

REPORT ON UNLICENSED FACILITIES FOR ADULTS IN SACRAMENTO COUNTY

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The Unlicensed Facility Task Force of the
Sacramento County Adult and Aging Commission

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INTRODUCTION

Unlicensed facilities are homes that have at least one non-relative paying resident and which provide, in addition to room and board, one or more elements of “care and supervision” (as defined in State Regulation and grounded in Statute), but have not met the legal requirement that they be licensed to do so by Community Care Licensing, a division of the State Department of Social Services. Thus, they could be described as room and board facilities that have gone too far.

Residential facilities of all types are a necessary and valuable component of the housing continuum in our community. They serve people with economic, mental or physical problems, or a combination thereof, who do not or cannot live in private homes. Such facilities are increasingly important as the aging segment of our population grows disproportionately.

The Unlicensed Facility Task Force was formed in response to the growing concerns of local officials in trying to deal with local housing conditions within the constraints of state and local law. Among the problems identified are the limited resources available for regulation and enforcement, the sometimes murky division of responsibility among state and local governments, insufficient public information, ineffective sanctions, inappropriate placements, and a fee structure that encourages operators of multiple facilities to shuffle residents in a manner that maximizes income and minimizes regulation.

The Task Force met 22 times over a period of 20 months. It included representatives of city, county, and state governments, community-based organizations, statewide associations, and housing advocates.

We hope the following report will help to clarify the complex and constantly changing universe of residential facilities and will offer practical suggestions for improving such facilities in Sacramento City and County.

SECTION I: DEFINITIONS AND ROLES AND RESPONSIBILITIES

A. OVERVIEW

Though most people live independently in houses, apartments and other private facilities, many people need supportive services close at hand if they are to function as independently as possible. Such services are often linked to housing facilities, and vary in kind and quantity with the common needs of the population served.

Adults who depend on such services are more vulnerable to exploitation than the general population, and partly for this reason, facility operators must hold appropriate permits and licenses from one or more levels of government. These grants of public authority help not only to reduce the likelihood of exploitation, but to insure that building codes and public health requirements are met.

While these varied living arrangements could be described as a continuum - from the homeless to residents of twenty-four hour care facilities - our concerns about unlicensed facilities are more sharply focused. They arise most often at the point where boarding houses are distinguished from residential care homes. Nevertheless, it seems useful to define the types of facilities that are currently most common, although new types are constantly emerging.

B. DEFINITIONS OF FACILITY TYPES

In order to help the reader identify the differences among facility types, information is arrayed in a matrix according to the following categories: type of facility, physical characteristics of facility, population served, scope of services, licenses/permits required, issuing agency/level of government, size constraints, monitoring, most common sources of funding, profit/non-profit, and lastly, number in Sacramento City and County where this information was readily available (Appendix III).

C. UNLICENSED RESIDENTIAL CARE FACILITIES

According to the State Department of Social Services, Community Care Licensing Division (CCL), there are 35 - 50 unlicensed facilities in Sacramento County at any given time. For the purpose of this task force, an unlicensed residential care facility is a residence which, having come to the attention of Licensing, has been determined by CCL to be providing "care and supervision" to residents without the owner having obtained the license required to do so, or the residents are in need of care and supervision. Care and supervision is defined in the California Code of Regulations, Title 22, Division 6, Chapter 8 to consist of one or more of the following:

- assistance in dressing, grooming, bathing and other personal hygiene
- assistance with taking medication
- central storing and/or distribution of medications
- arrangement of and assistance with provision of medical and dental care
- maintenance of house rules for the protection of clients
- supervision of client schedules and activities

- maintenance and/or supervision of client cash resources or property
- monitoring food intake or special diets

Exceptions to licensing requirements as per the community care facility regulations:

- when “care and supervision” is being provided in the recipient’s own home (as with In-Home Supportive Services) or by a relative
- any health facility, as defined by Section 1250 of the Health and Safety Code
- any clinic, as defined by Section 1202 of the Health & Safety Code
- any facility conducted by and for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination
- any house, institution, hotel, congregate housing project for the elderly, or other similar place that is limited to providing one or more of the following: housing, meals, transportation, housekeeping, or recreational and social activities; or that has residents independently accessing supportive services; provided, however, that no resident requires any element of care and supervision or protective supervision
- recovery houses or other similar facilities providing group living arrangements for persons recovering from alcoholism or drug addiction where the facility provides no care or supervision
- any arrangement for the care and supervision of a person or persons by a family member
- any arrangement for the care and supervision of a person or persons from only one family by ***a close friend***, whose friendship ***preexisted*** the contact between the provider and recipient and both of the following are met (emphasis added):
 - the care and supervision is provided in a home or residence chosen by the recipient
 - the arrangement is not of a business nature

D. ROLES AND RESPONSIBILITIES OF AGENCIES

A wide variety of agencies carry some degree of responsibility toward residential care facilities. Their relationship to one another is not formally planned or integrated, which often causes confusion in field operations, despite reasonable efforts at coordination. The following are agencies and their responsibilities.

Community Care Licensing

The State Department of Social Services, Community Care Licensing Division (CCL), is responsible for licensing and inspecting the operations of residential care facilities in California. Their staff visits each facility during the licensing process, makes return visits within 90 days after licensing, and visits annually thereafter. Additional unannounced visits are made in response to complaints.

Based on these field visits and on complaint investigations, CCL can fine facility operators for licensing violations and close facilities if violations are frequent or severe. When a facility is closed, CCL normally informs local agencies, such as Adult Protective Services (APS) and the Ombudsman (OMB). CCL works with local agencies to ensure that residents displaced by the

facility closure are placed in another facility; they do this by memorandum of understanding with local agencies.

Another division responsibility is defining the conditions under which licensing is required. Currently there are three determining factors: 1) the level of care being provided; 2) the relationship between caregiver and recipient; and 3) the location in which care is given. Generally, if an adult is receiving “care and supervision” (see page 2) from a non-relative in a structure which the recipient does not own, then a license is required. Conversely, if “care and supervision” is being provided in the recipient’s own home (as with In-Home Supportive Services) or by a relative, a license is not required.

Ombudsman Services of Northern California

Ombudsman Services of Northern California is a seven county program that advocates on behalf of residents of ***adult residential care facilities, residential care facilities for the elderly, and skilled nursing facilities***. Complaints and concerns are brought to the attention of the ombudsmen by the residents, family and friends acting on their behalf and facility staff and related agencies. State Certified Ombudsmen, volunteers and staff in collaboration with other agencies, investigate and resolve complaints concerning physical abuse, neglect, quality of care, fiduciary abuse, patients’ rights, and physician and nursing care. Certified ombudsmen receive approximately 52 hours of training and an 8 hour internship. This is a higher standard than the 36 hour training required by the State Department of Aging. As mandated reporters of suspected abuse, the Ombudsman receives all reports of suspected abuse in long-term care facilities. The facility monitoring plan includes weekly visits in skilled nursing facilities.

Both the City and County of Sacramento have augmented the long term care ombudsman program by providing funding designated for the investigation of neglect and abuse issues in residential care facilities. This funding has allowed for a full time Residential Care Ombudsman. In addition, volunteers make regular monitoring visits of residential care facilities for the elderly (RCFEs), and provide full investigation of all complaints in both licensed and unlicensed residential care facilities. The Ombudsman program has the right to enter any long term care facility and Certified Ombudsmen cannot be prevented from making monitoring or investigatory visits.

