with the current client census.
Discussion. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. There is a clear level of augmented services, particularly around medical and medication support, and basic living tasks that may be better delineated in the service work plan to reflect the degree of service provided.
Results. Appropriate augmented Board and Care services are provided by Pleasant Hill Manor with appropriate intensive mental health specialty services for the residents. However, the individual augmentation agreement language in the contract should more specifically identify the services that are provided.
4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.
Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Pleasant Hill Manor is meeting their needs.

Results. Pleasant Hill Manor appears to be meeting the needs of the population for which it was designed.

- 5. Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Pleasant Hill Manor's contract currently is capped at a dollar amount, but does not specify a number of beds reserved for the County. At the date of the site visit, they were almost at capacity with 44 residents, 21 of which were being utilized by the County. The service work plan, however, does not capture the services that augment the board and care service in a manner that enable quantifying the services provided, and enabling program impact on residents to be determined and reported to the County.

Results. The program serves the number of individuals that have been placed in their facility by Contra Costa County.

- 6. Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. There are a variety of daily group

activities scheduled that the residents can participate in, many of which promote well-being and self-reliance. However, there was not discussion of the existence of a formal Resident Council.

Results. Pleasant Hill Manor appears to be providing the services outlined in the annual assessments of needs conducted on each resident, with additional supported services to promote wellness, recovery, and self-reliance. It recommended that the facility engage its residents to determine what sort of other activities and recreation could be implemented, according to resident interest.

7. **Quality Assurance.** How does the program assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 5 complaints investigated by the Department of Social Services Community Licensing service in the past 3 years. However, the reports for the investigations of these complaints were not available on the Social Services Community Licensing website. Moreover, there has not been a visit from the agency since 6/20/14. It is recommended that the County's Housing Services Coordinator follow-up with the Community Care Licensing to ensure that these previous complaints have been fully resolved.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through the County, or State.

Results. Pleasant Hill Manor has internal processes in place to be responsive to participant needs and continuously improve quality of services. It also has well-documented and posted grievance processes for residence and staff in order to comply with quality assurance requirements.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's Privacy Policy.

Discussion. Pleasant Hill Manor staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Pleasant Hill Manor appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. Pleasant Hill Manor staff that were interviewed represented management, administrative support, caregiving, facilities, food, and laundry services of the facility. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. There were 18 positions (full and part-time) reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. The staff and management report that they have regular staff in-service trainings on topics such as caring for those with dementia, first aid, and menu-planning/nutrition.

Most of the staff have been there for many years. This stability in staffing has produced a very good rapport with the residents and created a sense of security for them. However, it was noted that there had not been a pay increase in a few years. Because this sense of safety and stability in a well-trained staff has been a key factor in the wellness of the residents, it is recommended that the facility engage in some strategic staff retention efforts to help continue this cultured strength of the program. This may include looking at competitive compensation rates, or other incentives.

Results. There appears to be sufficient qualified staff to carry out the functions specified in the program. Pleasant Hill Manor is encouraged to strengthen their staff retention programs, as this appears to be a key element to continued program success.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**
- Method.** Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.
- Discussion.** Not applicable.
- Results.** This section is not applicable to this location at the time of this review.
11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.
- Method.** Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.
- Discussion.** Pleasant Hill Manor has sufficient size, diversity of funding resources and adequate cash flow to support their staff deliver and sustain services.
- Results.** Fiscal resources are sufficient to deliver and sustain services.
12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
- Method.** Interview with fiscal manager of program or facility operator.
- Discussion.** Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.
- Results.** Sufficient oversight exists to enable compliance with generally accepted accounting principles.
13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.
- Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.
- Discussion.** Invoices and supporting census documentation for three selected months over the last three years were reviewed. Pleasant Hill Manor's financial reports support the monthly invoices, and no duplicate billing was indicated.
- Results.** Financial documentation appears sufficient to support the invoicing.

14. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance policies were reviewed. This was current with appropriate limits, however, the County is not listed as the Certificate Holder, as required in the contract. The contract monitor has requested an updated insurance certificate from Pleasant Hill Manor's corporate office (LTP CarePro, Inc.) and is still waiting for the document. This is currently delaying contract renewal efforts.

Results. Current insurance policies in effect are not sufficient to comply with the contract.

15. Effective communication between contract manager and contractor. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Pleasant Hill Manor staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Pleasant Hill Manor's contracts and sign and forward submitted invoices, conservators and case managers to interact with Pleasant Hill Manor staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Pleasant Hill Manor's staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Pleasant Hill Manor with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Pleasant Hill Manor provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a larger residential facility that provides an average of 20 beds to Contra Costa County for adults who need daily assistance. Housing has been identified as a high priority critical issue for the County, and Pleasant Hill Manor provides a stable, supportive living environment. The issues that have been identified for attention pertain primarily to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Pleasant Hill Manor's contract needs to spell out the augmented services that are provided to the individual residents.
- The facility should empower and encourage a formal Resident Council to solicit and offer more feedback on programmatic activities.
- It is recommended that the facility explore more back-up transportation options for residents to ensure they can keep scheduled appointments.
- It is recommended that the County's Housing Services Coordinator follow-up with the Community Care Licensing to ensure that any previous complaints have been fully resolved.
- Pleasant Hill Manor should engage in a strategic staff retention program to help maintain the strength of the stability and continuity their program currently provides.
- Pleasant Hill Manor's parent corporation should produce an updated insurance certificate, naming the County as a certificate holder, as soon as is possible.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to the facility, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. August 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer/Provider Interviews

Consumer Surveys

County MHSA Monthly Financial Report

Monthly assessments for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Tax Returns

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

LTP CarePro, Inc (Pleasant Hill Manor)

Point of Contact: Tony Perez.

Contact Information: 40 Boyd Road, Pleasant Hill CA, 94523.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with LTP CarePro, Inc., a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 30,000
- d. Number served: For FY 14/15: 18 beds available.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-73(18)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at its residential facility located at 40 Boyd Road, Pleasant Hill, CA 94523 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that its staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Adult Program Staff of any change in its license or its facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.

2. **Levels of Care.**
 - a. The Level of Care status (Level I, Level II, Level III, and Level IV) of each Client shall be determined by County's Behavioral Health Director, or designee, using the quantified scoring scale set forth in the Behavioral Health Services Division's "Augmented Board and Care Policy", which is on file in the office of the Behavioral Health Services Division, and incorporated herein by this reference. A copy of that Policy will be provided to Contractor upon request.
 - b. County shall pay Contractor:
 - (1) \$400 to 499 per month for a Level I client;
 - (2) \$500 to 599 per month for a Level II client;
 - (3) \$600 to 699 per month for a Level III client, and

Initials: Kpa [Signature]
Contractor County Dept.

SERVICE PLAN

Number 24-681-73(18)

(4) \$700 to \$2,800 per month for a Level IV client.

The exact rate for each Client shall be determined by the County's Behavioral Health Director, or designee, in accordance with the Behavioral Health Services Division's "Augmented Board and Care Policy".

c. The rate for each Client is subject to review and change by County on a quarterly basis. In the event that County's Behavioral Health Services Division staff determines that a Client's needs or level of augmented care have increased or decreased during any quarter, said rate for said Client shall be increased or decreased accordingly, including but not limited to a change in levels.

3. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.

4. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials: KVR [Signature]
Contractor County Dept.

APPENDIX C

Employee Roster

PHM EMPLOYEE ROSTER

EMPLOYEE NAME	ADDRESS	CONTACT NO.	DATE OF EMPLOYMENT
Alcantara, Alma	3081 Romora Bay Drive Pittsburg, CA 94565	(925) 300-7864	9/15/2010
Anchores, Joselito	1050 Oak Grove Road #24 Concord, CA 94518	(925) 435-7147	12/1/2013
Anchores, Juan Jovito	1050 Oak Grove Road #24 Concord, CA 94518	(925) 435-7236	12/1/2013
Belison, Genato	100 Boyd Road, #218 Pleasant Hill, CA 94523	(925) 918-0598	9/30/2001
Codog, Artemio	100 Boyd Road, #125 Pleasant Hill, CA 94524	(925) 979-1098	3/1/2009
De Guzman, Andresito	40 Boyd Road Pleasant Hill, CA 94523	(925) 300-7150	7/29/2004
Logronio, Bienje	1265 Monument Blvd #71 Concord, CA 94520	(925) 395-7313	9/1/2004
Logronio, Wilfredo	1265 Monument Blvd #71 Concord, CA 94520	(925) 325-1153	11/1/2005
Logronio, Willy	1265 Monument Blvd #71 Concord, CA 94520	(925) 316-5095	2/1/2016
Miranda, Estrella	40 Boyd Road Pleasant Hill CA 94523	(925) 639-1497	1/29/2003
Miranda, Rogelio	40 Boyd Road Pleasant Hill CA 94523	(925) 395-7932	1/29/2003
Navarro, Amalia	40 Boyd Road Pleasant Hill, CA 94523	(925) 325-9620	5/5/2002
Regato, Beatriz	1050 Oak Grove Road #24 Concord, CA 94518	(925) 435-2313	2/1/2016
Regato, Jasmin	1050 Oak Grove Road #24 Concord, CA 94518	(925) 435-2313	2/1/2016
Salalila, Hazel	203 Coggins Drive A315 Pleasant Hill CA 94523	(510) 754-7667	3/10/2005
Salalila, Ian	203 Coggins Drive A315 Pleasant Hill CA 94523	(510) 978-8424	8/16/2004
Villamor, Antonietta	1265 Monument Blvd, #106 Concord, CA 94520	(925) 435-4184	1/29/2003
Young, Martina	100 Boyd Road, #218 Pleasant Hill, CA 94523	(510) 914-0945	1/29/2003

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** April 26, 2016
Date of Exit Meeting: August 12, 2016

- II. **Review Team:** Stephanie Chenard, Jenny Robbins, Joseph Ortega

- III. **Name of Program:** Modesto Residential Living Center, LLC
1932 Evergreen Avenue
Modesto, CA 95350

- IV. **Program Description.** The County contracts with Modesto Residential Living Center, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Individual Augmentation agreements supporting contract need to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Modesto Residential has been serving residents placed there, with more capacity as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services identified through monthly assessments are being performed.
7. Quality Assurance	Partially met	Appropriate policies and procedures are in place. Further, new measures have been identified for assessing quality programming.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility does not meet the federal funding threshold to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand role of contract manager to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards). Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.
Method. Consumer, family member, and service provider interviews.
Discussion. As part of the site visit two residents were interviewed individually. We also spoke to several different staff members, including three staff from the management team and two line staff.

Consumer Interviews:

Each of the two residents seemed to be appreciative of the facility, staff, and daily activities they had the opportunity to participate in. Both of the residents have been at the facility for several years and felt that they may have been homeless if they did not have this facility to live in. Both residents also reported that they perceived their medication to be handled well by the facility and their needs met. However, they did express the desire to have more access to and time with the clinician (i.e., weekly visits, rather than only monthly check-ins). While the facility indicated that a psychiatrist was on-site twice a week and available to see consumers on a drop-in basis, the residents seemed to indicate they felt they only had monthly access to the clinician. Moving forward, it is recommended that facility staff can help bridge this gap in perception by being more proactive in helping residents to schedule regular time with the clinician as needed.

Staff Interviews:

Staff interviewed were members of the activities and medical staff. Staff indicated there was a regular weekly and daily activity calendar that was created

every month. Many of these activities were directed by staff or other visiting partner programs. Included in these activities is a weekly consumer led meeting that provides feedback to staff. The staff also engaged in money management activities for many of the residents, including giving them a daily allowance from their personal funds, and help with shopping for items such as groceries or clothing. Staff also indicated that certain medical specialists were rotated on a monthly basis to help with specific needs, such as podiatry, ophthalmology, and dental issues.

The staff we spoke to gave the impression of being in tune with the medical and daily needs of the residents. While there seemed to be an increase in staff trainings on bigger medical issues, a desire was expressed for more training for all staff on day-to-day care, such as assisting residents in grooming and hygiene. **Results.** Modesto Residential staff appear to implement services according to the values of the Mental Health Service Act.

- 2. Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. As a matter of regular practice Modesto Residential staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was matched by verifying observation of residents participating in the consumer group meeting.

Results. The program serves the agreed upon target population.

- 3. Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. There is a clear level of augmented services, particularly around medical and medication support, that may be better delineated in the service work plan to reflect the degree of service provided.

Results. Appropriate augmented Board and Care services are provided by Modesto Residential with appropriate intensive mental health specialty services for the residents. However, the individual augmentation agreement language in the contract should more specifically identify the services that are provided.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Modesto Residential Living Center is meeting their needs.

Results. Modesto Residential Living Center appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that there are 6 possible beds open to the county, but currently only 3 are being utilized. The Individual Augmentation plans, however, do not capture the services that augment the board and care service in a manner that enable quantifying the services provided, and enabling program impact on residents to be determined and reported to the County.

Results. The program serves the number of individuals that have been placed in their facility by Contra Costa County. However, Modesto Residential Living Center staff indicated that currently there are a number of openings under the current contract and that they are interested in serving more Contra Costa consumers.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. There are a variety of daily group activities scheduled (both day and evening) that the residents can participate in, many of which promote well-being and self-reliance. The residents have regular access to medical providers every few months, and monthly evaluations with the on-site psychiatrist. There is also medical staff to monitor daily medication needs for all residents.

Results. Modesto Residential Living Center appears to be providing the services outlined in the monthly assessments of needs conducted on each resident, with additional supported services to promote wellness, recovery, and self-reliance.

7. **Quality Assurance.** How does the program assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 10 complaints investigated by the Department of Social Services Community Licensing service in the past 5 years. This has resulted in several findings by the licensing agency and nearly monthly unannounced visits in 2016. The last report with significant findings was dated 01/28/16. These findings included deficiencies around the facility's water temperature, maintenance of grounds, client records, and food service/menu planning. There have been three subsequent unannounced visits by a licensing evaluator, which have produced no further findings.

These complaints and visits were brought up during our interview with management staff. They indicated that they had taken several steps towards resolving the previous issues including increases in staffing, more staff training, additional programs offered by the onsite psychiatrist, a tighter screening process to address potential residents with behavioral issues, and an onsite canteen to help manage residents spending excess time hanging out in the nearby shopping center parking lots, which was causing problems with perception in the local community.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through the county, or state.

Results. Modesto Residential Living Center is participating positively with state and county agencies as well as the local community to identify and address current and potential issues. The program has implemented new policies and procedures for staff and programming for residents. It is recommended that Modesto Residential continue to review its practices and programming to keep residents engaged and active.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's Privacy Policy.

Discussion. Modesto Residential Living Center staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Modesto Residential Living Center appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. Modesto Residential Living Center staff that were interviewed represented management, medical support, and administrative support functions of the facility. Additionally, during a tour of the facility we were introduced to many other staff in a variety of functions and delivering specific services. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. All 34 full-time positions, 1 part-time position, and 4 contract positions were reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. However, several staff indicated they felt that due to the number of residents being served, they were stretched to serve everyone appropriately and that there was a need for a higher staff to client ratio.

