LICENSED SUBSTANCE USE DISORDER TREATMENT (LSUDT)

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**

Name: LINDA MCBEE	**Date:** 3-27-19
Contractor: STOP	**Contract #:** ~~5600004856~~ 6-18-19
Community Based Provider: AMITY FOUNDATION	C5608106

PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)

PAR SUMMARY

Provider Information AMITY FOUNDATION 3745 S. GRAND AVENUE LOS ANGELES, CA 90007 Phone: (818) 480 1109 Fax: (888) 763 2186 Email: Elangworthy@amityfdn.org	**Contract Number** ~~56000048~~ 6-18-19 C5608106 **Review Team** LINDA MCBEE, CONTRACT COMPLIANCE MANAGER
Department of Healthcare Services (DHCS) DHCS License: 190259AN License Expiration Date: 5-31-19 DHCS AOD Certification: 190259AN Certification Expiration Date: 5-31-19	**Date of Site Visit** 3-27-19 **Date of Report:** 4-23-19
Modality and Participant Count Males 33 Females 0 **Capacity** 64	**Facility Contacts** RAUL FRIAS - ASSOCIATE DIRECTOR REGINA SLAUGHTER, DIRECTOR OF CALIFORNIA SERVICES
Entrance Meeting YES	**Exit Meeting** YES
Participant Records Reviewed NONE	**Staff Files Reviewed** NONE
Participant Interviewed NONE	**Staff Interviewed** NONE

PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)

REQUESTED DOCUMENTS

Facility Name/Address:	Date:
AMITY FOUNDATION. 3745 S. GRAND AVENUE	3-27-19

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
Licenses/Certifications/Permits			
DHCS (ADP) License	☑	☐	
DHCS (ADP) Certification	☑	☐	
Business License	☑	☐	
CUP/Zoning Letter/Certificate of Occupancy	☑	☐	
Fire Clearance	☑	☐	
Liability Insurance	☑	☐	
Pest Control Contract/Invoice	☑	☐	
Rosters/Schedules			
Participant Roster	☑	☐	
Staff Schedule	☑	☐	
Programming Schedule	☑	☐	
Program Menu	☐	☑	
Handbooks			
Employee Handbook	☑	☐	
Participant Handbook	☑	☐	
Other			
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

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: Linda McBee	Date: 3-27-19
Printed Name: LINDA MCBEE	Title: CONTRACT COMPLIANCE MANAGER

REQUIRED POSTINGS

	Required Postings	Posted C D N/A	Location of Posting	Notes
FACILITY OPERATION	Hours of Operation	N/A		
	No Smoking Sign	C	THROUGHOUT FACILITY	
EMERGENCY INFORMATION	Emergency Exits	C	ABOVE DOORS	
	Emergency Evacuation Plan	C	COMMON AREAS	
COMPLAINTS	Complaint/Grievance Process	C	INTAKE PACKET	
	Locked box for Appeals/Grievances accessible only to CDCR Staff per CCR, Title 15, Section 3085	N/A		
FOOD SERVICE	Menu	C	BULLETIN BOARD	

C = Compliant D= Deficient N/A= Not Applicable

COMMENTS:

PROGRAMMING

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

Gender Responsivity? ☑ YES ☐ NO

Cultural Competence? ☑ YES ☐ NO

Trauma-Informed Services? ☑ YES ☐ NO

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:

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: SAMSA - ANGER MANAGEMENT
PARENTING - LOVE + LOGIC

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

4. What assessment tool is utilized? ASI, TCU ☑ 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.

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:

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:

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:

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:

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: POSTED THROUGHOUT FACILITY

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.

COMMENTS: 3 PER ROOM W/ ADEQUATE STORAGE

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 ☑ YES ☐ NO
b. Statement of objectives to address the identified treatment needs ☑ YES ☐ NO
c. Action steps to accomplish the identified treatment objectives ☑ YES ☐ NO
d. Target date(s) for accomplishment of action steps and treatment objectives ☑ YES ☐ NO
e. Treatment exit plan ☑ YES ☐ 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.

COMMENTS: TREATMENT PLANS UPDATED MONTHLY

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: STUDENTS RECEIVE HANDBOOK UPON ADMISSION TO PROGRAM

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: STUDENTS UNDERGO 2 WEEKS ORIENTATION

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

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: AMITY CURRICULUM - VOCABULARIES OF VIOLENCE
SAMSA - RESENTMENT
FAMILY TIES

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: AFFIRMATIONS / QUOTES - MUSHERS, PLAYS

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: JOB DEVELOPER ON SITE

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: 5 KEYS CHARTER SCHOOL ON SITE (OBTAIN GED)

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

Criteria: Exhibit A, Section VIII. C.

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: FINANCIAL LITERACY
RESUME BUILDING

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:

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.

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: STUDENTS REFERRED TO KEDREN COMMUNITY CLINIC - MEDICAL COVERAGE EXPIRES - MENTAL HEALTH NEEDS

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: POLICY IN PLACE
STUDENTS RECEIVE MONTHLY STATEMENT

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:

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: MONTHLY FIRE/EARTHQUAKE DRILLS

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

Security Clearances	☑ YES	☐ NO
Employment Practices	☑ YES	☐ NO
Vacancies	☑ YES	☐ NO
Employee Performance Evaluations	☑ YES	☐ NO
Discrimination and Sexual Harassment	☑ YES	☐ NO
Nepotism	☑ YES	☐ NO
Fraternization	☑ YES	☐ NO
Job Action Contingency Plan	☐ YES	☑ NO
Employee Grievance and Appeals Procedures	☑ YES	☐ NO

Criteria: Exhibit A, Section XII. F.

