Meeting Date: January 9, 2019

To: Chair and Planning Commission members

From: Development Services Department

Presentation By: Anna Canales, Assistant Planner

Public Hearing: Public hearing and consideration of a Use Permit 18-05 to allow operation of a 12-bed Mental Health Rehabilitation Center and make a determination that the project is categorically exempt from CEQA.

Project Location: The project is located at 290 Percy Avenue on the corner of Jewell Avenue and Percy Avenue. Assessor’s Parcel Number 53-163-011 (Attachment 1).

Recommendation: Conduct a public hearing and, following the close of the hearing, take the following actions:

1. Determine the project is categorically exempt from CEQA pursuant to California Environmental Quality Act Section 15332, In-fill Development Projects.

2. Approve Use Permit 18-05 to allow operation of a 12-bed Mental Health Rehabilitation Center located at 290 Percy Avenue.

Project Proposal:
The project consists of the following components:

1. Environmental Assessment (EA) 18-07 An environmental assessment that the project is categorically exempt pursuant to California Environmental Quality Act Section 15332.

2. Use Permit (UP) 18-05: To permit a Mental Health Rehabilitation Center for up to 12 patients.

Project Information:
The applicant, Compassion Valley LLC is proposing a state licensed Mental Health Rehabilitation Center. The facility will be classified as an adult residential care facility with focus on patient’s mental health rehabilitation. Project is located on the corner of Percy and Jewell Avenue. The project site is located on a .26 acre lot developed with a 3,881 square foot structure that formerly housed a religious institution. The building is currently vacant. The proposed facility will accommodate up to 12 patients.

Project Background
The project site is zoned One Family Residence (R-1) Zone District. The R-1 Zone District permits by-right a small residential care facility with up to 6 patients, which is an over-the
counter ministerial permit. Compassion Valley LLC has submitted a City Building Permit Application for a 6-bed residential care facility that is currently under review by City departments. The 6-bed application must be approved if all City standards are met. The R-1 Zone District allows residential care facilities for up to 12 patients, with an approved use permit, which is what Compassion Valley LLC has requested and is now before the Planning Commission.

**Project Description**

Applicant is applying for a Use permit to expand the use from a small residential care facility with a maximum capacity of 6 beds to a large residential care facility with a maximum capacity of 12 beds.

The facility will have six patient rooms with up to two patients per room, a quiet room, an office, a nurses’ station, patients lounge, employee lounge, kitchen, cafeteria, outdoor recreational area equipment adequate for rehabilitation. The facility will be staffed 24 hours with a nurse and four mental health technicians on every shift, under the supervision of a Director of Nursing and Rehabilitation Program Director. Licensed mental health professionals including a psychiatrist, psychologist and licensed clinical social worker will also be available on a weekly basis to evaluate patients and provide guidance to direct staff. The proposed staff to patient ratio is one Mental Health Technician to four patients on a 24-hour basis.

The proposed use will be an inpatient 24-hour locked facility with a total of 12 beds. It will house and provide services to residents who are 18 years or older with a variety of psychiatric diagnoses (persistent and severe mental illness). The program will provide social, economic, vocational, educational and other rehabilitation services that will help clients gain the skills needed to function independently in their various communities. The program will not include medical detox. Patients will be placed in the mental health rehabilitation center by the county with an assigned conservator. Initial determination on placing the patient in the mental health rehabilitation center will be made by the facility where the patient was treated for acute mental health disorder. Patients are then brought to the facility and will undergo evaluation by a psychiatrist, and licensed mental health professional to determine if the program is suitable for them. Patients are required to remain in the facility unless they need to be taken to a medical facility for treatment, or they are released temporarily to conservator who must return the patient to the facility at a predetermined time. Patients shall be transported to and from the facility by the county using county vehicles. All patients will be referred to the facility through Yuba-Sutter County Behavior Health, and will be discharged back to them upon completing their program.

**Property Description:**

The project site is located on a .26 acre lot developed with a 3,881 square foot structure that formerly housed a religious institution. The building is currently vacant. The existing structure appears undamaged. External building paint is chipping and peeling. The site does not currently appear to have landscaping and there are areas where weeds have grown through broken areas of walkways. Parking lot striping is faded or not visible in some areas. Walkways are worn or cracked in places along the site parameter and up to the building entrance.

**Bordering Information:**

The site is immediately surrounded by single family residential homes to the north, south, and west. To the east of the site are multifamily apartments located between Percy Avenue and
Plumas Boulevard. Further to the north on Percy Avenue are various commercial and offices uses including a neighborhood market, an auto repair shop and Sutter Health medical facilities. To the south on Percy Avenue are residential homes and various neighborhood commercial uses. Further to the east of site is Plumas Boulevard and various commercial industrial and residential uses. Located immediately to the west of the site are residential homes and Yuba City High School and Park Avenue Elementary School approximately 980 feet away as the crow flies.

The following table provides the General Plan land use and zoning for adjacent properties:

<table>
<thead>
<tr>
<th>Project Site</th>
<th>General Plan Land Use Classification</th>
<th>Zoning</th>
<th>Existing Land Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Low Density Residential</td>
<td>R-1</td>
<td>Single-family Residential</td>
</tr>
<tr>
<td>East</td>
<td>Office and Office Park</td>
<td>Office Commercial (C-O) Zone District</td>
<td>Area part of Central City Specific Plan</td>
</tr>
<tr>
<td>West</td>
<td>Low Density Residential</td>
<td>R-1</td>
<td>Single-family Residential</td>
</tr>
<tr>
<td>South</td>
<td>Low Density Residential</td>
<td>R-1</td>
<td>Single-family Residential</td>
</tr>
</tbody>
</table>

**General Plan:**

**Existing Land Use Designation:** Low Density Residential (Single Family).
This category applies to residential development of 2-8 units per gross acre. The majority of planned land has this designation. This density range is typical of newer single-family residential subdivisions in Yuba City. In addition to single-family houses, this category also provides for parks, day care, civic and institutional uses, such as churches and places for religious assembly appropriate in a residential environment. There is no proposed change in the Land Use Designation.

