



STOP Program Area 3: Annual Site Review

Community Based Provider:

Community Social Model Advocates: Tranquility Village LRT-F + FOTEP

Executive Director: Lorie Newman

Date of Visit: 4/13/21

Community Social Model Advocates (CSMA's) female residential is made up of several shared apartment homes. The main office is located at 559 Mendocino Court. This apartment is made up of counselor offices and other professional staff. The main office houses participant files in locked cabinets as well as medication and medication logs. Medications were stored adequately in a locked area. The logs were reviewed for compliance and found to meet all requirements. The program's main first aid kit is located here and it appeared fully stocked. On a pegboard in this apartment, all main postings were observed. Most of the apartments have their own postings such as the grievance procedure but parole numbers and employment resources are kept here. Furthermore, there is a visitor's sign in sheet here for agency representatives. The kitchen in this apartment is not used for cooking and was not in use at the time of review. The first kitchen is mainly used for staff. The apartment opens into a normal living room with an admin desk. Through the hall are three counseling offices each with their own cabinets for file storage. There is also a staff bathroom. All appeared compliant.

The main staff office is sectioned off and leads into the 569 apartment. This apartment is made up of three bedrooms and two bathrooms. Entering through the kitchen, there was one refrigerator, a stove, sink and built-in cabinets. Staff confirmed all requirements were set forth in the refrigerator and that hot water worked in the sink. All appeared in working order. The living room in this apartment is used for groups and contains a whiteboard, television, plenty of seating and some required postings. There were three storage closets within the apartment. One was for miscellaneous items, one for linens and extra clothing, and another for cleaning items. Also in the hallway is a covered closet where one washer and one dryer were observed. Moving on to sleeping quarters, room 1 had two beds, two dressers, two nightstands and a shared closet. Between the three bedrooms is a main bathroom. The bathroom here was a shower/tub combination with a sink and toilet. All appeared in working order. Bedroom 2 was reviewed next and contained two beds, two dressers, two nightstands a shared closet. The master bedroom, bedroom 3, had two beds with a shared closet, two dressers and two nightstands. This room had its own bathroom. The bathroom had a large shower, sink and toilet. Staff confirmed hot water worked as appropriate. A total of six beds were counted in this apartment.

The next apartments reviewed were numbered 527 and 537. The 527/537 residences were both 4 bedrooms and 2 bathrooms. Entering apartment 527 is a living

room utilized as a dining room. There were several tables and chairs. Nothing amiss was noted here. Moving on to the sleeping quarters, bedroom 1 was observed. There was one bed in this room, a dresser and closet. Back in the hall, the communal bathroom was reviewed. This bathroom had a shower/tub combo, a toilet and sink. Staff confirmed all water worked as necessary and no deficiencies were noted at the time of review. In the main hall is also two storage closets that stored miscellaneous linens and cleaning items. Also in the main hallway was one washer and one dryer in an enclosed shutter like closet. Bedroom 2 was reviewed next and found to contain two beds, two dressers, nightstands, and a shared closet. Moving on to bedroom 3, there were two beds observed along with three dressers, nightstands and a shared closet. The final bedroom, bedroom 4 contained two beds with a shared closet, two dressers and nightstands. This room had its own bathroom with a large shower, sink and toilet. All appeared in working order and staff confirmed water worked as appropriate. A total of seven beds were counted in this unit. Moving on, the apartments 527/537 are the main kitchens where all cooking takes place. The cabinets here at 527 had recently been remodeled. In this kitchen there a small prep table, one refrigerator, a stove and microwave. All were in working order.

When exiting the kitchen of 527 you enter into the kitchen for 537. Here there are two refrigerators. One refrigerator was in need of a thermometer. An extra one was discovered and added before the close of review. This kitchen had a stove, sink and pantry shelf that housed all dry goods. Dates were checked and found to be compliant. All required kitchen items were available at the time of review including gloves, aprons, and hair nets. Moving out from the kitchen is this units living room. There were two couches, a coffee table, a television, and bookshelf with many books for reading. All appeared in working order. Moving on to the sleeping quarters, there are also four bedrooms and two bathrooms in this unit. Bedroom 1 had one bed, a dresser and small closet. Bedroom 2 had two beds, two dressers, nightstands, and a shared closet. In the hall is the main bathroom with a shower/tub combination, sink and toilet. All appeared in good condition and staff confirmed water worked as appropriate. In the hall are two storage closets. One for various items and the other housed the washer and dryer for this unit. Moving on, bedroom 3 was next to be reviewed. This bedroom also had two beds, two dressers and a shared closet. Bedroom 4 was the master bedroom and had two beds, a shared closet, two dressers and nightstands. The bathroom in this room had a large shower, a sink and toilet. All appeared in good condition and the plumbing worked as specified. A total of seven beds were counted in this unit.

579/589 was the next unit reviewed. Apartment 579 contained its own day care for moms with children and was also referred to as the children's laboratory. There was a well-maintained living room complete with two couches, a television and several play sets for the children residing here. Exiting the living room and down the hall are two storage closets. One closet housed hygiene and cleaning while another housed linen. The entrance to the day care was in this hall as well as the main bathroom and a washer and dryer in a shuttered closet. The main bathroom had a shower/tub

combination with a working toilet and sink as confirmed by staff. Nothing was amiss in this area. Moving on to the sleeping areas bedroom 1 was observed. This bedroom had one bed with its own dresser and closet. Bedroom 2 was next to be reviewed and had two beds with two dressers, two nightstands and a shared closet. Both rooms were in working order. Bedroom 3 had two beds, three dressers, nightstands, and a shared closet. This room was the master bedroom and had its own bathroom. The bathroom here provided a well-maintained shower, sink and toilet. A total of five beds were counted in this unit. The final portion of the review for this unit was the kitchen. A clearly marked exit to the back was here where benches and children's toys could be observed. In this kitchen was one refrigerator, a working sink and several cabinets. The refrigerator was missing a thermometer. There was also a small dining table with chairs. From here, you can enter into 589.

The set up for 589 was the same as the other residences. The kitchen in 589 was the exact same as 579 complete with one refrigerator, a stove/oven, cabinets, and a working sink. All appeared in working order. Moving on, there was a small dining area with a little table and three chairs and a smaller living area with the usual necessities. This particular residence contained four bedrooms. Room 1 contained one bed with its own closet and dresser. Bedroom 2 contained two beds with a shared closet, nightstand and two dressers. Bedroom three was similar and had two beds with two dressers, a shared nightstand and closet. In this hall is the main bathroom with a shower/tub combination, a toilet and sink. Staff confirmed all water worked as appropriate. The final bedroom, bedroom 4 was the master bedroom and contained two beds and one child bed. One bed here was missing the required mattress cover. Plenty of storage was available with two dressers and a large nightstand. This room has its own bathroom with a shower, sink and toilet. Staff confirmed all items worked as necessary and nothing amiss was noted at the time of review. A total of seven beds were counted in this particular unit.