Results. There appears to be sufficient qualified staff to carry out the functions specified in the program. Modesto Residential is encouraged to seek and provide opportunities for staff to increase their capacity to support residents living with mental health issues.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.
- Method.** Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.
- Discussion.** Modesto Residential has sufficient size, diversity of funding resources and adequate cash flow to support their staff deliver and sustain services. They have been in contract with the County at a set daily rate of \$55 since September 1, 2007. This year they asked for an increase in their rate to \$65 to take effect September 1, 2016, which has been approved by Contra Costa Behavioral Health.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
Method. Interview with fiscal manager of program or facility operator.
Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.
Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.
13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.
Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.
Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Modesto Residential Living Center's financial reports support the monthly invoices, and no duplicate billing was indicated.
Results. Financial documentation appears sufficient to support the invoicing.
14. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.
Method. Review insurance policies.
Discussion. Property, vehicle, liability insurance policies were reviewed. All were current with appropriate limits.
Results. Current insurance policies in effect are sufficient to comply with the contract.
15. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.
Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.
Discussion. The County has multiple staff interacting with Modesto Residential Living Center staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Modesto Residential Living Center contracts and sign and forward submitted invoices, conservators to interact with Modesto Residential Living Center staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff

performing program and fiscal reviews and issuing a report with findings and recommendations. Moreover, it seems that the two County residents currently living there do not have a case manager to help coordinate all the care for them. This has the potential for creating challenges for Modesto Residential Living Center staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Modesto Residential Living Center with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Modesto Residential Living Center provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a larger residential facility, with up to 6 approved beds available to Contra Costa County for adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Modesto Residential Living Center provides a stable, supportive living environment. The issues that have been identified for attention pertain primarily to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Modesto Residential Living Center's contract needs to spell out the augmented services that are provided to the individual residents. At the very least, it is recommend an Augmented Board and Care Services Agreement be drafted and executed for each County resident
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to the facility, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. April 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Monthly assessments for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Modesto Residential Living Center, LLC.

Point of Contact: Dennis Monterosso.

Contact Information: 1932 Evergreen Avenue, Modesto CA, 95350. (209)530-9300.
info@modestoRLC.com

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits, and accepted augmented board and care at Modesto Residential Living Center.
- c. Annual MHSA Payment Limit: \$ 90,000
- d. Number served: For FY 14/15: Capacity of 7 beds, average of 2 beds filled each month.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-82(8)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at its residential facility located at 1932 Evergreen Avenue, Modesto, CA 95350 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that its staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in its license or its facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials



Contractor



County Dept.

APPENDIX C

Employee Roster

FACILITY ROSTER

FACILITY: MODESTO RESIDENTIAL LIVING CENTER	TYPE: ARF	FACILITY #: 507203017
PREPARED BY: LENA BALDWIN, FACILITY MANAGER		DATE: 04/15/2016 (updated)

EMPLOYEE NAME	HIRE DATE	JOB TITLE	WORK DAYS	SHIFT HOURS	EMPLOY STATUS	EXEMPT	SEPARATION DATE
Dennis "Dan" Monterosso	11/01/06	Administrator/ Licensee	M-F	10a-4p	Salary		
Clara "Lena" Baldwin	11/01/06	Facility Manager	M-F	10a-4p	Salary		
Rosalie Herrera	03/15/07	Healthcare Coordinator/ Asst. Manager	M-F	10a-4p	Salary	X	
William "Brian" Jackson	05/15/09	Care Staff Coordinator/ Adm. Assistant	M-F	10a-4p	Salary		
Tatiana Varela	01/02/14	Administrative Assistant	Sa-Th	11p-7a	F/T	X	
Nancy Michael	01/30/08	Purchasing	M-F	8a-4p	F/T		
Breanna Michael	11/21/14	Life Skills/ Activities	M-F	1p-9p	F/T		
Vanessa Rodriguez	10/25/13	Receptionist	M-F	8a-4p	F/T		
Mark Garcia	11/13/14	Maintenance Supervisor	T-F	7a-3p	F/T		
Latreice McDonald	04/19/12	Transportation	M-F	7a-3p	F/T		
Linda Mandl	01/30/08	Medical Assistant	M-F	8a-4p	F/T	X	
Aimes Halverson	09/15/08	Medications Supervisor	Su-Th	7a-3p	F/T	X	
Adam Jacobson	06/30/11	Lead Med Tech	Tu-Sa	7a-3p	F/T	X	
Jesenia Olivera	11/21/10	Dietary Supervisor	M-F	6a-2p	F/T		
Andrew Hagan	10/29/12	AM Dietary Staff	F-M	6a-2p	P/T		
Tonita Royston	06/25/14	AM Dietary Staff	Tu-Sa	6a-2p	F/T	X	
Damian Bailey	02/28/14	AM Dietary Staff	Su-Th	6a-2p	F/T		
Patricia Cuellar	09/24/09	AM Care Staff	Tu-Sa	7a-3p	F/T	X	
Ofeilia Valencia	04/01/14	AM Care Staff	Su-Th	7a-3p	F/T		
Dominque Devine	11/21/15	AM Care Staff	F-Tu	7a-3p	F/T		
Samuel Mendonsa	12/09/15	AM Care Staff	F-Tu	7a-3p	F/T		
Isela Ayala	01/12/16	AM Care Staff	F-Tu	7a-3p	F/T		
Fadi Youssef	12/09/15	AM/PM Care Staff	Su-Th	10a-6p	F/T		
Jim Yi	11/12/15	PM Lead Med Tech	Tu-Sa	3p-11p	F/T	X	
Brittaney Brunelli	12/10/15	PM Med/ Care Staff	Th-M	3p-11p	F/T		
Tanya Jones	01/30/08	PM Med Tech	Su-Th	3p-11p	F/T		
Amanda Bossom	03/27/13	PM Care Staff	Tu-Sa	3p-11p	F/T		
Alyssa Reeves	12/30/15	PM Med Tech	W-Su	3p-11p	F/T		
Clayton Castrogiovanni	02/29/16	PM Care Staff	F-Tu	3p-11p	F/T		

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** May 9, 2016
Date of Exit Meeting: July 29, 2016

- II. **Review Team:** Stephanie Chenard, Steven Blum

- III. **Name of Program:** Divine’s Home
2430 Bancroft Lane
San Pablo, CA 94806

- IV. **Program Description.** The County contracts with Divine’s Homes, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.

- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Divine's Home provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Divine's Home has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed.
7. Quality Assurance	Partially Met	New measures should be identified for assessing quality programming and record keeping.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Not Met	The facility does not keep bookkeeping records as required in their contract with the County.

13. Documentation sufficient to support invoices	Not Met	The facility does not keep bookkeeping records as required in their contract with the County.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer, family member, and service provider interviews.

Discussion. As part of the site visit the three residents who receive augmented services were interviewed. We also spoke to the owner and one staff person.

Consumer Interviews:

We met and talked to the three residents who receive augmented services for severe or persistent mental illness. One of the residents was not ambulatory, and had a difficult time communicating, so the interview was largely with the other two residents. The residents both seemed quite happy with the facility and staff. The residents had been there ranging from three to ten years. Both residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. Both residents also reported that they perceived their medication to be handled well by the facility and their needs met. While one of the residents reported that a relative visited monthly and took her out shopping, both residents did express the desire to have more offsite or outdoor activities. The facility administrator confirmed that she takes out the residents on outings every other week. However, moving forward, it is suggested that more supervised outings and activities be included in the schedule to help alleviate potential isolation and help maintain activity and occupation for the residents.

Staff Interviews:

We spoke individually to the facility administrator, and one daytime caregiver. The administrator indicated that she is responsible with assisting the residents with scheduling and taking everyone to their appointments. She is also the one who takes them on outings approximately every other week. The daytime caregiver detailed that she prepared the three daily meals for the residents. She menu planned a few days in advance, and often asked the residents what they wanted. Morning medication is often given with breakfast. Evening medication is given an hour or so before bed. The administrator indicated she has staff who stay overnight, but they were not present at the time of our visit.

Results. Divine's Home staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MESA only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Divine's Home serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. A few of the original individual client referrals from case managers were not available, due to the existing clients being longtime residents. These referral forms articulated the augmented services for which the County and Divine's originally agreed upon. However, the program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Divine's Home.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Divine's Home is meeting their needs.

Results. Divine's Home appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Divine's home is licensed for 6 possible beds. Currently, 3 are being utilized by residents who fit the MHSA criteria.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Divine's Home is meeting most of the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff perform a variety of augmented services including medication assistance, laundry, cleaning, and assistance with grooming/hygiene. Additionally, staff provide extra supervision to prevent residents from wandering off, ensure medication is taken as prescribed, and meals are eaten. However, it is noted in several of the residents' paperwork that range of motion activities are to be facilitated by staff, yet no such activities were mentioned by the staff, or residents. It is recommended going forward that a more consistent schedule of activities be incorporated into the residents' day to help keep them active.

Results. Divine's Home appears to be providing most of the services outlined in the County *Augmented Board and Care Services Agreement* and facility intake and admission agreement paperwork with the exception noted above.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 3 complaints investigated by the Department of Social Services Community Care Licensing service in the past 5 years and 16 site visits. The reports available from visits in the past year show findings around issues such as disrepair of flooring in the house, licensing fees not submitted in a timely manner, potentially dangerous items being accessible to residents with dementia (e.g., knives, matches, firearms, tools, etc.), and incomplete resident records – specifically around medication.

As noted by the Community Care Licensing evaluator, most of these issues were resolved quickly. However, it was noted by the MHSA review team during the program review visit that the medication paperwork had not been updated for 2-3 weeks prior to the site visit. The Community Care Licensing team has requested that the administrator correct and update paperwork, then fax to their offices. It is recommended that moving forward, the administrator put into place a more comprehensive check system to ensure these records are being updated daily.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through

the county, or state. Further, information posters with grievance processes were posted very visibly in the common area, available for anyone in the household to consult, if needed.

Results. Divine's Home is participating positively with state and county agencies to identify and address current and potential issues. It is recommended that Divine's Home continue to review its practices to keep up with adequate safety matters and keep correct and accurate resident paperwork.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. Divine's Home administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Divine's Home appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there appears to be sufficient staff for the program services provided. According to the staffing sheet provided by the facility, there is an administrator and a manager to represent management issues. The caregivers listed include one day, one evening, one on-call, and one live-in. During the site visit, there appeared to be a new caregiver, who was not listed on the employee roster. The job description and list of duties for the caretaker position listed requirements for the job, such as: valid CPR and First Aid Certificate; proof of fingerprinting; physical exam within 6 months of application, with a health screen form and TB test. However, when asked about these records, the administrator said that the employee who was there during the visit had not yet completed any of this required paperwork, but

was working with her towards achieving these things. The administrator was also unable to confirm whether she had these records for her other employees. **Results.** There appears to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. However, there seems to be inconsistency in hiring practices, and employee record keeping. It is recommended that the facility update its employees' certifications and keep the certificates on file.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.
- Method.** Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.
- Discussion.** Divine's Home is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSA, which is set according to the degree of extra support each individual resident requires. They have been in contract with the County since 1995, with augmentation contracts starting in 1998. These rates can change depending on how many days a resident is at the facility, and should be discounted if a resident is hospitalized during at any point in the month. However, when asked to produce invoices with supporting documentation over the past three years, the administrator was unable to produce any records of demands, invoices, or supporting documentation, stating that she discards all her records after she submits her monthly demands to the County. Nonetheless, a review was able to be done through the County's records of a sample of monthly demands. It is recommended moving forward that the administrator keep detailed records and supporting documentation, as required by the language of the contract with the County, for at least five years.

Divine's Home has asked for a rate increase, and the county has approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. Oversight sufficient to comply with generally accepted accounting

principles. Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. A review of the sample invoices in the County's records seem to show that the facility is invoicing the County appropriately. However, as noted above, the lack of record keeping on the facility's part make it hard to determine how their books are being kept. It is recommended that the facility implement some kind of system, whether electronic, or hard records, to accurately reflect an appropriate journaling bookkeeping system.

Results. The facility does not appear to have an adequate or consistent form of record keeping.

13. Documentation sufficient to support invoices. Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. The facility was not able to produce any financial records. Most of the review consisted of conversations with various County staff who have worked with the facility's invoicing. Some staff members have indicated that there had been inaccurate billing in the past (billing for days when residents were in the hospital, and not in the facility), but that these errors have not happened in the past few years. Echoing the recommendations made above, moving forward, it is recommended that the facility institute a record-keeping system that complies with the language of the contract with the County.

Results. Financial documentation is not sufficient to support the invoicing.

14. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed. It is current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. Effective communication between contract manager and contractor. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Divine's Home staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Divine's Home contracts and sign and forward submitted invoices, conservators to interact with Divine's Home staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Divine's Home staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Divine's Home with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Divine's Home provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Divine's Home provides a stable, supportive living environment. Many of the issues that have been identified seem to center on the lack of a solid record keeping system in the facility, and insufficient activities planned for the residents..

IX. Findings for Further Attention.

- The residents expressed a desire for activities outside of the house more than every other week. More outings and a schedule of activities for residents would address this issue, as well as potentially attend to the range of motion needs mentioned in the facility's admission paperwork for several of the residents.
- It is recommended that Divine's Home institute a process for double-checking medication paperwork daily. A plan of correction for this issue has been made by

the State Community Care Licensing agency, which can provide guidelines to the facility.

- It is recommended that Divine's Home update its employee records for current certifications and follow a consistent practice in hiring new caretakers.
- It is recommended that Divine's Home implement a book-keeping and record-keeping system for financial documents. This can be an electronic, off-the-shelf program that is backed up by the physical documents in a filing system. Whatever system the facility decides to adopt, it should reflect the financial records requirements in the language of the contract with the County.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to Divine's Home, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. May 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Divine's Home

Point of Contact: Maria Riformo.

Contact Information: 2430 Bancroft Lane, San Pablo, CA 94806.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Divine's Homes, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

a. Scope of Services

- Augmented residential services.

a. Target Population: Adults aged 18 years and older who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

b. Annual MHSA Payment Limit: \$ 64,800

c. Number served: For FY 14/15: 6 beds available.

d. Outcomes: To be determined.

APPENDIX B

Service Work Plan

APPENDIX C

Employee Roster

PERSONNEL REPORT

INSTRUCTIONS:

This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show licensee/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY: DIVINE'S HOME
FACILITY TYPE: RCFE
FACILITY NUMBER: 071441217

PREPARED BY: Maria P. Riformo
DATE: 12/11/15

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Sections 1522, 1569.17 and 1596.071 of the Health and Safety Code. Fingerprints and a Child Abuse Central Index Check (LIC 198) shall be submitted to the Department of Justice prior to employment, residence or initial presence in the facility.

NAME	DATE EMPLOYED	JOB TITLE	DAYS AND HOURS ON DUTY		SPECIFY FROM TO		DAYS AND HOURS ON DUTY		SPECIFY FROM TO		DAYS AND HOURS ON DUTY		SPECIFY FROM TO	
			DAYS	HOURS	FROM	TO	DAYS	HOURS	FROM	TO	DAYS	HOURS	FROM	TO
Licensee/Administrator MARIA P. RIFORMO	1994	Administrator	M-F	9:00 AM - 1:00 PM										
HAILEY RIFORMO	1992	Manager	F-M	OPEN										
Madeline Riformo	2015	CAREGIVER	ON CALL											
Matthew Riformo	2013	CAREGIVER	M-F	6:00 PM - 9:00 AM										
Marilyn Torris	9-15	CAREGIVER	M-F	9:00 AM - 6:00 PM										
			F-TUES											
Newita Lancaster	3-16	CAREGIVER	LIVE IN											

LIC 500 (REV) (PUBLIC)

CONTINUED ON REVERSE

*Applies only to facilities providing care and supervision to children.

