

CPAW AGENDA ITEM READINESS WORKSHEET

CPAW Meeting Date: December 4, 2014

Name of Committee: Steering Committee

1. Agenda Item Name: Plan for FY 15-16 Plan Update

2. Desired Outcome: That CPAW provide input on the scope of the Community Program Planning Process (CPPP) for the FY 15-16 Plan Update.

3. Brief Summary: On October 28 the Contra Costa Board of Supervisors approved the MHSA Three Year Plan that is in effect through June 2017. At that meeting they noted that unspent funds from previous years will be utilized to meet program commitments, as projected budgets exceed anticipated revenues. They directed that they receive a plan to address this structural imbalance prior to approving the FY 15-16 Plan Update. Also, in their October 7 meeting they considered implementation of AB 1421, or Laura's Law, with MHSA as a mental health treatment funding source, and indicated the intent to address this issue again at their January Board meeting.

4. Background: The MHSA requires a completed CPPP prior to any Plan Update to the MHSA Three Year Plan. The statutory minimum requirements for stakeholder participation are that:

- The particulars of any Three Year Plan changes be developed with local stakeholder participation.
- A draft plan be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of such plan.
- The Mental Health Commission host a public hearing on the draft plan at the close of the 30 day period.
- The draft plan shall include any substantive written recommendations for revisions, and summarize and analyze the recommended revisions.
- The Mental Health Commission shall review the adopted plan and make recommendations to the county mental health department for revisions.

A comprehensive CPPP was recently completed prior to the submission of the currently approved Three Year Plan. Over 500 consumers, family members, service providers and other interested individuals participated in 52 focus groups and community forums that identified and prioritized needs, and provided strategies for meeting these needs (see attached summary).

5. Specific Recommendations: Given the above parameters, input from CPAW is solicited regarding the scope of a CPPP in preparation for the FY 15-16 Plan Update.

Specifically, given the above two emerging issues (plan for balancing the budget, potential Laura's Law implementation), and the Board allowed time frame of 3-5 months, how much community engagement is suggested prior to the particulars of any Three Year Plan changes being prepared and circulated. Also, input is solicited as to how to appropriately engage stakeholders, such as type(s) of gatherings, scope of agenda, hosted by whom, how to advertise, and whether outside facilitators should be engaged.

6. Anticipated Time Needed on Agenda: 50 minutes

7. Who will report on this item? Warren Hayes

Summary of Community Program Planning Process

MHSA Three Year Program and Expenditure Plan

Contra Costa County utilized the community program planning process (CPPP) in developing its Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Plan) for Fiscal Years 2014-15 through 2016-17. The events conducted and results are included in the Plan chapter entitled *The Community Program Planning Process*.

The CPPP started in August of 2013 by partnering with the Consolidated Planning Advisory Workgroup (CPAW) to develop the scope, milestones and timeline of this process. CPAW is an ongoing advisory body to the Behavioral Health Services Director, and currently consists of 22 members who self-identify with the following characteristics and affiliations: 14 current or former consumers of public mental health, 13 family members of consumers of public mental health, 4 members of the Mental Health Commission, 6 members of NAMI Contra Costa, 5 employees of mental health contract agencies, and 4 employees of Contra Costa Mental Health.

Last Fall a needs assessment was conducted by facilitating 25 focus groups consisting of persons and their family members currently receiving services, and persons providing these services. This included receiving input from the NAMI general membership in November. Participants in the needs assessment were asked what was working well, what needed improvement, and what was missing.

Over the Winter these needs were prioritized and recommended strategies developed by conducting 23 focus groups and 4 community forums. Eighteen of the focus groups were targeted for consumers, family members, and representatives from unserved and underserved groups. This included focus groups specifically for each age group, as well as people experiencing homelessness and the Latino, African American, Asian Pacific Islander communities, and individuals self-identifying as lesbian, gay, bi-sexual, transgender or questioning their sexual identity. An additional 5 focus groups were held with MHSA service providers from all over the County.

