

MHSA FY 2015-16 Plan Update - Milestones and Timeline - as of February 27, 2015

<u>Event</u>	<u>Product</u>	<u>Lead</u>	<u>Complete By</u>
1. Plan stakeholder process	Milestones and Timeline	CPAW	Completed
2. Plan Community Forum	Draft agenda	CPAW	Completed
3. Approve plan, announce event, send survey	Complete forum planning	Warren	Completed
4. Conduct Community Forum	Stakeholder meeting	M. Pappas	Completed
5. Adjust budget to achieve balance by FY 2017-18	Draft budget plan	Finance	MAR 6
6. Update program profiles, submit FY 13-14 outcomes	Updated Program Profiles	Programs	MAR 13
7. Develop draft 1 st Plan Update; share with CPAW/MHC	1 st draft Plan Update*	Warren	MAR 20
8. CPAW/MHC review, comment on draft plan	2d draft Plan Update	Warren	MAR 27
9. Approve 2d draft Plan Update; post for public comment	Approval; posting	Cynthia	APR 3
10. Submit plan for balanced budget	Draft budget plan	BOS	APR 9
11. 30 day public comment period	Public Hearing	MHC	MAY 14
	Comments incorporated	MHSA staff	MAY 21
12. Board of Supervisor (BOS) review	Approve final Plan Update	BOS	MAY 28

*The draft Plan Update will include a process to achieve a structurally balanced budget by FY 2017-18.

**CPAW AGENDA ITEM
READINESS WORKSHEET**

CPAW Meeting Date: March. 5, 2015

Name of Committee: Children's

1. Agenda Item Name: *Letter to Behavioral Health Director re: Miller Wellness Center*

2. Desired Outcome

- **Recommend to MH Director**

3. Summary

CPAW Children's Mental Health Committee

- seeks approval of CPAW to send a letter to the Behavioral Health Director, **or**
- asks CPAW to send a letter of the Behavioral Health Director stating the committee's concerns about the mental health wing of the Miller Wellness Center (see letter attached). The letter talks about the behavioral health wing not being welcoming, particularly to children and their families (see letter attached).

4. Background:

On Jan 30, members of the committees on the System of Care and Children's Mental Health visited the mental health wing of the Miller Wellness Center for a tour guided by Matthew Luu, Mental Health Program Manager at Ambulatory Care. Participants of tour were given opportunity for a Q&A to get information about the implementation plans.

7. CPAW Role: What is the desired and appropriate level of CPAW engagement?

- **Recommend- to the MH Director, or other bodies**

8. Anticipated Time Needed on Agenda: 10 min

10. Who will report on this item?

Ryan Nestman

To: CPAW steering Committee

From: CPAW children's committee

Dear CPAW Steering Committee,

This letter is a follow up summary and expression of concerns after a tour of the Miller Wellness center by several children's committee members on Jan 30. It is our understanding that MHSA funds were utilized to build this center and will continue to be utilized to help fund staffing. The committee experienced many areas of discrepancy with what was advocated for on the behavioral health side and what has actually been built. There is an overwhelming sense that the current configuration of the Center will not meet the mental health needs of consumers nor does it conform to the plan submitted to the state and may not, in fact, meet the outcome expectations presented to the state nor meet the promise of change, safety, and a more welcoming experience for our consumers.

A few of the concerns regarding the structure include the huge discrepancies in the configuration of the building; the difference in the appearance of the entrances to Behavioral Health (children and adults) vs the Wellness side; the difference in the spaciousness of the lobbies; the staff work areas; the meeting rooms (both in size and number); group rooms being very sterile; lack of space for parent/family advocates and the overwhelming feeling that Behavioral Health is being dismissed, disrespected, and treated like an after-thought.

Another area that was clearly missing to all who visited that day was the lack of welcoming materials, paintings, art work, or anything that would represent a safe, inclusive space. This is the area that would be most effective in changing the environment and the easiest to implement. Particularly on the children's side...a complete miss, with no thought or attention to the experience of youth at all. Unfortunately, when questioned about this, there was significant blame and shifting of responsibility. The Mental Health Services Act is designed to fund and encourage systems change; The Wellness Center has fallen short of this promise.

The committee would like to make some suggestions that we feel would improve the Center and move toward meeting the goals for the state, the committee, and the consumers. Given that the building itself is unlikely to change, we will focus on ideas that can be implemented quickly.