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Dates of On-site Review:** April 6, 7, 8, 12, 2016
Date of Exit Meeting: July 22, 2016

- II. **Review Team:** Stephanie Chenard
Warren Hayes
Michelle Rodriguez-Ziemer

- III. **Name of Program:** Recovery Innovations (“RI”)– Contra Costa Wellness Cities

- IV. **Program Description.** Founded by Eugene Johnson in 1990 as META Services, an Arizona non-profit corporation, Recovery Innovations developed and provided a range of traditional mental health and substance abuse services for adults with long term mental health and addiction challenges. In 1999, Recovery Innovations began pioneering an innovative initiative: the creation of the new discipline of Peer Support Specialist. Now, 13 years later, this experience has transformed the Recovery Innovations workforce to one in which Peer Support Specialists and professionals work together on integrated teams to deliver recovery-based services. The Recovery Innovations experiences had a global impact on the mental health field serving as a demonstration that recovery from mental illness and/or addiction is possible. Based on this transformation experience, Recovery Innovations operates recovery-based mental health services in 21 communities in five states and New Zealand and has provided recovery training and transformation consultation in 27 states and five countries abroad.

Recovery Innovations provides wellness and recovery centers situated in West, Central and East Contra Costa County. Wellness and Recovery Centers are made up of individuals embarking on or expanding their recovery journey. Staff of well-trained peers who have experienced their own recovery success share what they have learned and walk alongside each person. The clients of Wellness and Recovery Centers learn to identify personal strengths and develop personalized wellness plans that incorporate their hopes and dreams for the future. Each participant partners with a Recovery Coach who understands their challenges and stands alongside them ready to offer support. These centers offer peer-led recovery-oriented, rehabilitation and self-help groups, which teach self-

management and coping skills. The centers offer wellness recovery action plan (WRAP) groups, physical health and nutrition education, advocacy services and training, arts and crafts, and support groups.

V. Purpose of Review. Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness, self-sufficiency, and resiliency.
2. Serve the agreed upon target population.	Yes	Consumers (“Citizens”) meet target population.
3. Provide the services for which funding was allocated.	Yes	All MHSA funds directly support approved programming.
4. Meet the needs of the community and/or population.	Yes	Program is consistent with community planning process and strategies.
5. Serve the number of individuals that have been agreed upon.	Yes	Target service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Partially met	Currently relevant measures of success are met; however, consistent metrics should be used.
7. Quality Assurance	Yes	A review of files and client interviews attest to high standards of care.

8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Staffing level supports targeted service numbers.
10. Annual independent fiscal audit performed.	Yes	No audit findings were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Resources appear sufficient.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Experienced staff implements sound check and balance system.
13. Documentation sufficient to support invoices	Yes	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Yes	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Yes	Indirect charged at 15%.
17. Insurance policies sufficient to comply with contract	Yes	Policies are current and appropriate.
18. Effective communication between contract manager and contractor	Yes	Regular contact between manager and contractor.

VII. Review Results. The review covered the following areas:

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards). Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer, family member and service provider interviews and consumer surveys.

Discussion. As part of the site visits for all three Wellness Cities, approximately 45-50 consumers were interviewed, and additional input was obtained by 45 consumers who completed a written survey prior to the site visits.

Survey Results

Questions	Responses: n=44				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know 0
1. Help me improve my health and wellness.	Average score: 3.22 (n=37)				
2. Allow me to decide what my own strengths and needs	Average score: 3.10 (n=40)				
3. Work with me to determine the services that are most helpful	Average score: 2.93 (n=41)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.10 (n=36)				
5. Provide services that are in my preferred language	Average score: 3.43 (n=42)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.07 (n=42)				
7. Are open to my opinions as to how services should be provided	Average score: 3.38 (n=37)				
8. What does this program do well?	<ul style="list-style-type: none"> • Gives me a comfortable place to come, a safe environment. • Encourages participation • Put my own ideas into my future narrow down my choices which enable me to concentrate and focus going inside of my present life. 				

<p>9. What does this program need to improve upon?</p>	<ul style="list-style-type: none"> • More outings • Maintaining a solid approach selecting a new but changing focus about choice and ideas concerning lifestyle and involvement into mainstream personal responsibility • Different Subjects • How they talk to people, when we make them upset when doing things that make them feel like yelling or talking down without knowledge • Information 			
<p>10. What needed services and supports are missing?</p>	<ul style="list-style-type: none"> • Maybe group counseling, small group sessions, more variety • Anger classes, fresh air walking • Patience • Job help • More one to one exchanges between citizens to provide more social skills practice. • Voices (group) • weekend services 			
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?</p>	<p>Very Important 4</p>	<p>Important 3</p>	<p>Somewhat Important 2</p>	<p>Not Important 1</p>
	<p>Average score: 3.37 (n=41)</p>			
<p>12. Any additional comments?</p>	<ul style="list-style-type: none"> • RI is a good program for all aspects of our lives and personal life. • Your classes are interesting and I think you should keep the good work. I love the positive atmosphere • Be a place where we can learn to be independent • I really enjoy this program. It's fun to come here. I don't know where I would be if I didn't have RI for help. 			

Consumer Interview

The consumer interviews were conducted at all three “Wellness Cities” and were attended by approximately 40-45 consumers of mixed genders, ethnicities, and ages, all of whom engage in various levels of the services that Recovery Innovations provides. The individuals’ experience with these Wellness Cities

ranged from as few as 2 weeks up to 2-1/2 years. (Several were clients of MHCC when Recovery Innovations took over and renovated the programs for the locations.) Consumers (referred to as “Citizens” in the program) were referred to the Recovery Innovations Wellness Cities through a variety of sources, including: Rubicon, Hume, family members, the County Adult Mental Health Clinics, Mental Health Community Concerns, community events, individual therapists or doctors, case workers, and some by friends.

Overall, the interview participants were very appreciative of the services provided by Recovery Innovations and most reported that RI staff are very responsive to their needs. During the interviews, things that Citizens specifically identified as positives of the program were:

- The educational programs focused on recovery and moving forward;
- A variety of services focused on recovery and independent living;
- Staff that are supportive and passionate;
- A place where they felt secure and safe;
- Being able to develop friends and a social support network;
- The program finding a balance between working on recovery (classes) and fun activities;
- Feeling like they can make a positive contribution, and “being heard”, through Citizen-focused forums.

These positives speak squarely to the MHSA values. However, there were also some areas identified by the Citizens for improvement. Some of these issues were:

- Small group sessions (e.g., support groups, women’s groups, men’s groups, etc.);
- Access to a mental health clinician onsite;
- More information, connections, and warm referrals to county services, such as housing;
- Additional afternoon or weekend programming;
- Wider variety in class offerings (suggestions included more focus on symptoms, or physical wellness – i.e., yoga, meditation, etc.);
- Increase the frequency of outings and activities that include all three cities

As the population of these cities grows and evolves, there is opportunity for Recovery Innovations to expand their offerings, as well as revive current schedules.

Staff Interview:

During the three site visits, eight staff members were interviewed: Five Recovery Coaches, and three Team Leads. Staff shared that each of them have had some kind of personal background with mental illness and recovery in their lives – either personally, or with family members. This fits with the program’s peer model. They further reported that they share teaching/facilitating responsibilities for the daily classes, as well as the one-to-one coaching sessions with the consumers. The schedule of classes and activities is determined on a monthly basis by the Team Lead for each Wellness City and is largely based on consumer (Citizen) feedback that arises from the weekly Citizen-led “Town Hall” meetings. The classes are pulled from curriculum that has been developed by Recovery Innovations’ corporate headquarters. The staff is also responsible for completing journal notes for every consumer who completes a class on a daily basis. These notes are placed in each consumer’s individual file and can be referred to during one-on-one coaching and goal setting sessions.

While the staff are adept at helping guide their consumers through services and other referrals, a particular area that was voiced in all three locations was a desire for more and stronger networking connections with other providers, such as housing, employment, medication support, etc. Staff shared that a part of additional and better partnering with other providers would also include expansion of some of the practices that are currently in use by RI, such as WRAP programs.

Results. Recovery Innovations staff appear to implement services according to the values of the Mental Health Services Act.

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description and/or service work plan with a random sampling of client charts or case files.

Discussion. The Wellness Cities work with accepting referrals from the three County Adult Mental Health Clinics and other providers, but they also have an inclusive open-door policy, welcoming the greater Contra Costa County community.

Results. The program serves the agreed upon population.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.

Discussion. The Service Work Plan for FY 2015-2016 states that the services to be provided are as follows:

- Peer and Family Support
- Personal Recovery Planning using the seven steps of Recovery Coaching
- Workshops, Education Classes and Community-Based Activities using the 9 Dimensions of Wellness; physical, emotional, intellectual, social, spiritual, occupational, home/community living, financial, recreation/leisure
- Community Outreach and Collaboration
- Assist participants to coordinate medical, mental health, medication and other community services
- Wellness Recovery Action Plan (WRAP) classes
- Family Education and Support Programs
- Breakfast/Lunch meals during weekdays for participants
- Through our mission and pathways, Recovery Innovations provides a range of community-based mental health services to adult mental health participants in Contra Costa County.
- Recovery Innovations to further enhance our services by providing transportation to Community-Based Activities using the 9 Dimensions of Wellness; physical, emotional, intellectual, social, spiritual, occupational, home/community living, financial, recreation/leisure.

Feedback from staff and consumers indicate that the type of services provided were consistent with the services stipulated in the service agreement.

Results. Recovery Innovations provides a variety of services aimed at helping clients with severe mental illness work towards recovery and wellness. This is demonstrated in their daily schedule, as well as in their participation in larger periodic community events. The services are accurately reflected in the delineated list from the Service Work Plan. MHSA funds directed to the agency cover expenditures associated with these services in the Recovery Innovations' Wellness Cities.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.

Discussion. This contract has been authorized by the Board of Supervisors since 2013 and is consistent with the current MHSA Three-Year Program and Expenditure Plan in conducting support services for adults with serious mental illness in West, Central, and East Contra Costa County. This program provides consumers assistance with meaningful activity, a need that has been identified as a priority through community stakeholder engagement. Consumer interviews and surveys indicate that Recovery Innovations is meeting their needs.

Results. Recovery Innovations appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.

Discussion. Recovery Innovations provides detailed reports on the various service activities they provide, as well as the number of participants. The program has been successful in increasing the total number of persons served within the community as their target for unduplicated participants increased from 299 to 451 between fiscal year 2013-14 and fiscal year 2014-15. In the 2+ years that the program has Recovery Innovations has updated its number of “unduplicated” to further include “active” participants. “Unduplicated” means a person has enrolled and participated for at least 1 day. “Active” reports out on persons who have participated in the past 90 days. For the 2014-15 Fiscal Year year-end report, Recovery Innovations had 217 “Active” participants

Results. The program serves the number of people that have been agreed upon, and consistently exceed the minimum amount. Going forward, it is recommend that reporting on persons served should be clearly delineated

between those who are served once, versus those who receive ongoing direct services to capture more meaningful outcomes.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.
Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of restriction, incidence of psychiatric crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.

Discussion. Outcome goals are reported in terms of the percentage of consumers who 1) have a recovery partnership and are working with a Recovery Coach on their goals, and 2) complete the four core classes in the Recovery Innovations curriculum. The outcomes for financial years 2013/14, and 2014/15 have been reported as follows:

For FY 2013/14, the organization launched this program with the county and had only 6 months to report (January- June, 2014). As such, they reported out that they had a total of 299 participants, and then the 4 core classes: 216 attended WRAP, 138 attended WELL, 136 attended Nine Dimensions of Wellness, 105 attended in Facing up to Health.

For FY 2014/15, the reporting was a little more refined. RI reported not only on unduplicated consumers, but honed in to report on 217 active, regular participants. This time, however, the 4 core classes were reported in terms of completion: 34% of citizens who attend one WRAP class complete the class, 37% completed WELL, 34% completed Facing Up to Health, and 34% completed Nine Dimensions of Wellness (“My Personal Wellness Plan”). Additionally, 83% of all Wellness City Citizens have a recovery partnership and are working with a Recovery Coach – 3% over their outcome goal of 80%

Results. The program strives to meet the outcomes that have been agreed upon. However, as the goals are currently written, Recovery Innovations is not reporting out on all goals consistently. A review of the client files has shown a lack of consistency in journal notes written by Recovery Coaches. Nonetheless,

Recovery Innovations is currently in its third year of operations with the Contra Costa County Wellness Cities and is learning more about its goals and collecting and reporting data on the outcomes.

The Service Work Plan for the 2015-16 Financial Year references Recovery Journey software. The work plan indicates that the following reports are available for evaluation:

- Number of sessions per person receiving services
- Number of sessions delivered per provider
- Percentages of services delivered in different locations
- Average time spent per session, per person or per provider
- Aggregate time spent receiving peer support per person

Looking forward, it is recommended that RI engage with these tools to further revise and assess success measures. It is further recommended that RI provide training to staff on how to write journal notes effectively to be more goal focused.

7. **Quality Assurance.** How does the program assure quality of service provision.

Method. Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.

Discussion. Contra Costa County Behavioral Health Administration did not receive any grievances towards the program. The program has an internal grievance process and welcomes consumer feedback through regular administration of surveys to program participants.

Results. The program has internal processes in place to be responsive to participant needs and continuously improve quality of services. It also has a process for participants to give feedback, as well as well-documented and posted grievance processes for program participants in order to comply with quality assurance requirements.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information.

Discussion. The program does not provide direct clinical services and thus does not keep clinical documentation onsite. The program does, however, keep files on individual clients for journal notes on class participation. The larger Recovery Innovations agency has written policies and provides staff training on HIPAA requirements and safeguarding of patient information upon hire. Client charts are kept in locked file cabinets, behind a locked door and comply with HIPAA standards. Program participants are informed about their privacy rights and rules of confidentiality.

Results. Recovery Innovations maintains necessary privacy policies and procedures.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with organization chart, staff interviews and duty statements.

Discussion. Recovery Innovations has an organizational structure of filled positions indicating a sufficient number and type of staff to support their operations. The Recovery Services Administrator recently left, and the organization just filled the vacant position. The experience level of the Recovery Coaches and Team Leads varied from years of experience in mental health to this being their first position in a peer-support recovery role. Recovery Innovations has a robust internal training program, and is still aiming to identify and address a variety of mental health issues in their training process.

Results. Sufficient staffing has been in place to serve the number of clients outlined in the most recent Service Work Plans.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings.

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. RI was incorporated in the state of Arizona as a non-profit organization in 2006, and offers a range of services in four primary areas; Crisis, Health, Recovery and Consulting. The Contra Costa Wellness Cities are part of RI's Recovery area, and receives all administrative support from its home office in Arizona. This \$46 million organization operates in five states, and in New Zealand.