The results and analysis of the 23 focus groups were presented to stakeholders in a second series of 4 community forums; one for each region of the County, and one joint presentation to CPAW and the Mental Health Commission. Findings were reviewed from across the County, and further feedback was solicited on the proposed needs and strategies that were developed from the focus groups.

Flyers for the focus groups and community meetings were distributed by email to MHSA stakeholders, including MHSA providers, community based organizations, and all individuals who signed up for email updates during the focus groups activities, as well as through the MHSA coordinator's email listserv. Additionally, advertisements were placed in the local Contra Costa newspaper.

Over 500 consumers, family members, service providers and other interested individuals participated in the needs assessment and community engagement process. The reports for both activities are posted on the County's MHSA web page.

A first draft of the Plan was written, where stakeholder identified prioritized needs and strategies were linked with existing programs and plan elements. Input was then received from the Mental Health Commission and the Consolidated Planning Advisory Workgroup. Changes were incorporated, and a second draft of the Plan was posted for 30 days. The Mental Health Commission then hosted a public hearing. All input received from the public comment period, hearing and input from Commission members are addressed in Appendix E of the Plan. Stakeholders prioritized the following needs:

- Getting to and from services
- Improved assistance with navigating the mental health system
- Cultural and linguistically appropriate outreach and engagement
- Serving those who need it the most
- Improved crisis response
- More housing and homeless services
- Assistance with meaningful activity
- Children in-patient beds
- More support for family members and significant others
- Support for peer and family partners
- Care for the homebound frail and elderly
- Intervening early in psychosis
- Better integration between levels of care and service providers
- More transparent program and fiscal accountability
- Better communication in order to enable stakeholder trust and participation

Consumers, family members and service providers all maintained throughout the process that access to care, getting the right kind of care, and integrating this care into a coordinated team approach is most appreciated when it happens, and should remain the County's highest imperative.

CPAW AGENDA ITEM

READINESS WORKSHEET

CPAW Meeting Date: December 4, 2014

Name of Committee: Membership

1. **Agenda Item Name:** Update Characteristics and Affiliations
2. **Desired Outcome:** CPAW members update the characteristics and affiliations they wish to represent while participating in CPAW.
3. **Brief Summary:** The Membership Committee is asking current and prospective members to update the characteristics and affiliations for which they feel they have the personal experience to represent in CPAW meetings and committees.

Background: The Membership Committee has analyzed the composition of current CPAW membership. Thirteen seats remain to achieve the goal of representation by virtue of personal experience the characteristics and affiliations of all individuals or groups who receive or provide mental health services, or who are otherwise involved in public mental services in Contra Costa County.

Recruitment efforts are underway to solicit applications from persons who represent characteristics and affiliations for which there is currently no representation on CPAW. Second priority is recommending applications of individuals who represent characteristics and affiliations that are underrepresented on CPAW.

The Membership Committee is updating CPAW members' self-identified characteristics and affiliations in order to ensure accurate stakeholder self-identified representation while concurrently increasing membership to the desired goal of 35 active members.

4. **Specific Recommendation:** CPAW members are asked to fill in the primary stakeholder characteristic or affiliation for which they feel they have the experience to represent. Members are encouraged to fill in a secondary characteristic or affiliation if they feel it appropriate. During the CPAW meeting a form is being circulated for this purpose.
5. **Anticipated Time Needed on Agenda:** 10 minutes
6. **Who will report on this item?** Mariana Moore, Kathi McLaughlin

MHSA Monthly Budget Report

Fiscal Year 2014-15
July through October 2014

Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• CSS	\$ 30,068,631	\$ 5,852,493	\$ 27,609,145
• PEI	8,037,813	1,856,637	7,746,432
• INN	2,019,495	238,812	2,014,513
• WET	638,871	155,902	601,786
• CF/TN	849,936	283,020	800,325
Total	\$ 41,614,746	\$ 8,386,863	\$ 38,772,200

- Approved MHSA Budget means the funds set aside, or budgeted, for a particular line item prior to the start of the fiscal year.
- Expenditures means the funds actually spent in the fiscal year by the end of the month for which the report was made.
- Projected Expenditures means the funds that are estimated to be spent by the end of the fiscal year.