Ideas:

- 1) Create more signage outside to increase access to Center; including from the main entrance, all the way into the hospital and through the parking lots.
- 2) Create welcoming environments in all lobby areas and hallways; children's lobby should have television, age appropriate magazines, activities, and posters. Please include Inclusive

(LGBTQ) signs, culturally diverse posters, and educational materials (health, STD's, clinics, resources, sports, etc)

- 3) Training will include trauma informed, culturally mindful, and complexity capable cross format workshops; including all staff from both health care and behavioral health and all staff levels/positions.

CPAW Children's Committee appreciates your time and consideration of these suggestions. We will continue to advocate for our youth and families who are experiencing life challenges and need our collective voice to create change.

Sincerely,

CPAW Children's Committee Members

CPAW AGENDA ITEM READINESS WORKSHEET

CPAW Meeting Date: 3/5/2015

Name of Committee: Innovation

1. **Agenda Item Name:** *Letter to the County Behavioral Health Directors Association of California*

2. **Desired Outcome**

- **Recommend to MH Director**

3. **Summary**

The Innovation Committee recommends that Contra Costa Behavioral Health Services submit a letter to the County Behavioral Health Directors Association of California (CBHDA) requesting they ask the Mental Health Services Oversight and Accountability Commission (MHSOAC) update their Innovation webpage to include descriptions of all approved Innovation Plans.

4. **Background:** What context is needed for CPAW members to understand this item? What's the history that CPAW members need to be aware of for discussion or recommendation? (eg. Is this building on a previous committee recommendation?) What else should CPAW members know about the rationale that guided the committee or individual to this point?

The MHSOAC has listed some of the approved Innovation Plans on its Innovation webpage (<http://www.mhsoac.ca.gov/Counties/Innovation/Innovation.aspx>) but has not included all of the approved Plans. According to the regulations, "The County shall design and implement an Innovative Project to do one of the following: (1) Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention. (2) Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population. (3) Applies to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings". It is critical that information about approved Innovation Plans be shared among counties, as Innovation Plans must be unique. In order to assist counties in developing Innovation Plans that will meet criteria for approval, the MHSOAC should post descriptions of approved Innovation Plans immediately following approval.

Additionally, the information about approved Innovation Plans found on the MHSO Resource Clearinghouse website is also out-of-date (<http://mhsaresources.org/learning-projects/approved-inn-plans/>).

As a result, the Innovation Committee recommends that Contra Costa Behavioral Health Services submit a letter to the County Behavioral Health Directors Association of California (CBHDA) requesting they ask the Mental Health Services Oversight and Accountability Commission (MHSOAC) update their Innovation webpage as well as the MHSO Resource Clearinghouse webpage to include descriptions of all approved Innovation Plans.

5. **CPAW Role:** What is the desired and appropriate level of CPAW engagement?

- **Recommend- to the MH Director, or other bodies**

6. **Anticipated Time Needed on Agenda:** 10 Minutes

7. **Who will report on this item?** Innovation Committee

To: Cynthia Belon, Behavioral Health Services Director
From: Warren Hayes, MHSA Program Manager
Subject: Evaluation of MHSA February 25th MHSA Community Forum
Date: February 26, 2015

On February 25th Behavioral Health Services hosted a Community Forum as part of developing the Fiscal Year 2015-16 update of Mental Health Services Act Three Year Plan (see attached). In attendance were 143 stakeholders who were provided an overview of the Mental Health Services Act, the Three Year Plan and the Community Program Planning Process. The audience then rotated through three breakout sessions to 1) discuss and prioritize identified and emerging mental health service needs, 2) strategies to address these identified needs, and 3) to provide input on implementing Laura's Law. 22 volunteers from Behavioral Health Services, the Mental Health Commission (MHC), the Consolidated Planning and Advisory Workgroup (CPAW), and the Contra Costa chapter of the National Alliance for the Mentally ill (NAMI) assisted by acting as group facilitators, note takers, and staffed key activities, such as set up and clean up, registration, manning an information table, and issuing gift cards. Note takers provided detailed notes from the three breakout sessions, and this information will be incorporated into Community Program Planning chapter of the FY 2015-16 MHSA Plan Update.

Attendees completed an evaluation of the event. Results were tabulated and summarized.