The final apartments reviewed were the 509/519 units. These units were remodeled to accommodate those with disabilities per program staff and a sign outside the unit appeared to indicate that. The 519 unit opens into a spacious living room with two couches, a coffee table, recliner, bookshelf, and television. There is a sliding door to exit to the outside. Beside the living room is a hallway for sleeping quarters. Bedroom 1 had one bed, a nightstand, and a closet. Bedroom 2 had two beds, a shared closet, two dressers and two nightstands. Back in the hall is the laundry closet with one washer and one dryer. There is also the main bathroom. This bathroom had a sink, toilet and shower. All appeared in working order and staff confirmed the water worked as appropriate. There was another storage closet in the hall that had some dry and canned goods. Dates were checked for quality and found to be compliant. Back to the sleeping quarters, bedroom 3 was reviewed. This room had two beds, two dressers, two nightstands, and a shared closet. The final bedroom was said to meet all applicable ADA standards per program staff. This room had two beds a shared closet and two dressers. The bathroom here appeared to be accommodating with a raised toilet, a

shower with seating and a lower sink. Assist bars were observed and affixed to the wall appropriately. Staff confirmed all plumbing worked as required. The total bed count for this unit was seven. On to the kitchen, there were two deep freezers, a refrigerator, and a stand-up freezer. All met the requirements set forth with food labeled and dated and the required thermometers. Through this kitchen you enter the 509 unit kitchen.

Unit 509 was set up similar to all other units. In this kitchen there was a sink, stove, two refrigerators and brand-new cabinets. All appeared in working order. Out of the kitchen is the living room that is currently being utilized as a group room. The room was lined with new chairs, had a television and large whiteboard. There was a small storage closet near the front entrance and then you enter the hall. In the hall are four bedrooms and two bathrooms along with more storage. Bedroom 1 had one bed with a dresser, nightstand and closet. This room was missing a no smoking sign. Bedroom 2 had two beds with two nightstands and dressers as well as a shared closet. Back in the hall was a storage closet for various items. The main bathroom was also in the hall with a shower, sink and toilet. Staff confirmed all items worked as appropriate. Bedroom 3 was next to be reviewed. This room contained two beds, two dressers, two nightstands and a shared closet. The final bedroom, bedroom 4 was the master bedroom. There were two beds here with a shared closet, two dressers and two nightstands. The master bath had a well-maintained shower, sink and toilet. All plumbing worked as specified as confirmed by staff. A total of seven beds were counted in this unit.

The outside yard area provided residents with a covered smoking area, a volleyball court and several children's toys for outdoor activities. The total STOP bed count for this facility was 46 STOP/FOTEP beds and one child bed. Depending on the consideration of child vs. adult beds, this program may be over their licensed bed count. Blinds had recently been replaced in all units. Almost all no smoking signs and mattress covers were observed. ADA postings were missing in each unit but a new copy was sent to the program upon the close of review. The program plans to continue remodeling cabinets in each kitchen. Some of the units also had new flooring installed since last review.

VISUAL AND POLICY FINDINGS:

Required Staff:

- There must be a licensed clinician at each FOTEP facility to ensure participant caseload ratios have been met. There has not been a licensed clinician at this facility since 6/17/19.

Bed Count:

- Unit 589
 - Licensed for 5 adult beds and 6 child beds

- A total of 7 beds and 1 child bed was counted. Cannot confirm any of the 7 are considered child beds
- Units 5/09/519
 - Licensed for 12 adult beds and 4 child beds
 - A total of 14 beds were counted. Cannot confirm any of the 14 are considered child beds

Group Schedule:

- Missing Facilitators
- Does not appear to offer any make up groups

Postings:

- ADA posting missing in several areas
 - This has since been sent to the program

Unit 589:

Room 4:

- One bed missing mattress cover

Unit 579:

Kitchen

- Refrigerator missing thermometer

Unit 537:

Kitchen:

- Refrigerator missing thermometer
 - Added upon the close of review

Unit 509:

Room 1:

- Missing No Smoking Sign

PARTICIPANT FILE REVIEW:

- Participant handbook receipt signed 44 days after admission
 - 42 days late
- No record of treatment plan reviews
- No record of Discharge Plan
- Documented passes over more than 6 hours do not show AOR approval
- Individual counseling notes not included in the file
- Progress notes not included in the file
- No record of Participant Savings Fund transactions submitted for this participant showcasing a 75% savings while working and in program
- Group hours tracking sheets not submitted to ensure participant met the required number of hours
- ORAS completed 31 days after admission
 - 1 day late (Per previously required timeframe)

Present

- Participant handbook receipt signed 5 days after admission
 - 3 days late
- ASI not included in the file
- No record of treatment plan reviews
- No record of Discharge Plan
- Individual counseling notes not included in the file
- Progress notes not included in the file
- Group hours tracking sheets not submitted to ensure participant met the required number of hours
- ORAS not recorded in ARMs
- CMP in ARMS missing execution start date

STAFF FILE REVIEW:

Roseann Reynoso: Counselor

- Compliant

Angelita Raffa: Monitor

- Compliant

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**


**LICENSED RESIDENTIAL TREATMENT
(LRT)**

Enclosed PAR Documents:

- 1. PAR Summary**
- 2. Requested Documents**
- 3. Required Postings**
- 4. Audit Tool**
- 5. Staff File Review**
- 6. Participant File Review**
- 7. Exit Conference**
- 8. Notes**

Analyst Name: Danielle Verber	Date: 5/19/21
Contractor: WestCare STOP/FOTEP Area 3	Contract #: 5600004636
Community Based Provider: CSMA: Tranquility Village LTR-F and FOTEP	

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)
PAR SUMMARY**

<p><u>Provider Information</u> Community Social Model Advocates 559 Mendocino Court Atwater CA 95301 Phone: (209) 357-5200 Fax: (209) 357-5279 Email: Inewman@csmainc.org</p>	<p><u>Contract Number</u> 5600004636</p> <p><u>Review Team</u> Megan Mahoney</p>
<p><u>Department of Healthcare Services (DHCS)</u> DHCS License: 240001EN License Expiration Date : 11/30/22 DHCS AOD Certification: 240001EN Certification Expiration Date: 11/30/22</p>	<p><u>Date of Site Visit</u> 4/13/21</p> <p><u>Date of Report:</u> 5/19/21</p>
<p><u>Modality and Participant Count</u> Females: X Dependent Children: X</p> <p><u>Capacity</u> 42 Treatment 18 Dependents 60 Occupants total 589: 5 Adults 6 Children 579: 5 Adults 6 Children 569: 6 Adults 509/519: 12 Adults 4 Children 527/537: 14 Adults 4 Children Beds Counted: 589: 7 Beds + 1 Child Bed 579: 5 Beds 569: 6 Beds 537: 7 Beds 527: 7 Beds 519: 7 Beds 509: 7 Beds</p> <p>Total: 46</p>	<p><u>Facility Contacts</u> Lorie Newman Tabatha Hernandez</p>
<p><u>Entrance Meeting</u> Tabatha Hernandez</p>	<p><u>Exit Meeting</u> Tabatha Hernandez</p>
<p><u>Participant Records Reviewed</u>  Present</p>	<p><u>Staff Files Reviewed</u> Roseann Reynoso: Counselor Angelita Raffa: Monitor</p>
<p><u>Participant Interviewed</u> None</p>	<p><u>Staff Interviewed</u> None</p>