Results. Annual independent fiscal audits for Recovery Innovations, Inc. (RI) for the last two years were provided and reviewed. No significant or material findings were noted in the auditor's report.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.
Method. Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of program.
Discussion. This program's recent contract with CCBHS appears to provide a full cost recovery for expenses incurred. In addition, RI has a \$1,000,000 revolving line of credit, and a \$3 million line of credit to help finance its working capital needs. Neither line of credit was utilized in fiscal year 2015.
Results. Fiscal resources are sufficient to deliver and sustain services.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
Method. Interview with fiscal manager.
Discussion. The Accounting Manager has over seven years' experience working in this capacity for RI, and appears fully qualified. RI has a practice of communicating fiscal best practices on a regular basis to program managers in order to maintain quality oversight. RI maintains separate cost centers for each contract, and utilizes the ACCPAC software accounting program to track costs incurred and paid.
Results. The RI Accounting Manager and Western Regional Director were interviewed. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.
Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program.
Discussion. RI provided documents supporting their invoices. Receipts and monthly timekeeping documentation is generated and reviewed locally, and submitted to the home office and processed by the accounting section, who prepares and submits the monthly invoice to CCBHS.

Results. RI's fiscal reporting system, to include monthly invoices and supporting documentation, was reviewed. The methodology and financial documentation appears sufficient to support the invoices, with no duplicate billing.

14. Documentation sufficient to support allowable expenditures. Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program.

Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures invoiced to the county.

Discussion. RI has had a cost based contract with the county for three years, and has been billing for actual allowable costs incurred and paid.

Results. Method of accounting for personnel time and operating costs appear to be supported.

15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year. Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows).

Method. Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program.

Discussion. A review of the county's MHSA monthly financial reports indicated no billing by this agency for expenses incurred and paid in a previous fiscal year.

Results. Documentation appears sufficient to support expenditures invoiced in the appropriate fiscal year.

16. Administrative costs sufficiently justified and appropriate to the total cost of the program. Is the organization's allocation of administrative/indirect costs to the program commensurate with the benefit received by the program.

Method. Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program.

Discussion. This line item appears to be commensurate with the benefit received by the program.

Results. RI budgets and bills CCBHS at 15% Indirect Costs, which is at industry standard.

17. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. The program provided general liability insurance policies that were in effect at the time of the site visit.

Results. The program complies with the contract insurance requirements.

18. Effective communication between contract manager and contractor. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager and contractor staff.

Discussion. Program staff and county have been in regular communication and as part of the program review process, have begun initial conversations regarding contract renewal with program improvements to better serve the community.

Results. The program has historically had good communication with the contract manager and is receptive to feedback and willing to address concerns that may arise.

VIII. Summary of Results.

Recovery Innovations is an innovative organization that provides a full spectrum of recovery and wellness services through their Wellness Cites in West, Central, and East County. RI staff engages their consumers (“Citizens”) with curriculum that has been developed to assist Citizens toward achieving their own recovery. The program adheres to the principles of the MHSA by providing mental health services that are focused on recovery, self-reliance, and resiliency. Moreover, the program provides consumers assistance with meaningful activity, a need that has been identified as a priority through community stakeholder engagement. Services are provided in community based settings and are driven by the needs of the community that Recovery Innovations serves. RI is connected to the County’s mental health system and other system partners such as health services, and other mental health service providers. Program participants overwhelmingly endorse the positive impact. This is a relatively new cost-based contract with CCBHS that appears to provide a full cost recovery for expenses incurred, and is operating with sound fiscal and accounting practices.

Issues for attention pertain primarily to refining outcomes and how they track and capture that information.

IX. Findings for Further Attention.

- Several consumers have expressed a desire for a mental health clinician to be made available to them onsite. While Recovery Innovations is a peer model, it is recommended that RI provide more access to a clinician who can help bridge the gap between clinical treatment and the journey to recovery.
- A review of the client files has shown a lack of consistency in journal notes written by Recovery Coaches. It is recommended that Recovery Innovations provide training to staff on how to write journal notes effectively, to be more goal focused.
- It is recommended that Recovery Innovations implement and utilize the database software referred to in the 15/16 Work Plan (“Recovery Journey”). This will help in capturing the journal notes, and be able to report out more meaningfully on consumer success as well as program efficacy.
- It is recommended that Recovery Innovations revise its outcome deliverables to focus more on determining success in consumer progress in the classes, and on improving mental health outcomes.

X. Next Review Date. April 2019

XI. Appendices.

Appendix A – Program Response to Report

Appendix B – Program Description/Service Work Plan

Appendix C – Service Provider Budget

Appendix D – Yearly External Fiscal Audit

Appendix E – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Response to Report

Mental Health Services Act Program and Fiscal Review Response

Produced by RI International – Contra Costa County Wellness Cities

(Antioch, Concord, San Pablo)

1. Section VII – Review Results 1. Staff Interviews

Eight peer support staff members were interviewed by a county representative at the time of this review. Staff identified opportunities for RI as well as general service needs in the community for this population.

- a. While RI staff maintains strong relationships with community partners to offer interconnected service, opportunities for growth were identified.
 - i. Medication Education – All three Wellness Cities have made inquiries with local pharmacies with the intention of recruiting a volunteer pharmacist or technician to be present in each site and answer medication related questions quarterly. Thus Far, San Pablo has been successful in receiving that support. The Antioch and Concord Leads are still working to obtain assistance in this area.
 - ii. At the time of their interviews staff identified an interest in obtaining an RN or Psychologist on site to support all three wellness cities. A RFP was requested in 2015 by former RSA Hillary Bowers and it was denied by the county Mental and Behavioral Health Division. Current RSA, April Langro will seek a volunteer Psych Tech or LCSW and if a partnership of this nature cannot be established, RI International staff will continue to work with the HUME Center and other entities to link citizens to the psychiatric support they might be seeking.
 - iii. Regarding RI International’s interest to expand WRAP services, we are actively working with our community partners to encourage participation and use of the Mary Ellen Copeland’s WRAP facilitation and train the trainer

services that we provide. April Langro and Dr. Anton Bland at PES have connected to establish whether or not a plan can be developed to train PES staff members in Mary Ellen Copeland's WRAP or to provide PES with trained WRAP facilitators. At the time of this review Warren Hayes identified other entities like Hope House and Miller Wellness Center that are also interested in partnering with RI for WRAP related training. April Langro will connect with these programs and develop an opportunity to train all interested partners alongside one another at one time.

Also in the interest of expanding our WRAP services, April Langro has written an Innovative Grant Concept Proposal to connect the TAY and LGBTQ populations with RI's Wellness City curriculum which would include WRAP, WELL, Facing up to Health and 9 Dimensions of Wellness. Whether or not this grant is awarded to RI, April Langro will include the Rainbow Community Center and CCTAY program in the county wide WRAP training opportunity.

2. Section VII – Review Results – 5. Serving the number of individuals that have been agreed upon.

The county representative performing the review identified that RI serves the number of people that have been agreed upon. However, an opportunity to track and report on meaningful outcomes was identified.

a. While RI International meets the expectations and retains accurate documentation of the number of individuals being served, the RSA and SSC of RI are introducing new line items in RI's tracking tools to reflect the meaningful activities and outcomes. On August 1st the Recovery Coaches will begin tracking the following meaningful activities and outcomes.

i. Number of people who participate in the following:

1. SPIRIT
2. RI's community inclusion events
3. RI's volunteer programs
4. Pre-employment skill development or vocational training
5. RI's Citizen Contributor or Engagement Specialist roles

- ii. Number of people who obtained a Primary Care Physician and/or Psychiatrist
- iii. Number of people who applied and/or interviewed for a job
- iv. Number of people who committed to a healthy life style change:
 - 1. Stopped smoking
 - 2. Altered their diet
 - 3. Started exercising
 - 4. Joined a support group
- v. Number of people who celebrated the following successes:
 - 1. Graduated school
 - 2. Obtained outside employment
 - 3. Began taking college courses or received a certificate
 - 4. Completed one or more of RI's 4 CORE courses:

WRAP, WELL, 9 Dimensions of Wellness and Facing Up to Health

- b. RI will begin to differentiate the number of potential citizens who were served once to meet a need in a time of crisis between the numbers of potential citizens who visited once. Both of these will be tracked and compared to the number of citizens who receive services daily at all three Wellness Cities: Antioch, Concord and San Pablo.
3. Section VII – Review Results – 6. Achieve the outcomes that have been agreed upon.
- At the moment of RI's review, it was suggested by the county that a software program be utilized by RI to upload the individual and group notes that Recovery Coaches complete for each citizen following their participation. More training in note taking was recommended
- a. RI International in Contra Costa County purchased the software "Netsmart." Recovery Coaches will be retrained in writing individual and group notes that reflect the citizen's goals and/or areas in which they are currently seeking support for their overall wellness which may overshadow their goals in that moment. April Langro will provide the additional training and closely monitor the progress of the Recovery Coaches to improve their skills while anticipating the implementation of Netsmart.

Completed by: April Langro - RI International – Recovery Services Administrator

APPENDIX B

Program Description and Service Work Plan

Recovery Innovations

Point of Contact: April Langro, Recovery Services Administrator
Contact Information: 2975 Treat Blvd., Suite C8, Concord, CA 94518, (925)–363–7290, April.Langro@riinternational.com

1. General Description of the Organization

Founded by Eugene Johnson in 1990 as META Services, an Arizona non-profit corporation, Recovery Innovations developed and provided a range of traditional mental health and substance abuse services for adults with long term mental health and addiction challenges. In 1999, Recovery Innovations began pioneering an innovative initiative: the creation of the new discipline of Peer Support Specialist. Now, 13 years later, this experience has transformed the Recovery Innovations workforce to one in which Peer Support Specialists and professionals work together on integrated teams to deliver recovery-based services. The Recovery Innovations experiences had a global impact on the mental health field serving as a demonstration that recovery from mental illness and/or addiction is possible. Based on this transformation experience, Recovery Innovations operates recovery-based mental health services in 21 communities in five states and New Zealand and has provided recovery training and transformation consultation in 27 states and five countries abroad.

2. Program: Recovery Innovations Wellness and Recovery Centers - CSS

Recovery Innovations provides wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services is available. Wellness and Recovery Centers are made up of individuals embarking on or expanding their recovery journey. Staff of well-trained peers who have experienced their own recovery success share what they have learned and walk alongside each person. The clients of Wellness and Recovery Centers learn to identify personal strengths and develop personalized wellness plans that incorporate their hopes and dreams for the future. Each participant partners with a Recovery Coach who understands the challenges and is standing alongside ready to offer support. These centers offer peer-led recovery-oriented, rehabilitation and self-help groups, which teach self-management and coping skills. The centers offer wellness recovery action plan (WRAP) groups, physical health and nutrition education, advocacy services and training, arts and crafts, and support groups.

b. Scope of Services:

- o Peer and Family Support

- Personal Recovery Planning using the seven steps of Recovery Coaching
 - Workshops, Education Classes and Community-Based Activities using the nine dimensions of wellness; physical, emotional, intellectual, social, spiritual, occupational, home/community living, financial, recreation/leisure
 - Community Outreach and Collaboration
 - Assist participants to coordinate medical, mental health, medication and other community services
 - Wellness Recovery Action Plan (WRAP) classes
 - Family Education and Support Programs
 - Breakfast/Lunch meals during weekdays for participants
- c. Target Population: Adult mental health participants in Contra Costa County. Recovery Innovations services will be delivered within each region of the county through Wellness and Recovery Centers located in Antioch, Concord and San Pablo.
- d. Payment Limit: FY 15/16: \$1,117,058 (MHSA: 875,000)
- e. Number served: FY 14/15: 451 (217 are active, regular participants)
- f. Outcomes: 34% of citizens who attend one WRAP class complete the class. 37% who attended one WELL class completed the class, 34% of those who attend one Facing Up to Health class completed the class and 34% of those who attend one “My Personal Wellness Plan” completed the class.

SERVICE PLAN

Number 24-718-3

1. **Program Eligibility.** Contractor’s services shall be provided to former and current recipients of mental health services who live and/or work in Contra Costa County, and who are eighteen (18) years of age, or older. Contractor shall make its service delivery policy, which is incorporated herein by this reference, available to the public for inspection. A person receiving any of Contractor’s services is hereinafter referred to as a “Client”.

2. **Scope of Services.** During the term of this Contract, Contractor shall provide a range of community-based mental health support services to County’s Adult Mental Health Clients. Contractor’s services shall be provided in accordance with the Work Plan for this Contract which is incorporated herein by this reference, copies of which are on file in the office of County’s Behavioral Health Services Division Director and a copy of which County has provided to Contractor. Contractor’s services shall include, but are not limited, to the following:
 - a. Operate Community Centers for the purpose of convening self-help/peer support groups and for social and recreational activities at the following locations:
 - Central County 2975 Treat Boulevard, Building C, Concord
 - East County 2400 Sycamore Drive, Suite 30/31, Antioch
 - West County 2101 Vale Road, Suite 200, San Pablo Avenue, Richmond; *and*
 - b. Provide access to van transportation for Clients enrolled in program at the Community Centers; *and*
 - c. Assist the Office of Consumer Empowerment in organizing and conducting County’s annual Mental Health Service Provider Individualized Recovery Intensive Training (SPIRIT) for Clients who are interested in working within the local mental health service delivery system.”

3. **Program Objectives and Performance Evaluation.** Contractor shall provide its program services so as to achieve the service program objectives set forth in the Department’s Contract Performance Plan for this Contract, which is on file in the administrative offices of the County’s Behavioral Health Services Division Director, and which is incorporated herein by this reference. Contractor’s performance under this Contract shall be evaluated by County staff on the basis of:
 - a. The degree to which each specified service program objective was actually achieved, and
 - b. The total number of service units that were actually provided by Contractor hereunder.

4. **Performance Reports.** Contractor shall prepare and submit to County periodic performance progress reports as may be required by County’s Health Services Director, or designee. No later than sixty (60) days following the termination of this Contract, Contractor shall prepare and submit to County an Annual Performance Report, in the form and manner prescribed by County’s Health Services Director, or designee, covering the entire term of this Contract.

5. **Third-Party Payment Liability.** Contractor shall be solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor’s performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor in

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Contractor County Dept.

SERVICE PLAN

Number 24-718-3

the operating, equipping, altering, remodeling, renovating, or repairing of Contractor's program and facilities established under this Contract. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.

6. **Ownership and Disposition of Property and Equipment.** Equipment and capital expenditure items with a purchase price of \$ 500 or more and a useful life of at least one (1) year shall be defined as nonexpendable property. Items with a purchase price of less than \$ 500 or a useful life of less than one year shall be defined as expendable property. Subject to these definitions, the acquisition and utilization of expendable property and nonexpendable property shall be determined in accordance with the principles and statements set forth in the federal Office for Management and Budget (OMB) Circular No. A-110, and any amendments thereto (references contained therein to the federal government, federal agencies or "grantor" shall be construed to mean "County" and references to "grantee" or "recipient" shall be construed to mean "Contractor"). Upon termination of this Contract, or as otherwise may be prescribed by County, Contractor shall account for and transfer to County all remaining expendable property and nonexpendable property, including supplies and equipment, loaned by County for use by Contractor or acquired with Contract funds. Contractor shall exclude items which are fully depreciated or which are purchased with outside, non-County funds. County shall retain full ownership of all such transferred property.
7. **Protection of Property and Equipment.** Throughout the term of this Contract, and any modification or extension thereof, Contractor shall:
 - a. Cooperate with County in tagging and appropriately identifying all program property and equipment loaned by County for use by Contractor or acquired with Contract funds;
 - b. Establish a property management control system to ensure adequate safeguards to prevent loss, theft, or damage to property, and maintain all equipment in good working repair at all times;
 - c. Investigate, fully document, and immediately report to appropriate police agencies and/or County any loss, theft, or damage to property and equipment. Contractor shall repair or replace all such items within sixty (60) days with items of comparable quality and value; and
 - d. Maintain accurate records of all equipment and other such property loaned by County for use by Contractor or acquired with Contract funds, including property description, identification numbers, acquisition date and cost, source, location, use, condition and disposition.
8. **Cost Report.** Paragraph 7. (Cost Report and Settlement), of the Payment Provisions is hereby deleted in its entirety and replaced with a new paragraph to read as follows:
 - "7. **Cost Report and Settlement.**
 - a. **Due Date and Procedure.** Contractor shall prepare, in the form and manner required by County, a cost report showing allowable costs incurred by Contractor no later than sixty (60) days following the later of the expiration or termination of this Contract (such expiration or termination, the "Termination Date") or receipt of the final InSyst/PSP Report #864 from County. If said cost report shows that the allowable costs that have actually been incurred by Contractor under this Contract exceed the payments made by County, subject nevertheless to the Payment Limit of this Contract, County shall remit any such excess amount to

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SERVICE PLAN

Number 24-718-3

Contractor, provided that the payments made, together with any such excess amount, may not exceed the contract Payment Limit. If said cost report shows that the payments made by County exceed the allowable costs that have actually been incurred by Contractor under this Contract, Contractor shall remit any such excess amount to County.