Percentage of responders who agreed or strongly agreed with the following statements:

1. 97% - overall satisfaction with the experience.
2. 95% - the objectives of the forum were clearly stated.
3. 92% - the forum met the stated objectives.
4. 89% - the right topics were chosen.
5. 92% - small group discussions were effective.
6. 94% - satisfaction with the method of getting input.
7. 94% - felt comfortable providing input.
8. 85% - satisfied with the location.
9. 95% - satisfied with the availability of reasonable accommodations.

Comments were generally positive. Representative comments from attendees indicated they felt that the format was a good means to be heard and to learn more about mental health services. Discussions and input were collaborative and respectful. The Assisted Outpatient Treatment breakout session was noted to be well facilitated, recorded and informative. Suggestions for improvement:

- Hold more follow up forums such as these to bring in mental health program representative to inform stakeholders as to what they do, and to work on more specific issues, such as how consumers and family members can better access care and move between levels of care.
- Better advertise these events to bring in people who are affected by mental health services, but do not usually come.
- Put breakout sessions in different rooms, as hearing was an issue.

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** December 16 and 17, 2014
Date of Exit Meeting: January 30, 2015

- II. **Review Team:** Mike Geiss, Gerold Loenicker, Erin McCarty, Warren Hayes

- III. **Name of Program/Plan Element:** Rainbow Community Center of Contra Costa County
 - 1) Outpatient Behavioral Health – Innovation
 - 2) Pride and Joy – Prevention and Early Intervention
 - 3) Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth Support – Prevention and Early Intervention
 - 4) Inclusive Schools – Prevention and Early Intervention

IV. Program Description.

Rainbow Community Center (RCC) is an organization in Contra Costa County devoted to serving the lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) community. Its current organizational priorities are to serve vulnerable and isolated segments of our community with a focus on reaching youth, seniors, people living with HIV/AIDS and those experiencing challenges in coming out and/or completing life transitions. RCC believes that building a stronger sense of community connection promotes social cohesion. By working towards greater acceptance of all LGBTQ people RCC also helps to reduce health and mental health disparities that are associated with rejection from family, schools and faith communities.

- 1) *The Outpatient Behavioral Health Program*, funded through the Innovation component of the Mental Health Services Act (MHSA), provides outpatient behavioral health services for the LGBTQ communities. RCC works with consumers to develop a health and un-conflicted self-concept by providing individual, group, couples and family counseling, as well as case management. Counseling and case management services are available in English, Spanish and Vietnamese. Onsite support is available in Tagalog. The

primary service area for counseling and case management services is Central County, with services provided on-site at RCC and in four high schools in Mt. Diablo Unified School District. Services have been expanded into East County with space at Community Presbyterian Church in Pittsburg, Pittsburg High School and the Center for Human Development in Antioch. West County space has been secured at Sojourner Truth Presbyterian Church in Richmond, Hercules High School, Callie House and RCC is working on an MOU with RYSE Center and Native American Health Center in Richmond as well.

In accordance with the community program planning process, the original Innovation plan for Contra Costa Mental Health (CCMH), approved in 2010, set the goal of learning whether applying a Social Support Model to mental health services targeting LGBTQ youth and transition age youth would improve their mental health outcomes. Subsequent Mental Health Services Act Plans expanded the target population to include adults.

- 2) *Pride and Joy* and *LGBTQ Youth Support*, funded through Prevention and Early Intervention (PEI) of MHSA, are **Prevention** projects aimed at helping to increase protective factors and reduce risk factors against for developing potentially serious mental illnesses. Numerous studies suggest an increased risk for suicide and mental disorders among members of the LGBTQ community due to social rejection, isolation, and internal struggles with self-acceptance and identity. Protective factors include increased acceptance by the community at large, educational institutions, the health care system, connectedness and a sense of community, and positive self-regard. While the *Pride and Joy* program focuses seniors, people living with HIV, and community members with unidentified mental health needs, the *LGBTQ Youth Support* focuses on supporting youth in their educational settings, in their families, and in the community.
- 3) *Inclusive Schools* is an initiative previously funded through Innovations. The Initiative focuses on creating a positive, accepting and inclusive climate at schools by educating school staff and helping them put policies in place that promote integration and acceptance.