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

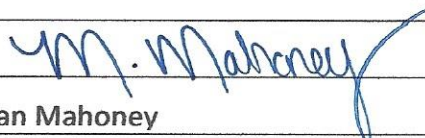
REQUESTED DOCUMENTS

Facility Name/Address: Community Social Model Advocates: Tranquility Village 559 Mendocino Court Atwater, CA 95301	Date: 5/19/21
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Instructions for Provider:
The following is a list of documents must be provided to the Facility Manager or designee, during the Entrance Meeting of your Program Accountability Review (PAR). Once the PAR is completed, the original will remain with the Contractor/CBP.

	Received	Reviewed	Comments
<u>Licenses/Certifications/Permits</u>			
DHCS (ADP) License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In Contract File/ARMS
DHCS (ADP) Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In Contract File/ARMS
Business License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In Contract File
Conditional Use Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In Contract File
Fire Clearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In Contract File
Liability Insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In Contract File/ARMS
Pest Control Contract	<input type="checkbox"/>	<input type="checkbox"/>	NOT SUBMITTED
<u>Rosters/Schedules</u>			
Participant Roster	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed
Staff Schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attached
Programming Schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attached
Program Menu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed
<u>Handbooks</u>			
Employee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In Contract File
Participant Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In Contract File
<u>Other</u>			
Operations Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In Contract File
Parenting Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In Contract File
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Per 42 CFR and HIPPA requirements, this document is being provided to the contractor responsible for the above documents. Please maintain the original copy of this document according to 42 CFR and HIPPA record retention requirements.

Signature: 	Date: 5/19/21
Printed Name: Megan Mahoney	Title: Quality Assurance

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

REQUIRED POSTINGS

	Required Postings	Posted C D N/A	Location of Posting	Notes
FACILITY OPERATION	Hours of Operation	C.	Outside of main office (559 Address)	
	No Smoking Sign	C.	Throughout	Only Missing in one bedroom
EMERGENCY INFORMATION	Emergency Exits	C.	Throughout	
	Emergency Evacuation Plan	C.	Throughout	
COMPLAINTS	Complaint/Grievance Process	C.	In some units but in the main staff office at 559	
	Locked box for Appeals/Grievances accessible only to CDCR Staff per CCR, Title 15, Section 3085	C.	Only located in APT. 579	
FOOD SERVICE	Menu	C.	Main Office and Kitchen	

C = Compliant

D= Deficient

N/A= Not Applicable

COMMENTS:

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)
AUDIT TOOL**

PROGRAMMING

1. Does the Contractor have written policies and procedures that support:

YES NO

Gender Responsivity?

YES NO

Cultural Competence?

YES NO

Trauma-Informed Services?

Criteria: Exhibit A, Section III. A-C.

Gender Responsivity

Gender responsivity is defined as creating an environment through site selection, staff selection, program development, content and materials that reflects an understanding of the realities of specific genders and addresses the issues facing the Participants.

Gender-responsive approaches are multi-dimensional and are based on theoretical perspectives that acknowledge gender specific pathways into the criminal justice system. These approaches address social and cultural factors.

Cultural Competence

Cultural competence is defined as the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities, and protects and preserves the dignity of each.

Trauma-Informed Services

Trauma is defined as the experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

Trauma and addiction are interrelated issues in the lives of Participants incarcerated or on parole. Understanding the principles of trauma-informed services and how deviations from the principles may trigger trauma-related responses must be incorporated in program and service components.

Verification: File review; policies and procedures

COMMENTS:

To provide Gender Responsive Treatment, CSMA states the following: "The guiding foundation of the women's program, the Rose Julia Riordan Tranquility Village, is that women have unique needs associated with their gender. A key focus of the program is to provide women with services and skills required for successful reintegration into society, while simultaneously providing additional services to the children to break the addiction cycle through a gender specific approach. Research has shown that to break the cycle that marks the female pathway to crime and substance abuse women need a therapeutic setting that provides them with the support necessary to prevent recidivism. The Rose Julia Riordan Tranquility Village observes the following principles of a recovery community: the program is a community based, peer oriented, and non-medical residential facilities for women and women with children recovering from a substance use disorder".

To promote an environment that is trauma-informed, CSMA affirms the following: "Both the David J. Riordan's Hobie House and the Rose Julia Riordan Tranquility Village are committed to providing for a client's physical and emotional safety and create an engaging and supportive environment.

a) The environment should be designed to reverse the effects of exposure to situations that promote substance abuse and other self-defeating behaviors. Attention to creating an environment that

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

minimizes re-traumatization from past experiences will be a priority. The environment will be protective, respectful, and sensitive to a client's individual needs".

In order to promote cultural competence, CSMA "will engage in ongoing cultural competence training in order to increase staff knowledge and skills of appropriate effective cross-cultural interventions. Professionals are committed to learning about problems and issues that adversely and disproportionately affect the various cultural groups with whom they work.

2. Does the contractor utilize evidence-based programs (EBPs)? YES NO

Criteria: Exhibit A, Section IV. A-B.

The Contractor shall implement and utilize evidence-based programs (EBPs). Successful implementation of any EBP requires appropriate training and technical assistance to ensure that the program is implemented with fidelity to the model to achieve the desired outcomes. For each EBP selected, Contractors shall receive and/or provide training and technical assistance in the following areas:

1. Training of individuals who will deliver the program
2. Training in curriculum and/or protocols
3. Implementation of services
4. Ongoing fidelity monitoring
5. Data collection
6. Tracking of outcomes.

The Contractor shall provide program components and services, recognized by the NIC, SAMHSA or other entity recognized as an authority in the field of evidence-based programs, provided at a level corresponding to the Participant's assessed need. The curriculum shall be one that is designed for a community setting.

Verification: File review; policies and procedures

COMMENTS:

Evidence Based Programming includes: Criminal thinking, Anger Management, Living in Balance, Seeking Safety, Relapse Prevention and Nurturing Parenting. Staff have also completed trainings on motivational interviewing and the utilization of evidenced based curriculum.

3. Does the contractor conduct a secondary assessment for all participants as required by the contract? YES NO

4. What assessment tool is utilized? ORAS YES NO

5. Is there documentation of a completed assessment in the participant's file? YES NO

Criteria: Exhibit A, Section VI. D.