**General Plan Policies:**

The General Plan provides the following Guiding and Implementing Policies relating to residential areas and pertinent to this project:

<table>
<thead>
<tr>
<th>Table 2: Applicable City Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guiding Principles</td>
</tr>
<tr>
<td>3.9-G-7</td>
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<tr>
<td>6.3-G-2</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Implementing Policies</th>
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<tbody>
<tr>
<td>6.3-I-17</td>
</tr>
</tbody>
</table>
**Zoning District Classification:**

**Existing Zoning:** The site is zoned One Family Residence (R-1) Zone District. The R-1 Zone District is intended to provide areas for the low-density residential neighborhoods that have adequate services and amenities which will support a desirable and stable living environment. A large residential care home (up to 12 patients) is permitted with a Use Permit. The R-1 District is consistent with the Low Density Residential General Plan designation. There is no proposed change of zone.

**Previous Commission Action:**

None

**Staff Comments:**

Of primary concern with projects of this nature is compatibility with the surrounding residential neighborhood. This happens in two parts – (1) making the physical appearance of the property be an asset to the neighborhood and (2) ensuring the use itself fits into the neighborhood without causing major disturbances, etc.

Regarding the appearance of the site and building, the applicant has proposed various improvements and staff is recommending additional standards to ensure this use is compatible with the neighborhood.

**Landscaping:** New landscaping is proposed along northern, southern, and eastern edges of property. Ten feet of landscaping will be provided along Percy and Jewell Avenue. A variety of plants will be used on the planting palettes for common open space areas. A minimum 50 percent parking lot shade within 15 years will be provided.

**Fencing and Wall:** Installation of a six foot high decorative masonry walls with a cap on top along north and west side of property and around the outdoor area.

Color palettes for buildings will be selected to be complimentary within a neighborhood. New walkways and paving will be provided throughout site and in parking areas.

**Parking:** New paving is proposed in parking area. There will be four new parking spaces in northern onsite parking lot, with five existing parking spaces in the southern onsite parking lot. This should be adequate parking for the employees and visitors.

**Considering compatibility of this use with neighboring uses, security is the biggest concern.** The Police Department has reviewed the request and has approved the provided restraint and seclusion policies (Attachment 5). Condition 13 has been added denoting that should there be any issue regarding security, the Police Chief can require submittal of a security plan and require on-site security to be provided.

Other security concerns addressed by the applicant include:
Patients who insist on leaving, and display aggressive behaviors will be physically restrained in a Quiet Room designed for seclusion and restraint. Chemical restraints may also be used with the approval of a psychiatrist.

Mental health technicians as a requirement by the California Department of Healthcare Services will all undergo Crisis Prevention & Intervention (CPI) training through a State certified provider. This program gives them the knowledge and tools needed to manage all kinds of crisis including physical altercations.

Security of the facility will be through the use of doors on delayed egress with keycard access. Surveillance cameras will be in every part of the facility except for patients’ room and bathrooms. In the very rare event that anyone leaves the facility, the police, patient’s conservator and referring county will be notified. Sexual offenders will not be accepted at this facility.

Compatibility with Surrounding Uses: Compatibility with surrounding uses is a critical issue that must be considered for this project. As previously noted in Table 2, areas immediately to the north, south, east and west are developed with residential uses.

The proposed use will be low intensity with little noise and comprehensive security policies that will minimize impact on neighboring residents. Given that activities at the site are within the confines of the building and recreating areas, with some activities occurring off-site for day trips, the proposed use does not appear to be in conflict with existing uses.

Availability of City Services:

All City services, including water, sewer and storm-water drainage are available to this site.

Environmental Determination:

Pursuant to California Environmental Act (CEQA) Article 19. Categorical Exemptions After reviewing and considering the project in its entirety, a determination has been made that the Project is categorically exempt pursuant Section 15332 Infill Development Projects Class 32 of CEQA Guidelines. Class 32 consists of projects characterized as in-fill development meeting the conditions described below:

1. The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations
2. The proposed development occurs within city limits on a project site of no more than five acres substantially surrounded by urban uses.
3. The project site has no value as habitat for endangered, rare or threatened species.
4. Approval of the project would not result in any significant effects relating to traffic, noise, air quality, or water quality.
5. The site can be adequately served by all required utilities and public services.

The proposed project involves the upgrade of an existing facility which does not expand the footprint of the facility and involves interior tenant improvements to convert the structure, a former religious facility, to a mental health rehabilitation facility.

Required Findings:
The appropriateness of the proposed project has been examined with respect to its consistency with goals and policies of the General Plan, its compatibility with surrounding uses, and the scope of improvements and use which has been determined not to have a significant impact on the environment.

1. **Environmental**: After reviewing and considering the project in its entirety, a determination has been made that the Project is categorically exempt pursuant Section 15332 Infill Development Projects.

   **Staff Analysis**:

   All of the criteria provided in Section 15332 will be met by this project including:

   (1) The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations.

   (2) The proposed development occurs within city limits on a project site of no more than five acres substantially surrounded by urban uses.

   (3) The project site has no value as habitat for endangered, rare or threatened species.

   (4) Approval of the project would not result in any significant effects relating to traffic, noise, air quality, or water quality.

   (5) The site can be adequately served by all required utilities and public services.

   Further, with the proposed improvements to the property and building including landscaping, decorative wall and fencing, new building paint, new windows, repaved parking with striping, new internal and external walkways, and facility lighting, the property will appear more aesthetically pleasing to the neighborhood.

2. **Use Permit**: Yuba City Municipal Code Sections 8-5.7003 requires that findings be made in order to approve a Use Permit. Provided below is an evaluation of the findings required to approve the project. The required findings are in italics. Based upon analysis of the Use Permit application and subject to the applicant’s compliance with the conditions of approval, the following required findings of Section 8-5.7001(C) of the Municipal Code can be made:

   **a. The proposal is consistent with the General Plan**:

   The General Plan notes that the classification allows for parks, day care, civic and institutional uses, such as churches and places for religious assembly appropriate in a residential environment. In this instance the structure is an existing facility that is sufficient in size to accommodate the use and has sufficient area to provide required parking. In addition, given the proposed operational standards and security measures provided, the use will have minimal impact on nearby residential and commercial office uses.

   **b. The site for the proposed use is adequate in size and shape to accommodate said use, public access, parking and loading, yards, landscaping, and other features required by this Chapter (Zoning Regulations)**.

   The project site consists of an existing facility that is approximately 3,881 square feet in size. The project site is in a developed area with adequate parking, landscaping, and public improvements.

   **c. The streets serving the site are adequate to carry the quantity of traffic generated by the proposed use**.

   This use is a low traffic generator as the residents do not drive. Traffic will be limited to trips by employees and some family visits. Access is via Percy Avenue, which is
designated as a minor arterial in the General Plan, can accommodate the small amount of traffic that this project will generate

d. The site design, design of the building, and scale of the project will complement neighboring facilities.