- b. **Financial Report.** No later than one hundred and eighty (180) days after the termination or expiration of this Contract, Contractor shall provide to County a financial statement that has been reviewed and verified by an independent Certified Public Accountant.
- c. **Penalty for Late Submission of Cost Report or Financial Report.** In the event Contractor fails to submit an accurate and complete cost report or financial report within the appropriate period, as described above, Contractor shall pay to County a late penalty in the amount of One Hundred Dollars (\$100) per day for each calendar day that the cost report is late (the "Late Penalty"). The Late Penalty shall commence on the first day following the determined due date of the Report. If Contractor does not submit an accurate and complete cost report or financial report by the one hundred twentieth (120th) day following the appropriately determined due date of the report, Contractor shall pay to County, upon demand, all amounts covered by the outstanding cost report and paid by County to Contractor in the fiscal year for which the cost report or financial report is outstanding. Penalties pursuant to this subparagraph may, for good cause, be waived, either in part or in their entirety, at the sole discretion of the Health Services Director, or designee."

9. **Audit Requirements.** Paragraph 8. (Audits), of the Payment Provisions is hereby deleted in its entirety, and replaced with a new Paragraph, to read as follows:

"8. **Audits.** The records of Contractor may be audited by the County, State, or United States government. Contractor shall submit an accurate and complete audit(s) to County within one hundred eighty (180) days following the Termination Date of this Contract, in the form and manner required by County, as set forth herein.

In the event Contractor fails to submit such an audit, all payments due to Contractor under this, or any other Contracts between Contractor and County for its Health Services Department, will be suspended until the required audit(s) has been submitted to County. Upon approval of Contractor's audit(s) by the Health Services Director, or designee, County will resume any payments due to Contractor under the terms of the Contract(s). Payment suspensions pursuant to this paragraph may, for good cause be waived, either in part or in their entirety, at the sole discretion of the County Administrator, or designee.

If such audit(s) show that the payments made by County exceed the allowable costs that have actually been incurred by Contractor under this Contract, including any adjustments made pursuant to Paragraph 7. (Cost Report and Settlement), then Contractor shall pay County within thirty (30) days of demand by County any such excess amount. If such audit(s) show that the allowable costs that have actually been incurred by Contractor under this Contract exceed the payments made by County, including any adjustments made pursuant to Paragraph 7. (Cost Report and Settlement), then County agrees to pay Contractor any such excess amount, provided that payments made, together with any such excess payment, may not exceed the contract Payment Limit."

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SERVICE PLAN

10. **Automatic Extension.** Notwithstanding any other provision of this Contract, unless this Contract is terminated prior to **June 30, 2016**, by either party pursuant to Paragraph 5. (Termination), of the General Conditions, the term of this Contract shall be **automatically extended** for the **six (6)-month** period through **December 31, 2016** (the "Extension Period"). During the Extension Period, this contract is nevertheless subject to all the terms and conditions applicable during its initial term, including but not limited to General Conditions Paragraph 5. (Termination), except as to payment for services rendered during the extended term. The purpose of the Extension Period is to allow for continuation of services as specified in this Contract, to avoid interruption of payment to Contractor, and to allow County time in which to complete a novation or renewal contract for Contractor and County Board of Supervisors approval. As to the Extension Period of this Contract:
- a. If this Contract is automatically extended, the Contract Payment Limit specified in Paragraph 4. (Payment Limit), of this Contract, is increased by **\$ 558,259** (the "Extension Period Payment Limit") and County's total payments to Contractor for said extension period will not exceed the Extension Period Payment Limit, subject, nevertheless, to the aforesaid novation or renewal contract;
 - b. County will pay Contractor in accordance with the Payment Provisions, subject to the Extension Period Payment Limit specified above;
 - c. Contractor will continue to provide services as set forth in the Service Plan, subject to any amendments thereto;
 - d. The Extension Period will be subject to any further agreement (novation) which Contractor and County may enter into covering the provision of services during the contract period immediately following the contract period specified in Paragraph 3. (Term), in accordance with Contra Costa County's current revision of the project, if any, specified in Paragraph 8. (Project); and
 - e. In addition to the cost report specified in Paragraph 7. (Cost Report and Settlement), of the Payment Provisions, as amended by the Service Plan, paragraph 8, Cost Report above, Contractor shall also submit to County, no later than sixty (60) days following termination of this Contract as extended, an extension period cost report covering the period of this six (6)-month extension. County and Contractor shall follow the cost report and settlement procedures specified in above-referenced Paragraph 7. (Cost Report and Settlement), of the Payment Provisions, subject to the Extension Period Payment Limit specified above for the Extension Period.
11. **Payment Adjustments for Unauthorized Expenditures.**
- a. If any funds are expended by Contractor in violation of the terms of this Contract (including all applicable statutes, regulations, guidelines, bulletins, and circulars), or if County determines that any payment amounts received by Contractor are for unallowable costs, County may deduct the amount of such unauthorized or illegal expenditures or unallowable costs from payments otherwise payable to Contractor in order to recover any amount expended for such unauthorized purposes in the current or in the four preceding fiscal years. No such action taken by County shall entitle Contractor to reduce program operations or salaries, wages, fringe benefits, or services for any program participant, or client, including Contractor's staff, or to expend less during the effective term of this Contract than those amounts specified in the Budget of Estimated Program Expenditures included in the Service Plan. Any such reduction in expenditures may be deemed

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Contractor County Dept.

SERVICE PLAN

Number 24-718-3

sufficient cause for termination of this Contract. Within thirty (30) days of request by County, Contractor shall reimburse County for any payments made for expenditures which are in violation of this Contract.

- b. Contractor shall indemnify County fully and completely for any repayment of funds made by the County to the State or Federal governments after it has been determined that such repayment is required from the County due to the unauthorized or illegal expenditures by Contractor. The State or Federal government's determination as to the necessity for any such repayment shall be conclusive as between County and Contractor.

- 12. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

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Contractor County Dept.

APPENDIX C

Service Provider Budget

February 16 YTD
 Actual Exp. Actual Exp. Projected Expenditure Annual Allocation / Budget Variance Budget / (Under Budget)

5724 Adult Services

Org / Acc.	Description / Contract (FO) #	Employee / Vendor #	Position #	Name	Actual Exp.	Actual Exp.	Projected Expenditure	Annual Allocation / Budget	Variance Budget / (Under Budget)	
1000 County Personnel Expenses (Salaries and Employee Benefits)										
5724	VQJP	Mnt Hth Prog Supv	77013	10154	Sanabria, Bernadita P	7,745	61,959	92,938	92,938	-
5724	VQHP	Mnt Hth Prog Supv	79071	13058	Robin O'Neill	-	29,193	87,648	87,648	(58,455)
5724	VQJP	Mnt Hth Prog Supv	10016	10016	Vacant	-	19,434	19,434	19,434	(40,218)
5724	VQSB	Mental Hth Clinical Spec	75921	11419	Vacant	-	13,950	54,168	54,168	(32,162)
5724	VQSB	Mental Hth Clinical Spec	13065	13065	Eges, Payana	46,180	46,180	46,180	46,180	(52,517)
5724	VQSB	Mental Hth Clinical Spec	13631	13631	Melissa Lincoln-Friedman	-	27,900	80,417	80,417	(52,517)
5724	VQSB	Mental Hth Clinical Spec	76260	13901	Woods, Jacqueline	30,264	30,264	30,264	30,264	(19,120)
5724	VQSB	Mental Hth Clinical Spec	13901	13901	Vacant	-	23,250	42,370	42,370	-
5724	VQSB	Mental Hth Clinical Spec	79458	14308	Agolla, Brian A	6,538	52,306	78,458	78,458	-
5724	VQSB	Mental Hth Clinical Spec	79071	14309	O'Neill, Robin F	7,281	28,635	57,758	57,758	43,685
5724	VQSB	Mental Hth Clinical Spec	72010	14309	Daisy Lam	6,171	24,685	49,371	74,133	(24,762)
5724	VQSB	Mental Hth Clinical Spec	82973	14664	Egan, Alicia R	4,158	4,158	20,788	70,008	(49,220)
5724	VQSB	Mental Hth Clinical Spec	72817	15209	Blum, Steven E.	7,139	53,377	81,935	77,792	4,143
5724	VQSB	Mental Hth Clinical Spec	80553	15210	Korfeld, Shoshana R	6,702	13,084	39,891	67,055	(27,164)
5724	VWSB	Family Nurse Practitioner	14118	14118	Vacant	-	28,164	28,164	28,164	-
5724	VWXD	Registered Nurse-Exp Lvl	73684	9400	Ambrosio, Aileen F	41,847	41,847	41,847	41,847	(10,759)
5724	VWXD	Registered Nurse-Exp Lvl	9400	9400	Vacant	-	28,164	38,923	38,923	-
5724	VWXD	Registered Nurse-Exp Lvl	45802	13634	Ansel, Baubo	9,054	73,432	112,047	98,616	13,431
5724	VWXD	Registered Nurse- Exp Level	79212	15229	Paterson, Deborah S	-	20,014	20,014	20,014	0
5724	VWVD	Registered Nurse- Exp Level	57160	15229	Vacant	-	74,222	74,222	74,222	(74,222)
5724	V5VF	Physical Therapist II	9352	9352	Karpiskas, Julie A	-	100	100	100	100
Wages Subtotal					55,387	479,235	841,646	1,121,288	(279,641)	
Employee Benefits Subtotal					32,161	292,396	513,516	672,773	(159,257)	
Total Salaries and Benefits					87,548	771,631	1,355,162	1,794,060	(438,898)	
2000 Operating Expenses (Services and Supplies)										
2310 Contracts with Individuals (Non Cnty Prof Svc'd Svcs) Subtotal										
	F74610		12804	12804	Rader, Stephen Md	-	-	-	-	-
	F2471701		09607		Hume Center - Adult FSP East	81,578	336,932	415,102	907,493	(492,391)
	F7430105		02607		Desamolo Familiar Inc-Familias Unidas	8,003	105,673	211,348	207,056	4,252
	F246102		04333		VIA Inc	-	-	-	-	-
	F2471800		04611		Recovery - Innovations	68,407	475,388	713,082	875,000	(161,918)
	F7450500		09641		Anita Behavioral Health	-	-	768,690	768,690	-
	F7430207		20095		Rubicon Programs Inc	61,642	425,420	850,841	928,811	(77,970)
	F7428607		06764		Crestwood Behavioral Hth	8,385	58,695	88,043	88,043	-
	F2468184		08632		United Family Care	31,971	31,971	-	-	-
	F7450300		06642		Mental Health Systems Inc	109,435	109,435	-	-	-
2320 Contracts with Agencies (Outside Medical Services) Subtotal					369,422	1,543,515	3,047,105	3,687,090	(639,985)	
Other Services and Supplies					244	2,005	2,846	3,000	(154)	
Total Operating Expenses (Services and Supplies)					369,665	1,545,520	3,049,951	3,690,090	(640,139)	
5000 County Intra-fund Transfers (Expenditure Transfers)					3,182	14,973	19,964	25,000	(5,036)	
5724 Adult Services Total					460,396	2,332,124	4,425,077	5,509,150	(1,084,074)	

Michelle's right size

Michelle's

NOTE:
 1) \$8,157.59 is FY14-15 additional June invoice posted after FY14-15 accrual cut-off.
 2) Expenditure is posted to Mental Health cost center. Correction will be made.
 3) Expenditure was posted to Adult Service cost center incorrectly. Correction will be made.
 4) Contract should be changed to AOT cost center 5713. Correction will be made.

Contra Costa County
Mental Health Services Act
FY 14 - 15 Expenditure Details

Org / Acct.	Description / Contract (PO) #	Position / Vendor #	Name	6/15/2015 Closing	YTD		Annual Allocation / Budget	Variance
					Actual Exp.	Projected Expenditure		
2000	Operating Expenses (Services and Supplies)							
	F24610	12804	Rader, Stephen Md		2,464	2,464	-	2,464
	2310 Contracts with Individuals (Non Cnty Prof Svczd Svcs) Subtotal							
	F2471701	09607	Hume Center - Adult FSP East	106,467	521,620	521,620	907,493	(385,873)
	F743007	00444	CHIA	-	-	-	123,422	(123,422)
	F7430105	02607	Desarrollo Familiar Inc-Familias Unidas	20,333	207,096	207,096	207,096	-
	F2346102	04333	VIA, Inc	-	-	-	-	-
	F2471800	09611	Recovery - Innovations	141,506	772,246	772,246	875,000	(102,754)
	F2475181	09641	Atka Behavioral Health	-	356,010	356,010	768,690	(412,680)
	F743005	10457	Mental Hlth Consumer Inc	200,928	761,558	761,558	928,813	(167,255)
	F743007	20095	Rubicon Programs Inc	50,310	50,310	50,310	-	50,310
	F74281612	06764	Crestwood Behavioral Hlth	519,544	2,668,841	2,668,841	3,810,514	(1,141,673)
	2320 Contracts with Agencies (Outside Medical Services) Subtotal							
	Other Services and Supplies							
				300,638	310,323	310,323	-	310,323
	Total Operating Expenses (Services and Supplies)							
				820,182	2,981,628	2,981,628	3,810,514	(828,886)
5000	County Intra-fund Transfers (Expenditure Transfers)			2,779	24,170	24,170	-	24,170
	5724 Adult Services Total							
				920,942	4,429,105	4,429,105	5,604,573	(1,175,468)

*what's origin?
should not be.*

APPENDIX D

Yearly External Fiscal Audit

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

**CONSOLIDATED FINANCIAL STATEMENTS
AND ADDITIONAL INFORMATION**

Year Ended June 30, 2015

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

**CONSOLIDATED FINANCIAL STATEMENTS
AND ADDITIONAL INFORMATION**

Year Ended June 30, 2015

CONTENTS

	<u>Pages</u>
INDEPENDENT AUDITORS' REPORT	1 - 2
CONSOLIDATED FINANCIAL STATEMENTS	
Consolidated Statement of Financial Position	3
Consolidated Statement of Activities	4
Consolidated Statement of Functional Expenses	5
Consolidated Statement of Cash Flows	6
Notes to Consolidated Financial Statements	7 - 19
ADDITIONAL INFORMATION	
Independent Auditors' Report on Additional Information	20
Consolidating Statement of Financial Position	21
Consolidating Statement of Activities	22
Schedule of Alameda County Program	23