The Contractor shall conduct secondary assessments at specific stages of programming, at a minimum at initial enrollment and upon completion.

In an effort to maintain consistency with in-prison assessment tools, the Contractor shall ensure the selected assessment tool is comparable to evidence-based assessment tools administrated in-prison (e.g. Texas Christian University (TCU). The secondary assessment shall occur within 10 days of the Participants admission to the program and within 72 hours of admission for LTOs. A Participant may engage in programming prior to completion of the secondary assessment.

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The secondary assessment shall determine the level of need for specific evidenced-based programming. The results of the secondary assessment shall be used to develop the goals and objectives of the CMP. A copy of the completed assessments shall be placed in the CMP file for each Participant.

Verification: File Review; policies and procedures

COMMENTS:

Assessments were mostly completed in the required time frames, but some issues were found based upon a review of the ARMS and STOP databases. Full copies of these items will be forwarded to program staff upon return to office.

[REDACTED]

- ORAS completed 31 days after admission
 - 1 day late (Per previously required timeframe)

[REDACTED]

Present

- ORAS not recorded in ARMs

6. Upon completion of the secondary assessment, does the contractor prepare a Case Management Plan (CMP) within 21 days of admission? YES NO

7. Is the CMP updated monthly? YES NO

8. Is there documentation of a completed CMP in the participant's file? YES NO

Criteria: Exhibit A, Section V. A.

Upon completion of the secondary assessment, Contractor shall prepare in writing, an individualized CMP for each Participant within 21 days of admission. The goals and objectives in the CMP shall be based on the assessment(s) results.

The CMP shall consist of the following elements (at a minimum):

- a. Participant's name: first and last
- b. Participant's CDCR number
- c. Treatment and rehabilitation goals
- d. Specific action items to achieve each goal
- e. Target date(s) for achieving each goal and objective

A copy of the CMP shall be maintained in the Participant's file and provided to the AOR. A copy may also be provided to other CDCR designee upon request.

Contractor shall update the CMP during monthly one-on-one sessions. The updated CMP shall be signed and dated by the Participant, counselor, and supervising counselor.

Verification: File Review; policies and procedures

COMMENTS:

Based on a review of the ARMS and STOP databases, Initial Case Management Plans and Case Management Plan reviews were completed within the required time frames (based on intake; as timeframes changed between the two files reviewed). There were however some issues when recording these items in ARMS. Note: Copies of CMPs will be forwarded to provider staff upon return to office:

[REDACTED]

Present

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- CMP in ARMS missing execution start date

9. Does the contractor provide a 24-hour, non-medical licensed residential treatment facility? YES NO

Criteria: Exhibit A, Section VII. B.

The Contractor shall provide residential treatment facilities licensed by DHCS. Comprehensive treatment services shall be provided to Participants who have been assessed with a medium to high need for substance abuse services.

Licensed residential treatment facilities shall provide 24-hour, non-medical services to Participants who are working to overcome their addiction to alcohol and/or other drugs. Services shall include substance abuse education, group or individual sessions; detoxification service, recovery, and treatment planning services. In addition, a licensed facility shall offer individualized services (e.g., vocational services, employment search training and assistance, community volunteer leads and opportunities, life skills training, peer support and social and recreational activities).

Verification: File Review; policies and procedures

COMMENTS:

Compliant

10. Is the contractor conducting a minimum of 25 hours per week of face-to-face individual and group sessions for each participant? YES NO

11. Is the contractor conducting a minimum of 6 hours per week of supplemental face-to-face individual and group activities? YES NO

Criteria: Exhibit A, Section VII. B. 7.

There shall be a minimum of 25 hours (per week) of face-to-face individual and group sessions for each Participant. In addition, a minimum of six (6) hours (per week) of supplemental face-to-face individual and group activities, this may include participation in activities such as a 12-step self-help group. Participant hours may vary from week to week but should average 31 hours per week over the duration of the Participant's stay.

Verification: File Review

COMMENTS:

Hours could not be calculated for the files reviewed due to program not submitting the required hours tracking sheets and group sign in sheets.

Per the group schedule submitted however, 20 hours of educational and 6 hours of supplemental groups are offered. If a group is missed it does not appear a there is any make up groups offered.

12. Are "No Smoking" signs posted as specified in the contract? YES NO

Criteria: Exhibit A, Section VII. D. 13.

Smoking at STOP facilities is prohibited in accordance with state law. The Contractor shall post "NO-SMOKING" signs in all sleeping areas, designated visiting areas, and in the main office of the facility in full view of Participants, staff and visitors.

Verification: Visual tour of facility and Policy and Procedures.

COMMENTS:

Most no smoking signs were posted in accordance with the contract, only one sign was missing in one bedroom.

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13. Are sleeping quarters maintained as per the contract? YES NO

Criteria: Exhibit A, Section VII. D. 24.

Each Participant's sleeping quarters shall include a bed frame, box spring, mattress, plastic mattress cover, pillow, and a closet or dresser for Participant's clothing and authorized personal property. Mattresses, plastic mattress covers, and pillows shall be replaced as they wear out or are damaged.

Verification: Visual tour of facility and Policy and Procedures.

The majority of the sleeping quarters met the requirements set forth except in unit 589 Room 4.

14. Does every participant receiving substance abuse treatment services have an Individual Treatment Plan (ITP)? YES NO

15. Does the contractor maintain written substance abuse treatment program policies and procedures? YES NO

Criteria: Exhibit A, Section VII. G.

Every Participant receiving substance abuse treatment services shall have an Individual Treatment Plan (ITP). Participants shall be involved in updating ITPs with the assigned counselor and the STOP case management staff. All ITPs shall include, but are not limited to, the following:

- | | | |
|---|---|--|
| a. Statement of assessed treatment needs of the Participant | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Statement of objectives to address the identified treatment needs | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Action steps to accomplish the identified treatment objectives | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Target date(s) for accomplishment of action steps and treatment objectives | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Treatment exit plan | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

The Contractor shall maintain written substance abuse treatment program policies and procedures (i.e., alcohol and drug screen testing, confidentiality), which shall be contained in the operations manual.

Verification: File review; Policy and Procedures.

Several deficiencies related to treatment planning were discovered during the telephonic review including the following:

[REDACTED]

- No record of treatment plan reviews
- No record of Discharge Plan
- Individual counseling notes not included in the file
- Progress notes not included in the file

[REDACTED]

Present

- ASI not included in the file
- No record of treatment plan reviews
- No record of Discharge Plan
- Individual counseling notes not included in the file
- Progress notes not included in the file

**PROGRAM ACCOUNTABILITY REVIEW
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16. Does the contractor ensure that all participants receive a Participant's Orientation Program Handbook? YES NO

Criteria: Exhibit A, Section VII. C. 1.