The site is developed with a building that previously housed a religious institute. The facility is of similar design and construction as other uses in the immediate area, including residential uses and commercial office use in the immediate area. The site will be significantly enhanced with the proposed site improvements including new landscaping, decorative wall and fencing, repainting of building, replacement of windows, repaved parking with striping, new internal and external walkways, and facility lighting.

e. The project will not be detrimental to the health, safety, peace, comfort, and general welfare of persons residing or working in the vicinity.

Based on the review of Use Permit 18-05, which considered impacts on the site and neighboring properties, and assuming that all applicable laws and standards are followed, there are no known health or safety issues created by the completion of this project.

Commission Action:

Staff recommends that the Planning Commission:

1. Find the project is categorically exempt pursuant to California Environmental Quality Act Section 15332 Infill Development Projects.

2. Approve Use Permit 18-05 along with the recommended conditions of approval provided in Attachment 3 subject making the necessary findings

Attachments:

1. Aerial photo/Location Map
2. Site Plan
3. Conditions of Approval
4. Plan of Operations
5. Seclusion and Restraint Policies
6. Elevations and Exterior Views
7. Sutter-Yuba Behavioral Health – Letter of Interest in utilizing proposed services
Conditions of Approval:
UP 18-05

Police Department:

Should the facility result in Frequent Call for service, the facility, at the discretion of the Police Chief, shall provide a Security Plan for review and approval. Said Security Plan, at the discretion of the Police Chief, may result in a 24-hour, 7 days a week, on-site security guard. Frequent Calls for service to the Yuba City Police Department regarding on-site issues, are defined as occurring more than 1.5 times the average number of such response for property of a similar size and character in the City.

Public Works:

1. Dedicate, to the City, a public utility easement along property frontages.
2. Provide notation on plans: The State of California mandates that all existing water services on a commercial parcel will be equipped with an approved reduced pressure backflow prevention device. The device shall be tested and a backflow preventer certification performed by an AWWA licensed tester shall be submitted to the Public Works Department.
3. Any curb, gutter and sidewalk which is not in accord with City standards or is damaged before or during construction, shall be replaced. All sidewalks along the City right-of-way shall be free of any non-control joint cracking. In addition, any concrete with cracks, chips, blemishes, and spalling greater than an inch in diameter shall be replaced from control joint to control joint.

Planning

1. Approval of this permit may become null and void in the event that development is not completed in accordance with all the conditions and requirements imposed on this special permit, the Zoning Ordinance, and all Public Works Standards and Specifications. The City shall not assume responsibility for any deletions or omissions resulting from the permit review process or for additions or alterations to construction plan not specifically submitted and reviewed and approved pursuant to this special permit or subsequent amendments or revisions.
2. The applicant/property owner agrees to defend, indemnify and hold harmless the City, its officers, agents and employees, from any and all claims, damages, liability or actions arising out of or connected with this Agreement, except to the extent such liabilities are caused by actions of the City.
3. Approval of Use Permit 18-05 shall be null and void without further action if either the project has not been substantially commenced within two years of the approval date of the Use Permit 18-05 or that a request for an extension of time, pursuant to Section 8-5.7106 of the Yuba City Municipal Code (YCMC) has been submitted to the City.
4. The approved project shall be constructed per the plans approved by the Planning Commission, except as provided by the conditions below.
5. Landscaping
   a. Provide TBD feet of landscaping along TBD.
   b. Ten percent of the parking lot shall be landscaped (YCMC Sec. 8-5.6003.A.).
   c. Buildings shall provide 20 percent landscaping against the building (YCMC Sec 8-5.6003.C.).
d. A variety of plants shall be used on the planting palettes for front yards, courtyards and common open space areas to create an individual identity for each space.

e. A minimum 50 percent parking lot shading within 15 years shall be provided. Provide shade calculations on the landscape plan, including tree species and tree counts.

6. Refuse Collection Areas
   a. As shown on site plan, should be screened from view.

7. Walls
   a. As shown on site plan, there shall be two masonry walls along north and west side of property and outdoor area; Walls should be decorative that meets the satisfaction of the Director.

8. Lighting
   a. Building lighting fixtures shall be decorative and be compatible with the design of the buildings. Wall packs shall not be permitted.
   b. Lights shall be residential/pedestrian in scale and be spaced appropriately for the fixture, type of illumination and pole height shall not exceed 18 feet. A lighting plan required by Article 58 of the Zoning Regulations shall be approved prior to the issuance of building permits.
   c. The entire site should be well lit, with special attention given unit entries, mail box areas and other common facilities.

Fire
Provide Fire Marshal with a code study that will determine fire alarm measures sprinklers and ambulatory nonambulatory in lockdown areas.
1. INTRODUCTION
This Plan of Operations provides guidelines and direction to all staff involved in Mental Health Rehabilitation Center (MHRC) programs. This plan has been developed to provide a vehicle by which goals and objectives of the program can be validated and assessed on an annual basis. The plan delineates and defines all services offered by our MHRC Programs so that a frame of reference for judging various aspects of the program's operations will be available.

The Plan of Operations will be made available to medical/professional staff, clinical and other staff through the Policy and Procedures Manual. It will also be available to referral sources, insurance companies, managed care, licensing and accreditation, and certification organizations upon request. The plan shall be reviewed annually by the Governing Board. The plan will also be revised, evaluated, and updated annually by the managers. It will reflect and incorporate relevant findings from Performance Improvement Team activities, utilization management statistics, and outcome data. The purpose of the annual review will be to improve the quality of care and treatment outcomes as well as to address and resolve identified problems within the program.