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of

RECOVERY INNOVATIONS, INC. AND SUBSIDIARIES

We have audited the accompanying consolidated financial statements of **Recovery Innovations, Inc. and Subsidiaries** (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2015, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of **Recovery Innovations, Inc. and Subsidiaries** as of June 30, 2015, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Phoenix, Arizona
November 5, 2015

Mayer Hoffman McCam P.C.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30, 2015

ASSETS

CURRENT ASSETS	
Cash and cash equivalents	\$ 4,315,680
Short-term investments	13,674
Accounts receivable, net	2,947,252
Prepaid expenses	891,702
Inventory	24,433
TOTAL CURRENT ASSETS	8,192,741
PROPERTY AND EQUIPMENT, net	11,922,703
REFUNDABLE DEPOSITS	232,033
INVESTMENT IN PARTNERSHIP	287,919
TOTAL ASSETS	\$ 20,635,396

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Accounts payable	\$ 937,042
Accrued expenses	1,875,910
Payable to funding source	298,638
Deferred revenue	561,780
Current portion of lease obligations	89,403
Current maturities of OIG payable	202,200
Current maturities of long-term debt	133,702
TOTAL CURRENT LIABILITIES	4,098,675
LEASE OBLIGATIONS, less current maturities	1,177,329
OIG PAYABLE, less current maturities	556,050
LONG-TERM DEBT, less current maturities	5,066,298
CUSTOMER DEPOSITS	40,255
TOTAL LIABILITIES	10,938,607
NET ASSETS	
Unrestricted	9,173,989
Temporarily restricted	522,800
TOTAL NET ASSETS	9,696,789
TOTAL LIABILITIES AND NET ASSETS	\$ 20,635,396

See Notes to Consolidated Financial Statements

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

CONSOLIDATED STATEMENT OF ACTIVITIES

Year Ended June 30, 2015

	Unrestricted	Temporarily Restricted	Total
REVENUE AND SUPPORT			
Contracted fees for services	\$ 47,486,208	\$ -	\$ 47,486,208
Grants	75,014	-	75,014
Partnership loss	(12,469)	-	(12,469)
Rental income	220,202	-	220,202
Training and materials	1,115,323	-	1,115,323
Loss on disposal of property and equipment	(25,598)	-	(25,598)
Other	355,672	-	355,672
Net assets released from restriction	50,191	(50,191)	-
TOTAL REVENUE AND SUPPORT	49,264,543	(50,191)	49,214,352
EXPENSES			
Program services:			
RI Crisis	17,645,733	-	17,645,733
RI Health	8,289,122	-	8,289,122
RI Recovery	11,217,545	-	11,217,545
RI Consulting	1,295,954	-	1,295,954
Total program services	38,448,354	-	38,448,354
Supporting services:			
Corporate administration and management	7,697,878	-	7,697,878
Total supporting services	7,697,878	-	7,697,878
TOTAL EXPENSES	46,146,232	-	46,146,232
CHANGE IN NET ASSETS	3,118,311	(50,191)	3,068,120
NET ASSETS, BEGINNING OF YEAR	6,055,678	572,991	6,628,669
NET ASSETS, END OF YEAR	\$ 9,173,989	\$ 522,800	\$ 9,696,789

See Notes to Consolidated Financial Statements

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30, 2015

	<u>Program Services</u>				<u>Total Program Services</u>	<u>Supporting Services</u>	<u>Total</u>
	<u>RI Crisis</u>	<u>RI Health</u>	<u>RI Recovery</u>	<u>RI Consulting</u>		<u>Corporate administration and management</u>	
Salaries and wages	\$ 10,422,038	5,259,812	\$ 6,040,370	\$ 682,255	\$ 22,404,475	\$ 4,742,719	\$ 27,147,194
Employee related expenses	1,917,157	1,381,891	1,423,296	149,712	4,872,056	904,847	5,776,903
Travel	173,974	137,046	417,514	244,460	972,994	236,156	1,209,150
Office occupancy	1,731,298	308,477	1,549,131	-	3,588,906	54,206	3,643,112
Client occupancy	-	686,389	376	-	686,765	-	686,765
Program services	1,524,133	142,440	420,643	73,310	2,160,526	20,193	2,180,719
Program supplies	460,115	17,061	301,096	12,900	791,172	-	791,172
Insurance	175,165	137,229	208,591	15,150	536,135	24,682	560,817
Telephone services	107,951	78,158	210,076	10,853	407,038	106,507	513,545
Other professional fees	439,868	4,938	-	6,409	451,215	1,168,232	1,619,447
Bad debt expense	-	8,157	8,465	-	16,622	-	16,622
Other expenses	221,179	16,937	239,020	24,717	501,853	170,057	671,910
Office supplies and equipment	226,896	79,132	276,728	76,188	658,944	128,328	787,272
Depreciation	245,959	31,455	122,239	-	399,653	141,951	541,604
TOTAL FUNCTIONAL EXPENSES	\$ 17,645,733	\$ 8,289,122	\$ 11,217,545	\$ 1,295,954	\$ 38,448,354	\$ 7,697,878	\$ 46,146,232

See Notes to Consolidated Financial Statements

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

CONSOLIDATED STATEMENT OF CASH FLOWS

Year Ended June 30, 2015

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in net assets	\$ 3,068,120
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	541,604
Partnership loss	12,469
Loss on disposal of property and equipment	25,598
Unrealized losses on investments	3,850
Bad debt expense	16,622
Change in deferred compensation investments	1,169,845
Changes in operating assets and liabilities:	
Decrease (increase) in:	
Accounts receivable	(23,081)
Prepaid expenses	(280,643)
Inventory	(7,026)
Increase (decrease) in:	
Accounts payable	203,397
Accrued expenses	(113,898)
Payable to funding source	(1,661,594)
Deferred revenue	(101,486)
Lease obligations	1,266,732
Deferred compensation payable	(1,169,845)
Net cash provided by operating activities	<u>2,950,664</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of property and equipment	(3,138,301)
Proceeds from investment in partnership - Crisis Access	215,606
Proceeds from investment held in foundation	4,855
Change in refundable deposits	(43,636)
Change in customer deposits	32,455
Net cash used in investing activities	<u>(2,929,021)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Borrowings on long-term debt	5,200,000
Payments on OIG payable	(202,200)
Payments on long-term debt	(5,589,936)
Net cash used in financing activities	<u>(592,136)</u>
CHANGE IN CASH AND CASH EQUIVALENTS	(570,493)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>4,886,173</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 4,315,680</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION	
Cash paid for interest	<u>\$ 176,564</u>

See Notes to Consolidated Financial Statements

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(1) Organization operations and summary of significant accounting policies

Nature of operations - Recovery Innovations, Inc. ("RI" or the "Organization"), incorporated in the state of Arizona in December 2006 as a non-profit organization, has created a new paradigm of delivering behavioral health services that focuses on wellness rather than the traditional illness-based approach. Through its local non-profit corporations, RI offers a range of services in four primary areas: crisis, health, recovery and consulting. Recovery Innovations operates recovery-based mental health services in five states and New Zealand and has provided recovery training and transformation consultation in 27 states and five countries abroad.

Crisis: RI's Crisis Services, (with new programs in Arizona, California, Delaware, Texas and Washington State) are currently adding enhanced technologies and service lines to their existing array of Recovery Response Centers (Crisis Stabilization Programs), Evaluation & Treatment (Involuntary & Court-ordered Treatment), and Respite.

Health: RI's outpatient services include housing, Community Building, Recovery Education, and several Transition Management Programs. The Organization's programs are focused on increasing education and employment opportunities, as well as assisting with short and longer-term housing to help ease participants' integration while transitioning back into the community.

In addition, RI is in the process of adding clinical, medical, and routine primary care by creating fully-integrated health homes. They are doing so to provide even more well-rounded services that strengthen RI's capabilities to support individuals at risk of suicide, co-occurring substance use disorder, and/or co-morbid serious medical conditions including diabetes, COPD and heart disease.

Recovery: The RI model has had a global impact on the mental health field serving as a demonstration that recovery from mental illness and/or addiction is possible. Using principles and practices that create recovery opportunities, RI offers Wellness Cities in multiple locations in five states, providing individual and group peer support, physical fitness gyms, and education and socialization programs. RI is currently expanding its Peer Bridger/Navigator program opportunities to ensure successful community transition of participants (diverting from inpatient hospitalization and re-admission). RI is placing an emphasis on demonstrating measurably in both the recovery and cost-savings benefits of these programs.

Consulting: With the largest private peer workforce in the world (600+ and growing), Recovery Innovations has been a recognized leader in the development of a sophisticated and effective peer support workforce. The core of this success is the Organization's signature Peer Employment (Certified Peer Specialist) training. It's engaging, challenging and transformative, and holds the high expectation that people with significant challenges can succeed at the highest level. In addition, RI provides several additional recovery training courses and transformative consultation throughout the United States and across the globe.

Along with providing recovery-based services, Recovery Innovations, Inc. also serves as the "Parent Company" for related entities. The related entities that also provide services are Recovery Innovations of Arizona, Inc. ("RIAZ") and Recovery Innovations of North Carolina, Inc. ("RINC"). Recovery Innovations, Inc. also has three wholly-owned LLC's. Recovery Opportunity Center, LLC ("ROC") was established to provide training, consultation and technical assistance to organizations and service systems around the world. RI Properties, LLC ("RIP") was established to own property used to provide services in Arizona. Recovery Journey LLC ("RJLLC") was established to develop software for use within the Organization.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(1) Organization operations and summary of significant accounting policies (continued)

The significant accounting policies followed by the Organization and related entities are as follows:

Principles of consolidation - Recovery Innovations, Inc. is responsible for oversight, the development of new business and projects, and administrative support for related entities. RI leases employees to the related entities and manages the payroll for all related entities. RI pays the shared company bills, provides administrative support in the way of data, accounting and financial services, human resources and IT support for each of the related entities. RI receives revenues from each of the other entities for the administrative support provided to these entities.

The accompanying consolidated financial statements include the financial statements of RI and its related entities. All significant inter-organization transactions and accounts have been eliminated in consolidation.

Basis of presentation - The accompanying consolidated financial statements have been prepared in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 954-205, *Health Care Entities – Presentation of Financial Statements*. The Organization's consolidated financial statements are also presented in accordance with FASB ASC 958-205, *Not-for-Profit Entities – Presentation of Financial Statements*. Under FASB ASC 958-205, RI is required to report information regarding their financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. At June 30, 2015, RI had no permanently restricted net assets.

Management's use of estimates - The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Cash and cash equivalents - Cash and cash equivalents include cash and highly liquid financial instruments purchased with original maturities of three months or less. Cash deposits are insured in limited amounts by the Federal Deposit Insurance Corporation ("FDIC").

Investments - RI accounts for its investments in accordance with FASB ASC 958-320, *Not-for-Profit Entities – Investments – Debt and Equity Securities*. Under FASB ASC 958-320 RI reports investments in equity securities that have readily determinable fair value, and all investments in debt securities, at fair value. At June 30, 2015, short-term investments consist of a certificate of deposit that has an original maturity of more than three months but less than one year, and is carried at amortized cost, which approximates fair value.

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect account balances and the amounts reported in the accompanying consolidated financial statements.

Accounts receivable - Accounts receivable primarily represent amounts due under government contracts and grants. Accounts receivable are stated at the amount management expects to collect. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based upon their assessment of the current status of individual balances. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(1) Organization operations and summary of significant accounting policies (continued)

Although the RI does not require collateral on its accounts receivable, credit risk with respect to accounts receivable is limited due to the large number of funding sources comprising RI's customer base.

Fair value measurements - FASB ASC 820, *Fair Value Measurements*, establishes a common definition for fair value to be applied to accounting principles generally accepted in the United States of America requiring use of fair value, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements. RI adopted FASB ASC 820 for assets and liabilities subject to fair value measurement on an initial and recurring basis. FASB ASC 820 also establishes a hierarchy for ranking the quality and reliability of the information used to determine fair values. FASB ASC 820 requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

- Level 1: Unadjusted quoted market prices in active markets for identical assets or liabilities in active markets that the Organization has the ability to access.
- Level 2: Unadjusted quoted prices in active markets for similar assets or liabilities, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the asset or liability.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs. The Organization has no financial instruments subject to fair value on a recurring basis as of June 30, 2015.

Property and equipment and related depreciation and amortization - Purchased property and equipment is stated at cost. Donated property and equipment is recorded at fair market value at the date of gift. Maintenance and repairs are charged to operations when incurred. Betterments and renewals in excess of \$5,000 are capitalized. When property and equipment is sold or otherwise disposed of, the asset and related accumulated depreciation accounts are relieved, and any gain or loss is included in operations. Depreciation and amortization of property and equipment are computed on a straight-line basis over estimated useful lives ranging as follows:

	<u>Estimated Useful Lives</u>
Buildings	20 - 40 years
Furniture and equipment	3 - 6 years
Leasehold and building improvements	5 - 39 years

Impairment of long-lived assets - RI accounts for long-lived assets in accordance with the provisions of FASB ASC 360, *Property, Plant, and Equipment*. FASB ASC 360 requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell. No impairment was recorded in 2015.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(1) Organization operations and summary of significant accounting policies (continued)

Contributions - RI accounts for contributions in accordance with FASB ASC 958-605, *Not-for-Profit Entities – Revenue Recognition*. In accordance with FASB ASC 958-605, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions.

Training and materials revenue - ROC develops new behavioral health training materials and disseminates the materials to other agencies for training and consultation. Revenue is recognized as the materials are provided.

Rental income - Rental income consists of rental receipts from tenants related to RI's housing programs and office space rental to Partners in Recovery, LLC (Note 4). Revenue is recognized monthly in accordance with the lease agreement or contract. Most lease agreements are short term or month to month leases.

Grants and contracts revenue recognition - RI recognizes amounts received from contracts and grants as earned when services are rendered under unit of service or fee for service contracts or as allowable costs are incurred under cost reimbursement contracts. A liability (deferred revenue) is recorded when cash advances exceed amounts earned.

Funding sources may, at their discretion, request reimbursement for expenses or return of funds, or both, as a result of noncompliance by RI with the terms of the grants or contracts. Additionally, if RI terminates its activities, all unearned amounts are to be returned to the funding sources.

Contracts and grants are considered available for unrestricted use unless the funding source restricts the use of the proceeds for specific programs.

Advertising - RI uses advertising to promote its programs among the communities it serves. Advertising costs are expensed as incurred. Advertising expense for the year ended June 30, 2015 was \$65,553.

Functional allocation of expenses - The costs of providing various program and other activities of RI have been summarized on a functional basis in the accompanying consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on personnel activity and other appropriate allocation methods. Corporate administration and management include those expenses that are not directly identifiable with any specific program, but provide for the overall support and direction of RI.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(1) Organization operations and summary of significant accounting policies (continued)

Income tax status - RI, RIAZ, and RINC, are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code"). These Organizations have been determined by the Internal Revenue Service ("IRS") not to be private foundations within the meaning of Section 509(a) of the Code. Income determined to be unrelated business taxable income ("UBTI") would be taxable. ROC, RIP and RJLLC are disregarded entities for income tax purposes, and accordingly, all income and expenses are passed through to RI. Recovery Innovation's New Zealand operations began in September 2009, and are accounted for within RI and have received their formal exempt status. The Organization evaluates their uncertain tax positions, if any, on a continual basis through review of their policies and procedures and discussions with outside experts.