The Contractor shall have written personnel policies and procedures.

Verification: Policy and procedures

COMMENTS: REVIEWED AMITY EMPLOYEE HANDBOOK

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

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:

END OF AUDIT TOOL

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

Facility Name and Address: Amity, Amistad 3745 S. Grand Ave. | Date: [redacted]

[redacted] | [redacted] | [redacted]

Modality: LSUDT | 1502 Referral : ☐ Yes ☑ No Date:_____ Authorization: ☑ Yes ☐ No Date: [redacted]

Case Manager: Ernest Mayhorn
Facilitating Counselor: Richard Lopez

Release of Information:	☑ Yes	☐ No	D[redacted]
Admission Agreement Signed by Participant:	☑ Yes	☐ No	D[redacted]
Health Questionnaire:	☑ Yes	☐ No	D[redacted]
Secondary Assessment Type: Bio/Psyco	☑ Yes	☐ No	D[redacted]
Case Management Plan:	☐ Yes	☐ No	D[redacted]

Updated Case Management Plan: Date:_____ Date:_____ Date:_____

Treatment Assessment Type: ASI	☑ Yes	☐ No	Date: [redacted]
Individual Treatment Plan:	☑ Yes	☐ No	Date: [redacted]

Updated Treatment Plan: Date:_____ (30 Days) Date:_____ (60 Days) D[redacted]

REFERRALS

Referral Type: Dept. of Vocational Rehabilitation Referral Type: Cheysales

Referral Type: ARC Referral Type: _____

OTHER

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

Exit Plan: ☑ Yes ☐ No Date: [redacted]
Discharge Summary: ☐ Yes ☑ No Date: _____

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	☐ N/A		
6 Hours Structured (i.e. A.A; N.A.)	☑ Yes	☐ No	☐ N/A		

Notes:

discharge summary - 60 days prior to completion

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

Facility Name and Address: Amity, Amistad 3745 S. Grand Ave	Date: [redacted]
Participant Name: [redacted]	[redacted]
Modality: LSUDT	1502 Referral : ☐ Yes ☑ No Date:_____ Authorization: ☑ Yes ☐ No Date: [redacted]

Case Manager: Ernest Mayhorn
Facilitating Counselor: Richard Lopez

Release of Information:	☑ Yes	☐ No	Date: [redacted]
Admission Agreement Signed by Participant:	☑ Yes	☐ No	Date:
Health Questionnaire:	☑ Yes	☐ No	Date:
Secondary Assessment Type: ASI	☑ Yes	☐ No	Date:
Case Management Plan:	☐ Yes	☐ No	Date: _____

Updated Case Management Plan: Date:_____ Date:_____ Date:_____

Treatment Assessment Type: ASI	☑ Yes	☐ No	Date: [redacted]
Individual Treatment Plan:	☑ Yes	☐ No	Date:

Updated Treatment Plan: Date:_____ (30 Days) Date:_____ (60 Days) Date: [redacted] (90 Days)

REFERRALS

Referral Type: PV Jobs Referral Type: _____

Referral Type: _____ Referral Type: _____

OTHER

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

Exit Plan: ☑ Yes ☐ No Date: [redacted]
Discharge Summary: ☐ Yes ☐ No Date: _____

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	☐ N/A		
6 Hours Structured (i.e. A.A; N.A.)	☑ Yes	☐ No	☐ N/A		

Notes:

Discharge summary - upon 30 days of completion date.

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

Facility Name and Address: Amity, Amistad 3745 S. Grand Ave.	Date: [redacted]
[redacted]	[redacted]
Modality: LSUDT	1502 Referral : ☐ Yes ☑ No Date:_____ Authorization: ☑ Yes ☐ No Date: [redacted]

Case Manager: Carla Purnell
Facilitating Counselor: Richard Lopez

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: AST	☑ Yes	☐ No	Date: [redacted]
Case Management Plan:	☐ Yes	☐ No	Date:

Updated Case Management Plan: Date:_____ Date:_____ [redacted]

Treatment Assessment Type: AST	☑ Yes	☐ No	Date:
Individual Treatment Plan:	☑ Yes	☐ No	Date: [redacted]

Updated Treatment Plan: Date:_____ (30 Days) Date:_____ (60 Days) Date: [redacted]

REFERRALS

Referral Type: Chrysalis Referral Type: _____

Referral Type: Dept. of Vocational Rehabilitation Referral Type: _____

OTHER

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

Exit Plan: ☑ Yes ☐ No Date: [redacted]
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	☐ N/A		
6 Hours Structured (i.e. A.A, N.A.)	☑ Yes	☐ No	☐ N/A		

Notes:

PROGRAM ACCOUNTABILITY REVIEW
SPECIALIZED TREATMENT for OPTIMIZED PROGRAMMING (STOP)

EXIT CONFERENCE

Facility Name and Program Type:	Date:
AMITY. LSHOT	3.27.19
The Exit Conference Meeting was conducted with: (Name and Title) REGINA SLAUGHTER, DIRECTOR	

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.

NO DEFICIENCIES FOUND

Do you have any questions and/or concerns with the information discussed above? ☐ Yes ☑ No

Program Analyst Signature:	Date: 3.27.19
Printed Name: LINDA MCBEE	
Facility Representative Signature: Regina Slaughter Director of Svc's	Date: 3.27.19
Printed Name:	Title: