

**Yolo County LOCAL MENTAL HEALTH BOARD
FACILITY/PROGRAM OBSERVATION REPORT**

By: _____
Board Member Name

**This Report Is Based On A Personal Visit From One Or More Members
Of The Yolo County Local Mental Health Board**

Program/Facility Name:

Street Address:

Program Supervisor/Contact (name):

Title:

Email:

Phone #:

Pre-visit questionnaire:

What are the current contract terms and County funding source?

Brief description of services provided:

Number of staff having direct client contact:

What kind of training does your organization provide to staff, and how often?

What are the classifications which are directly involved with clients?

Are there education and support groups for clients?

What is the layout of the facility/program (attach)?

Is there a daily schedule for clients?

Date Of Site Visit:

Observations / Staff Interview

1. How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, indifferent or perfunctory?
2. Are individual grievance procedures prominently posted? **Y/N** Are grievance forms readily available to the individual? **Y/N** Is the current Patients' Rights Advocate's contact information posted? **Y/N**
3. What are desired outcomes/treatment goals? How often are these achieved?
4. What are two or three obstacles your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?
(Will not apply to all programs): Do some individuals require re-entry to the program/facility after discharge? If yes, what percentage return and why?
5. (Will not apply to all programs): How many individuals are engaged in your program? How often do they visit? What programs are the best attended?
6. What efforts are made to provide linguistically and culturally competent services/programs? Do the people you serve reflect the ethnic make-up of the community?
7. Does your agency's Board of Directors, owners or management include any mental health consumer members? **Yes / No**
8. Does your agency's staff include any peer providers? **Yes/No** Are peer providers consumers, family members or caretakers of adults with mental illness? Are they paid or volunteers?

9. How many people seeking services/involvement did your organization turn away over the course of a year? Why? (Qualifications? Behavioral? Medical? Waiting List? Other? – please specify)

10. Is there any other aspect of the program you'd like to share with us today?

SITE VISIT SUMMARY

MENTAL HEALTH BOARD MEMBERS TO COMPLETE THESE QUESTIONS AFTER VISITING THE PROGRAM

1. What Is Your Overall Impression Of The Facility/Program, Including Strengths And Limitations?

2. Any Recommendations For This Facility Or Program for the Mental Health Board to consider?