The Organization's federal Return of Organization Exempt from Income Tax (Form 990), for the years ended June 30, 2012, 2013 and 2014 are subject to IRS examination generally for three years after filing. As of the date of this report, the Organization's June 30, 2015 returns had not yet been filed.

Recent accounting pronouncements - In April 2013, the FASB issued ASU No. 2013-06 ("ASU 2013-06") *Not-for-Profit Entities (Topic 958) Services Received from Personnel of an Affiliate*. ASU 2013-06 provides revenue recognition guidance for not-for-profit entities requiring that contributed services be recognized at fair value if employees of separately governed affiliated entities regularly perform services (in other than an advisory capacity) for and under the direction of the donee. In addition, that guidance indicates that those contributed services should be recognized only if they (1) create or enhance nonfinancial assets or (2) require specialized skills, are provided by individuals possessing those skills, and typically would need to be purchased if not provided by donation. RI adopted ASU 2013-06 for the year ended June 30, 2015, with no significant impact on their consolidated financial statements.

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers* (Topic 606) that will supersede most current revenue recognition guidance, including industry-specific guidance. The core principle of the new guidance is that an entity will recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard provides a five-step analysis of transactions to determine when and how revenue is recognized. Other major provisions include the capitalization and amortization of certain contract costs, ensuring the time value of money is considered in the transaction price, and allowing estimates of variable consideration to be recognized before contingencies are resolved in certain circumstances. Additionally, the guidance requires disclosures related to the nature, amount, timing, and uncertainty of revenue that is recognized. The amendments are required to be adopted for the Organization's June 30, 2020 consolidated financial statements. Early adoption is permitted. Transition to the new guidance may be done using either a full or modified retrospective method. The Organization is currently evaluating the full effect that the adoption of this standard will have on the consolidated financial statements.

Subsequent events - RI has evaluated events through November 5, 2015 which is the date the consolidated financial statements were available to be issued.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(2) Accounts receivable

Accounts receivable consist of the following:

DSAMH Abuse & Mental Health Fiscal Office	\$ 694,983
Riverside County Mental Health-SAFE	465,915
Cardinal Innovations	407,485
Kern County Mental Health Department	277,631
East Carolina Behavioral Health	246,616
San Diego County Mental Health Services	210,991
Ventura County Behavioral Health	106,969
Contra Costa Mental Health	91,822
Delaware Optum	84,803
Alliance Behavioral Healthcare	56,372
Ministry of Health, New Zealand	54,620
DHS Adult Mental Health	39,160
Office of Statewide Health	38,323
Johnson Bank	32,177
Other receivables	311,685
Total	<u>\$ 3,119,552</u>
Less allowance for doubtful accounts	(172,300)
Accounts receivable, net	<u>\$ 2,947,252</u>

(3) Long-term Investments

Long-term investments held to fund RI's deferred compensation plan totaling \$1,169,845 were distributed to participants in fiscal year 2015. Additionally, RI's investment held in foundation was distributed to RI during the year ended June 30, 2015. Therefore, RI has no long-term investments as of June 30, 2015.

(4) Investment in partnerships

Crisis Access, LLC was incorporated in Colorado on July 18, 2013 by Recovery Innovations, Inc., Integrated Health Resources, LLC (d/b/a Behavioral Health Link), and ProtoCall Services, Inc. The partnership was formed to provide integrated crisis and access service management and delivery within the State of Colorado. In October 2013, Crisis Access, LLC was presumptively awarded four of the six contracts to run Colorado's crisis response system. Colorado Department of Human Services (CDHS) later cancelled and rebid the contracts sighting irregularities in the bid process. In June 2014, Crisis Access settled its case with the state of Colorado and withdrew from Colorado. The company was dissolved in December 2014 and RI received proceeds from its investment in Crisis Access, LLC of \$215,606 and recognized a partnership loss of \$12,383 during the year ended June 30, 2015.

In February 2009, RIAZ partnered with Marc Center and Jewish Family and Children's Services ("JFCS") to form a non-profit organization, Partners in Recovery, LLC ("PIR"). PIR offers recovery-focused services that are complementary to the services RIAZ provides. RIAZ's initial capital contribution was \$105,000. PIR had class A members and class B members. Marc Center and RIAZ are Class A Members and JFCS was a class B Member until April 2014. In 2014, PIR's Board of Director granted JFCS class A member status with the condition that JFCS make a capital contribution of \$105,000 and JFCS acknowledged that RIAZ and Marc Center have a priority position for the first \$275,000 of capital dividends or repayments. The equity is then split equally between the three members. As of the date of this audit report, the Board of Directors of PIR had not yet determined the amount or timing of any future distributions of net assets to the members. In April 2014, RIAZ transferred its ownership rights of PIR to RI.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(4) Investment in partnerships (continued)

RI has a 33.33% interest in PIR and does not have a controlling financial interest in PIR. Accordingly, RI accounts for its investment in PIR under the equity method of accounting in accordance with FASB ASC 272, *Limited Liability Companies*, and FASB ASC 323, *Investments – Equity Method and Joint Ventures*. Under this method, the investment balance is adjusted based on a percentage of the income and losses realized by PIR in proportion to RI's ownership interest.

The following is an unaudited condensed summary of financial position and results of operations for PIR as of and for the year ended June 30, 2015:

ASSETS

Cash and cash equivalents	\$ 3,745,831
Accounts receivable, net	19,797
Prepaid expense and other	173,824
Property and equipment, net	2,761,209
Deposits	159,095
Total assets	<u>\$ 6,859,756</u>

LIABILITIES AND NET ASSETS

Accounts payable	\$ 325,142
Accrued liabilities	1,097,299
Deferred revenue	3,109,365
Long-term debt	1,616,823
Total liabilities	6,148,629
Unrestricted net assets	711,127
Total liabilities and partners' equity	<u>\$ 6,859,756</u>

OPERATING ACTIVITIES

Total revenues	\$ 23,642,763
Total expenses	23,643,020
Net loss	<u>\$ (257)</u>

(5) Property and equipment

Property and equipment consist of:

Land	\$ 436,000
Buildings	6,630,549
Furniture and equipment	752,838
Leasehold and building improvements	5,165,233
Construction in progress	749,110
Total	13,733,730
Less accumulated depreciation	(1,811,027)
Net	<u>\$ 11,922,703</u>

Depreciation expense charged to operations was \$541,604 for 2015.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(5) Property and equipment (continued)

Construction in progress primarily relates to the purchase of third-party billing software for which implementation was not complete as of June 30, 2015. The remaining costs of the project are projected to be approximately \$2,800,000 and the software is anticipated to be placed into service in various stages beginning in January 2016 through September 2017. The project is being financed with operating cash.

(6) Line of credit

The Organization had a \$1,000,000 revolving line of credit from a bank which was secured by substantially all assets of the Organization and interest was payable monthly on outstanding balances at the maximum of the bank "reference rate" or 4.00%. During fiscal year 2015, the Organization did not borrow on this line and the line matured on December 19, 2014, and was not renewed.

The Organization has a revolving line of credit with a bank to help finance its working capital needs with a maximum amount of \$3,000,000 or 75% of eligible receivables (\$1,903,489 at June 30, 2015). This line is secured by substantially all the assets of the Organization, interest is payable monthly on outstanding balances by a floating interest rate of the Wall Street Journal Prime rate plus three-quarters of one percent (.75%) in excess of the "reference rate" (4% at June 30, 2015). The line matures on June 24, 2016. During fiscal year 2015, the Organization did not borrow on the line and no amounts were outstanding as of June 30, 2015.

In December 2012, the Organization entered into a line of credit agreement with a bank for \$250,000. In December 2013, this line was converted to a sixty month note at 4.00% interest maturing in December 2018. As of June 24, 2015, the line was paid in full and the line of credit was closed.

In December 2009, the Organization obtained a \$20,000 NZD letter of credit from Bank of New Zealand as security for the payroll processing agreement with Datacom PaySystems. The agreement does not have a specified expiration date. The letter of credit is secured by a \$20,000 NZD (\$13,674 USD as of June 30, 2015) certificate of deposit which is classified as a short-term investment on the accompanying consolidated statement of financial position. During fiscal year 2015, the Organization did not borrow on this letter of credit and no amounts were outstanding at June 30, 2015.

(7) Long-term debt

In June 2015, the Organization entered into an agreement with a bank to re-finance the debt associated with the Cambridge Court and Peoria recovery centers. The previous mortgage notes were repaid in full and the new mortgage notes are detailed below.

Long-term debt consists of:

Mortgage note payable to a bank, interest at 3.2% annually for years 1-3 and then a fixed per annum rate equal to 5-year U.S. Treasury Bill Rate plus two hundred fifty (250) basis points, payable in monthly installments of principal and interest of \$11,700 with a balloon payment of approximately \$1,961,743 (remaining principal) upon maturity in July 2023, collateralized by land and a building. \$ 2,400,000

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(7) Long-term debt (continued)

Mortgage note payable to a bank, interest at 3.2% annually for years 1-3 and then a fixed per annum rate equal to 5-year U.S. Treasury Bill Rate plus two hundred fifty (250) basis points, payable in monthly installments of principal and interest of \$13,450 with a balloon payment of approximately \$1,961,743 (remaining principal) upon maturity in July 2023, collateralized by land and a building.

	2,800,000
Total long-term debt	5,200,000
Current maturities	(133,702)
Noncurrent maturities	\$ 5,066,298

Annual maturities of long-term debt outstanding as of June 30, 2015 are as follows:

<u>Year Ending June 30,</u>		
2016	\$	133,702
2017		144,264
2018		148,949
2019		153,185
2020		158,780
Thereafter		4,461,120
Total	\$	5,200,000

Interest expense charged to operations was \$176,564 for 2015. Any default or breach under either mortgage notes payable or the term note would be considered an event of default under the other agreements.

The term note contains various financial and non-financial covenants. The Organization was not in compliance with the audited financial statement submission deadline; however, the bank waived this requirement subsequent to June 30, 2015.

(8) Related party transactions

During fiscal 2015, PIR paid the Organization \$148,036 for clinical space and \$2,000 for information technology and other administrative services. As of June 30, 2015, there were no related party amounts outstanding.

The Chief Administrative Officer of Recovery Innovations has a minority interest in a company which provides the Organization with telemed services. The Organization paid this company \$171,870 during the year ended June 30, 2015.

Property owned by a Board member is leased to RI. Lease payments totaled \$190,492 in 2015.

(9) Temporarily restricted net assets

META Services, Inc. (renamed Recovery Innovations of Arizona, Inc.) entered into an agreement with the Regional Behavioral Health Authority for Maricopa County ("RBHA") and the State of Arizona, Department of Health Services, Division of Behavioral Health Services, to purchase rental property to provide rental housing for the seriously mentally ill. Ownership of the property is subject to "Deed Restrictions" recorded against the property creating a series of enforceable restrictions against the use of the Property and granting rights of enforcement of the terms vested with the Arizona Department of Housing, the Arizona Department of Health Services, Division of Behavioral Health Services, and the Arizona Health Care Cost Containment System.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(9) Temporarily restricted net assets (continued)

META Services, Inc. acquired four properties under this agreement resulting in an initial temporarily restricted net asset balance of \$1,076,820 which is included in land and buildings. The amounts are being released from temporarily restricted net assets on a straight-line basis over the related restriction period. The properties are being depreciated over their estimated useful lives.

The properties under these agreements included in temporarily restricted net assets are as follows:

<u>Property</u>	<u>Restriction Term</u>	<u>Term Expiration</u>	<u>Amount</u>	<u>Accumulated Depreciation</u>	<u>Net</u>
Clarendon property	20 years	November 2024	\$ 335,000	\$ 184,250	\$ 150,750
Thomas property	25 years	April 2030	365,000	146,000	219,000
Plaza property	20 years	September 2023	185,820	109,170	76,650
Myrtle property	20 years	May 2024	191,000	114,600	76,400
Total			<u>\$ 1,076,820</u>	<u>\$ 554,020</u>	<u>\$ 522,800</u>

Future depreciation is as follows:

<u>Years Ending June 30,</u>	
2016	\$ 50,191
2017	50,191
2018	50,191
2019	50,191
2020	50,191
Thereafter	271,845
Total future depreciation	<u>\$ 522,800</u>

(10) Deferred compensation plan

The Organization sponsored a deferred compensation plan that benefitted certain key employees identified by the Board of Directors. In September 2014 the participants withdrew their investments from the plan and their investment accounts were closed.

(11) 401(k) plan

The Organization has a salary deferral plan established under Section 401(k) of the Internal Revenue Code. The plan allows eligible employees to defer a portion of their compensation up to 20%, subject to Internal Revenue Service limits. Such deferrals accumulate on a tax-deferred basis until the employee withdraws the funds. The Organization matches 50% of employees' contributions, up to 6% for employees with at least one year of service. Matching contributions were approximately \$138,000 for 2015.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(12) Operating leases

The Organization leases facilities and equipment under operating lease agreements expiring in various years through October 2024. The operating leases have remaining non-cancelable lease terms for five or more years and provide renewal options. In addition, some of the leases contain cancellation clauses whereby the Organization may cancel the leases without penalty if the Organization's funding is terminated.

Minimum future rental payments under operating leases, having remaining terms in excess of one year as of June 30, 2015 are as follows:

<u>Years Ending June 30,</u>	
2016	\$ 2,367,653
2017	1,965,738
2018	1,479,947
2019	1,307,580
2020	1,222,960
Thereafter	<u>3,933,696</u>
Total minimum lease payments	<u>\$ 12,277,574</u>

Total rental expense was approximately \$3,145,000 for 2015.

Operating leases for certain facilities provide for renewal options at their fair rental value at the time of renewal. In the normal course of business, operating leases are generally renewed or replaced by other leases.

In December 2013 the Organization entered into a 10 year operating lease for a building in Houston, Texas. The future minimum lease payments, which vary between approximately \$46,700 and \$58,400 per month, began July 1, 2014 and are included in the schedule above. The lease also included a tenant improvement allowance of \$923,825, of which the unamortized portion of \$834,423 is included in lease obligations at June 30, 2015. The remaining \$432,309 of lease obligations on the consolidated statement of financial position is associated with the straight-line expense of escalating lease payments for a number of leased buildings including the Houston, Texas location. Rent expense associated with the lease was \$628,769 for the year ended June 30, 2015. After further analysis of the Houston market and the Organization's competing priorities and capital resources, the Organization entered into a listing agreement on September 24, 2015 to sublease the facility. In accordance with ASC 420, *Exit or Disposal Obligations*, the Organization recorded a liability of approximately \$4,400,000 subsequent to June 30, 2015 for the remaining lease costs that will be incurred under the contract.

(13) Contingencies

Litigation - From time to time, the Organization is involved in various legal actions occurring in the normal course of business. In the opinion of management, based on consultation with legal counsel, there will be no adverse effect on the consolidated financial position or results of operations as a result of these matters.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(13) Contingencies (continued)

Healthcare regulation - The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, and government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Organization is in compliance with fraud and abuse laws and regulations, as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future reviews and interpretation as well as regulatory actions unknown or unasserted at this time.