2. MHRC DESCRIPTIONS
This section describes the MHRC facility, and the population served.

a. The Facility – The MHRC will be located at 290 Percy Avenue, Yuba City, California. It will be a 7-room (six patients rooms and one quiet room) inpatient 24-hour locked facility that will start with six beds; however, we will increase the number of beds to 12 on approval of a use-permit for 12 beds, this will be achieved by changing from one bed per room to two beds per room. The facility will be staffed 24 hours with a nurse and four mental health technicians on every shift, under the supervision of a Director of Nursing and Rehabilitation Program Director. Licensed mental health professionals including a psychiatrist, psychologist and licensed clinical social worker will also be available on a weekly basis to evaluate patients and provide guidance to direct staff.

b. Age Range, Gender, and Ethnicity – This facility provides services to residents who are 18 years or older, regardless of their ethnicity, national origin, gender, creed, or religious beliefs.

c. Degree of Impairment – Diagnosis as listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
List of Diagnoses to be treated by Restpadd MHRC
Exclusionary conditions include primary chemical dependency disorders, chemical intoxication or chemical withdrawal disorders or those requiring detoxification, substance induced delirium, eating disorders and primary delirium/Dementia diagnoses. Other exclusionary criteria include:

1) Medical emergencies
2) Medical and/or surgical complications or conditions which preclude.

d. Identification of The Particular Needs of The Population –
The Center will serve adults with ages ranging from 18-65 with a variety of psychiatric diagnoses, all of which represent severe and persistent mental illness.

These individuals typically have significant impairment in several areas:

- emotional, social and occupational functioning
- Behavioral problems due to psychiatric conditions
- Severe agitation, anxiety or depression which interferes with daily functioning
- Severe psychotic symptoms including hallucinations, delusions, paranoia or thought disorders

e. The Rehabilitation Program is Designed to Meet the Individual Services Needs of the Population – The following programs will be adopted by the facility to meet the individual needs of residents. Rehabilitation programs help to teach residents how to manage in the following areas:

- Self-help skills such as medication management, personal hygiene, motivation groups
- Life skills such as budgeting, meal preparation and other independent living skills
- Behavioral interventions thru: impulse control, group counseling, individual counseling
- Interpersonal relationships thru: social, cultural activities and recreational activities

f. Method and Frequency of Evaluating the Residents Progress – Patients will be evaluated on a monthly basis by a psychiatrist and/or a psychologist. In addition to monthly evaluations, patients will also be evaluated on as needed, case by case basis. Results of evaluations will be used to adjust or modify individual plans, and progress will reported to the referring county and patient's conservator.
PLAN OF OPERATION COMPONENTS AND DETAILS.

This section describes the components of the MHRC's plan of operations.

a. Summary of Administrative Policies and Procedures
   Refer to Attachment A – Not included here

b. Basic services and staffing
   Support services are provided to the MHRC Programs through "shared services" with the entire facility. These services include the Business Office, Facility Operations Services/ Housekeeping, Health Information Services, Dietary Services, QAPI/Risk/Safety Management, Utilization Review, P&T/Infection Prevention and Staff Development. These services are integrated via the respective Service Directors/Managers under the supervision of the Director.

   The Mental health rehabilitation center will provide, at a minimum, the following basic services; physician (psychiatric), nursing, pharmaceutical, and dietary services. If a service cannot be brought into the MHRC, the resident will be assisted with transportation to and from a service location.

1. The MHRC will ensure that all orders, written by a person lawfully authorized to prescribe, will be carried out unless contraindicated.
2. All residents will be encouraged and assisted to achieve and maintain the highest level of self-care and independence. Every effort will be made to keep clients active, and out of bed for reasonable periods of time, except when contraindicated by physician's orders.
3. Residents will be provided with good nutrition and with necessary fluids for hydration.
4. The weight and height of each client will be taken and recorded in the client record upon admission, and the weight shall be taken and recorded once a month thereafter.
5. All residents will be provided visual privacy during treatment and personal care.
6. Residents will be screened for tuberculosis upon admission. The procedure will conform with the State Department of Health Services public health tuberculosis screening standards and requirements. A tuberculosis screening may not be required if there is satisfactory evidence available that a tuberculosis screening has been completed within 90 days prior to the date of admission to the mental health rehabilitation center. Subsequent tuberculosis screening procedures will be determined by a physician.
c. *Rehabilitation program and staffing*

The MHRC program will include recovery focused activities designed to assist residents in restoring or improving functional skills to become self-sufficient and capable of increasing levels of independence in the community. The services in this program will include, but not be limited to, clinical treatment which includes psychiatric and psychological services, learning disability assessment and educational services, prevocational and vocational counseling, development of independent living skills, self-help and social skills, and community outreach to develop linkages with other support and service systems, including family members.

All services will be resident centered, in recognition of varying individual goals, diverse needs, concerns, strengths, motivations, and disabilities. The program shall emphasize the participation of clients in all aspects of the program including, but not limited to, individual treatment/service planning, program design and evaluation.

Interdisciplinary Program Staff will include the Program Director and a psychiatrist, psychologist or other licensed mental health professionals to be on site a minimum of 24 hours per week. The Director of Nursing will be onsite 40 hours per week.

The MHRC will offer structured day and evening services that will consist of, at a minimum, an average of fourteen (14) specific rehabilitation service hours and seven (21) activity program hours per week for each resident, and will be available seven (7) days a week.

These services will include, but are not limited to:

1. Individual and group counseling or therapy
2. Crisis intervention
3. Pre-vocational or vocational counseling
4. Provision of educational services and remediation
5. Client advocacy, including assisting clients to develop their own advocacy skills
6. Independent living skills
7. Money management
8. Self-control and symptom management
9. Sex education
10. Self-medication education
11. Personal grooming and hygiene
12. An activity program that encourages socialization within the program and general community, and that assists linking the client to resources which are available after leaving the program

Consultative resources shall be used, including consumer and family members, in the planning and organization of rehabilitation services for persons with mental disabilities,
incorporating discharge planning intended to enable the client to function and gain independence.

d. **Activity program and staffing**

Program staff will include only those full or part-time employees of the mental health rehabilitation center whose duties and responsibilities include the treatment, counseling, or supervision of the mental health rehabilitation center’s program population. The mental health rehabilitation center shall provide at least one (1) hour of program staff time for each five (5) hours of rehabilitation services provided for each client.

Program activities will be structured and organized by the Activities Coordinator. The Activities Coordinator will develop and implement the activity program under the supervision of the Program Director. Residents will be encouraged to participate in activities planned to meet their individual assessed needs. The activity program will have a written, planned schedule of social and other purposeful independent or group activities designed to stimulate and support physical and mental capabilities.

The activity program will consist of daily individual activities, and small and large group activities to which family members can be invited, if agreed to by the client.