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 MHSAs 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.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSAs	Yes	Services are culturally specific and competent, community based, and responsive to community needs
2. Serve the agreed upon target population.	Yes	Services are provided to an underserved community.
3. Provide the services for which funding was allocated.	Yes	All MHSAs funds directly support either PEI or INN programming
4. Meet the needs of the community and/or population.	Yes	Program is consistent with community planning process and strategies.
5. Serve the number of individuals that have been agreed upon.	Yes	Target service numbers are reached
6. Achieve the outcomes that have been agreed upon.	Yes	Relevant measures of success are met.
7. Quality Assurance	Yes	Utilization review and client interviews attest to

		high standards of care
8. Ensure protection of confidentiality of protected health information.	Yes	Program has HIPAA compliant policies in place
9. Staffing sufficient for the program	Yes	Staffing level support targeted service numbers
10. Annual independent fiscal audit	No	Program has financial review but not full independent audit with auditor's option regarding financial statements
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Program has sufficient reserves but should look to further diversify revenues
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Staff is well qualified and program has good internal controls and monthly review processes
13. Documentation sufficient to support invoices	Yes	Organization provided documentation and explanations that support monthly invoices
14. Documentation sufficient to support allowable expenditures	Yes	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Documentation supports that funds are invoiced in the appropriate fiscal year
16. Administrative costs sufficiently	Yes	The program uses an

justified and appropriate to the total cost of the program		appropriate allocation approach for indirect costs
17. Insurance policies sufficient to comply with contract	Yes	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Yes	Regular contact between manager and contractor

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 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.

Survey results:

The following table summarizes the survey results. We received a total of 49 surveys. Responses are consistent with consumer interviews; show an overwhelmingly positive evaluation of the program by participants; and show adherence to MHSa values.

Questions	Responses: 49				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: strongly agree, agree, disagree, strongly disagree, I don't know)	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness	Average score: 3.33 (n=46) <i>n denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored "I don't know."</i>				
2. Allow me to decide what my own strengths and needs	Average score: 3.20 (n=44)				
3. Work with me to determine the services that are most helpful	Average score: 3.12 (n=43)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.17 (n=43)				

5. Provide services that are in my preferred language	Average score: 3.40 (n=35)			
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.14 (n=45)			
7. Are open to my opinions as to how services should be provided	Average score 3.19 (n=34)			
Your response to the following questions is appreciated:				
8. What does this program do well?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • Provide for opportunities for camaraderie and fellowship • Provide peer support • Sharing information and educating the public about important topics (i.e., gender identity, HIV, etc.) • Provide for a safe and welcoming space • Socialization for seniors 			
9. What does this program need to improve upon?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • More services (i.e., dual diagnosis groups, more one-on-one therapy) • Larger facility • More staffing – particularly youth mentors 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • More groups for individuals of color, veterans, and individuals aged 18-35; specific diagnoses (OCD, schizophrenia, bipolar) 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: <i>Very important, Important, Somewhat important, Not Important.</i>)	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
Average score: 3.39 (n=44)				
12. Any additional comments?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • “I am able to be myself and feel I am in a safe space.” • “Thank you for giving me my life back!” • “I felt isolated from the LGBTQ community before coming here but now I feel like I am an integral part of the community.” 			

Consumer interviews:

At the consumer interview 20 consumers participated, at least eight of whom were participants of the youth program. All of the participants, youth and adults alike, stressed how crucial the center is as a place of safety, reassurance, and

connection for members of the LGBTQ community, who, in school-, work-, or community environments, often feel excluded, threatened, or unable to be themselves. As one participant put it, “the sense of comradery in this place is quite unique.” Others spoke of the inclusive nature of RCC where disparate groups and individuals gather that connect around falling out the mainstream with regard to sexual orientation and identity. “At Rainbow barriers such as age, color, and sexuality are broken down,” was one comment. Another participant pointed out that “staff members are very active for RCC to become inclusive of people of color”. Younger participants spoke of the family like environment that fosters a sense of acceptance during a period of questioning and search for orientation that is of great importance in their identity formation. Some contrasted the acceptance at RCC with the rejection by families of origin. Others highlighted the role RCC has played in helping families of origin find help for their struggling youth.

