

**MISSION STATEMENT:** To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect

## QUALITY OF CARE COMMITTEE

Thursday, October 18th, 2018, 5:00- 6:30pm

**At: 1220 Morello Avenue, 2<sup>nd</sup> Floor AOD Conference Room, Martinez, CA**

## AGENDA

- I. Call to order/Introductions
- II. Public comments
- III. Commissioner comments
- IV. Chair announcements/comments
- V. APPROVE minutes from September 20th, 2018 meeting
- VI. DISCUSS the process of developing and monitoring of a plan of action when findings for further attention are identified during Augmented Board and Care Program and Fiscal Reviews- with CCBHS Adult and Older Adult Program Staff
- VII. Continue BRAINSTORMING questions regarding Behavioral Health programs and services, PES and 4C to provide to the Ad-Hoc Data Committee– Barbara Serwin, Chair, and Warren Hayes, MHSa Program Manager
- VIII. Adjourn



*In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item may occur. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit. If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-2619*

**QUALITY OF CARE COMMITTEE  
MONTHLY MEETING MINUTES  
September 20th, 2018 – First Draft**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @5:16pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Gina Swirsding, District I Cmsr. Leslie May, District V Cmsr. Tasha Kamegai-Karadi, District IV</p> <p><u>Other Attendees:</u> Cmsr. Douglas Dunn, District III Warren Hayes, Mental Health Services Act (MHSA) Program Manager Victor Montoya, Program Chief, Contra Costa Regional Medical Center (CCRMC) Rochelle Bounville- Visitor Erika Raulston- Family Member Sarah Kennard, Executive Assistant to the Mental Health Commission</p>	<p>Complete Audio Recording available from Executive Assistant</p>
<p><b>II. PUBLIC COMMENTS</b></p> <ul style="list-style-type: none"> <li>R. Bounville inquired about a new First Responder policy efforts to bill for residential emergency response</li> </ul>	<p>G. Swirsding and B.Serwin (Chair) would like to follow-up at the next Quality of Care Committee Meeting if more information becomes available</p>
<p><b>III. COMMISSIONERS COMMENTS</b></p> <ul style="list-style-type: none"> <li>L. May discussed her book publication and stated that it may be of interest for other commissioners on the committee.</li> <li>G. Swirsding introduced a scheduling conflict with the current meeting times and expressed interest in alternate meeting dates/times. All committee members agreed that the time would not change for the October meeting, but that it would be an agenda item of discussion to look at future date/time options.</li> </ul>	<p><b>Next meeting will follow current schedule:</b> Thursday, October 18<sup>th</sup>, 2018 from 5:00-6:30pm at 1220 Morello Avenue, Suite 100 Conference Room, Martinez, CA</p>
<p><b>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS-</b></p> <ul style="list-style-type: none"> <li>B. Serwin (Chair) discussed the upcoming Mental Health Commission Retreat on Wednesday, September 26<sup>th</sup>, 2018 at 3:00pm at Vicente Martinez/Briones High School and encouraged attendance for this event.</li> </ul>	<p><u>Vicente Martinez/Briones High School:</u> 925 Susana Street, Martinez, CA</p>
<p><b>V. Approval of July 19th, 2018 minutes.</b></p> <ul style="list-style-type: none"> <li><b>G. Stern moved to approve the minutes, seconded by L. May.</b></li> <li><b>Vote: 4-0-0</b> <b>Ayes: B. Serwin (Chair), L. May, T. Kamegai-Karadi, G. Swirsding</b> <b>Abstain: none Absent: none</b></li> </ul>	<p><b>Agendas and minutes can be found at:</b> <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. RECEIVE Update on Contra Costa Behavioral Health Services (CCBHS) Efforts to Analyze Potential Solutions for a Children and Adolescent Treatment Program Residential Center-</b> with Warren Hayes, MHSA Program Manager</p> <ul style="list-style-type: none"> <li>W. Hayes discussed current efforts within CCBHS to explore the conversion of the Oak Grove property as a residential facility, including fiscal analysis between Pat Godley and Dr. Matthew White. He stated that this area would need to be updated to be compliant with code and would require significant initial and recurring costs. Further analysis is needed to explore within-county and external revenue.</li> </ul>	

<p><b>VII. BRAINSTORM General Questions Regarding Behavioral Health Programs and Services, Psychiatric Emergency Services (PES) and 4C to Provide to the Ad-Hoc Data Committee- Barbara Serwin (Chair)</b></p> <ul style="list-style-type: none"> <li>• W.Hayes reviewed the Quarterly Data Dashboard concept, which intends to provide mutually beneficial metrics to the Mental Health Commission and its' stakeholder parties by consolidating relevant information regarding seven key areas.</li> <li>• V. Montoya addressed current concerns regarding 4C and PES utilization mismatch for persons who are not able to access other clinical services during episodes of psychosis, and noted that there is a necessity to refer affected persons outside of the County for services due to a shortage of beds. Additionally, he emphasized the need to track the volume of out-of-County MediCal admissions and how they impact the availability of resources.</li> </ul>	
<p><b>IX. Adjourned Meeting at 6:29pm</b></p>	

DRAFT

# 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. 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.** 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 MESA 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.

Initials: \_\_\_\_\_

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 licensees 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: **HOMEFOR 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				
				5PM 7AM				
MA. CONCEPCION NAVARRO	08-2011	DIRECT CARE PROVIDER	Th/Fr	5PM 7AM				
		"LIVE-IN FOR THE WEEKEND	Sat/Su	7AM 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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

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

<b>SUPERVISOR'S NAME:</b> Rajind Basi	<b>TELEPHONE:</b> (510) 622-2621
<b>LICENSING EVALUATOR NAME:</b> Sandra Covington	<b>TELEPHONE:</b> (510) 873-6410
<b>LICENSING EVALUATOR SIGNATURE:</b>	

**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
<b>FACILITY EVALUATION REPORT</b>	

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

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**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
a	8 about medications and when medications 9 are discontinued. 10 11 12 13 14	8 9 10 11 12 13 14
Type B	1 2 3 4 5 6 7	1 2 3 4 5 6 7
a	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.**

<b>SUPERVISOR'S NAME:</b> Rajind Basi	<b>TELEPHONE:</b> (510) 622-2621
<b>LICENSING EVALUATOR NAME:</b> Sandra Covington	<b>TELEPHONE:</b> (510) 873-6410
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 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  <b>FACILITY EVALUATION REPORT (Cont)</b>	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
"	speak or understand English well to 8 provide the necessary care. The 9 caregivers are unable to communicate to 10 emergency crew, assist residents with 11 medications and speak to licensing staff. 12 This is a repeat violation within 12-months. 13 The first citation was issued 2/17/16. A 14 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.**

<b>SUPERVISOR'S NAME:</b> Rajind Basi <b>LICENSING EVALUATOR NAME:</b> Sandra Covington <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2621 <b>TELEPHONE:</b> (510) 873-6410 <b>DATE:</b> 07/08/2016
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<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 07/08/2016
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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
<b>FACILITY EVALUATION REPORT (Cont)</b>	

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	<b><u>The following deficiencies were observed in violation of the California Code of Regulations Title</u></b>
17	<b><u>22 Division 6.</u></b>
18	
19	<b><u>Appeal Rights Given</u></b>
20	<b><u>LIC 421 Given</u></b>
21	<b><u>LIC 9098 Given</u></b>
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

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