Resident activities will include, but are not limited to:
1. Social activities
2. Indoor and outdoor activities
3. Supervised activities away from the facility
4. Opportunity for client involvement for planning and implementation of the activity program
5. Creative activities
6. Educational activities
7. Exercise activities
8. Opportunity for client involvement in religious programs

Where appropriate, a volunteer may be utilized with appropriate training and supervision to assist with, and augment, services of the activity program.

e. **Admission process and criteria**

Referrals for admission to MHRC programs come through a variety of sources including but not limited to; referral counties, emergency departments and other contracted organizations.
These adults are considered persistently mentally disabled, who would otherwise be placed in a state hospital or mental health facility, and for who this setting is the least restrictive alternative to meet their needs.

Persons who are non-ambulatory, require a level or levels of medical or medical care not provided, who would be appropriately served by an acute psychiatric hospital, or who are diagnosed only with a substance use or eating disorder will not be considered appropriate for MHRC placement.

* Non-ambulatory means the inability to exit the mental health rehabilitation center unassisted under emergency conditions with reasonable accommodations. Every accommodation must be determined on a case-by-case basis, taking into consideration the mental health rehabilitation center’s staffing level.

Individuals referred are evaluated by the Assessment Department. This evaluation includes recommendations for disposition and level of care using a level of care matrix and consultation with the physician. If it is determined that the MHRC program provided by the facility is appropriate admission paperwork is completed and the resident will be admitted to the appropriate level of program.

For those residents who are admitted to the MHRC program, the following assessments will be completed:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Completed by:</th>
<th>Time Frame:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td>Contracted Physician</td>
<td>Within 72 hours*</td>
</tr>
<tr>
<td>Activities Assessment</td>
<td>Allied Therapy Staff</td>
<td>Within 72 hours</td>
</tr>
<tr>
<td>Initial Evaluation/Care Plan</td>
<td>Registered Nursing Staff</td>
<td>Within 7 days</td>
</tr>
<tr>
<td>Initial Assessment</td>
<td>Signed by LMHP</td>
<td>Within 15 days*</td>
</tr>
<tr>
<td>Mental Health Evaluation</td>
<td>Signed by LMHP</td>
<td>Within 30 days</td>
</tr>
<tr>
<td>Individual Service Plan</td>
<td>Program Director</td>
<td>Within 30 days</td>
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</table>

*Unless one has been completed within 30 days prior to admission by the referring agency.

Through these assessments, the need for any further specialized assessment may be determined. Specialized assessments may include psychological testing, ADL assessments and/or nutritional/dietary assessments. In addition, staff will assist the resident in accessing other resources, when indicated, for additional
assessment/treatment. This may include but is not limited to; speech, language, hearing, dental or vocation needs.

f. **Discharge planning and transition process**
Discharge planning begins at the time of admission and will be formulated and revised throughout the residents stay. The discharge planning process culminates with the individualized discharge plan and recommendations, which includes a written aftercare plan. This document will go with the resident at the time of discharge from the facility and to any authorized provider or facility. The discharge plan is developed with participation of the resident, family members or authorized representative and includes recommendation for further treatment and/or follow-up activities after discharge from the program. The Program Director and Nursing staff are responsible for the efficacy of the discharge plan.

g. **Health records and service content**
The MHRC shall maintain detailed health records for all employees, including all health examination reports for a minimum of three years.

h. **Client records and content**
For each resident admitted the MHRC will have a record that will be maintained and includes the following:

- Name and Social Security Number.
- Current address.
- Age and date of birth.
- Gender Identity.
- Date of admission.
- Name, address and telephone number of the legal or authorized representative, person or agency responsible for client and next of kin.
- Name, address and telephone number of the practitioner who is primarily responsible for the treatment of the client.
- Admission diagnoses.
- Medicare and Medi-Cal numbers when appropriate.
- An inventory including but not limited to:
  - Items of jewelry.
  - Items of furniture.
  - Radios, television and other appliances.
  - Prosthetic and orthopedic devices.
  - Other valuable items, so identified by the client, family or authorized representative.
i. **Client rights and empowerment**

Clients shall have the rights guaranteed pursuant to Section 5325 of the Welfare and Institutions Code. A list of these patients' rights shall be posted in English and in the predominant language of the community, if other than English, in appropriate places within the mental health facility so that such rights be read by patients. Patient's will also have access to a Patient's Rights Advocate.

j. **Pharmaceutical services and self-medication**

i. Arrangements shall be made with pharmacists licensed by the California Board of Pharmacy to ensure that pharmaceutical services are available to provide clients with prescribed drugs and biologicals.

ii. Dispensing, labeling, storage and administration of drugs and biologicals shall be in conformance with state and federal laws.

iii. The mental health rehabilitation center shall not accept money, goods or services free or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy.

For additional information regarding pharmaceutical services please refer to the Policies and Procedures (Attachment A – Not included here).

k. **Program space requirements**

i. Rehabilitation Program – The MHRC shall have identified program or service areas to provide the required program services. Indoor and outdoor areas shall be designated for rehabilitation program services.

ii. Nursing Services – A nursing station shall be maintained, and shall have a cabinet, a desk, space for records, a bulletin board, a telephone and a specifically designated and well illuminated medication storage compartment with a lockable door.

iii. Activity Program – The MHRC shall provide a designated activity area which meets the independent and group activity needs of the residents. These areas shall be of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory clients or personnel responsible for instruction and supervision. Storage space for equipment and supplies shall be provided and shall be maintained in a clean and orderly manner.

l. **Restraint and seclusion policies and procedures**

Refer to Attachment B – Not included here

m. **Physical plant or building**
The facility will be located at 290 Percy Avenue, Yuba City California. It will be remodeled to meet all requirements set forth by the host city, State Fire Marshal and DHCS. It will be an inpatient 24-hour facility that will start with six beds with the intention of increasing to 12 beds on the approval of use-permit. The facility will have six patients rooms, a quiet room, an office, a nurses' station, patients lounge, employee lounge, kitchen, cafeteria, outdoor reactional area that mimics a park with basketball court and other sport equipment adequate for rehabilitation. Patients may be allowed to smoke in a designated location in the outdoor area.

n. Program supplies
The Mental Health Rehabilitation Center will provide equipment and supplies for both independent and group activities and for clients having special interests.

o. Program equipment
There shall be sufficient equipment, assistive devices and supplies available to implement the treatment/rehabilitation program ordered or indicated for meeting the mental and emotional needs of clients.

p. Clinical treatment programs
The MHRC will provide services designed to assist residents in developing skills to become self-sufficient and capable of increasing levels of independent functioning in the community. All services provided will be client centered, in recognition of varying individual goals, diverse needs, concerns, strengths, motivations, and disabilities. The treatment program will emphasize the participation of residents in all aspects of the program including, but not limited to, individual treatment/service planning, program design and evaluation. Structured day and evening services will consist of, at a minimum, an average of fourteen (14) specific rehabilitation service hours and seven (21) activity program hours per week for each client, and shall be available seven (7) days a week.