Asked about the impact of Rainbow Community Center on their lives, participant included the following additional points:

- RCC helped me understand my internal struggles
- Helped me with anxiety and depression
- Counseling helped me with my panic attacks
- Helped me through my struggles with suicidal thoughts
- RCC educated my heterosexual parents and helped them find help for me
- Helped me connect to substance abuse programming
- RCC helped me navigate the complicated health system [which in case of the reporting individual helped ensure life preserving medication management as well as mental health treatment after moving from out of state]
- Helped me advocate for LGBTQ rights at my school and build Gay Straight Alliance (GSA)
- Helped me find a job
- Helped me regain my self-confidence after job loss by providing opportunity to volunteer
- Helped my overcome physically abusive relationship
- Counseling at Rainbow made me want to become involved in Suicide Prevention myself
- Helped me out of isolation
- Helped me get linked to other services, including department of rehabilitation, psychiatric services, county mental health clinics

Asked about improvements that are needed at RCC, participants listed the following items:

- “we need more youth mentors”, the strong demand strong among youth for help and guidance would warrant hiring more youth mentors who could provide counseling
- Need for a conference on youth engagement and mentoring
- More arts and theater as part of youth work
- Strengthening anti-bullying programming at schools
- More women’s programming
- Transportation, overall participation could be stronger if there were facilities in other parts of the county or if there was better transportation
- Second HIV men’s group to accommodate different schedules

While most participants attested RCC responsiveness to the unique cultural needs of clients, some stated that the organization needs more bilingual Asian Pacific Islander staff, and should make more efforts to hire from the outside. While participants felt included in the planning and decision making process of the organization, some voiced the wish for more avenues for input, such as periodic surveys, more planning committees, and a transgender board to take better into account the needs of the transgender community.

Overall, participant rated the importance of the center on their well-being as very high.

The staff interview

The staff interview included 17 staff of the organization. Staff described RCC programming along three tiers: tier one being outreach and engagement, tier two being more focused group support, and tier three being individual counseling and case management support. Examples for tier one include outreach activities such as youth dances and talent shows, use of social media, participation and facilitation of conferences, pride events, large scale community events; examples for tier two include support groups for various topics and demographic subsets, such as youth groups at school and on site, men of color with HIV groups, women’s group. In tier three staff works with individuals on wellness goals and can include work with licensed and license eligible staff. The work in schools also includes collaboration with school staff at IEP’s and care teams to ensure best supports to students, build protective and reduce risk factors. Staff pointed out that wherever possible they try to coordinate with alcohol and other drug services, housing, food and other services to support their clients. With regard to challenges and how to better serve the community, staff talked about reaching

more of the TAY population and the “middle range” (age 25 to 35) by providing more skill building and vocational programming, more outreach to communities of color in East and West County, and reducing no shows by assisting with transportation. Following a philosophy of turning no one away and echoing the consumer interviews, staff spoke about the need for more youth counselors and more staff in general to meet the high demand for their services. To stay up to date with developments in the field, staff participate in county trainings, particularly around treating trauma. Staff voiced the need to be included in the county’s WRAP program, and other evidence based practices, as well suicide assessment training.

Discussion. Rainbow Community Center delivers programming according to the values of the MHSA. The program provides culturally and linguistically competent services to an under-served population that are community-based and responsive to the needs of the community. The program design covers a full array of mental health services, from prevention and early intervention to treatment and recovery support. Rainbow connects program participants to a wide array of community resources according to the individual needs of the consumers.

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. The *Outpatient Behavioral Health Program* undergoes regular utilization reviews conducted by the Central Adult Mental Health Clinic’s utilization review staff to ensure all clients meet the definition of severe emotional disturbance or serious mental illness. The review confirms that Rainbow serves the agreed upon target population. Additionally, Contra Costa County performs a centralized utilization review on all programs which bill MediCal, including RCC. On December 22nd, a Level 2 Utilization Review was conducted by County Mental Health. The results show that Rainbow exhibits excellent compliance with documentation requirements and is responsive to feedback re: any issues that arise. Level 2 review includes verification that all clients meet medical necessity

criteria and that assessment, treatment planning, treatment and documentation all align.

For the Prevention and Early Intervention funded projects, services are targeting individuals who are either self-identifying as needing help with issues related to sexual orientation and identity or referred by third parties such as school based programs, family and community members, other mental health clinics, or community based organization. Services are meant to reduce risk factors/ increase protective factors for developing mental illness by reaching out to LGBTQ individuals and their families and support systems, increase social connections between community members, and provide a trauma informed environment and treatment where participants can safely process their experiences.

Discussion. The program serves the agreed upon population.

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. Monthly service summaries and 931 and 864 Reports from Contra Costa County Mental Health's billing system, as well as annual outcome reports, show that the *Outpatient Behavioral Health Program* is providing the number and type of services that have been agreed upon by RCC and Contra Costa County.