Disclosures:

- 1) Actual expenditures for the quarter ending September 30, 2014 are not reflective of the projected annual expenditures due to lags in receiving invoices from Community Based Organizations (CBOs) and Contracted Agencies. Therefore, projected expenditures are the same as the approved MHSA Budget for the first quarter.
- 2) Cost centers are used to track expenditures. MHSA cost centers are: 5714, 5715, 5721, 5722, 5723, 5724, 5725, 5727, 5735, 5753, 5764, 5868, 5899, and 5957. MHSA program plan elements include expenditures from multiple MHSA cost centers. Therefore, expenditures reported in the County's Expenditure Detail Report may not tie exactly to the MHSA program plan elements.
- 3) Various projected expenditures are based on rolling average of actual expenses.

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Full Service Partnerships			
– Children	\$ 2,885,820	\$ 406,488	\$ 2,672,651
– Transition Age Youth	2,065,642	487,012	2,048,178
– Adults	2,935,514	291,914	2,812,092
– Adult Clinic FSP Support	1,794,059	554,790	1,774,208
– Recovery Centers	875,000	165,849	875,000
– Hope House	2,017,019	466,333	2,017,019
– Housing Services	4,886,309	674,702	4,730,492
Full Service Partnerships Sub-Total	\$ 17,459,363	\$ 3,047,088	\$ 16,929,641
• General System Development			
– Older Adults	\$ 3,560,079	\$ 1,008,623	\$ 3,307,185
– Children’s Wraparound	2,161,974	394,918	1,552,864
– Assessment and Recovery Center - Miller Wellness Center	1,250,000	- ¹	1,250,000
– Liaison Staff	513,693	-	435,270
– Clinic Support	1,201,638	341,346	1,044,450
– Forensic Team	493,973	126,057	378,171
– Quality Assurance	1,176,673	286,829	912,007
– Administrative Support	2,251,239	647,632	1,799,557
General System Development Sub-Total	\$ 12,609,268	\$ 2,805,405	\$ 10,679,505
Total	\$ 30,068,631	\$ 5,852,493	\$ 27,609,145

Note:

1) The Mental Health portion of the Miller Wellness Center is expected to open in January 2015.

CSS - FSP Children's

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Personal Service Coordinators - Seneca	\$ 562,915	\$ - ¹	\$ 562,915
• Multi-dimensional Family Therapy – Lincoln Center	874,417	158,750	874,417
• Multi-systemic Therapy – COFY	650,000	- ¹	650,000
• Children's Clinic Staff – County Staff	798,488	247,738	585,319
Total	\$ 2,885,820	\$ 406,488	\$ 2,672,651

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

CSS - FSP Transition Age Youth

- Fred Finch Youth Center
- Youth Homes
- TAY Residential – Vendor TBD

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,400,642	\$ 342,987	\$ 1,400,642
	665,000	144,025	647,536
	-	-	-
Total	\$ 2,065,642	\$ 487,012	\$ 2,048,178

CSS - FSP Adults – Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Rubicon	\$ 928,813	\$ 139,380	\$ 928,813
• Community Health for Asian Americans (CHAA)	123,422	-	-
• Anka	768,690	-	768,690
• Familias Unidas (Desarrollo Familiar)	207,096	34,469	207,096
• Hume Center	907,493	118,065	907,493
Total	\$ 2,935,514	\$ 291,914	\$ 2,812,092

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

2) This organization will not be renewing their FY 14-15 contract.

