



OFFICE OF OFFENDER SERVICES
 Community Reentry Services
 PROGRAM ACCOUNTABILITY REVIEW
 CONTRACT COMPLIANCE



Date of Review: 06.24.2021

STOP

FOTEP

RMSC

DRC

PSC

Enclosed PAR Documents:

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

| | |
|---|-----------------------------|
| Analyst Name: <u>CAROL MARIN</u> | Date: <u>06.24.2021</u> |
| Contractor: <u>STOP AREA 5</u> | Contract #: <u>C5608106</u> |
| Community Based Provider: <u>AMITY FOUNDATION</u> | |



PAR SUMMARY

| | |
|--|---|
| <p>Provider Information AMITY FOUNDATION (AMISTAD) 3745 S. GRAND AVE LOS ANGELES, CA 90007</p> <p>Phone: () - Fax: () - Email: ELANGWORTHY@AMITYFDN.ORG</p> | <p>Contract Number C5608106</p> <p>Review Team CAROL MARIN - CONTRACT COMPLIANCE MANAGER</p> |
| <p>Department of Healthcare Services (DHCS) DHCS License: 190259AN License Expiration Date: 5.31.2023</p> <p>DHCS AOD Certification: 190259AN Certification Expiration Date: 5.31.2023</p> | <p>Date of Site Visit 3.27.2019</p> <p>Date of Report:</p> |
| <p>Modality and Participant Count Males Females <i>5</i></p> <p>Capacity STOP - OVERALL -</p> | <p>Facility Contacts RAUL FRIAS - DIRECTOR</p> |
| <p>Entrance Meeting YES</p> | <p>Exit Meeting YES</p> |
| <p>Participant Records Reviewed YES</p> | <p>Staff Files Reviewed NONE</p> |
| <p>Participant Interviewed YES</p> | <p>Staff Interviewed NONE</p> |



REQUESTED DOCUMENTS

| | |
|--|-------------------------|
| Facility Name/Address: AMISTAD - AMITY FOUNDATION 3745 S. GRAND AVE. LA CA 90007 | Date: 6/24/21 |
|--|-------------------------|

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.

| <u>Licenses/Certifications/Permits</u> | Received | Reviewed | N/A | Comments |
|--|-------------------------------------|-------------------------------------|-------------------------------------|----------|
| DHCS License / Certification | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Business License | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Conditional Use Permit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | COO |
| Fire Clearance (PSC/STOP) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Liability Insurance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pest Control Contract | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Health Inspection Report/Permit (PSC) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| <u>Rosters/Schedules</u> | | | | |
| Participant Roster | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Staff Schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Programming Schedule(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Program Meal Menu | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Handbooks</u> | | | | |
| Employee Handbook | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Participant Handbook | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Parenting Handbook | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Policy & Procedure Manual | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <u>Other</u> | | | | |
| Facility Map | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Daily Activity Log (PSC/RMSC) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Group Sign-in Sheets 30 days (PSC) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Subcontract's Contract (PSC) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Prospective Employer List (PSC) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

Per 42 CFR and HIPPA requirements, this document is being provided to the contractor responsible for the above documents. All documents and/or files were copied, scanned, or reviewed by the undersigned CDCR, DRP, OS Program Analyst, to ensure compliance with funded contract(s). Please maintain the original copy of this document according to 42 CFR and HIPPA record retention requirements.

| | |
|--|----------------------------------|
| Signature:  | Date: 6/24/21 |
| Printed Name: CAPOR MARIN | Title: COMPLIANCE MANAGER |



JDOH



Facility/Housing

1. Does staff conduct weekly inspections of entire facility and maintain a log for noted inspection? YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION X. C.; PA 2-5 EXHIBIT A, SECTION XI. C.; PA6 EXHIBIT A, SECTION III. L.
RMSC: EXHIBIT A, SECTION IX. A.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION VII. B.
DRC: N/A

VERIFICATION: REVIEW LOG

COMMENTS:

2. Are sleeping quarters maintained as per the contract? YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. I.; PA2 & 5 EXHIBIT A, SECTION VI. I.;
PA3 & 4 EXHIBIT A, SECTION VI. J.; PA6 EXHIBIT A, SECTION III. B.
RMSC: EXHIBIT A, SECTION VII. K.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. K.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

3 PER ROOM. WITH ADEQUATE STORAGE

3. Are food items stored as per the contract? YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. J.; PA2 & 5 EXHIBIT A, SECTION VI. J.;
PA3 & 4 EXHIBIT A, SECTION VI. K.; PA6 EXHIBIT A, SECTION III. C.
RMSC: EXHIBIT A, SECTION VII. D.
STOP: EXHIBIT A, SECTION VII. E.
PSC: EXHIBIT A, SECTION V. D.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:



4. Are participants provided wholesome and nutritionally balanced diet?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. J.; PA2 & 5 EXHIBIT A, SECTION VI. J.;
PA3 & 4 EXHIBIT A, SECTION VI. K.; PA6 EXHIBIT A, SECTION III. C.
RMSC: EXHIBIT A, SECTION VII. D.
STOP: EXHIBIT A, SECTION VII. E.
PSC: EXHIBIT A, SECTION V. D.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY, REVIEW MEAL MENU

COMMENTS:

5. Does the contractor provide an on-site laundry facility that is well ventilated and includes, at minimum, one washer and one dryer to every 16 participants?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. M.; PA2 & 5 EXHIBIT A, SECTION VI. M.
PA3 & 4 EXHIBIT A, SECTION VI. N.; PA6 EXHIBIT A, SECTION III. E.
RMSC: EXHIBIT A, SECTION VII. H.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. H.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

6. Is there a secured maintenance room for the storage of tools, cleaning supplies, and equipment?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. N.; PA2 & 5 EXHIBIT A, SECTION VI. N.
PA3 & 4 EXHIBIT A, SECTION VI. O.; PA6 EXHIBIT A, SECTION III. K.
RMSC: EXHIBIT A, SECTION VII. J.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. J.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:



7. Is there a secured medicine cabinet with medication log that is maintained as specified in the contract? YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. E.; PA2 & 5 EXHIBIT A, SECTION VIII. F.; PA3 & 4 EXHIBIT A, SECTION VIII. G.; PA6 EXHIBIT A, SECTION VIII. E.
RMSC: EXHIBIT A, SECTION VII. E.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. E.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY; REVIEW POLICIES AND PROCEDURES

COMMENTS: STUDENTS REFERRED TO KEDREN COMM CLINIC. + JUDCH FOR MEDICAL COVERAGE.

8. Are fully-stocked first aid kits located throughout the facility? YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. E.; PA2 & 5 EXHIBIT A, SECTION VIII. F.; PA3 & 4 EXHIBIT A, SECTION VIII. G.; PA6 EXHIBIT A, SECTION VIII. E.
RMSC: EXHIBIT A, SECTION XI. E.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. V.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

9. Is the facility equipped with emergency lighting? YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VIII. E.; PA2 & 5 EXHIBIT A, SECTION IX. E.; PA3 & 4 EXHIBIT A, SECTION IX. E.; PA6 EXHIBIT A, SECTION III. M.
RMSC: EXHIBIT A, SECTION VII. Y.
STOP: EXHIBIT A, SECTION XI. D.
PSC: EXHIBIT A, SECTION V. Y.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS: THROUGH OUT FACILITY



10. Does the facility have operational smoke detectors in key locations?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VIII. J.; PA2-5 EXHIBIT A, SECTION IX. J.; PA6 EXHIBIT A, SECTION III. J.
RMSC: EXHIBIT A, SECTION IX. B.
STOP: EXHIBIT A, SECTION XI. I.
PSC: EXHIBIT A, SECTION V. X.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

11. Does the contractor provide classroom space for programs and services?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. K.; PA2 & 5 EXHIBIT A, SECTION VI. K.;
PA3 & 4 EXHIBIT A, SECTION VI. L.; PA6 EXHIBIT A, SECTION III. D.
RMSC: EXHIBIT A, SECTION VII. G.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. G.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

12. Are participant files maintained and secured as required and in accordance to Title 42, CFR, Part 2?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VIII. A.; PA2-5 EXHIBIT A, SECTION IX. A.; PA6 EXHIBIT A, SECTION IX. C.
RMSC: EXHIBIT A, SECTION III. F.
STOP: EXHIBIT A, SECTION XI. A.
PSC: EXHIBIT A, SECTION III. E.
DRC: EXHIBIT A, SECTION II. E.

VERIFICATION: VISUAL TOUR OF FACILITY; PARTICIPANT FILE REVIEW

COMMENTS:



13. Does the contractor provide, or make available, transportation for participants?

YES NO N/A

If public transportation is utilized, is it located within the required distance from the facility?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. A.; PA2-5 EXHIBIT A, SECTION VIII. A.; PA6 EXHIBIT A, SECTION VIII. G.
RMSC: EXHIBIT A, SECTION IIX. F.
STOP: EXHIBIT A, SECTION XIII. H.
PSC: EXHIBIT A, SECTION VI. F.
DRC: EXHIBIT A, SECTION II. C.

VERIFICATION: ASK STAFF; REVIEW TRANSPORTATION LOG AND/OR POLICIES AND PROCEDURES

COMMENTS:

Programming

14. Does the contractor utilize evidence-based programs/practices and curriculum?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION IV.; PA2-5 EXHIBIT A, SECTION V.; PA6 EXHIBIT A, SECTION V. A.
RMSC: EXHIBIT A, SECTION V. A.
STOP: EXHIBIT A, SECTION IV. A.
PSC: EXHIBIT A, SECTION VIII. B.
DRC: EXHIBIT A, SECTION V. A.

VERIFICATION: REVIEW POLICIES AND PROCEDURES, PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:

15. Does the contractor provide cognitive behavioral therapy-based (CBT) interventions for the following:

- a. Anger Management
- b. Criminal Thinking
- c. Family Relations

TCU Curr.

YES NO N/A
 YES NO N/A
 YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. E.; PA2 & 5 EXHIBIT A, SECTION VI. E.; PA3 & 4 EXHIBIT A, SECTION VI. F.; PA6 EXHIBIT A, SECTION VI. G.
RMSC: EXHIBIT A, SECTION IV. D.
STOP: EXHIBIT A, SECTION VI. C.
PSC: N/A
DRC: EXHIBIT A, SECTION VI. C.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS: *AMITY CURRICULUM*



16. Does the contractor provide programming that is:

- a. Gender Responsive YES NO N/A
- b. Cultural Competent YES NO N/A
- c. Trauma-Informed YES NO N/A
- d. Family-Focused YES NO N/A
- e. Strengthen-Based *WORKSHOPS* YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION III.; PA2-5 EXHIBIT A, SECTION IV.; PA6 EXHIBIT A, SECTION V. B-F.
 RMSC: EXHIBIT A, SECTION V. E.
 STOP: EXHIBIT A, SECTION VI.
 DRC: EXHIBIT A, SECTION III.
 PSC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:

17. Does the contractor provide, or make available, other programming components, as applicable:

- a. Employability/Job Development YES NO N/A
- b. Education/Literacy YES NO N/A
- c. Life Skills YES NO N/A
- d. Community Partnerships/Linkages YES NO N/A
- e. Anger and Stress Management YES NO N/A
- f. 52-Week Domestic Violence Program *REFERRED DRC* YES NO N/A
- g. Self Help Groups (i.e. N/A, A/A, or secular equivalent) YES NO N/A
- h. Individual/Group Counseling YES NO N/A
- i. Social and Recreational Activities YES NO N/A
- j. General Health/Mental Health Services/Referrals YES NO N/A
- k. Relapse Prevention YES NO N/A
- l. AIDS/HIV and Sexually Transmitted Diseases Education *PAMPHLET* YES NO N/A
- m. Communications & Interpersonal Relations YES NO N/A

FOTEP: VARIOUS
 RMSC: EXHIBIT A, SECTION V. E.
 STOP: EXHIBIT A, SECTION VIII.
 PSC: SEE PSC SECTION
 DRC: EXHIBIT A, SECTION VI.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; PROGRAMMING SCHEDULE

COMMENTS:



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

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. E.; PA2, 5 & 6 EXHIBIT A, SECTION VIII. E.;
PA3 & 4 EXHIBIT A, SECTION VIII. F.
RMSC: EXHIBIT A, SECTION III. T.
STOP: EXHIBIT A, SECTION X. D.
PSC: EXHIBIT A, SECTION IV. A.
DRC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES, PARTICIPANT FILE REVIEW

COMMENTS: STUDENTS ARE REFERRED TO KEDREN COMM CLINIC & JNCH FOR MEDICAL COVERAGE.

19. Has the contractor established a participant's savings/trust fund account for each participant receiving an income as specified in the contract?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. F.; PA2 & 5 EXHIBIT A, SECTION VIII. G.;
PA3 & 4 EXHIBIT A, SECTION VIII. H.; PA6 EXHIBIT A, SECTION X. N.
RMSC: EXHIBIT A, SECTION II. Q.
STOP: EXHIBIT A, SECTION X. E.
PSC: EXHIBIT A, SECTION III. O.
DRC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS: STUDENTS RECEIVE MONTHLY STATEMENTS.

20. Does the contractor provide, or make available, DHCS licensed detoxification services?

YES NO N/A

MAT ?

FOTEP: PA1 EXHIBIT A, SECTION II. D.; PA2-5 EXHIBIT A, SECTION III. D.; PA6 EXHIBIT A, SECTION VI. E.
RMSC: EXHIBIT A, SECTION IV. D.
STOP: EXHIBIT A, SECTION VII. A.
PSC: N/A
DRC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:



21. Does the contractor maintain a procedure/operations manual that describes the facilities' purpose, philosophy, programs, services, and policies and procedures?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION X. E.; PA2-5 EXHIBIT A, SECTION XI. E.; PA6 EXHIBIT A, SECTION VIII. D.
RMSC: EXHIBIT A, SECTION III. E.
STOP: EXHIBIT A, SECTION IX. D.
PSC: EXHIBIT A, SECTION VII. A.
DRC: EXHIBIT A, SECTION VI. B.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:

22. Does the contractor utilize positive reinforcements and motivational incentives?

YES NO N/A

OUTINGS / TRIPS / GAMES / OUTDOOR ACTIVITIES.

FOTEP: PA1 EXHIBIT A, SECTION VI. C.; PA2-5 EXHIBIT A, SECTION VII. C.; PA6 EXHIBIT A, SECTION VIII. M.
RMSC: EXHIBIT A, SECTION III. F.
STOP: EXHIBIT A, SECTION VIII. E.
PSC: EXHIBIT A, SECTION IV.
DRC: EXHIBIT A, SECTION VII. B.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

JOB TRAINING - GC / CHROME BOOKS.

COMMENTS:

AFFIRMATIONS

23. Does the contractor/job developer assist participants in obtaining/securing employment? If so, how?

YES NO N/A

FOTEP: PA1 EXHIBIT A, SECTION V. F.; PA2 & 5 EXHIBIT A, SECTION VI. F.; PA3 & 4 EXHIBIT A, SECTION VI. G.; PA6 EXHIBIT A, SECTION VI. F.
RMSC: EXHIBIT A, SECTION III. F.
STOP: EXHIBIT A, SECTION VIII. E.
PSC: EXHIBIT A, SECTION IV.
DRC: EXHIBIT A, SECTION VII. B.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:

5 KEYS

IN HOUSE JOB DEVELOPMENT DEPT.



Policies & Procedures

24. Does the contractor have written personnel policies and procedures for:

- a. Security Clearances
- b. Vacancies
- c. Nepotism
- d. Fraternalization
- e. Staff training

| | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |

FOTEP: PA1 EXHIBIT A, SECTION IX. E.; PA2-5 EXHIBIT A, SECTION X. E.; PA6 EXHIBIT A, SECTION IV.
 RMSC: EXHIBIT A, SECTION XI.
 STOP: EXHIBIT A, SECTION XII.
 PSC: EXHIBIT A, SECTION B.
 DRC: EXHIBIT A, SECTION IX.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; REVIEW EMPLOYEE HANDBOOK

COMMENTS:

HR (INTERNAL)

25. Does the contractor have written policies and procedures for:

- a. Alcohol and Drug Screening
- b. Confidentiality
- c. Routine and Emergency Medical Care of Participants
- d. Hazardous, Toxic, and Volatile Substances
- e. Emergency Evacuation, Fire Prevention and Safety Requirements
- f. Motivational Incentive Program

| | | |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

FOTEP: VARIOUS
 RMSC: VARIOUS
 STOP: VARIOUS
 PSC: VARIOUS
 DRC: VARIOUS

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:

FACULTY
HAND BOOK



STOP

1. Does the contractor provide either of the following outpatient services:

- a. Substance Use Disorder Outpatient Services
- b. Other Outpatient Services

YES NO N/A
 YES NO N/A

STOP: EXHIBIT A, SECTION VII. F.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; REVIEW PROGRAMMING SCHEDULE

COMMENTS:

2. Is the TH/SLE house manager or designee available 7 days a week; on-site between the hours of 10:00 pm to 6:30 am and via phone 24 hours a day?

YES NO N/A

STOP: EXHIBIT A, SECTION VII. C.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; REVIEW STAFF SCHEDULE

COMMENTS:

3. Does the contractor maintain formal TH/SLE residency records which include a residency agreement, guidelines, and policies and procedures of the facility?

YES NO N/A

STOP: EXHIBIT A, SECTION VII. D.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW

COMMENTS:

4. Does the contractor have policies and procedures in place to ensure an alcohol and drug free environment? (SLE Only)

YES NO N/A

STOP: EXHIBIT A, SECTION VII. D.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:



DRC

1. How is the contractor ensuring that all participants are placed in appropriate programming?

YES NO N/A

DRC: EXHIBIT A, SECTION VI. A.

VERIFICATION: COMPARE ASSESSED NEEDS TO CLASSES ASSIGNED TO AND ATTENDING; REVIEW SIGN-IN SHEETS

COMMENTS:

2. Is the contractor providing non-residential substance abuse treatment services to participants with substance abuse treatment needs?

YES NO N/A

DRC: EXHIBIT A, SECTION VI. B.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW

COMMENTS:

3. Is transitional housing available? If so, where is the location?

YES NO N/A

DRC: EXHIBIT A, SECTION II. C.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; REVIEW TRANSITIONAL HOUSING LISTING

COMMENTS:

4. Is there at minimum, two journey level staff present at the facility during hours of operation?

YES NO N/A

Is the staff to participant ratio, in groups, of 1:18 being met?

YES NO N/A

DRC: EXHIBIT A, SECTION II. B.

VERIFICATION: REVIEW STAFF SCHEDULE; REVIEW CLASS ROSTER

COMMENTS:

5. Are wholesome refreshments provided for participants during the course of the day?

YES NO N/A

DRC: EXHIBIT A, SECTION II. C.

VERIFICATION: VISUAL TOUR OF FACILITY; REVIEW SNACK LIST/MENU

COMMENTS:



PSC

1. Are LTO participants following a separate LTO core curriculum that offers services that are LTO responsive?

YES NO N/A

PSC: EXHIBIT A, SECTION II. P.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:

2. Does the facility operate at the required participant to item ratios for the following:

a. Restrooms

i. Toilets/Urinals: 1:10

ii. Sinks: 1:10

iii. Showers: 1:20

YES NO N/A

YES NO N/A

YES NO N/A

b. Classroom

i. Computers 1:9

YES NO N/A

c. Laundry

i. Commercial Grade Washer & Dryer 1:16

YES NO N/A

PSC: VARIOUS

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

3. Is there a property room as specified in the contract?

YES NO N/A

PSC: EXHIBIT A, SECTION V. J.

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:



4. Is telephone access provided as specified in the contract?

YES NO N/A

PSC: EXHIBIT A, SECTION VI. B.

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

5. Are participants completing the required programming in Phase II?

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| a. Life Skills Training (20 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| b. Anger and Stress Management (20 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| c. Victim Awareness Training (20 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| d. Parenting and Family Reintegration (10 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| e. Budgeting and Money Management Training (20 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| f. Substance Abuse Education (20 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| g. HIV/Sexually Transmitted Disease Awareness (10 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| h. Computer Training (40 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| i. Community Reentry Planning (15 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| j. Job Readiness and Resume Writing (40 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| k. Interview Skills (40 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| l. Job Search and Employment (40 hours minimum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| m. 52 Weeks Domestic Violence Program (Hours to be determined) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

PSC: EXHIBIT A, SECTION VII. H.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:



CDCR- OS-Program Accountability Review



STAFF FILE REVIEW

| Employee Name | Title | Date of Hire | Job Description | Minimum Qualifications Met | 90 Day Provisional Approval Date | Live Scan Approval Date | TB Test Date | Professional License/ Certifications Expiration Date | First Aid/CPR Expiration Date | Food Prep Certification (if Applicable) Expiration Date | Motivational Interviewing Training | Other |
|---------------|-------|--------------|-----------------|----------------------------|----------------------------------|-------------------------|--------------|--|-------------------------------|---|------------------------------------|-------|
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| Comments | | | | | | | | | | | | |

(HR.)



PARTICIPANT FILE REVIEW

| | | | |
|-------------------------|--|-------------------|---|
| Participant Name: _____ | | Admit Date: _____ | |
| Modality: <u>LPT</u> | 1502 Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Date: _____ | Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: _____ | | Date: _____ | |

Facilitation Counselor: JEN MARIN

| | | | | |
|---|---|-------------|---|---|
| Release of Information: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ | Signed by all parties | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Admission Agreement: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Orientation Packet: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Health Questionnaire: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Assessment Type: <u>DENS ASI</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Individual Treatment Plan: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Updated Treatment Plan: <u>CONT. CARE PLAN.</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

Date: _____ Date: _____ Date: _____
 30 Days 60 Days 90 Days

Progress Notes: Yes No Date of Recent Notes: _____

REFERRALS

Referral Type: FIVE KEYS Referral Type: _____
 Referral Type: _____ Referral Type: _____

OTHER

Drug Screen Documented: Yes No 5-11-21 Med. Log Documented: Yes No N/A
 Activity/Incident Reports: Yes No Passes documented: Yes No N/A
 Exit Plan: Yes No Date: _____ Discharge Summary: Yes No Date: _____
N/A

SESSIONS

Individual Sessions: Yes No Group Sessions: Yes No
 Group Session Attendance Sheet: Yes No

STOP/DRC/PSC

Case Manager: EVA
 Secondary Assessment: _____ Yes No Date: _____
 Case Management Plan: _____ Yes No Date: _____
 Updated Case Management Plan: _____ Date: _____
 Plan: _____ 30 Days 60 Days 90 Days

WEEKLY PROGRAMMING HOURS

STOP/FOTEP

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

RMSC

40 Hours Yes No N/A
 20 Hours (If employed) Yes No N/A

PSC

35 Hours minimum Programming Yes No LTO Programming Yes No
 PSC Procedures Provided: Yes No Program Data Collection Form: Yes No



PARTICIPANT INTERVIEW

| | | | | | |
|-------------------|------------|--------|------------|-------------|------------|
| Participant Name: | [REDACTED] | CDCR#: | [REDACTED] | Admit Date: | [REDACTED] |
|-------------------|------------|--------|------------|-------------|------------|

1. Have you ever participated in rehabilitative programs? If so, how many and what was your experience like?
 FIRST TIME IN ANY PROGRAM. STUDENT FEELS LIKE HE WOULD HAVE STRUGGLED. PROGRAM HAS GIVEN HIM STRUCTURED STUDENT HAS RECEIVED HIS LICENSE. B/C SS CARD.

2. Could you walk me through your typical day at this facility?
 6:30 WAKE UP. ATTENDS GROUPS AND SEEKS EMPLOYMENT. BREAKFAST. ALSO ATTENDS NIGHT GROUPS.

3. What types of groups/services do you attend?
 AMITY CURRICULUM.
 COMMUNITY CIRCLE EXPRESSING EXPERIENCES
 COMMUNITY GATHERING (THURS) AA ZOOM

4. Do you attend groups outside of the facility?
 NOT AT THE MOMENT.

5. Do you go out on passes? How often and for what?
 YES. 3 HR PASSES
 VISITS, LIBRARY, ARC REFERRAL

6. Do you or have you had to pay for any services/items while in the program?
NO

7. Do you have any comments or concerns you would like to share?

SAT. CLINIC.
 6-1 W. TH.



STAFF INTERVIEW

| | | |
|-------------|-----------------|------------|
| Staff Name: | Title/Position: | Hire Date: |
|-------------|-----------------|------------|

1. Can you walk me through your typical day at this facility?

2. Do you experience any challenges with your position?

3. Do you receiving any training? If so, what type and who facilitates?

4. Do you possess any credentials? (Licensure, certifications, etc.)

5. Do you conduct UAs/Med Calls? If so, can you walk me through the policy and procedure?

6. Do you have any comments or concerns you would like to share?



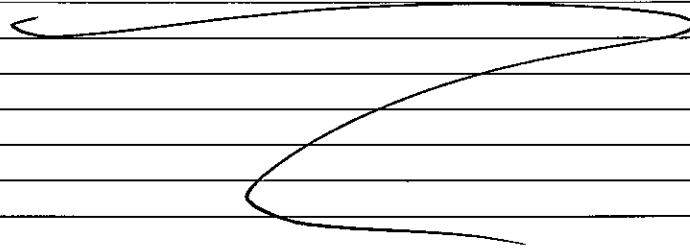
EXIT CONFERENCE

| | |
|---|-------------------------|
| Facility Name and Program Type: <i>AMISTAD - AMITY FOUNDATION</i> | Date: <i>6/24/21</i> |
| The Exit Conference Meeting was conducted with: (Name and Title) <i>RAUL FRIAS, DIRECTOR</i> | |

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



| | |
|--|------------------------|
| Program Analyst Signature: <i>Carol Martin</i> | Date: <i>6/24/21</i> |
| Printed Name: <i>CAROL MARTIN</i> | |
| Facility Representative Signature: <i>Raul Frias</i> | Date: <i>6/24/21</i> |
| Printed Name: <i>RAUL FRIAS</i> | Title: <i>DIRECTOR</i> |