Shelter Bed Services Policy

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Allan Rawland, Director

Policy

It is the policy of the Department of Behavioral Health (DBH) to ensure vendorized shelter bed facilities used for DBH clients are monitored to be in compliance with applicable DBH standards and Federal/State regulations.

Purpose

To establish criteria for DBH staff who consistently monitor subsidized shelter bed facilities for contract compliance.

Definitions

Shelter Services Oversight Committee (SOC) consists of representatives from the following DBH programs; Homeless program, Transitional Age Youth (TAY) program, Patients' Rights, Adult Forensics, Contracts, Community Crisis Response Teams (CCRT), Arrowhead Regional Medical Center (ARMC) and Quality Management. The SOC provides policy and procedure guidance for DBH Shelter Services program oversight.

Shelter Services Corrective Action Plan (CAP) (is a form describing corrective actions deemed necessary to bring Shelter Bed Facilities into compliance with their contract agreements.

Shelter Services Site Review Team (SSSRT) consists of six (6) assigned employees from the above SOC programs. These employees are not directly associated with placement in shelter bed facilities.

Shelter Bed Service Standards appear on the County Counsel approved inspection checklist and were included in the January 2009 DBH Request for Qualifications (RFQ). The standards are:

- Comply with a \$30.00/day per resident rate with no guarantee of use
- Maintain a living environment and physical plant conducive to quality care and treatment of mentally disabled individuals, including safe and sanitary sleeping quarters
- Provide clean, functional and safe toilets and shower facilities for residents
- Provide locked storage areas for each resident, accessible upon request
- Provide on-site daily, three (3) balanced meals and two (2) <u>separate</u> snacks

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Definitions (continued)

- Provide reasonable access to telephone services for recovery-related activities
- Post house rules and make copies available to each client at admission and upon request in the threshold languages
- Submit to random monthly facility inspections

Site Review Team (SRT) consists of two (2) employees from the SSSRT.

Vendor Pool List (VPL) consists of a list of Shelter Bed Vendors (SBV) who meet Shelter Bed Service standards and have signed contracts with DBH accordingly. Vendors found to be out of compliance with signed contracts are removed from the VPL. Vendors removed from the list who re-establish compliance are reinstated by the contracts unit upon approval by the Shelter Services Program Manager II (SSPM).

Site Visits

Site Review Teams (SRT) make site visits for the following purposes:

- Monitor shelter agreement compliance
- Report facility staffing changes to the DBH contract unit
- Investigate shelter services complaints as assigned by the SSPM

Responsibility

Responsibilities for the DBH Shelter Bed Service program are as follows:

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Person(s):	Responsibility:
Person(s): Shelter Services Program Manager II (SSPM)	Responsibility: Coordinate, monitor and assign work to the SSSRT Create a rotating schedule for SSSRT monthly visits to VPL vendors, to ensure no SRT consistently visits the same sites Create and centrally locate four-part field files for each VPL vendor containing: A copy of the signed Shelter Services agreement Records of monthly facility inspections
	SRT progress notes
	Submitted complaint forms
	 Shelter Services Complaint (SSC) forms with
	Investigative Disposition sections completed
	o Corrective Action Plans (CAP)
	Create three (3) SRTs from the SSSRT of six (6)

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Responsibility (continued)

Person(s):	Responsibility:
SSPM (continued)	 Review SSC forms for further action, as follows: Determine if the complaint is due to a violation of the Shelter Services agreement as opposed to a Critical Incident or Quality of Care issue Immediately forward Critical Incidents and Quality of Care complaints to the Program Manager II (PMII) overseeing the client's services Assign a SRT to investigate Determine a timeline for initiation of the investigation, based on alleged risk factors Provide copies of complaint assignments and disposition to the Shelter Service staff's regular PMII Review the completed Investigative Disposition sections of the SSC forms for further action Coordinate VPL shelter site facility manager requirements as follows: Coordinate VPL shelter site facility manager requirements as follows: Coordinate with the Contracts Unit and schedule an annual background clearance for each shelter site facility manager Advise the Contract Unit of all manager changes Take appropriate action on Department of Justice (DOJ) clearance results Ensure continuing managers pose no risk to DBH clientele Immediately coordinate with affected PMIIs any DBH client removal from a VPL vendor facility Coordinate Shelter Bed Services CAPs: Review and approve when submitted Ensure SRT confirms corrections within two (2) weeks from issue date Arrange for and chair a quarterly meeting of VPL vendors to: Collaborate on provided services
	Conduct trainingDiscuss issues related to shelter bed facilities

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Responsibility (continued)

Person(s):	Responsibility:
Contracts Unit	 Remove and reinstate facilities from the VPL as directed by the SSPM Distribute updated VPL lists to SOC Receive and notify the SSPM of DOJ clearances
	for shelter site facility manager changes
Participating Program PMs (PMII)	Assign staff to the SSRT Review Critical Incidents and Quality of Care complaints
	 Review copies of complaint assignments and disposition Coordinate removal of DBH clients from VPL
	facilities when necessary
Shelter Services Site Review Team (SSSRT)	 Make monthly random facility inspections for each vendor on the VPL as assigned by SSPM Complete a <u>Shelter Site Evaluation</u> for each site visit
	 Investigate complaints within the determined time frame as assigned by the SSPM Complete the Investigative Disposition section of the SSC form for each complaint assignment Coordinate with affected PMIIs at the direction of the SSPM when necessary for immediate client removal from a facility due to jeopardized client health and welfare Issue CAPs when correction is found to be needed as follows: Ensure the shelter site facility manager signs the CAP Ensure CAPs are completed within two weeks from date of issue Consult with SSPM regarding all potential risk factors