For Prevention programs, monthly service summaries as well as semi-annual reports show that the program has consistently provided services for which funding was allocated, including large scale outreach events, targeted outreach to schools and other institutions, a variety of support groups to meet a multitude of interests and needs, and efforts to help schools and other system partners become more inclusive of LGBTQ members.

Discussion. MHSA funds that are directed to the agency cover expenditures associated with supporting the provision of the *Outpatient Behavioral Health Program* and *Prevention and Early Intervention Programs*.

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. The *Outpatient Behavioral Health Program* was included in the original Innovation plan that was approved in April 2010 and included in subsequent plan updates. The program has been authorized the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan as well as the draft Innovation regulations. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

The Prevention program was included in the original PEI Plan (May 2009), which spoke to the “lack of supports for LGBTQ in Contra Costa County” and pointed to the experience of “stigma, stress and depression related to their sexual orientation” and “stress related to their developing sexual identity”. The LGBTQ community was identified as an underserved community. The program has been authorized by the Board of Supervisors, is consistent with the current MHSA Three Year Plan and with the draft PEI regulations. Interviews with programs participants and staff as well as the survey indicate that the program meets the needs of the community it serves

Discussion. The programs meet the needs of the community and the population for which they are designated.

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.

Results. The *Outpatient Behavioral Health Program Service Work Plan* requires that the program serves approximately 125 clients per fiscal year. In the FY 13-14, RCC’s *Outpatient Behavioral Health Program* served 135 clients; in the FY 12-13, the program served 128 clients. A review of attendance rosters and intake forms supported year end reports.

The Service Work Plan for the *Prevention* contract lists a large number of service goals, not all of which were reported on in the annual report. The Work Plan is ambitious in detailing service numbers for different activities to an extent that tracking these service goals becomes unmanageable, in part due to necessary adjustments in programming in the course of the fiscal year. With regards the

consolidated numbers, Rainbow exceeded its goals. With *Pride and Joy*, Rainbow set out to reach about 800 individuals with its outreach activities; Rainbow reported having reached 1089 individuals. With its *Youth Programming*, Rainbow set out to reach 125 youth; it reached 392 youth. According to its annual report Rainbow delivered on all types of service activities, continuing long standing support groups, such as Men of Color living with MIV/Aids or Transwomen support groups, and creating new ones.

Discussion. The programs serve the number of individuals that have been agreed upon.

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. The *Outpatient Behavioral Health Program* outlines nine outcome measures RCC uses to track changes in coping skills and mental health symptoms. Additionally, the FY 14/15 Innovation Service Work Plan includes measures that evaluate the effectiveness of the best practices developed in the initial years of the *Social Supports for LGBTQ Youth* Innovation project. In FYs 12/13 and 13/14, the program met all of its process outcome targets and began to collect baseline data to enable the program to track changes in mental health outcomes over time. To date, RCC has not submitted the final report summarizing the lessons learned from their *Creating a Safe Haven to Support Transgender and LGBTQQI2-S Youth Involved in Sexual Exploitation* Innovation project, which ended during Quarter One of FY 14/15. The final report is due by the end of calendar year 2014.
For its *PEI programs*, the *Measures of Success* have undergone adjustments over the past three years. In 13/14, the work plan listed twenty-four Measures of Success or indicators; for eleven of the indicators Rainbow reached its targets. Eight indicators could not be tracked adequately, either due to changes in programming or insufficient means to measure outcomes. For three indicators Rainbow reached the targets partially, two deliverables had to be delayed due to

programming. In 12/13, Rainbow reached or exceeded all of its target numbers for clients served and twelve out of fourteen outcome goals, two goals were not able to be adequately tracked. In 11/12, Rainbow exceeded nine of out of sixteen benchmarks.

Discussion. The program achieves the outcomes that have been agreed upon. However, success indicators should be refined based upon the program's experience in the last three years and survey practices. There should be fewer indicators and the indicators should focus on determining success in preventing mental illness from becoming more severe and/or on improving mental health outcomes.

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. Contra Costa County did not receive any grievances toward the program. The *Outpatient Behavioral Health Program* undergoes regular Level 1 and Level 2 utilization reviews conducted by the County Mental Health utilization review teams to ensure that program services and documentation meet regulatory standards. Level 1 and Level 2 utilization review reports indicate that Rainbow is in compliance with documentation and quality standards. The program has a grievance policy in place.

Discussion. The program has a quality assurance process in place.