Health reform legislation at both the federal and state levels continues to evolve. Changes continue to impact existing and future laws and rules. Such changes may impact the way the Organization does business, restrict revenue and growth in certain eligibility categories, restrict revenue growth rates for certain markets and eligibility categories, increase medical, administrative and capital costs, and expose the Organization to increased risk of loss or further liabilities. The Organization's consolidated operating results, financial position and cash flows could be impacted by such changes.

Liability insurance - RI maintains professional and general liability coverage on a claims made basis through commercial insurance carriers. Depending on the type of exposure, the limits of coverage vary.

(14) Contract requirements

During fiscal year 2015, RI received \$561,780 of funds to be used for future encounters from various funding sources. As of June 30, 2015, these funds had not been earned and accordingly, are included in deferred revenue in the accompanying consolidated statement of financial position.

As of June 30, 2015, RI recorded a \$298,638 payable to funding source in the accompanying consolidated financial statement of financial position related its contract with the Maricopa County RBHA. RI reported more than the minimum number of encounters as stipulated in the contract, therefore no amounts are included in the payable to funding source at June 30, 2015.

The Maricopa RBHA contract revenue is also limited by the term of the contract to a maximum profit percentage, as defined. The \$298,638, included in payable to funding source at June 30, 2015, relates to the contract's profit limitation (4%) which is expected to be captured during the program expansion before the contract expires on September 30, 2015.

Through June 30, 2014, RII reported less than the minimum number of encounters as stipulated in its contract with the Maricopa County RBHA. Accordingly, as of June 30, 2014, RII recorded a liability associated with an encounter sanction of \$1,960,232. During fiscal year 2015, this amount was subsequently earned through services provided related to the 2013 and 2014 contract years.

The Organization was not in compliance with their financial statement submission requirements for the Maricopa County RBHA for the year ended June 30, 2015; however, the RBHA waived this requirement subsequent to June 30, 2015.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Year Ended June 30, 2015

(15) Economic dependency and concentration of credit risk

The Organization received approximately 32% of its revenue directly from the Maricopa County RBHA during fiscal year 2015. RI has contracted with the Maricopa County RBHA through September 30, 2016. Management believes any loss due to this concentration of credit risk would be significant.

The Organization's remaining revenue comes from various grants, contracts, contributions, training and material rental income and various other sources that do not represent concentrations. The creation of related entities and the anticipated growth from developing new contracts helps facilitate a greater diversification for RI, which should mitigate any economic dependency with the Maricopa County RBHA.

(16) OIG payable

During fiscal year 2014, the Arizona Health Care Cost Containment Systems ("AHCCCS") conducted an audit of RIAZ claims submitted from January 1, 2008 to December 31, 2012. The audit identified a number of claims which were incorrectly submitted and resulted in the overpayment of several claims between January 1, 2008 and December 31, 2012. As a result of the audit, RIAZ agreed to a settlement with the OIG wherein RIAZ agreed to pay AHCCCS a total of \$1,011,000 for overpayments and investigative costs. RIAZ agreed to pay the \$1,011,000 in twenty quarterly installments of \$50,550 beginning in April 2014 for Title XIX funding with the final payment due February 1, 2019. For the year ended June 30, 2015, RIAZ made four payments totaling \$202,200 and the remaining balance of \$758,250 is included in OIG payable in the accompanying consolidated statement of financial position.

Annual maturities of the OIG payable as of June 30, 2015 are as follows:

<u>Year Ending June 30,</u>	
2016	\$ 202,200
2017	202,200
2018	202,200
2019	151,650
Total	<u>\$ 758,250</u>

(17) Subsequent events

In September 2015, the Organization started a new voluntary respite service funded by Mercy Maricopa Integrated Care located in Peoria, Arizona. For the fiscal year ended, June 30, 2016 the Organization has budgeted \$1,300,000 in revenue and \$1,100,000 in associated expenses.

The Organization has contracted to open two new crisis stabilization units with Riverside County with tentative openings in December 2015 and January 2016. The Organization is forecasting at total of \$3,450,000 in revenue and expenses for fiscal the year ended June 30, 2016.

The Organization has contracted to open a new crisis stabilization unit with the State of Delaware Division of Substance Abuse and Mental Health with a tentative opening in February 2016. The Organization is forecasting a total of \$2,168,000 in revenue and \$2,043,000 in expenses for the fiscal year ended June 30, 2016.

ADDITIONAL INFORMATION



Mayer Hoffman McCann P.C.

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INDEPENDENT AUDITORS' REPORT ON ADDITIONAL INFORMATION

To the Board of Directors of

RECOVERY INNOVATIONS, INC. AND SUBSIDIARIES

We have audited the consolidated financial statements of *Recovery Innovations, Inc. and Subsidiaries* as of and for the year ended June 30, 2015, and have issued our report thereon dated November 5, 2015, which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statement of financial position and consolidating statement of activities presented on pages 21 and 22 are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies, and are not a required part of the consolidated financial statements. The Schedule of Alameda County Program on page 23 is presented for the purpose of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Phoenix, Arizona
November 5, 2015

Mayer Hoffman McCann P.C.

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

ADDITIONAL INFORMATION

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

June 30, 2015

ASSETS

	Recovery Innovations, Inc.	Recovery Innovations of Arizona, Inc.	Recovery Innovations of North Carolina, Inc.	Recovery Opportunity Center, LLC	Recovery Journey, LLC	RI Properties, LLC	Total	Eliminations	Consolidated Total
CURRENT ASSETS									
Cash and cash equivalents	\$ 3,977,075	38,833	\$ 33,252	\$ 78,590	\$ 3,013	\$ 184,917	\$ 4,315,680	\$ -	\$ 4,315,680
Short-term investments	13,674	-	-	-	-	-	13,674	-	13,674
Accounts receivable, net	2,219,594	9,261	440,725	245,493	-	48,743	2,963,816	(16,564)	2,947,252
Prepaid expenses	693,410	3,933	11,065	-	174,241	9,053	891,702	-	891,702
Inventory	24,433	-	-	-	-	-	24,433	-	24,433
Intercompany receivables	-	3,248,602	-	829,822	-	1,850,372	5,928,796	(5,928,796)	-
TOTAL CURRENT ASSETS	6,928,186	3,300,629	485,042	1,153,905	177,254	2,093,085	14,138,101	(5,945,360)	8,192,741
PROPERTY AND EQUIPMENT, net	3,560,374	775,236	5,337	-	644,738	6,937,018	11,922,703	-	11,922,703
REFUNDABLE DEPOSITS	228,188	-	500	-	-	3,345	232,033	-	232,033
INVESTMENT IN PARTNERSHIP	287,919	-	-	-	-	-	287,919	-	287,919
TOTAL ASSETS	\$ 11,004,667	\$ 4,075,865	\$ 490,879	\$ 1,153,905	\$ 821,992	\$ 9,033,448	\$ 26,580,756	\$ (5,945,360)	\$ 20,635,396

LIABILITIES AND NET ASSETS (DEFICIT)

CURRENT LIABILITIES									
Accounts payable	\$ 1,176,176	\$ 5,744	\$ 9,581	\$ 1,847	\$ 4,110	\$ 5,165	\$ 1,202,623	\$ (265,581)	\$ 937,042
Accrued expenses	1,669,310	-	80,952	73,156	52,492	-	1,875,910	-	1,875,910
Intercompany payables	3,612,906	-	1,442,221	-	873,669	-	5,928,796	(5,928,796)	-
Payable to funding source	298,638	-	-	-	-	-	298,638	-	298,638
Deferred revenue	554,377	3,518	-	3,885	-	-	561,780	-	561,780
Current portion of lease obligations	89,403	-	-	-	-	-	89,403	-	89,403
Current maturities of OIG payable	-	202,200	-	-	-	-	202,200	-	202,200
Current maturities of long-term debt	-	-	-	-	-	133,702	133,702	-	133,702
TOTAL CURRENT LIABILITIES	7,400,810	211,462	1,532,754	78,888	930,271	138,867	10,293,052	(6,194,377)	4,098,675
LEASE OBLIGATIONS, less current maturities	1,177,329	-	-	-	-	-	1,177,329	-	1,177,329
OIG PAYABLE, less current maturities	-	556,050	-	-	-	-	556,050	-	556,050
LONG-TERM DEBT, less current maturities	-	-	-	-	-	5,066,298	5,066,298	-	5,066,298
CUSTOMER DEPOSITS	-	-	-	-	-	40,255	40,255	-	40,255
TOTAL LIABILITIES	8,578,139	767,512	1,532,754	78,888	930,271	5,245,420	17,132,984	(6,194,377)	10,938,607
NET ASSETS (DEFICIT)									
Unrestricted	2,426,528	2,785,553	(1,041,875)	1,075,017	(108,279)	3,788,028	8,924,972	249,017	9,173,989
Temporarily restricted	-	522,800	-	-	-	-	522,800	-	522,800
TOTAL NET ASSETS (DEFICIT)	2,426,528	3,308,353	(1,041,875)	1,075,017	(108,279)	3,788,028	9,447,772	249,017	9,696,789
TOTAL LIABILITIES AND NET ASSETS (DEFICIT)	\$ 11,004,667	\$ 4,075,865	\$ 490,879	\$ 1,153,905	\$ 821,992	\$ 9,033,448	\$ 26,580,756	\$ (5,945,360)	\$ 20,635,396

See Independent Auditors' Report on Additional Information

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

ADDITIONAL INFORMATION

CONSOLIDATING STATEMENT OF ACTIVITIES

Year Ended June 30, 2015

	Recovery Innovations, Inc.	Recovery Innovations of Arizona, Inc.	Recovery Innovations of North Carolina, Inc.	Recovery Opportunity Center, LLC	Recovery Journey, LLC	RI Properties, LLC	Total	Eliminations	Consolidated Total
REVENUE AND SUPPORT									
Contracted fees for services	\$ 43,543,789	\$ 1,738,424	\$ 2,203,995	\$ -	\$ -	\$ -	\$ 47,486,208	\$ -	\$ 47,486,208
Contracted fees for services to related entities	8,429,150	-	-	-	642,706	-	9,071,856	(9,071,856)	-
Grants	3,500	71,514	-	-	-	-	75,014	-	75,014
Partnership loss	(12,469)	-	-	-	-	-	(12,469)	-	(12,469)
Rental income	41,546	73,921	-	-	-	1,938,150	2,053,617	(1,833,415)	220,202
Training and materials	10,949	-	-	1,104,374	-	-	1,115,323	-	1,115,323
Loss on disposal of property and equipment	-	-	-	-	-	(25,598)	(25,598)	-	(25,598)
Other	3,397,338	8,265	244,108	361,756	-	-	4,011,467	(3,655,795)	355,672
TOTAL REVENUE AND SUPPORT	55,413,803	1,892,124	2,448,103	1,466,130	642,706	1,912,552	63,775,418	(14,561,066)	49,214,352
EXPENSES									
Program services									
RI Crisis	18,558,581	-	2,389,102	-	683,601	246,022	21,877,306	(4,231,573)	17,645,733
RI Health	10,197,504	128,303	68,299	-	-	-	10,394,106	(2,104,984)	8,289,122
RI Recovery	14,818,652	-	-	-	-	581,114	15,399,766	(4,182,221)	11,217,545
RI Consulting	-	51,803	-	1,504,343	-	-	1,556,146	(260,192)	1,295,954
Total program services	43,574,737	180,106	2,457,401	1,504,343	683,601	827,136	49,227,324	(10,778,970)	38,448,354
Supporting services									
Corporate administration and management	11,503,204	-	-	-	-	-	11,503,204	(3,805,326)	7,697,878
Total supporting services	11,503,204	-	-	-	-	-	11,503,204	(3,805,326)	7,697,878
TOTAL EXPENSES	55,077,941	180,106	2,457,401	1,504,343	683,601	827,136	60,730,528	(14,584,296)	46,146,232
CHANGE IN NET ASSETS (DEFICIT)	335,862	1,712,018	(9,298)	(38,213)	(40,895)	1,085,416	3,044,890	23,230	3,068,120
NET ASSETS (DEFICIT), BEGINNING OF YEAR	2,090,666	1,596,335	(1,032,577)	1,113,230	(67,384)	2,702,612	6,402,882	225,787	6,828,869
NET ASSETS (DEFICIT), END OF YEAR	\$ 2,426,528	\$ 3,308,353	\$ (1,041,875)	\$ 1,075,017	\$ (108,279)	\$ 3,788,028	\$ 9,447,772	\$ 249,017	\$ 9,696,789

See Independent Auditors' Report on Additional Information

**RECOVERY INNOVATIONS, INC.
AND SUBSIDIARIES**

ADDITIONAL INFORMATION

Schedule of Alameda County Program

Alameda County Program - The County of Alameda ("County") requires contractors who receive funding through the County to identify all County programs in accordance with County audit requirements. The following Program funding was received through the County for the year ended June 30, 2015:

<u>Program Name</u>	<u>Contract Number</u>	<u>Contract Period</u>	<u>Contract Amount</u>	<u>Amount Expended</u>
CHOICES Learning Center	900883	7/1/14 - 6/30/15	\$ 1,274,833	\$ 1,073,089

APPENDIX E

Organization Chart

Contra Costa Wellness Cities

BETH HAMMONDS
Regional Director
Western

TBD
Recovery Services
Administrator (RSA)

Debra Shearer
Support Services
Coordinator (SSC)

Tim Richardson
Team Lead
East County (Antioch)

Jeannine Mills
Recovery Coach

Carmella San Miguel
Recovery Coach

**Citizen
Contributors**

Ron Nunez
Team Lead
Central County (Concord)

Dorothy O'Dwyer
Recovery Coach

Kathleen Brissey
Recovery Coach

**Citizen
Contributors**

Recovery Coach Pool
Ryan Nestman
Donna Bakun
TaTama Davis

Marilyn Tims
Team Lead
West County (San Pablo)

Carolyn Moore
Recovery Coach

Don Severn
Recovery Coach

**Citizen
Contributors**



The Team

DAVID COVINGTON
CEO & President

BOARD OF DIRECTORS
RI International

ELIZABETH HARKIN
Chief of Corporate
Compliance

LEON BOYKO
Chief RI Crisis

SUE ANN ATKERSON¹
Chief Operating
Officer

KAREN CHANEY²
Executive Director,
RI Consulting

RANDY LITTLE
Chief Administrative
Officer

CAROLE PFEIL
Chief Comm. &
Marketing

SARAH BLANKA
Regional Director
Arizona

BETH HAMMONDS
Regional Director
Western

LISA ST. GEORGE
Director Recovery
Practices

TBD
Chief Financial
Officer

JEFF DEAVILA
Media Consultant

JERRY FISHMAN
Regional Director
Eastern

WILLARD HEUSER
Regional Director
Delaware

AMY PUGSLEY
Director Quality &
Compliance

JAMIE SELLAR
Regional Director
Western

ANN HOLLAND
Regional Director
North Carolina

DEB SCHUERMAN
Director HR

CRYSTAL DOTSON
Executive Assistant

MARLEIGH O'MEARA
Regional Director
Arizona

PEGGY COPE
Admin Coordinator

SUSAN COLEMAN
Executive Project
Manager

JEFF NORRIS
Chief Information
Officer

CHUCK SCHULTZ
Director Business
Operations



CRISIS HEALTH RECOVERY CONSULTING

¹ Sue Ann Atkerson leads RI Health & RI Recovery

² Dr. Karen Chaney also the Chief Medical Officer for RI International