Adult Protective Services

The Adult Protective Services (APS) program of the County Department of Health and Human Services receives and investigates allegations of abuse and neglect relative to elderly and dependent adults ***living in the community and in acute care facilities***. APS provides supportive intervention to stabilize clients in crises. APS becomes involved with issues related to residential care facilities as a result of a Memorandum of Understanding with CCL. Monthly meetings are held with CCL to discuss problem facilities and consider alternative placements; the meetings often include other affected agencies such as the Public Guardian. When a facility is closed, APS workers are assigned to find alternative placement for residents who do not have another placement agency or responsible party, such as a relative. They also counsel the residents and families to minimize transfer trauma.

Law Enforcement

One role of law enforcement is to protect life and property as defined by California law. Law enforcement can take immediate action to ensure public safety. Law enforcement officers also serve in a multidisciplinary team effort to provide facility access in any licensing inspection cases. If a crime is being committed, law enforcement will take initial responsibility to terminate any existing criminal activity and to prevent future violations.

District Attorney

Statutes provide that the District Attorney shall conduct the prosecution of any criminal action filed for violation of the Health and Safety Code related to operating an unlicensed facility or placing clients in an unlicensed facility, a misdemeanor offense. If persons residing in such facilities are injured as a result of intentional or negligent action, those offenses can be punished as misdemeanors or felonies.

Structural Safety

In recent years, an effort has been made to force unlicensed or poorly operated residential care facilities out of business or into compliance through the use of building and fire safety codes. Agencies that respond to health and safety issues from the standpoint of the physical structure within which residents live include: fire, housing and dangerous buildings and environmental hazards departments.

Placement Agencies

Placement agencies are engaged in finding homes or other facilities for the placement of persons needing temporary or permanent care. Placement agencies include county welfare, social services and public guardian/conservator departments, general acute care hospital and skilled nursing facility discharge planners, public and private mental health treatment centers, other public or private agencies providing placement or referral services, such as Transitional Living and Community Support, Volunteers of America, and Alta California Regional Center, an agency providing services to people with developmental disabilities. No employee of a placement agency shall place, refer or recommend placement of a person in a facility operating without a license, unless the facility is exempt from licensing; violation of this subdivision is a misdemeanor. In addition, failure to report facilities known or suspected to be operating without a license is a misdemeanor. In the event of closure of a residential care facility, these agencies are involved in relocating residents.

Representative Payee Agencies

There are certain people who cannot take care of their own finances. A Representative Payee Agency assumes the fiduciary responsibilities for benefits received through the Social Security Administration, Railroad Retirement, VA, or other pension or government subsidy program. These agencies are responsible for payment of rent, utilities, food, and clothing. The individuals receiving payee services generally are not under conservatorship and have the freedom of choice of living arrangement.

There are several types of agencies which provide representative payee services:

1. Non-profit agency whose only revenues are reimbursement for money management services without the component of case management. They provide advocacy with regard to

maintaining their benefits and listing of possible services which may help (e.g., for treatment), and coordination with any case management or other agency which may be involved with client.

2. Non-profit agencies which have representative payee services as a subdivision of the various other services that they provide as a whole to particular populations. Usually case management, counseling and placement are part of their services (e.g., Alta California Regional Center).
3. Government entities which have conservatorship of the individual and/or the estate, where they provide case management in addition to representative payee services. These entities have the ability/responsibility for placement.
4. Probate conservators who provide case management and fiduciary services. Some may provide representative payee services to individuals even without conservatorship. They have the ability/responsibility for placement.

SECTION II: PRESENT SYSTEM OPERATION

The Task Force heard from a wide variety of people about the problems related to unlicensed facilities and discussed possible solutions. Rather than repeat this discussion in narrative form, we decided to illustrate the most common situations that might occur in the form of scenarios, upon which the findings are based.

SCENARIO A

Narrative:

An Adult Residential Care facility consistently violates regulations to the endangerment of residents. Failure to comply with regulations, failure to show good faith in correcting problems and persistent health and safety infractions result in a Licensing initiated closure of the facility. With the assistance of appropriate agencies and post consultation with residents, the residents are relocated to a licensed facility(s). The offending facility is no longer licensed to operate as an Adult Residential Care facility.