CSS - Supporting FSPs

- Adult Clinic Support -
FSP support, rapid access, wellness nurses
- Recovery Centers – Recovery Innovations
- Hope House – Telecare

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,794,059	\$ 554,790	\$ 1,774,208
	875,000	165,849	875,000
	2,017,019	466,333	2,017,019
Total	\$ 4,686,078	\$ 1,186,971	\$ 4,666,227

CSS - Supporting FSPs Housing Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supportive Housing – Shelter, Inc	\$ 1,663,668	\$ 210,147	\$ 1,663,668
• Supportive Housing – Bonita House (proposed)	190,000	-	-
• Augmented Board & Care – Crestwood	411,653	153,333	411,653
• Augmented Board & Care – Divines	4,850	1,511	4,850
• Augmented Board & Care – Modesto Residential	120,000	10,120	120,000
• Augmented Board & Care – Oak Hills	21,120	7,040	21,120
• Augmented Board & Care – Pleasant Hill Manor	30,000	7,600	30,000
• Augmented Board & Care – United Family Care	271,560	112,999	271,560
• Augmented Board & Care – Williams	30,000	9,890	30,000
• Augmented Board & Care – Woodhaven	13,500	4,025	13,500
• Shelter Beds – County Operated	1,672,000	-	1,672,000
• Housing Coordination Team – County Staff	457,958	158,037	492,141
Total	\$ 4,886,309	\$ 674,702	\$ 4,730,492

Note:

- 1) Bonita House is still in planning phase.
- 2) Shelter Beds expenditures will be recorded at year end.

CSS - General System Development Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Older Adult Clinic - Intensive Care Mgmt , IMPACT	\$ 3,560,079	\$ 1,008,623	\$ 3,307,185
• Wraparound Support – Children’s Clinic	2,161,974	394,918	1,552,864
• Assessment and Recovery Center (MWC) – staff TBD	1,250,000	-	1,250,000
• Liaison Staff - Regional Medical Center	513,693	-	435,270
• Money Management – Adult Clinics	617,465	183,618	636,506
• Transportation Support – Adult Clinics	213,693	23,138	104,176
• Evidence Based Practices – Children’s Clinics	370,479	134,589	303,768
• Forensic Team – County Operated	493,973	126,057	378,171
Total	\$ 9,181,356	\$ 1,870,944	\$ 7,967,940

Note:

1) The Mental Health portion of the Miller Wellness Center is expected to open in January 2015.

CSS - General System Development Administrative Support

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Quality Assurance			
– Utilization Review - TBD	\$ 370,473	\$ -	\$ 85,651
– Medication Monitoring	89,843	44,797	134,390
– Clinical Quality Management	370,473	147,204	441,613
– Clerical Support	345,884	94,828	250,353
Quality Assurance Total	\$ 1,176,673	\$ 286,829	\$ 912,007
• Administrative Support			
– Project and Program Managers	\$ 757,210	\$ 304,348	\$ 913,043
– Clinical Coordinators	213,902	36,949	110,846
– Planner/Evaluators – TBD *	260,400	-	68,339
– Family Service Coordinator – TBD	105,205	-	-
– Administrative/Fiscal Analysts	327,336	73,281	219,842
– Clerical Supervisor	96,876	29,857	29,857
– Clerical Support	390,310	200,963	390,310
– Community Planning Process – Consultant Contracts	\$ 100,000	\$ 2,235	\$ 67,320
Administrative Support Total	\$ 2,251,239	\$ 647,632	\$ 1,799,557
Total	\$ 3,427,912	\$ 934,462	\$ 2,711,564

PEI Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Prevention – Outreach and Engagement			
– Reducing Risk of Developing a Serious Mental Illness			
• Underserved Communities	\$ 1,481,361	\$ 187,510	\$ 1,481,361
• Supporting Youth	1,600,726	382,601	1,744,261
• Supporting Families	585,434	104,232	565,064
• Supporting Adults , Older Adults	736,435	104,990	377,015
– Preventing Relapse of Individuals in Recovery	468,440	119,187	468,440
– Reducing Stigma and Discrimination	692,988	155,753	468,991
– Preventing Suicide	416,343	104,813	408,722
Prevention Sub-Total	\$ 5,981,727	\$ 1,159,086	\$ 5,513,855
• Early Intervention – Project First Hope	\$ 1,685,607	\$ 422,709	\$ 1,395,962
• Administrative Support	370,479	274,842	836,616
Total	\$ 8,037,813	\$ 1,856,637	\$ 7,746,432