Treatment Program Services will include, but may not be limited to:
(1) Individual and group counseling or therapy.
(2) Crisis intervention.
(3) Pre-vocational or vocational counseling.
(4) Provision of educational services and remediation.
(5) Client advocacy, including assisting clients to develop their own advocacy skills.
(6) Independent living skills.
(7) Money management.
(8) Self-control and symptom management.
(9) Sex education.
(10) Self-medication education.
(11) Personal grooming and hygiene.
(12) An activity program that encourages socialization within the program and general community, and that assists linking the client to resources which are available after leaving the program.

In addition, consultative resources shall be used, including consumer and family members, in the planning and organization of rehabilitation services, incorporating discharge planning intended to enable the resident to function and gain independence.

q. **Interdisciplinary treatment teams**
The MHRC will provide interdisciplinary treatment team approach for the provision of a safe and therapeutic environment. The interdisciplinary treatment team will consist of, either through direct employment or by contractual arrangement, a Licensed Clinical Social Worker, mental health rehabilitation staff, nursing staff, social workers and any other related discipline approved by the department.

r. **Psychiatric, psychological and counseling services**
Psychiatric services and psychological services shall be available by contracted providers. Counseling services shall be provided by Licensed Clinical Social Worker and/or Clinical Intern under the direct supervision of licensed staff.

s. **A specific description of what makes the program innovative compared to existing licensed or certified mental health programs**
The services of this Mental Health Rehabilitation Center will provide relief to the County by reducing mental health recidivism rate within the County. It will allow patients to be brought closer to home. This will enable the program residents to benefit from increased contact with family, county mental health providers, public guardian and other services providers within their county of residence. Additionally, this MHRC is a small facility which allows for more individualized service to promote wellbeing and greater independence. The training and independence patients will gain from our program will help them be successful in the community.

Submitted by: 

__________________ __/__/ 
Ifeanyi Ezeani
Chief Executive Officer

Approved by: 

__________________ __/__/ 
XXXXXXXXX XXXXXXXXXX
County Mental Health Director
**DEFINITION:** Seclusion is a special treatment procedure, ordered by a physician or clinical psychologist, and is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving due to the patient posing an imminent risk to him/herself or to others (42CFR482.13e1ii).

This definition does not apply to time-out or placement of patients on controlled-access (i.e., Locked) units.

**COMPASSION VALLEY’S PHILOSOPHY OF SECLUSION:**

1. Seclusion is a special treatment procedure used to protect patients who pose an immediate danger to themselves or to others by containing them in a safe environment. While utilization of seclusion is clearly effective in preventing serious injury, it is also a procedure with inherent risks. In rare cases, patients who have been restrained have suffered injury or death as the result of improper procedure or monitoring.

2. Use of seclusion is only employed as a last resort in emergency situations after less restrictive interventions have been attempted or ruled out. The leadership of Compassion Valley, strives to minimize the use of seclusion and, whenever possible, to eliminate its use through proper staff training, thorough assessment, effective treatment planning, and ongoing performance improvement efforts throughout the institution.

3. The necessity of seclusion for any patient shall trigger a review of the treatment plan to address prevention of further use of this procedure.

**POLICY:**

1. It is the policy of COMPASSION VALLEY to utilize the least restrictive means of containing patients who pose an immediate danger to themselves or to others.

2. Seclusion shall only be considered after less intensive alternatives have been attempted or ruled out.

3. Seclusion shall require the order of a physician or clinical psychologist.
   3.1. The order may be for a maximum duration of four (4) hours.
   3.2. The order shall specify the criteria for release from seclusion.
   3.3. Extension of seclusion beyond the time frame above requires a renewal of the original order by the physician or clinical psychologist.

4. While in seclusion, but neither chemically, physically, or mechanically restrained, the patient shall be assessed by an RN/LVN at least every 15 minutes. Assure that the patient has not harmed him/herself (CCR77103g).

5. The patient will be evaluated for opportunities to shorten the duration of seclusion. The patient shall be released from seclusion at the earliest practical time.
6. A physician or LIP shall conduct a face-to-face evaluation of the patient within one hour of initiation of seclusion to assess physical and psychological status and recommend any further interventions to shorten the duration of seclusion, and prevent recurrence of the psychiatric emergency or precipitant(s) which led to the necessity for seclusion use.

6.1 If a physician/LIP is not present, an RN/LVN may perform the face-to-face evaluation and must consult with the physician/LIP as soon as possible after the completion of the face-to-face evaluation.

7. The physician or LIP must see and assess the patient in seclusion at least every 8 hours.

8. Seclusion orders shall not be in force for greater than 24 hours.

9. If seclusion is discontinued prior to expiration of the original order, a new order must be obtained from the physician or clinical psychologist to re-implement seclusion.

10. The dignity and well-being of the patient shall be preserved at all times during seclusion.

PROCEDURE:

1. Staff shall refer to the patient’s Behavioral Advance Directive form that was completed during the admission process to assist in determining strategies for de-escalating the patient. Staff will identify early warning signs, events, and precipitants of patient escalation. Staff will utilize techniques, methods, or tools that may help the person control his or her behavior. Staff will identify pre-existing medical conditions, physical disabilities, or limitations that would place the person at greater risk during seclusion. Staff will identify any history of trauma, including sexual or physical abuse, that the affected person feels is relevant (WIC1180.4).

2. Initiate less restrictive interventions in an effort to de-escalate the patient. This may include removal of patient from over-stimulating environment, administration of medication as prescribed, redirection, employment of problem-solving techniques or coping strategies as taught in groups or identified by the patient in their Behavioral Advance Directive, time out, or seclusion. Seek to determine any causal factors or stressors in the environment which may be aggravating the patient’s behavior.

3. If attempts at less restrictive interventions are ruled out of unsuccessful, and the patient is a danger to him/herself or others, a physician or clinical psychologist may order seclusion.

3.1. Under emergency circumstances, seclusion may be initiated and then an order obtained as soon as possible, but at least within one hour of initiation.

Telephone orders may be taken by an RN or LVN, shall be recorded immediately in the patient’s health record and, within 24 hours, weekends and holidays excepted, signed by the prescriber (CCR77103b).