Agencies receive reports from neighbors of the now unlicensed facility. Complainants allege that residents have remained in the facility and are wandering, not receiving care and supervision, threatening neighbors with weapons, etc. Neighbors report that law enforcement has been seen at the facility often. Ambulances and fire department vehicles have also been seen at the facility.

Visits to the facility are made by appropriate agencies. The owner/care provider states that he is operating a room and board, that all of the residents are living independently and are able to care for their individual needs. The owner states that he receives his referrals from local hospitals and mental health placement agencies. Some of the residents were brought to the facility by a family member who did not wish any further contact with them. The owner states that the residents get into fights and call "911" because they need transportation to medical appointments. The residents are being charged between \$500 - \$635 per month, which includes room and meals. No other services are provided by the facility.

Outcome:

An assessment of the facility is conducted, to include meeting individually with residents. Licensing regulations are used to distinguish between room and board and residential care. The primary distinction is whether or not the residents require care and supervision.

The assessment leads to the determination that in fact the residents do require care and supervision. Through interviews with care provider and residents, this finding is based on the fact that the residents need assistance with taking medications, meeting medical needs and psycho-social needs.

Additionally, the facility is in gross disrepair. There are multiple health and safety risks resulting from non-compliance with building and fire code regulations. Residents who reside at the facility are clearly at risk.

Appropriate agencies are contacted and referrals made. Building and fire code inspectors visit the facility and evaluate conditions. It is determined that continued occupancy results in grave health and safety issues, and the facility is identified as uninhabitable. Residents are again relocated to licensed care facilities. Since none of these residents were under conservatorship, their consent was required to finalize placement.

SCENARIO B

Narrative:

The Sacramento City Police Department receives complaints from two neighbors of a home in the 5600 block of Makebelieve Avenue. Neighbors complain that there seem to be large numbers of unrelated individuals living in the home who wander the neighborhood at all hours of the day and night making noise, bothering the neighbors and displaying inappropriate behavior such as urinating in the bushes. In checking their records, police find that there have been previous complaints of the same nature related to this address. Upon arriving at the scene to investigate the complaint, officers find that a single family dwelling has been modified into a room and boarding house. Upon observing the residents, officers suspect that some should be in a more protected environment and feel that this may be an unlicensed board and care facility. Community Care Licensing is called to investigate the residents' need for care and supervision, and City Fire and Dangerous Building Departments are called to investigate possible code violations. A team made up of representatives of the agencies investigates the residence.

The team finds that ten unrelated adults reside in the home; all are mental health clients and one of the clients is acting as house manager - no other person with authority resides there. Both the living room and garage have been converted into bedrooms with the use of room dividers. Several health and safety hazards are identified. For example, the plumbing in one of the bathrooms is not functional and space heaters are the only source of heat and these are inadequate. The food supply is inadequate in both amount and nutritional value. CCL determines that there are level of care issues with the residents that indicate the facility is actually an unlicensed board and care. City Housing and Fire have identified numerous code violations that require correction but do not red tag the structure for immediate closure.

Outcome 1:

City officials outline code violations and required corrections. Since the residents are not in imminent danger, the owner/operator has fifteen days to make the corrections. Since level of care issues are involved, CCL contacts County Mental Health, Adult Protective Services and the Ombudsman. Some of the clients have placement agencies and some do not. The case management agencies and Adult Protective Services assist clients who have no placement agency. This team reassesses the residents and develops a plan, in conjunction with family members, for placement of the residents. The six residents needing board and care agree to placement and are placed in licensed facilities. Since none of these residents were under conservatorship, their consent was required to finalize placement.

After the fifteen days, a follow-up investigation reveals that the violations have not been corrected. The operation is closed down. The remaining residents, determined to be able to live independently, move to boarding houses.