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. RCC has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Client charts are kept in locked file cabinets, behind a locked door and comply with HIPAA standards. Clients and program participants are informed about their privacy rights and rules of confidentiality.

Discussion. The program complies with HIPAA requirements.

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.

Results. The *Outpatient Behavioral Health Program* employs a program consultant (PsyD), lead therapist, three case managers, six contracted licensed clinical supervisors, and 10-15 post-masters interns. The current staffing allows the agency to serve the targeted number of clients. However, due to staff turnover, RCC has had to hire several lead therapists over the course of the four years the clinical program has been in existence. Because of the agency's unique ability to serve the LGBTQ population in a culturally competent manner, some of the clients receiving services through the *Outpatient Behavioral Health Program* are complex and require psychiatric services as well as case management and counseling. Yet some of these complex clients are unable and/or resistant to seeking more intensive mental health services from other agencies, such as county clinics.

For its PEI programming, Rainbow employs outreach-, volunteer-, event-, and support group coordinators, a youth director, youth mentors, an inclusive school coordinator, and an HIV and LGBTQ senior services coordinator. Staff and program participant interviews all showed that there is much need for more youth mentors, as they provide critical one-one-one support for distressed youth in school and community.

Discussion. Sufficient staffing is in place to serve the number of clients outlined in the *Outpatient Behavioral Health Program's* Service Work Plan. That being said, the frequent turnover of the lead therapist position is a potential cause for concern as it may affect the program's ability to effectively serve its clients. It takes time for service providers to learn about the various resources available through Contra Costa Behavioral Health's System of Care. Knowledge of the System of Care is critical when serving clients with complex behavioral health service needs who may need to be referred to multiple providers for care. The agency may want to examine the current *Outpatient Behavioral Health Program's* staff structure and consider offering additional incentives to ensure qualified individuals are retained in the lead therapist position.

For the *PEI projects*, there is sufficient staff in place to meet service goals. However as mentioned, there is a need to prevent turnover among youth mentors, whose services are highly sought after by program participants. As evidenced by interviews, there is more demand for youth mentors than can be met under current contract limits.

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. RCC provided an Independent Accountants Review Report for fiscal year ending June 30, 2014. The auditors did not identify any material concerns. The auditors did identify that a significant portion of the program's revenues (88%) were from government contracts with Contra Costa County. Also, as noted by the auditors, a review is substantially less in scope than an audit and, because this was a review and not an audit, the auditors did not express an opinion regarding the financial statements of RCC.

Discussion. RCC has grown significantly since inception and now has over \$1 million in annual revenues and expenditures. Given the size of the organization, it would provide greater assurance to Contra Costa County that RCC was fiscally sound if the organization hired a Certified Public Accountant to conduct an independent audit (rather than a financial review) and had the CPA issue an opinion regarding the financial statements of the organization. RCC management indicated they recognize the importance of an audit and distinction between an audit and a review, and are looking to having the CPA conduct an audit and issue an opinion regarding their financial statements.

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. Review Board of Directors meeting minutes. Interview fiscal manager of program.

Results. The financial statements indicated some assets on hand in the form of cash which could be used to sustain services. The financial statements also indicated significant temporarily restricted assets in the form of investments which could be borrowed against if necessary. Finally, RCC management indicated they have access to a \$100,000 line of credit for short term cash flow issues. The RCC Board of Directors has a written policy regarding the use of reserves. The organization provides monthly financial statements to the Board of Directors along with a dashboard of key indicators.

Discussion. Based on interview with RCC management and review of the financial statements, the organization is fairly financially sound and does not require any technical assistance from the County. However, the County needs to be cognizant of the heavy reliance of RCC on the County for funding and make

sure contracts are executed and invoices are paid timely to reduce the need for the organization to borrow against reserves.

- 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.
Results. The organization uses the Quickbooks accounting package and has a part-time bookkeeper to enter financial transactions. The Finance Director supervises the bookkeeper and RCC management and the Board of Directors' Treasurer meet monthly to review the financial statements of the organization. The organization also has retained a CPA to assist in developing improved accounting processes.
Discussion. The Quickbooks along with the checks and balances of an independent monthly reporting to the Board Treasurer provide sufficient oversight to the accounting process.
- 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.
Results. The program invoices for actual personnel and operating expenditures. However, the supporting documentation was slightly different than the monthly invoice for January 2014. The Finance Director explained that they do not post benefits directly in Quickbooks and that some of the charges are on a fee-for-service basis which accounted for the difference. This also explained why notes were written on some of the supporting documents.
Discussion. The amount of discrepancy is consistent with the explanation provided by the Finance Director. The documentation is sufficient to support the amount of expenditures charged to the program.
- 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.
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 invoiced to the county.