4. Safely escort the patient to the Quiet Room using CPI techniques. Whenever possible remove audience of peers to preserve patient dignity. Care should be taken to ensure the patient does not catch finger in the door as it is being secured.

5. While in seclusion, the patient shall be assessed by an RN/LVN at least every 15 minutes. Assessment will include physical and mental status, behavior, safety, and that the patient has not harmed him/herself. Observe the signs of physical distress, comfort, hydration, toileting needs, and any minor injuries incurred while agitated.
6. A physician or LIP shall conduct a face-to-face evaluation of the patient within one hour of initiation of seclusion to assess physical and psychological status and to recommend any further interventions to shorten the duration of seclusion, and prevent recurrence of the psychiatric emergency or precipitant(s) which led to the necessity for seclusion use.

7. An RN/LVN shall re-assess the patient to achieve release:
   7.1. Decrease in psychomotor agitation
   7.2. Non-threatening
   7.3. Self-control verbalized and demonstrated

8. The Nurse shall communicate to the patient the criteria for release. Staff will provide assistance to the patient in meeting behavior criteria for discontinuation of seclusion.

9. In the event the patient falls asleep while in seclusion, the door will be opened and unlocked (if the patient is in locked seclusion) after 15 minutes unless compelling reasons are documented by the MD/LIP/RN/LVN for continuing seclusion.

10. In the event the patient requires continued seclusion past the time limit of the original order, the physician or clinical psychologist must be contacted for a renewal order prior to the end of the original order.

11. The physician or LIP must see and assess the patient in seclusion at least every 8 hour.

12. Seclusion orders shall not be in force for greater than 24 hours.

13. If seclusion is discontinued prior to expiration of the original order, a new order must be obtained from the physician or clinical psychologist to re-implement seclusion.

14. Following an episode of seclusion the patient shall be debriefed by an RN/LVN to determine the sequence of events or circumstances that precipitated the need for seclusion. Debriefing occurs in order to develop a plan that actively involves the patient to prevent future episodes from occurring.

14.1. Staff who witnessed the precipitating events may be debriefed separately. Debriefing with staff will be conducted by administration or the charge nurse, and will follow the CPI COPING Model.

15. The treatment plan of the patient requiring seclusion shall be reviewed and amended following the first episode of seclusion to include measures to prevent recurrence.

16. If requested by the patient, an immediate family member shall be promptly notified of the seclusion.

17. Seclusion episodes will be documented completely and accurately on the following forms: Restraint/Seclusion Order/Record which includes Emergency Intervention Initiation, Emergency Intervention Order, Seclusion/Restraint Flow Sheet, Face-to-Face Assessment, Termination/Post-Intervention Assessment (if indicated), and Debriefing; and the Seclusion and Restraint Log.

17.1. The original copy of the Restraint/Seclusion Order/Record will be placed in the patient’s chart under Physician’s Orders.

18. The most senior clinical staff present shall complete the Clinical/Quality Review Form. A photocopy of the Restraint/Seclusion Order/Record and the original copy of the Clinical/Quality Review Form are to be submitted to the DON.

18.1. The DON shall submit the quarterly reporting tool for incidents of seclusion and restraint per H&S Code 1180.
Facility leadership (Program Director or Medical Director) shall be notified of any patient who required two or more episodes of seclusion within a 12 hour period and/or any episode lasting longer than 12 hours.
DEFINITION:
Restraint is a special treatment procedure ordered by a physician or clinical psychologist in an emergency situation which utilizes physical or mechanical measures to protect the patient from injury to self.
This definition does not apply to common physical interactions with patients that are brief and focus on redirection or hands-on intervention to break up fights or escort agitated patients away from the scene of disruption.

COMPASSION VALLEY PHILOSOPHY OF RESTRAINT
1. Restraint is a special treatment procedure used to limit or restrict body movement of patients who pose an immediate danger to themselves or to others. While utilization of restraint is clearly effective in saving lives and preventing serious injury, it is also a procedure with inherent risks. In rare cases, patients who have been restrained have suffered injury or death as the result of improper procedure or monitoring.
2. Use of restraint is only employed as a last resort in emergency situations after less restrictive interventions have been attempted or ruled out. The leadership of COMPASSION VALLEY, strives to minimize the use of restraint and, whenever possible, to eliminate its use through proper staff training, thorough assessment, effective treatment planning, and ongoing performance improvement efforts throughout the institution.
3. The necessity of restraint for any patient shall trigger a review of the treatment plan to address prevention of further use of this procedure.

POLICY:
1. It is the policy of COMPASSION VALLEY to utilize the least restrictive means of containing patient who pose an immediate danger to themselves or others.
2. Restraint shall only be considered after less intensive alternatives have been attempted or ruled out.
3. Restraint shall require the order of a physician or clinical psychologist.
   3.1. The order may have a maximum duration of four (4) hours.
   3.2. The order shall specify the criteria for release from restraint.
   3.3. Extension of restraint beyond the time frame above requires a renewal of the original order by the physician or clinical psychologist.
4. While in restraint the patient shall be continuously monitored in staffs’ line of vision and shall be afforded protection from other patients who may be in the area (CCR77103f).
5. While in restraint, the patient shall be assessed by an RN/LVN at least every 15 minutes. Assure that the restraint remains properly applied and that the patient has not harmed him/herself (CCR77103g).

6. The patient will be evaluated for opportunities to shorten the duration of restraint. The patient shall be released from restraint at the earliest practical time.

7. A physician or LIP shall conduct a face-to-face evaluation of the patient within one hour of initiation of restraint to assess physical and psychological status and to recommend any further interventions to shorten the duration of restraint, and prevent recurrence of the psychiatric emergency or precipitant(s) which led to the necessity for restraint use.

7.1 If a physician/LIP is not present, an RN/LVN may perform the face-to-face assessment and must consult with the physician/LIP as soon as possible after the completion of the face-to-face evaluation.

8. The physician or LIP must see and assess the patient in restraint at least every 8 hours.

9. Restraint orders shall not be in force for greater than 24 hours.

10. If restraint is discontinued prior to expiration of the original order, a new order must be obtained from the physician or clinical psychologist to re-implement restraint.