Outcome 2:

In the preceding situation, after the fifteen days, the facility operator has corrected the code violations. Two of the independent residents have moved to a different boarding house; the operator understands that the remaining two residents are the maximum allowed in the residential zone where the home is located. The operator continues to operate as a boarding house. Six months later the police again start getting complaints from neighbors. An investigation reveals that seven adults are residing at the home. They are all are mental health clients and several appear to have care and supervision needs. Community Care Licensing investigates and determines that the operator has knowingly accepted residents needing care and supervision and levies fines of \$200/day until those residents have vacated. The case is turned over to law enforcement to determine whether to bring felony or misdemeanor charges against the operator.

SCENARIO C

Narrative:

A report is made to various agencies on a home that has three frail elderly women being cared for by a woman in her early 50's. The complainant expresses concern that each time she visits, the residents are in bed, appear malnourished and confused and one woman is persistently crying. Additional allegations include: the care provider leaves the residents with her 12 year old son, there is a strong smell of urine and feces throughout the home, and residents are locked in their rooms. The residents were reportedly paying \$1,900 - \$2,300 per month.

Outcome:

The report is investigated by various agencies. Consequently, the residence is identified as an unlicensed facility. The owner did not wish to pursue licensure and the residents are safely relocated by family members to an appropriate care facility.

SCENARIO D

Narrative:

A licensed board and care facility provider also operates two room and board homes. On several occasions the provider has complained to Community Care Licensing as well as to placement agencies that the level of care needed by clients is being misrepresented. Newly placed residents exhibit increasing physical and mental problems requiring greater supporting care than in the past. The provider notes that the compensation for providing the increased level of care necessary to meet the needs of these clients is the same as for those clients with lesser requirements, making it difficult to operate the care home.

Outcome 1:

The provider quietly moves those clients that require the least amount of supporting care to one of the room and board homes, continuing to receive compensation even though appropriate supervision and care is not provided in that setting. Monitoring agencies may be suspicious that such transfers have occurred, but there is no procedure or process to monitor room and board homes so the shift is not identified. Only if a complaint is made, such as by a relative or neighbor concerned with the operation of the home, will there be any official monitoring.

Outcome 2:

Community Care Licensing, after several warnings, begins action to close down the board and care facility because of inadequate patient care, support and supervision. Some clients are relocated with assistance of local placement agencies. The family members of others, particularly those requiring lesser care, are talked into placing their relatives in one of the room and board homes by the provider. The relatives are not aware of, or concerned about, the absence of appropriate licensing, and simply wish to resolve an irritating care problem quickly.

SECTION III: FINDINGS

Based on the preceding scenarios and extensive discussion and analysis of current system operations, the Task Force makes the following findings.

1. LICENSING/MONITORING

- a. Oversight is provided by multiple agencies and is often fragmented.
- b. Room and board facilities which receive and/or maintain individuals who require supervised care because of mental or physical limitations often become unlicensed residential care facilities, that is, they provide such care without the requisite license.
- c. Operation of a room and board facility requires a business tax certificate from the City, which is issued without any programmatic or monitoring requirements. The County does not require business tax certificates.
- d. Since room and boards do not require a license, there is no monitoring by appropriate agencies that would identify care and supervision when it is being provided.
- e. There is no routine fire and building safety monitoring in room and board facilities by those who issue the certificate to operate.
- f. There is inconsistency between the City and County as to how room and board facilities are defined, permitted and monitored.
- g. Operators of room and board facilities often do not comply with sanctions and are not penalized for such actions.
- h. Despite current control mechanisms, repetitive violations occur frequently.
- i. Operators of residential care facilities who lose their license can continue as room and board operators, often continuing to provide care and supervision, thus becoming unlicensed facilities.
- j. The fragmentation of licensing, enforcement and prosecution prevents any consistency in control of unlicensed facilities.
- k. The small difference between the SSI/SSA reimbursement for board and care and the rent for room and board does not provide an incentive for operators to seek licensing.
- l. The definition of “care and supervision”, written in the 1960’s, has not kept up with changes in practice, particularly regarding the issue of client choice.