Develop and ensure that all Participants receive a Participant's Orientation Program Handbook immediately upon arrival. The handbook shall include, but not be limited to: policies and procedures governing personal conduct, employment, education, counseling, self-improvement, substance abuse, victim awareness, mail, visiting, use of facility telephones, appeals, daily activities, passes, substance abuse testing, paid employment, maximum amount of cash permitted, Participant grievance process and the role of each staff person at the facility.

Verification: Ask staff; policy and procedures.

COMMENTS:

Per the files reviewed, participants are receiving a program handbook but not upon immediate arrival to the facility. See Question 17.

17. Is the contractor conducting an initial orientation with 48 hours of Participant's arrival? YES NO

Criteria: Exhibit A, Section VII. C. 2.

Conduct an initial orientation within 48 hours of the Participant's arrival at the STOP facility, excluding weekends and official holidays. At a minimum, the orientation shall consist of clear expectations of the Participant, program rules and a review of the Participant's Orientation Program Handbook. An acknowledgment of the orientation shall be signed by the staff person conducting the orientation and the Participant and retained in the Participant file.

Verification: File review; Policy and Procedures.

COMMENTS:

Per the intake documentation reviewed telephonically, participants were completing part of the orientation within 48 hours of arrival. However, participants were not given the participant handbook in a timely manner.

[REDACTED]

- Participant handbook receipt signed 44 days after admission
 - 42 days late

[REDACTED]

Present

- Participant handbook receipt signed 5 days after admission
 - 3 days late

18. Does the contractor provide Cognitive Behavioral Therapy-Based (CBT) Intervention? YES NO

19. Does the CBT include Anger Management? YES NO

20. Does the CBT include Criminal Thinking? YES NO

21. Does the CBT include Family Relationships? YES NO

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

Criteria: Exhibit A, Section VII. H.

Anger Management

The Contractor shall provide CBT curricula to include anger management sessions to address Participants who have aggressive and anti-social behavior. The goal is to help displace out-of-control destructive behaviors with constructive pro-social behavior. The Contractor shall administer the curricula, manage the program and report on each Participant enrolled.

Criminal Thinking

The Contractor shall provide CBT curricula that address Participants' anti-social thinking, criminal behaviors and moral reasoning. The curricula shall include moral development, narcissism, low ego, self-esteem, resistance to change, defensive attitudes, reasoning, and behavioral traits that lead to criminal activity. The Contractor shall utilize evidence-based CBT curricula to address criminal thinking as recognized by NIC, SAMHSA or other entity recognized as an authority in the field of evidence-based programs.

Family Relationships

The Contractor shall include in the CBT curricula, family, parenting and liaison services between Participants and their families. The goal is to strengthen and/or renew family foundations by minimizing stress and anxiety during parole and promoting healthy family values and parenting skills. The Contractor shall utilize evidence-based CBT curricula to address family reunification/parenting as recognized by NIC, SAMHSA, or other entity recognized as an authority in the field of evidence-based programs.

Verification: File Review; policies and procedures

COMMENTS:

Classes include: Thinking for a Change, Anger Management, Living in Balance, Seeking Safety and Nurturing Parenting.

22. Does the contractor have a plan to encourage enrollment, attendance and completion through use of positive reinforcements?

YES NO

Criteria: Exhibit A, Section VIII. E.

The Contractor shall have a plan to encourage enrollment, attendance and completion through the use of positive reinforcements and motivational incentives, which may include positive verbal motivations, certificates of completion, graduation ceremonies, etc.

Verification: File review; policies and procedures

COMMENTS:

It is the policy of the Rose Julia Riordan Tranquility Village and the David J. Riordan's Hobie House to encourage attendance and completion through the use of positive reinforcements and motivational incentives, which may include positive verbal motivations, certificates of completion and graduation ceremonies.

Procedure:

- **Graduation ceremonies will be held during family group on the day prior to the Client completing the program.**
- **Family members who are significant to the client may attend that group.**
- **A certificate will be presented to the client with their completion date.**
- **Family members and peers shall be encouraged to share any experience, strength and hope a client may need to further their recovery.**

Other motivational incentives at the discretion of staff and approval from the Program Manager may include the client's name on a one year plaque, nap passes, write up passes and first in line lunch pass. These incentives shall be utilized when a client goes up and beyond their normal program of recovery.

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

Upon CDCR approval, other incentives may include, but are not limited to: work equipment, work attire, housing vouchers, enrollment in community college and purchase of books or gift cards. The face value of any gift card or voucher may not exceed \$50 per award.

23. Does the contractor assist unemployed participants as stated in the contract? YES NO

24. Does the contractor have policies and procedures that describe what resources will be used to transition participants into long-term work? YES NO

Criteria: Exhibit A, Section VIII. A.

The Contractor shall assist unemployed Participants in their Program Area. The assistance shall include, but is not limited to: employment preparation, resume writing, skill development, interviewing skills, job search and placement.

The Contractor shall maintain written policies and procedures that describe what resources will be used to transition Participants into long-term sustainable work. The policies and procedures shall describe how the Job Developer will assist unemployed Participants based on assessed needs and the duration of their time in the program.

Verification: File review; policies and procedures

COMMENTS:

The Rose Julia Riordan Tranquility Village and the David J. Riordan's Hobie House has an employment program designed to assist unemployed clients in becoming gainfully employed. The employment program shall consist of qualified staff members assisting clients in employment preparation, resume writing, skill development, interviewing skills, job search and placement, which may occur on an individual bases or through group interaction. An essential part of job placement shall occur through 1.) Actively collaborating with area employers to create job opportunities for clients. 2.) Notifying prospective employers of the benefits for hiring clients and 3.) Prepare and update a monthly roster of those employers willing to hire Clients and provide the roster to the Clients. The Rose Julia Riordan Tranquility Village and the David J. Riordan's Hobie House shall make appropriate referrals by utilizing the local EDD, Workforce Investment Board, temporary employment agencies and community job development agencies.

Per the group schedule, a job readiness group is taught ever Tuesday.

25. Does the contractor provide or make available an Education/Literacy program? YES NO

Criteria: Exhibit A, Section VIII. B.

The Contractor shall provide or make available an academic literacy program for those Participants with assessed educational need. This may be in the form of a computer literacy program, a General Educational Development preparation program and/or other general adult education programs. The Contractor or their Subcontractors may refer Participants to a Computer Literacy Learning Center, administered by CDCR, to fulfill this requirement.

Verification: File review; policies and procedures; visual

COMMENTS:

Participants work with their counselor to develop and complete educational goals as part of their individualized treatment plan. Community referrals are also made when needed to enroll in adult education programs when necessary.

26. Does the contractor provide or make available Life Skills programming? YES NO

Criteria: Exhibit A, Section VIII. C.