11. The dignity and well-being of the patient shall be preserved at all times during restraint.

PROCEDURE:

1. Staff shall refer to the patient’s Behavioral Advance Directive form that was completed during the admission process to assist in determining strategies for de-escalating the patient. Staff will identify early warning signs, events, and precipitants of patient escalation. Staff will utilize techniques, methods, or tools that may help the person control his or her behavior. Staff will identify pre-existing medical conditions, physical disabilities, or limitations that would place the person at greater risk during restraint. Staff will identify any history of trauma, including sexual or physical abuse, that the affected person feels is relevant (WIC1180.4).

2. Initiate less restrictive interventions in an effort to de-escalate the patient. This may include removal of patient from over-stimulating environment, administration of medication as prescribed, redirection, employment of problem-solving techniques or coping strategies as taught in groups or identified by the patient in their Behavioral Advance Directive, time out, or seclusion. Seek to determine any causal factors or stressors in the environment which may be aggravating the patient’s behavior.

3. If attempts at less restrictive interventions are ruled out of unsuccessful, and the patient is a danger to him/herself or others, a physician or clinical psychologist may order restraint.

3.1 Under emergency circumstances, restraint may be applied and then an order obtained as soon as possible, but at least within one hour of application. Telephone orders may be taken by an RN or LVN, shall be recorded immediately in the patient’s health record and, within 24 hours, weekends and holidays excepted, signed by the prescriber (CCR77103b).

3.2 If possible, safely escort the patient to the Quiet Room using CPI techniques. Whenever possible remove audience of peers to preserve patient dignity.
4. Apply physical/mechanical restraint using safe application techniques that prevent injury and maintain the patient's airway, breathing, and circulation.

5. While in restraint the patient shall be continuously monitored in staffs' line of vision and shall be afforded protection from other patients who may be in the area (CCR77103f). Observe for signs of physical distress, comfort, hydration, toileting needs, and any minor injuries incurred while agitated.

6. While in restraint, the patient shall be assessed by an RN/LVN at least every 15 minutes. Assessment will include vital sighs, circulation, skin integrity, mental status, behavior, complaints of pain or injury, and safety. Assure that the restraint remains properly applied and that the patient has not harmed him/herself (CCR77103g).
   6.1 While in restraint, the patient shall be offered bedpan or urinal for toileting purposes every 2 hours.
   6.2 While in restraint, the patient shall have Range of Motion performed on each limb every 2 hours.

7. A physician or LIP shall conduct a face-to-face evaluation of the patient within one hour of initiation of restraint to assess physical and psychological status and to recommend any further interventions to shorten the duration of restraint, and prevent recurrence of the psychiatric emergency or precipitant(s) which led to the necessity for restraint use.
   7.1 If a physician/LIP is not present, an RN/LVN may perform the face-to-face evaluation and must consult with the physician/LIP as soon as possible after the completion of the face-to-face evaluation.

8. An RN/LVN shall re-assess the patient to achieve release from restraint at the earliest practical time. Criteria for discontinuation shall be specified in the physician’s order and may include the following factors:
   8.1 Decrease in psychomotor agitation
   8.2 Non-threatening
   8.3 Self-control verbalized and demonstrated

9. The Nurse shall communicate to the patient the criteria for release. Staff will provide assistance to the patient in meeting behavior criteria for discontinuation of restraint.

10. In the event the patient falls asleep while in restraint, The RN/LVN will remove the restraints after 15 minutes unless compelling reasons are documented by the MD/LIP/RN/LVN for continuing restraint.

11. In the event the patient requires continued restraint past the time limit of the original order, the physician or clinical psychologist must be contacted for a renewal order prior to the end of the original order.

12. The physician or LIP must see and assess the patient in restraint at least every 8 hour.

13. Restraint orders shall not be in force for greater than 24 hours.

14. If restraint is discontinued prior to expiration of the original order, a new order must be obtained from the physician or clinical psychologist to re-implement restraint.

15. Following an episode of restraint, the patient shall be debriefed by an RN/LVN to determine the sequence of events or circumstances that precipitated the need for restraint. Debriefing occurs in order to develop a plan that actively involves the patient to prevent future episodes from occurring.
15. Staff who witnessed the precipitating events may be debriefed separately. 
   Debriefing with staff will be conducted by administration or the charge nurse, 
   and will follow the CPI COPING Model.

16. The treatment plan of the patient requiring restraint shall be reviewed and amended 
   following the first episode of restraint to include measures to prevent recurrence.

17. If requested by the patient, an immediate family member shall be promptly notified of the 
   restraint.

18. Restraint episodes will be documented completely and accurately on the following forms: 
   Restraint/Seclusion Order/Record which includes Emergency Intervention Initiation, 
   Emergency Intervention Order, Seclusion/Restraint Flow Sheet, Face-to-Face Assessment, 
   Termination/Post-Intervention Assessment (if indicated), and Debriefing; and the Seclusion 
   and Restraint Log.

18.1 The original copy of the Restraint/Seclusion Order/Record will be placed in the 
   patient’s chart under Physician’s Orders.

19. The most senior clinical staff present shall complete the Clinical/Quality Review Form. A 
   photocopy of the Restraint/Seclusion Order/Record and the original copy of the 
   Clinical/Quality Review Form are to be submitted to the DON.

19.1 The DON shall submit the quarterly reporting tool for incidents of seclusion and 
   restraint per H&S Code 1180.

20. Facility leadership (Program Director or Medical Director) shall be notified of any patient 
    who required two or more episodes of restraint within a 12 hour period and/or any episode 
    lasting longer than 12 hours.
April 6, 2018

To Whom It May Concern:

Ifeanyi Ezeani, Chief Executive Officer of Compassion Pathway Behavioral Health, LLC, has met with Sutter-Yuba Behavioral Health (SYBH) to discuss the opening of a Mental Health Rehabilitation Center (MHRC) in Yuba City, California, which would serve Sutter and Yuba County adults along with residents from other counties who are conserved due to a severe and persistent mental illness. SYBH is interested in utilizing the MHRC services offered by Compassion Pathway Behavioral Health. Upon appropriate licensure and certification of the facility, SYBH anticipates submitting a proposal to enter into a fee-for-service agreement for MHRC services between SYBH and Compassion Pathway Behavioral Health to the Sutter and Yuba County Boards of Supervisors for their consideration.

Sincerely,

[Signature]

Rick M. Bingham, LMFT
Acting Health and Human Services Assistant Director—Behavioral Health
Sutter-Yuba Behavioral Health

*SERVING THE SUTTER-YUBA COMMUNITY SINCE 1969*

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<th>822-7200</th>
<th>TTY-CRS 800-735-2929</th>
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<td>Children’s System of Care:</td>
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