- m. Sanctions by regulatory agencies are unevenly applied, often only after a serious life threatening or fatal incident occurs, although many warning signs have been identified by multiple agencies.
- n. Current policy allows facilities that have been identified as providing care and supervision to continue providing that care while they await licensing.
- o. The need for licensure of one-on-one care situations, i.e., arrangements of one individual receiving care in the home of a non-relative, continues to be unclear.

2. RESIDENT HEALTH AND SAFETY

- a. Residents in unlicensed facilities cannot legally receive care and supervision, even if they require it.
- b. Quality of care issues are not identified unless a complaint is filed and the appropriate agencies can assess the facility.
- c. The physical structure of facilities often presents an imminent danger to residents, e.g., availability/accessibility of toxins, structural disrepair, no heat/air-conditioning, etc.
- d. Lack of supervision when needed permits residents to become transient and vulnerable to the “preys of the street”.
- e. Residents often experience “transfer trauma” in having to relocate to a new facility.
- f. Residents often pay for services they are not receiving.
- g. Residents are vulnerable to abuse, neglect and exploitation.

3. PLACEMENT

- a. Placement agencies often do not assess a facility in advance of placement to insure current licensure or status of facility, nor do they continue ongoing follow-up.
- b. There is a lack of standardization between placement agencies and Community Care Licensing regarding the definition of care and supervision.
- c. Some hospital discharge planners are under financial pressure to move clients into the community in a timely fashion and do not adequately research appropriate facilities for placement.
- d. Family members often place residents in facilities that do not provide an appropriate level of care for the individual.

- e. There is a lack of public knowledge and understanding about the care needs of vulnerable and dependent individuals, the kinds of facilities and services that provide such care and how to access such services.
- f. Even though their health and safety may be at risk, unconserved residents are entitled to make their own choices in living environment.
- g. There are no licensing requirements or uniform standards for private and public placement agencies.

4. COST TO THE COMMUNITY

- a. The number of agencies with responsibility for unlicensed facilities, with no lead agency taking responsibility, is costly to the community.
- b. Communities are often distressed, either emotionally or physically, when an unlicensed facility over which there is no control houses residents who repeatedly damage other's property or engage in menacing behavior.
- c. Residents with untreated routine health problems who are inappropriately housed in unlicensed facilities end up in emergency settings, and cost the community excess dollars for conditions that may have been prevented or treated at a primary level.
- d. The amount of the business tax is dependent on size of room and board facility; there is no systematic monitoring to see if the operator claims fewer residents than are actually housed, which can cause loss of income to the City.

SECTION IV: RECOMMENDATIONS

LOCAL

1. That a central clearinghouse be designated to provide all interested persons, including the public, current information on licensed facilities (required local permits, rules to operate, siting criteria and guidelines and steps needed to obtain an operator's license) and information on how to select a facility for placement. (Findings 3d, 3e)

Implementation:

That the Adult and Aging Commission, in conjunction with affected agencies, facilitate the designation of a lead agency to serve as the central clearinghouse.

2. That the City and County each designate a department or unit to serve as primary liaison to state licensing and monitoring agencies. (Finding 4a)

Implementation:

That the Board of Supervisors and City Council, respectively, designate the primary liaisons.

3. That Community Care Licensing alert placement agencies, the central clearinghouse and the city and county primary liaisons within thirty days of operators who have lost their license or been denied an application for licensure. (Finding 1i)
4. That the City and County take whatever steps are necessary to establish a common local permit for room and board facilities, including reasonable fees to be dedicated to administration, monitoring and enforcement. (Findings 1c, 1d, 1f, 2c, 4d)

Implementation:

- a. That this recommendation be referred to the legal advisors of both the City and County with requested time-certain reports back to the City Council and Board of Supervisors on what is possible.
 - b. That the City and County follow uniform procedures in implementing this fee process.
5. That the City and County develop consistent procedures dealing with health and safety issues that can put residents of care facilities in imminent danger. (Finding 2c)

Implementation:

That the County Executive and City Manager direct the departments of housing, fire, and environmental hazards to jointly review and establish uniform procedures.