Results. Personnel costs are charged to the program based on the actual time spent by each staff person working on the program. Receipts for services and supplies are identified specific to the program and charged to the program.

Discussion. The use of Quickbooks by the program and the associated supporting documentation ensures expenses are tracked and reported appropriately.

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.

Results. RCC uses the accrual basis of accounting with a 12 month fiscal year end of June 30. The organization has a year-end closing procedure to ensure expenses are invoiced in the appropriate fiscal year.

Discussion. The program invoices for expenditures in the appropriate fiscal year.

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.

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

Results. The Finance Director indicated indirect costs are allocated to the different programs based on actual personnel hours of each program. This is an acceptable approach for allocation consistent with Office of Management and Budget Circular A-133, Cost Principles for Non-Profit Organizations.

Discussion. The organization allocates indirect costs using an appropriate methodology.

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. The program provided general liability and automotive insurance that was in effect at the time of the site visit.

Discussion. The program complies with the contract insurance requirements.

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. The program has been submitting invoices, cost reports and monthly, semi-annual and annual service reports in a timely fashion. Program staff and contract managers meet on an as needed basis to discuss concerns and issues.

Discussion. The program has good communication with the contract managers and appears to be willing to address data issues and concerns of the contract managers.

VIII. Summary of Results.

Rainbow Community Center is an innovative organization with a clear focus of providing a safe and healing environment for members of the LGBTQ communities who are faced with mental health challenges due to their internal struggles around sexual orientation and identity and/or environmental responses to them. The program adheres to the principles of the MHSA by providing culturally competent mental health services to underserved communities. Services are provided in community based settings and are driven by the needs of the community Rainbow serves. Rainbow provides services along the entire continuum of mental health intervention, from outreach and prevention to early intervention to treatment and recovery support. Rainbow is connected to the County's mental health system and other system partners, such schools, health services, and substance use programs. Program participants overwhelmingly endorse the positive impact. RCC has grown significantly since inception and has continued to improve fiscal processes throughout the growth. Retention of a consulting CPA to further assist with fiscal processes should continue to allow the organization to improve and provide greater assurance to the County regarding the fiscal status of the organization.

IX. Findings for Further Attention.

- Rainbow is heavily dependent on contracts with Contra Costa Health Services. It is recommended that Rainbow diversify its funding streams to support its overall mission of providing a full range of culturally competent mental health supports for LGBTQ individuals.

- Given the size of the organization, it is recommended that Rainbow Community Center conduct an annual independent financial audit instead of a financial review.
- It recommended that Rainbow takes steps to retain qualified clinical lead staff to ensure continuity of quality clinical services. With a recent reorganization Rainbow has taken step toward addressing that issue.
- It recommended that Rainbow revise its outcome deliverables to focus more on determining success in preventing mental illness from becoming more severe, and on improving mental health outcomes. Rainbow will work with County Mental Health to arrive at a more manageable tracking system for the *Outpatient Behavioral Health Program* and for the *PEI projects*, and devise impact measures that span all program elements.
- It is recommended that Rainbow complete and submit its final report for the *Creating a Safe Haven to Support Transgender and LGBTQI2-S Youth Involved in Sexual Exploitation* Innovation project.

X. Next Review Date. December 2017

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)

CPAW Meeting Calendar

March 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5 CPAW: 3-6pm 2425 Bisso Ln Concord	6	7
8	9	10 Social Inclusion: 10am –12pm 2425 Bisso Ln, Concord	11	12 Children's: 12:00—1:30pm, 1340 Arnold Dr, Ste 200, Martinez	13	14
15	16 Membership: 3-5pm 1340 Arnold Dr, Ste 200, Martinez	17 	18 Systems of Care: 10am—12 pm 1350 Arnold Dr, Ste 103, Martinez Housing: 9-10:30am 1340 Arnold Dr, Ste 200, Martinez	19 Steering: 3-5pm 2425 Bisso Ln, Concord	20	21
22	23	24	25 Aging and Older Adult: 2-3:30 pm 2425 Bisso Ln, Concord	26	27	28
29	30 Innovation: 2:30-4:30pm 1340 Arnold Dr, Ste 200, Martinez	31				