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

The Contractor shall provide or make available basic Life Skills programming to help Participants live successfully and function in their multiple roles as members of a family, community and workforce. Life Skills programming shall include, at a minimum:

1. Effective communication
2. Victim awareness
3. Healthy relationships and counseling services
4. Health and personal hygiene
5. Financial literacy

Verification: File review; policies and procedures; visual

COMMENTS:

The Rose Julia Riordan Tranquility Village and the David J. Riordan's Hobie House provides Life Skills programming to help Clients develop everyday normal skills to live successfully and function in their lives. Basic Life Skills programming utilizes evidence-based curricula as well as hands on skill development. Life Skills programming includes, at a minimum:

- a) Effective communication
- b) Victim awareness
- c) Healthy relationships and counseling services
- d) Health and personal hygiene
- e) Financial literacy

27. Does contractor maintain a current Operations Manual?

YES NO

Criteria: Exhibit A, Section IX. D.

The Contractor shall prepare and maintain a current operations manual that describes the STOP's purpose, philosophy, programs, services, policies and procedures. The manual shall summarize the approved methods of implementing the terms of this Agreement and provide details for daily operation of the program. The manual shall be kept at each STOP facility and be available to staff, volunteers and CDCR designee(s).

Verification: Policies and procedures

COMMENTS:

Required policies are available and compliant in the policies manual, participant handbook, employee handbook and parenting handbook with a few addendums to remain compliant.

28. Does the contractor have written procedures for both routine and emergency medical care of its participants?

YES NO

29. Does the contractor, upon intake, provide screening to include status of health care coverage for medical, dental, and vision insurance?

YES NO

30. Does the contractor facilitate enrolment and/or annual renewal assistance, as applicable, for health care coverage?

YES NO

31. Does the facility have a secured medicine cabinet in a controlled area?

YES NO

32. Does the contractor maintain a medication log as stated in the contract?

YES NO

Criteria: Exhibit A, Section X. D.

The Contractor shall draft clear, written procedures for both routine and emergency medical care of its participants. The procedures shall address actions to be taken in the event of the death of a participant and also incorporate CDCR's procedures. No participant shall be denied the opportunity to seek medical attention.

PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)

The Contractor shall facilitate enrollment and/or annual renewal assistance, as applicable, for the completion of the health care coverage application(s) for participants who did not apply for health care coverage while in prison; do not currently have health care coverage; have had their health care coverage suspended or terminated; or do not have the means to pay for health care coverage.

Based upon the intake screening, participants shall be offered assistance to apply for health care coverage to include the Affordable Care Act (ACA), Medi-Cal, Retirement, Survivors, Disability Insurance (RSDI)/Supplemental Security Income (SSI), Veterans Affairs Health Benefits, Indian Health Services and/or other type of health care coverage.

Each facility shall have a secured medicine cabinet in a controlled area under staff's control. Medications shall be monitored in compliance with DOM Section 83080.4. The cabinet shall include log sheets on each medication that includes the Participant's name, CDCR number and dosage of medication. The log shall also identify the date and time medication was observed being self-administered, amount of medication remaining, name, date and initials of staff that observed the self-administered dosage and the participant's signature.

Verification: Review medication log; policy and procedures; possible file review

COMMENTS:

Medication management was reviewed and found to be in compliance. Medication appeared to be stored appropriately, with a medication refrigerator available for cold meds meeting all requirements. Medication logs were reviewed and had the appropriate CDCR #s.

Additionally, all necessary referrals are made to social services in the event a participant or their child needs healthcare coverage.

33. Does the contractor have policies and procedures for establishing and maintaining trust funds for its participants?

YES **NO**

Criteria: Exhibit A, Section X. E.

Upon commencement of services, the Contractor or Subcontractor shall establish an interesting bearing Participant Savings Fund (PSF) for participants for the purpose of saving money. Participants enrolled in any residential program shall be required to place 75 percent of their net income into the PSF. While participants are enrolled in the STOP, their income shall not be used to purchase expensive personal items, e.g. automobiles, motorcycles, stereo sets or jewelry. (All governmental assistance shall be considered as income and treated with the same procedure set in place for participants while housed at the STOP facility). If a participant is removed from the program either voluntarily or involuntarily (including absconders), but has monies left in their PSF, the Contractor shall forward a check to the AOR no later than three (3) working days for final disposition. If interest is earned on the PSF, a fair market interest rate shall be established and distributed to the participant based on the amount saved.

Verification: Policy and Procedures.

COMMENTS:

Participants who are working are required to show staff their pay stubs which will be maintained in their treatment file as well as deposit 75% of their income into a savings account.

However, during the telephonic review, it could not be substantiated that the participants/program are following this policy:

- No record of Participant Savings Fund transactions submitted for this participant showcasing a 75% savings while working and in program

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

34. Are participant files maintained for each participant in a locked cabinet and are they kept in accordance to Title 42, CFR, Part 2? YES NO

Criteria: Exhibit A, Section XI. A.

The Contractor shall develop and maintain properly organized Participant files; secure them in a locked file cabinet or drawer and behind a locked door. Files shall be considered confidential and protected from any unauthorized use or disclosure.

Verification: Visual; policy and procedures.

COMMENTS:

All files were maintained accordingly with no deficiencies noted.

35. Does the contractor have policies and procedures for fire emergency procedures? YES NO

Criteria: Exhibit A, Section XI. E.

The Contractor shall have written procedures pertaining to fire prevention, safety requirements, evacuation and emergency procedures that include instructions for the following:

1. Immediate notification of the fire department
2. Alert notification and/or evacuation of all occupants
3. Notification of authorities
4. Control and the extinguishing of fires:

Verification: Policy and procedures.

COMMENTS:

Drills are conducted monthly to ensure preparedness in a fire emergency. Evacuation plans are posted as necessary and fire extinguishers are readily available. The last quarterly fire drill was conducted at this location the end of January per staff.

36. Does the contractor have written personnel policies and procedures that include:

Security Clearances	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Employment Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Vacancies	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Employee Performance Evaluations	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Discrimination and Sexual Harassment	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Nepotism	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Fraternization	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Job Action Contingency Plan	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Employee Grievance and Appeals Procedures	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Criteria: Exhibit A, Section XII. F.

The Contractor shall have written personnel policies and procedures.

Verification: Policy and procedures

COMMENTS:

All policies were reviewed and verified in the Employee Handbook and policies and procedures manual. However, this program is not filling vacancies as required as they have been without the required clinician since June of 2019.

37. Does the contractor provide transportation to the STOP facility? YES NO

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

Criteria: Exhibit A, Section XIII. H.

The Contractor shall provide transportation (within their Program Area) for Participants to the STOP locations upon his/her release from designated Reentry Hubs and correctional institutions. Contractor shall coordinate with STOP Contractors in other Program Areas to provide transportation services for Participants throughout the entire State. The STOP Program Area where the Participant will be receiving program and services is responsible for the transportation from the Reentry Hubs and correctional institutions to the STOP facility. Contractors shall ensure that there is a process in place to make arrangements for wheelchair accessible vehicles when required.