6. That Community Care Licensing inform the primary liaisons and clearinghouse in a timely manner about facilities where licenses are required or pending. (Finding 1n)

Implementation:

That CCL take responsibility to inform the primary liaisons, who in turn will inform appropriate community agencies.

7. That a plan be developed for a public education component to describe the different levels of care and the kind of facilities that provide them. (Findings 3d, 3e)

Implementation:

That the Adult and Aging Commission take the lead in identifying ways to implement this recommendation, including seeking possible funding sources for the re-establishment of the Community Ombudsman position as the primary element to develop and implement the public education component, including research of existing informational brochures for adaptation to Sacramento County.

8. That a consortium be established (to include placement, representative payee and enforcement agencies, neighborhood associations, and consumer and community representatives) to identify residential care problems, discuss placement issues and training needs and serve as a sounding board for neighborhood issues and that attendance include city, county and state department representatives. (Findings 2b, 2e, 3a, 3c)

Implementation:

- a. That the Adult and Aging Commission facilitate meetings that are open to the public on a quarterly basis.
- b. That city and county management oversee participation by appropriate staff.

9. That an advocate for residents, such as the Residential Care Ombudsman, be continued in the community. (Findings 2d, 2f)
10. That the Board of Supervisors and City Council encourage the voluntary effort of private and public placement agencies to jointly develop and voluntarily adopt operating standards. (Finding 3g)

Implementation:

That the Adult and Aging Commission take the initiative in encouraging and monitoring such effort.

STATEWIDE RECOMMENDATIONS

1. That the definition of care and supervision be revised to be consistent with changes in practice that would allow certain client support activities that are not allowed currently in room and board facilities. (Findings 1b, 1f, 1L, 3b)

Implementation:

That the Board of Supervisors instruct the Director of the Department of Health & Human Services to form a city/county task force to work in conjunction with County Supervisors Association of California (CSAC) and the League of California Cities in seeking authors to carry legislation in the 1998 legislative session.

2. That the current circumstance under which a facility providing care and supervision can operate pending licensure be reviewed. (Finding 1n)

Implementation:

That the Board of Supervisors direct the Director of the Department of Health & Human Services to work with State Licensing to change existing law.

3. That legislative action be pursued to increase the reimbursement differential between licensed residential care facilities and room and boards, with regulatory oversight. (Finding 1k)

Implementation:

That the City and County direct their legislative advocates to pursue this recommendation, including consideration of support for legislation introduced by the state residential care associations.

4. That Community Care Licensing provide continued follow-up once having identified an unlicensed facility by working closely with the designated city and county liaison. (Finding 1i)

Implementation:

That CCL and the liaisons develop a mechanism for ongoing communication.

JOINT LOCAL AND STATE RECOMMENDATIONS

1. That sanctions be instituted and consistently applied to operators out of compliance with licensing requirements. (Findings 1g, 1m, 1h)

Implementation:

That CCL refer complaints to both law enforcement and the DA as soon as they are substantiated and provide monitoring until the facility comes into compliance or is sanctioned.

2. That Community Care Licensing and the District Attorney (DA) jointly provide appropriate training for law enforcement relative to unlicensed residential care facilities. (Finding 1j)

Implementation:

That the Board of Supervisors and City Council request their respective law enforcement agencies to work with the DA and CCL.

3. That agreement be sought between Community Care Licensing, the State IHSS program, and the Senior and Adult Services Division on how non-relative one-on-one care arrangements are to be handled. (Finding 1o)

Implementation:

That the Board of Supervisors direct the Department of Health and Human Services to follow through on this recommendation and to report back.