PEI – Outreach and Engagement Underserved Communities

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Asian Community Mental Health	\$ 130,000	\$ - 1	\$ 130,000
• Center for Human Development	133,000	- 1	133,000
• Jewish Family & Children’s Services	159,699	40,575	159,699
• La Clinica de la Raza	256,750	- 1	256,750
• Lao Family Community Development	169,926	24,070	169,926
• Native American Health Center	213,422	- 1	213,422
• Rainbow Community Center	220,507	62,139	220,507
• Building Blocks for Kids (West Contra Costa YMCA)	198,057	60,726	198,057
Total	\$ 1,481,361	\$ 187,510	\$ 1,481,361

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI – Outreach and Engagement Supporting Youth

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• James Morehouse Project (West CC YMCA)	\$ 94,200	\$ 8,986 ¹	\$ 94,200
• Project New Leaf (Martinez USD)	220,079	- ¹	220,079
• People Who Care	203,594	73,049	203,594
• RYSE	460,119	72,130	460,119
• STAND! Against Domestic Violence	122,734	27,324	122,734
• Families Experiencing Juvenile Justice System	500,000	201,111	643,535
Total	\$ 1,600,726	\$ 382,601	\$ 1,744,261

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI – Outreach and Engagement Supporting Families

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Child Abuse Prevention Council	\$ 118,828	\$ 21,952	\$ 118,828
• Contra Costa Interfaith Housing	64,526	14,070	64,526
• Counseling Options Parenting Education (Triple P)	225,000	68,210	204,630
• First Five	75,000	-	75,000
• Latina Center	102,080	-	102,080
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Total	\$ 585,434	\$ 104,232	\$ 565,064

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI – Outreach and Engagement Supporting Adults and Older Adults

- MH Clinicians in Concord Health Center – TBD
- Lifelong Medical Care
- Senior Peer Counseling Program

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 246,986	\$ -	\$ -
	118,970	18,975	118,970
	370,479	86,015	258,045
Total	\$ 736,435	\$ 104,990	\$ 377,015

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Preventing Relapse – Putnam Clubhouse	\$ 468,440	\$ 119,187	\$ 468,440
• Reducing Stigma – Office of Consumer Empowerment	692,988	155,753	468,991
• Preventing Suicide – Contra Costa Crisis Center	292,850	73,212	292,850
– MH Clinician Supporting PES, Adult Clinics	123,493	31,601	115,872
	<u>\$ 416,343</u>	<u>\$ 104,813</u>	<u>\$ 408,722</u>
• Early Intervention – Project First Hope	\$ 1,685,607	\$ 422,709	\$ 1,395,962
• Administrative Support	370,479	274,842	836,616
Total	\$ 3,633,857	\$ 802,463	\$ 2,742,115

INN

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Supporting LGBTQ Youth – Rainbow Community Center	\$ 420,187	\$ 123,690	\$ 420,187
• Women Embracing Life Learning – County Operated – 1.5 FTE	194,652	49,592	148,775
• Trauma Recovery Project – County Operated – 1 FTE	123,493	35,837	107,511
• Reluctant to Rescue – Community Violence Solutions	126,000	(41,744)	126,000
Sub-Total	\$ 864,332	\$ 167,374	\$ 802,472
• Wellness Coaches (proposed)	\$ 222,752	\$ -	\$ 222,752
• Vocational Services for Unserved (proposed)	277,445	-	277,445
• Partners in Aging (proposed)	250,000	-	250,000
• Overcoming Transportation Barriers (proposed)	249,803	-	249,803
Sub-Total	\$ 1,000,000	\$ -	\$ 1,000,000
• Administrative Support - 1 FTE	155,164	71,438	212,041
Total	\$ 2,019,495	\$ 238,812	\$ 2,014,513