The Contractor shall provide transportation for the Participants to the designated STOP facility. Public transportation can also be utilized by the Contractor for those Participants enroute to their county of parole.

Verification: Ask staff; Review transportation log(s); policies and procedures

COMMENTS:

CSMA Staff transport to legal and medical appointments.

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)
STAFF FILE REVIEW**

Employee Name	Title	Date of Employment	Job Description	Minimum Qualifications Met	90 Day Provisional Approval Date	Live Scan Approval Date	TB Test Date	Professional Licensure Expiration Date (If Applicable)	Professional Certification/Registration Expiration Date (If Applicable)	First Aid/CPR Expiration Date	Motivational Interviewing Training	Food Prep Certification Expiration Date (Residential Only)
Roseann Reynoso	Counselor	8/3/20	Yes	NO Waiver	4/6/20	6/3/20	8/19/20	N/A	WAWER RADT 9/15/21	2/26/22	Scheduled 5/6/20	N/A
• Compliant												
Angelita Raffa	Monitor	10/14/20	Yes	Yes	8/24/20	9/17/20	10/16/20	N/A	N/A	10/13/22	Scheduled 4/21/21	N/A
• Compliant												
Comments												

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)
PARTICIPANT FILE REVIEW**

Facility Name and Address: Community Social Model Advocates Tranquility Village 559 Mendocino Court, Atwater CA 95301		Date: 5/19/21
Participant Name: [REDACTED]	CDCR#: [REDACTED]	Admit Date: [REDACTED]
Modality: LRT-F FOTEP	1502 Referral : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: [REDACTED]	Authorization: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: [REDACTED]

Case Manager: Marilyn Sataua
Facilitating Counselor: Sheila Goodteacher

Release of Information: Yes No Date: [REDACTED]

Admission Agreement Signed by Participant: Yes No Date: [REDACTED]

Health Questionnaire: Yes No Date: [REDACTED]

Secondary Assessment Type: ORAS Yes No Date: [REDACTED]

Case Management Plan: Yes No Date: [REDACTED]

Updated Case Management Plan: Date: [REDACTED] Date: [REDACTED] Date: [REDACTED]

Treatment Assessment Type: Yes No Date: [REDACTED]

Individual Treatment Plan: Yes No Date: [REDACTED]

Updated Treatment Plan: Date: NONE 30 Days Date: NONE 60 Days Date: NONE 90 Days

REFERRALS

Referral Type: _____ Referral Type: _____

Referral Type: _____ Referral Type: _____

OTHER

Drug Screen Documented: Yes No Medication Log Documented: Yes No N/A

Activity/Incident Reports: Yes No Passes documented: Yes No N/A

Exit Plan: Yes No Date: None

Discharge Summary: Yes No Date: [REDACTED]

Sessions - Weekly Treatment/Program Hours

Individual Session: Yes No Group Session: Yes No

Progress Notes: Yes No Group Session Attendance Sheet: Yes No

25 Hours Individual and/or Group Activity Yes No

6 Hours Structured (i.e. A.A, N.A.) Yes No

Notes:

***No new Treatment plan created despite 6+ month stay**

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)
PARTICIPANT FILE REVIEW**

Facility Name and Address: Community Social Model Advocates Tranquility Village 559 Mendocino Court, Atwater CA 95301		Date: 5/19/21
Participant Name:	CDCR#:	Admit Date: [REDACTED]
Modality: LRT-F FOTEP	1502 Referral : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: [REDACTED]	Authorization: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: [REDACTED]

Case Manager: Marilyn Sataua
Facilitating Counselor: Roseann Reynoso

Release of Information: Yes No Date: [REDACTED]

Admission Agreement Signed by Participant: Yes No Date: [REDACTED]

Health Questionnaire: Yes No Date: [REDACTED]

Secondary Assessment Type: ORAS Yes No Date: [REDACTED]

Case Management Plan: Yes No Date: [REDACTED]

Updated Case Management Plan: Date: [REDACTED] Date: [REDACTED] Date: [REDACTED]

Treatment Assessment Type: Yes No Date: None

Individual Treatment Plan: Yes No Date: [REDACTED]

Updated Treatment Plan: Date: NONE Date: NONE Date: _____
30 Days 60 Days 90 Days

REFERRALS

Referral Type: _____ Referral Type: _____
Referral Type: _____ Referral Type: _____

OTHER

Drug Screen Documented: Yes No Medication Log Documented: Yes No N/A
Activity/Incident Reports: Yes No Passes documented: Yes No N/A

Exit Plan: Yes No Date: None
Discharge Summary: Yes NA Date: N/A

Sessions - Weekly Treatment/Program Hours

Individual Session: Yes No Group Session: Yes No

Progress Notes: Yes No Group Session Attendance Sheet: Yes No

25 Hours Individual and/or Group Activity Yes No
6 Hours Structured (i.e. A.A, N.A.) Yes No

Notes:

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)
EXIT CONFERENCE**

Facility Name and Program Type: Community Social Model Advocates: Tranquility Village 559 Mendocino Court Atwater, CA 95301	Date: 5/19/21
The Exit Conference Meeting was conducted with: Tabatha Hernandez: Director of Service	

PROGRAM DEFICIENCIES AND FINDINGS

The purpose of the Exit Conference Meeting is to inform you of the major and minor deficiencies found at this location during the Program Accountability Review Site Inspection. The Site Inspection is performed to ensure the contractor is adhering to their program responsibilities and to ensure contract compliance. A complete Program Accountability Report will be forthcoming.

VISUAL AND POLICY FINDINGS:

Required Staff:

- There must be a licensed clinician at each FOTEP facility to ensure participant caseload ratios have been met. There has not been a licensed clinician at this facility since 6/17/19.

Bed Count:

- Unit 589
 - Licensed for 5 adult beds and 6 child beds
 - A total of 7 beds and 1 child bed was counted. Cannot confirm any of the 7 are considered child beds
- Units 5/09/519
 - Licensed for 12 adult beds and 4 child beds
 - A total of 14 beds were counted. Cannot confirm any of the 14 are considered child beds

Group Schedule:

- Missing Facilitators
- Does not appear to offer any make up groups

Postings:

- ADA posting missing in several areas
 - This has since been sent to the program

Unit 589:

Room 4:

- One bed missing mattress cover

Unit 579:

Kitchen

- Refrigerator missing thermometer

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

Unit 537:

Kitchen:

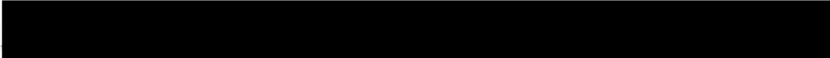
- Refrigerator missing thermometer
 - Added upon the close of review

Unit 509:

Room 1:

- Missing No Smoking Sign

PARTICIPANT FILE REVIEW:

- 
- Participant handbook receipt signed 44 days after admission
 - 42 days late
 - No record of treatment plan reviews
 - No record of Discharge Plan
 - Documented passes over more than 6 hours do not show AOR approval
 - Individual counseling notes not included in the file
 - Progress notes not included in the file
 - No record of Participant Savings Fund transactions submitted for this participant showcasing a 75% savings while working and in program
 - Group hours tracking sheets not submitted to ensure participant met the required number of hours
 - ORAS completed 31 days after admission
 - 1 day late (Per previously required timeframe)

 **-Present**

- Participant handbook receipt signed 5 days after admission
 - 3 days late
- ASI not included in the file
- No record of treatment plan reviews
- No record of Discharge Plan
- Individual counseling notes not included in the file
- Progress notes not included in the file
- Group hours tracking sheets not submitted to ensure participant met the required number of hours
- ORAS not recorded in ARMs
- CMP in ARMS missing execution start date

**PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)**

STAFF FILE REVIEW:

Roseann Reynoso: Counselor

- Compliant

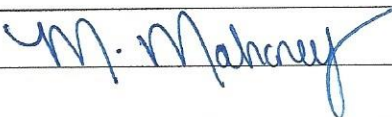
Angelita Raffa: Monitor

- Compliant

Do you have any questions and/or concerns with the information discussed above?

Yes

No

Program Analyst Signature:		Date:
Printed Name:		
Facility Representative Signature: 		Date: 5/19/21
Printed Name: Megan Mahoney	Title: Quality Assurance	

COMMUNITY SOCIAL MODEL ADVOCATES, INC.
DAVID J. RIORDAN HOBIE HOUSE/ROSE JULIA RIORDAN TRANQUILITY VILLAGE
WEEKLY GROUP SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00am – 7:00am				WAKE-UP/BREAKFAST			
7:00am – 7:30am				LIFE SKILLS: CHORE GROUP (All Clients)			
7:30am – 8:00am				MEDICATION			
8:00am – 8:30am	House Meeting (All Client) (Supplemental)	Recovery Skills Development	Recovery Skills Development	Recovery Skills Development	Recovery Skills Development	Recovery Skills Development	Recovery Skills Development
8:30am – 9:00am	Orientation (new clients only)	Recovery Skills Development	Recovery Skills Development	Recovery Skills Development	Recovery Skills Development	Recovery Skills Development	Clinical
9:00am – 9:30am		Clinical	Clinical	Clinical	Clinical	Clinical	House Pride (Supplemental)
9:30am – 10:00am	Staff			MORNING WALK (All Clients)			
10:00am – 10:30am				BREAK			
10:30am – 11:00am				LUNCH			
11:00am – 11:30am				MEDICATION			
11:30am – 12:00pm				MEDICATION			
12:00pm – 1:00pm						Recreation Group (All Clients) (Supplemental)	LUNCH
1:00pm – 1:30pm				BREAK			
1:30pm – 3:00pm	Family Visits 1:00pm-5:00pm						Family Visits 1:00pm-5:00pm
3:00pm – 4:00pm		Living In Balance	Seeking Safety Recovery Skills Development	Anger Management	Thinking For A Change	Relapse Prevention (3:00pm-4:30pm)	
		Clinical	Clinical	Clinical	Clinical	Clinical	
4:00pm – 5:00pm				MEDICATION			
5:00pm – 6:00pm				DINNER			
6:00pm – 7:00pm	Recovery Skills Development 6:00pm-7:30pm	AOD Education	Job Readiness	Health Education	Nurturing Parenting Recovery Education	Alumni Peer Support	
	Clinical	Education	Education	Education	Education	Supplemental	
7:00pm – 7:30pm				BREAK			
7:30pm – 9:00pm				MEDICATION			
9:00pm – 10:00pm	8:00pm – 9:00pm Medication			MEDICATION			
10:00pm	9:00pm CURFEW			CURFEW			
11:00pm	10:00pm LIGHTS OUT			LIGHTS OUT			
20	1.5	3.5	3.5	3.5	3.5	3	1.5

ALL GROUPS ARE MANDATORY

**The Rose Julia Riordan Tranquility Village Staff Schedule
APRIL 2021**

	Sunday 04/18/2021	Monday 04/19/2021	Tuesday 04/20/2021	Wednesday 04/21/2021	Thursday 04/22/2021	Friday 04/23/2021	Saturday 04/24/2021
SHEILA	7 - 3	7 - 3	7 - 3	7 - 3	OFF	OFF	7 - 3
CHARLOTTE	OFF	3 - 11	3 - 11	3 - 11	3 - 11	3 - 11	OFF
DAWN	12 - 8	8:30 - 4:30	OFF	OFF	7 - 3	7 - 3	3 - 11
ROSEANN	OFF	OFF	8:30 - 4:30	8:30 - 4:30	8:30 - 4:30	8:30 - 4:30	8:30 - 4:30
LORNA	3 - 11	12 - 8	12 - 8	12 - 8	12 - 8	OFF	OFF
ANGEL	11p - 7a	11p - 7a	8p - 4a	8p - 4a	12p - 8a	OFF	OFF
JENNIFER	OFF	OFF	12p - 8a	12p - 8a	8p - 4a	11p - 7a	11p - 7a
KATJA	OFF	8 - 4	8 - 4	8 - 4	8 - 4	8 - 4	OFF
DELENA	OFF	8 - 4	10 - 6	10 - 6	5 - 1	5 - 1	OFF
MEGAN	10 - 6	10 - 6	OFF	OFF	10 - 6	10 - 6	10 - 6

**The Rose Julia Riordan Tranquility Village Staff Schedule
APRIL 2021**

	Sunday 04/25/2021	Monday 04/26/2021	Tuesday 04/27/2021	Wednesday 04/28/2021	Thursday 04/29/2021	Friday 04/30/2021	Saturday 05/01/2021
SHEILA	7 – 3	7 – 3	7 – 3	7 – 3	OFF	OFF	7 – 3
CHARLOTTE	OFF	3 – 11	3 – 11	3 – 11	3 – 11	3 – 11	OFF
DAWN	12 – 8	8:30 – 4:30	OFF	OFF	7 – 3	7 – 3	3 – 11
ROSEANN	OFF	OFF	8:30 – 4:30	8:30 – 4:30	8:30 – 4:30	8:30 – 4:30	8:30 – 4:30
LORNA	3 – 11	12 – 8	12 – 8	12 – 8	12 – 8	OFF	OFF
ANGEL	11p – 7a	11p – 7a	8p – 4a	8p – 4a	12p – 8a	OFF	OFF
JENNIFER	OFF	OFF	12p – 8a	12p – 8a	8p – 4a	11p – 7a	11p – 7a
KATJA	OFF	8 – 4	8 – 4	8 – 4	8 – 4	8 – 4	OFF
DELENA	OFF	8 – 4	10 – 6	10 – 6	5 – 1	5 – 1	OFF
MEGAN	10 – 6	10 – 6	OFF	OFF	10 – 6	10 – 6	10 – 6