CLOSING

This report contains many recommendations. Some will need legislative or policy changes at the state and local levels. Some can be implemented by means of better coordination and communication. All will require the force of will and a recognition that now is the time to get our house in order before the large cohort of aging baby boomers requires community based housing and service options.

Appendix I

TASK FORCE PARTICIPANTS

The following persons attended one or more task force meetings or served as a resource person by providing relevant data related to their agency. Placement of an asterisk (*) before a name designates that the individual served as a core member of the task force.

* John Amato, Mental Health Division, Sacramento County Dept. Health & Human Services

* Olivia Balcao, LIFE

Karen Bass, Respect Your Elders

* Ruth Cambron, Ombudsman Services of Northern California

Richard Clark, Sacramento District Attorney's Office

Shirley Concolino, Office of the Mayor

Howard Cooke, Sacramento City Fire Department

Mike Cooper, Sacramento Police Department

* Lynn Davis, Supervisor Muriel Johnson's Office

Mike Davis, Community Care Licensing

* Barney Donnelly, Adult and Aging Commission

John Foley, Loaves and Fishes

Stella Garcia, Adult and Aging Commission

* Sherrill Gray, Changing Horizons

* Marty Hampton, Community Residential Care Association of California

* Lana Harrington, Community Care Licensing, State Dept. Social Services

* Jim Harrison, Task Force Chair, Adult and Aging Commission

Greg Johnson, City of Sacramento Housing & Dangerous Buildings

JoAnn Juniel, DHHS/Senior and Adult Services Division

Nancy Kelly, St. Mary's College/Respect Your Elders Intern

Craig Kielborn, Sacramento County Sheriff's Dept.

Deidre Kolodney, Adult and Aging Commission

Lori LaGrassa, Sacramento Police Department

Bina Lefkoviz, City Manager's Office

Gary Levenson-Palmer, Community Care Licensing, California Dept. Social Services
Sophia McBeth-Childs, Sacramento County Sheriff's Department
Gary A. McGee, Community Care Licensing, CA Dept. Social Services
Bill Macies, State Social Services, Community Care Licensing
* Tricia Drumm Nishio, Ombudsman Services of Northern California
* Howard Nishio, Senior & Adult Services, County Dept. Health & Human Services
Val Noble, Senior & Adult Services, County Dept. Health & Human Services
Lynne Ohlson, Sacramento Police Department
Joan Parks, Ombudsman Services of Northern California
Ben Partington, California Dept. Social Services, Technical Support Services
Nancy Randolph, Adult and Aging Commission
David Ransom, Sacramento City Police Department
Jim Riordan, Sacramento City Housing and Dangerous Buildings
Larry Salerno, Jr., City of Sacramento Code Enforcement
* Charles W. Skoien, Jr., Community Residential Care Association of California
Terri Smyth, LIFE
Marv Stern, Sacramento District Attorney's Office
Sara Stratton, DHHS/Adult Protective Services
Clift Wilson, Ombudsman Services of Northern California
Mindy Yamasaki, Adult Protective Services/IHSS

Staff services were provided by:
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Appendix II

RESPONSE TO REQUEST FOR COMMENTS

While in draft form, copies of the report were sent to agencies and departments that potentially could be impacted or that were deemed to have an interest in the recommendations found in this report. All recipients of the draft report were given the opportunity to comment and make suggestions. All written comments received were taken into consideration by the task force as it finalized the document.

Written comments on the draft report were received from the following:

- Alta California Regional Center
- City of Sacramento:
 - City Manager's Office
 - Planning Department
 - Dangerous Buildings
 - Police Department
 - Neighborhoods, Planning and Development Services
- County of Sacramento:
 - District Attorney
 - Health and Human Services/Senior & Adult Services Division
 - Sheriff's Department
 - Building Inspection Division
- Ombudsman Services of Northern California
- State Department of Social Services/Community Care Licensing