WET

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Workforce Staffing Support			
– Administrative Support	\$ 184,426	\$ 19,752	\$ 53,169
• Training and Technical Assistance			
– Staff Training – Various Vendors	75,000	13,650 1	65,000
– SPIRIT – TBD	11,000	- 1	-
– Family to Family – NAMI Contra Costa	20,000	- 1	20,000
– Law Enforcement – Various Vendors	5,000	- 1	5,000
• Mental Health Career Pathway Programs			
– High School Academy – Contra Costa USD	14,500	- 2	-
• Residency, Internship Programs			
– Graduate Level Internships – County Operated	178,945	114,582	358,617
– Graduate Level Internships – Contract Agencies	100,000	7,918	100,000
• Financial Incentive Programs			
– Bachelor, Masters Degree Scholarships	50,000	- 3	-
Total	\$ 638,871	\$ 155,902	\$ 601,786

Notes:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) High School Academy is the planning phase.
- 3) The Bachelor, Masters Degree Scholarships is in the planning phase.

Capital Facilities/Information Technology

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Electronic Mental Health Records System	849,936 ¹	283,020	800,325
• Construction of ARC, Hope House			
Total	\$ 849,936	\$ 283,020	\$ 800,325

Note

1) Estimated funds available to complete Electronic MH Records Project

MHSA Program/Plan Review Schedule

	Program/Plan Element	Lead	Month	Date	MHC/CPAW Volunteers
1.	Child Abuse Prevention	Gerold Loenicker	Oct 2014	Oct 22	
2.	Youth in Juvenile Justice	Gerold Loenicker	Nov 2014	Nov 13 Ranch Nov 14 L's	Louis Buckingham
3.	Children's Clinic Staff	Erin McCarty	Nov 2014	Nov 4 East Nov 13 West Dec 6 Central	
4.	Rainbow	Gerold/Erin	Dec 2014	Dec 11	
5.	Rubicon	Erin McCarty	Jan 2014	Jan 22	
6.	Center for Human Development	Gerold Loenicker	Jan 2014	Jan 21	Lauren Rettagliata
7.	Anka	Erin McCarty	Feb 2015	Feb 18th	Peggy Kennedy
8.	Building Blocks for Kids	Gerold Loenicker	Feb 2015	Feb 25th	
9.	Familias Unidas	Erin McCarty	Mar 2015		
10.	James Morehouse	Gerold Loenicker	Mar 2015		
11.	Native American	Gerold Loenicker	Apr 2015		
12.	Crestwood	Warren Hayes	Apr 2015		
13.	CHAA	Erin McCarty	May 2015		
14.	STAND!	Gerold Loenicker	May 2015		
15.	Senior Peer Counseling	Gerold Loenicker	Jun 2015		
16.	Shelter Inc	Warren Hayes	Jun 2015		Peggy Kennedy
17.	Modesto Residential	Warren Hayes	Jul 2015		
18.	NAMI	Warren Hayes	Jul 2015		
19.	Hospital Liaisons	Erin McCarty	Aug 2015		Louis Buckingham
20.	Divines	Warren Hayes	Aug 2015		
21.	Seneca	Warren Hayes	Sep 2015		Peggy Kennedy
22.	Oak Hill	Warren Hayes	Sep 2015		Peggy Kennedy
23.	Older Adults	Erin McCarty	Oct 2015		
24.	The Latina Center	Gerold Loenicker	Oct 2015		
25.	Lao Family Community Development	Gerold Loenicker	Nov 2015		
26.	United Family Care	Warren Hayes	Nov 2015		
27.	Suicide Prevention	Gerold Loenicker	Dec 2015		
28.	Pleasant Hill Manor	Warren Hayes	Dec 2015		
29.	Well – INN	Erin McCarty	Jan 2016		
30.	Asian Community M.H.	Gerold Loenicker	Jan 2016		
31.	Youth Homes	Erin McCarty	Feb 2016		
32.	People Who Care	Gerold Loenicker	Feb 2016		

33	Trauma Recovery – INN	Erin McCarty	Mar 2016		
34	CC Interfaith	Gerold Loenicker	Mar 2016		
35	Hume Center	Erin McCarty	Apr 2016		
36	Jewish Family & Children’s Services	Gerold Loenicker	Apr 2016		
37	Community Violence Solutions – INN	Erin McCarty	May 2016		
38	Putnam Clubhouse	Gerold Loenicker	May 2016		
39	COFY	Warren Hayes	Jun 2016		
40	Supporting Health Clinic	Gerold Loenicker	Jun 2016		
41	Woodhaven	Warren Hayes	Jul 2016		
42	Lincoln Child Center	Warren Hayes	Jul 2016		
43	Telecare	Erin McCarty	Aug 2016		
44	Contra Costa College	Warren Hayes	Aug 2016		
45	CC Crisis Center	Gerold Loenicker	Sep 2016		
46	Williams	Warren Hayes	Sep 2016		
47	George Miller Center	Erin McCarty	Oct 2016		
48	COPE and First Five	Gerold Loenicker	Oct 2016		
49	La Clinica de la Raza	Gerold Loenicker	Nov 2016		
50	Wellness Coaches – INN	Erin McCarty	Nov 2016		
51	OCE	Warren Hayes	Dec 2016		
52	Lifelong Medical Care	Gerold Loenicker	Dec 2016		
53	Transportation – INN	Erin McCarty	Jan 2017		
54	New Leaf	Gerold Loenicker	Jan 2017		
55	Partners in Aging – INN	Erin McCarty	Feb 2017		
56	Recovery Innovations	Gerold Loenicker	Feb 2017		
57	Fred Finch	Erin McCarty	Mar 2017		
58	First Hope	Gerold Loenicker	Mar 2017		
59	Admin Support/QA	Warren Hayes	Apr 2017		
60	Graduate Internships	Warren Hayes	Apr 2017		
61	Adult FSP Support	Erin McCarty	May 2017		
62	RYSE	Gerold Loenicker	May 2017		
63	Forensic Team	Erin McCarty	Jun 2017		
64	Vocational Services – INN	Warren Hayes	Jun 2017		
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Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA		
2. Serve the agreed upon target population.		
3. Provide the services for which funding was allocated.		
4. Meet the needs of the community and/or population.		
5. Serve the number for individuals that have been agreed upon.		
6. Achieve the outcomes that have been agreed upon.		
7. Quality Assurance		
8. Ensure protection of confidentiality of protected health information.		
9. Staffing sufficient for the program		
10. Annual independent fiscal audit		
11. Fiscal resources sufficient to deliver and sustain the services		
12. Oversight sufficient to comply with generally accepted accounting principles		
13. Documentation sufficient to support invoices		
14. Documentation sufficient to support allowable expenditures		
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year		
16. Administrative costs sufficiently justified and appropriate to the total cost of the program		
17. Insurance policies sufficient to comply with contract		
18. Effective communication between contract manager and contractor		

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:**
Date of Exit Meeting:
- II. **Review Team:**
- III. **Name of Program/Plan Element:**
- IV. **Program Description.**
- V. **Purpose of Review.** Contra Costa Mental Health is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program/plan element. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program/plan element in order to review past and current efforts, and plan for the future.
- VI. **Summary of Findings.**
- VII. **Review Results.** The review covered the following areas:
 1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards). Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.
Method. Consumer, family member and service provider interviews and consumer surveys.
Results.
Discussion.

Attachment 1 – Program and Fiscal Review Report Template

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. For Prevention and Early Intervention, does the program prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description and/or service work plan with a random sampling of client charts or case files.

Results.

Discussion.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.

Results.

Discussion.

4. **Meet the needs of the community and/or population.** Is the program or plan element meeting the needs of the population/community for which it was designed. Has the program or plan element been authorized by the Board of Supervisors as a result of a community program planning process. Is the program or plan element consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.

Results.

Discussion.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.

Attachment 1 – Program and Fiscal Review Report Template

Results.

Discussion.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of restriction, incidence of psychiatric crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.

Results.

Discussion.

7. **Quality Assurance.** How does the program/plan element assure quality of service provision.

Method. Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.

Results.

Discussion.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program/plan element's implementation of a protocol for safeguarding protected patient health information.

Results.

Discussion.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with organization chart, staff interviews and duty statements.

Attachment 1 – Program and Fiscal Review Report Template

Results.

Discussion.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings.

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Results.

Discussion.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review audited financial statements (contractor) or financial reports (county). Review Board of Directors meeting minutes (contractor). Interview fiscal manager of program or plan element.

Results.

Discussion.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or plan element.

Results.

Discussion.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.

Results.

Discussion.

14. **Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program or plan element.

Attachment 1 – Program and Fiscal Review Report Template

Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures charged to the cost center (county) or invoiced to the county (contractor).

Results.

Discussion.

15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows).

Method. Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program or plan element.

Results.

Discussion.

16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element.

Method. Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.

Results.

Discussion.

17. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Results.

Discussion.

18. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager and contractor staff.

Results.

Discussion.

Attachment 1 – Program and Fiscal Review Report Template

VIII. Summary of Results.

IX. Findings for Further Attention.

X. Next Review Date.

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

WILLIAM B. WALKER, M.D.
Health Services Director
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Behavioral Health Director



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DATE: November 6, 2014
TO: Sam Yosioka, Chair
Contra Costa Mental Health Commission
SUBJECT: Behavioral Health Director's Report

1. **Patients' Rights Update**
The contract with Consumers Self Help Centers (CSHC) was approved by the Board of Supervisors on 11-4-14.
2. **Medi-Cal Outreach and Enrollment Grant**
The three Patient Financial Services Specialist positions funded by this grant were approved by the Board of Supervisors on September 9, 2014. These positions will work with the target population to assist them in enrolling in Medi-Cal. Two positions have been filled and we continue to recruit to fill the third position.
3. **AB1421**
Behavioral Health has been directed to return to the Board of Supervisors in January.
4. **Mental Health Family Services Coordinator**
Vic Montoya, Adult Program Chief, and Commissioner Buckingham will conduct joint interviews on Monday, November 10, 2014.
5. **Update on Behavioral Health Electronic Medical Record**
The Behavioral Health Director will provide a verbal update on the implementation of Tapestry, a module of Epic, the EMR that the Hospital and Clinics is using.



CPAW Meeting Calendar

December 2014



Sun	Mon	Tue	Wed	Thu	Fri	Sat
<i>Noel!</i>	1	2	3	4 CPAW: 3-6pm 2425 Bisso Ln, 1st Flr Conference Room, Concord	5	6
7	8	9 Social Inclusion: 10am-12pm 2425 Bisso Ln, Concord	10 Systems of Care: 10am-12 pm 1340 Arnold Dr, Ste 200, Martinez	11 Children's: 12-1:30pm— 1340 Arnold Dr, Ste 200, Martinez	12	13
14	15	16	17 Housing: 9-10:30am 1340 Arnold Dr, Ste 200, Martinez	18 Steering: 1-3pm 2425 Bisso Ln, 1st Flr Conference Room, Concord	19 Membership: 11am-1pm 1340 Arnold Dr, Ste 200, Martinez	20
21	22 Innovation: Cancelled	23	24 Christmas Eve Aging and Older Adult: Cancelled	25 Christmas 	26	27
28	29	30	31 New Year's Eve 			