

# SUICIDE PREVENTION COMMUNITY FORUM

**THURSDAY, SEPTEMBER 12, 2019 / 9:30AM - 2:30PM**  
**SAN RAMON COMMUNITY CENTER**  
**12501 ALCOSTA BOULEVARD**  
**SAN RAMON, CA 94583**

Learn about suicide prevention and awareness, ways to support those affected by suicide, and self-care. Input gathered will be used in preparation for the Contra Costa County Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for fiscal years 2020-2023. All interested individuals are welcomed to attend this **free** event.

Contact the MHSA Office in advance if you need translation services, directions on accessing public transportation, prefer to RSVP via phone, or for any other reasonable accommodations at (925) 957-2617.

**Please register for the forum on the Contra Costa County MHSA webpage or livestream the event at: [cchealth.org/mentalhealth/mhsa](http://cchealth.org/mentalhealth/mhsa)**  
**Look for Suicide Prevention Community Forum info on the site.**

Please arrive by 9:30am for check in. Program to start at 10am. Complimentary light lunch and refreshments to be provided.

If you are experiencing a mental or emotional crisis or having thoughts of suicide, call 211 or text HOPE to 20121 any time of day or night.

**IN PARTNERSHIP WITH:**



**CONTRA COSTA  
CRISIS CENTER**



# FORO COMUNITARIO DE PREVENCIÓN DEL SUICIDIO

**JUEVES, 12 DE SEPTIEMBRE, 2019 / 9:30AM - 2:30PM**  
**CENTRO COMUNITARIO DE SAN RAMON**  
**12501 ALCOSTA BOULEVARD**  
**SAN RAMON, CA 94583**

Obtenga información sobre la prevención del suicidio, sobre las formas de apoyar a personas afectadas, y el cuidado personal. La información colectada se utilizará en preparación del Programa Trienal del Plan de Gastos y Planificación de la Ley de Servicios de Salud Mental (MHSA) del Condado de Contra Costa para los años fiscales 2020-2023. Todas las personas interesadas son bienvenidas a asistir este evento **gratuito**.

Comuníquese con la Oficina de MHSA antemano si necesita servicios de traducción durante el foro, información sobre cómo acceder al transporte público, o cualquier otra adaptación razonable al (925) 957-2614.

**Favor de registrarse para el foro o vea el evento en vivo en la página de web de la Oficina de MHSA del Condado de Contra Costa. Busque Suicide Prevention Community Forum en el enlace abajo:**

[cchealth.org/mentalhealth/mhsa/](http://cchealth.org/mentalhealth/mhsa/)

Favor de llegar a las 9:30am para el registro. El programa comienza a las 10am. Un ligero almuerzo será proporcionado.

Si está en crisis mental o tiene pensamientos de suicidio, llame al 211 o envíe un mensaje de texto con la palabra *HOPE* al 20121 a cualquier hora, día o noche.

**EN ALIANZA CON:**



## CPAW AGENDA READINESS FORM

**CPAW Meeting Date:** August 1, 2019

**Name of Committee/ Individual:** Innovation Committee

**1. Agenda Item Name:** Innovation Project Implementation and Processes

**2. Desired Outcome:** To have a streamlined process that will permit innovation projects to be fully implemented and able to serve their specific target population within an appropriate amount of time.

**3. Brief Summary:** In August 2017, two new innovation projects were approved by the Mental Health Services Oversight and Accountability Commission (OAC) to be funded and implemented as new patterns of service. Both county operated projects began to actively engage with various departments to start all required tasks that enabled each project to open their doors. However, implementation processes became challenging and time consuming, and contributed to the projects not providing services until late in 2018.

**4. Specific Recommendation (if applicable):** To engage the Behavioral Health Services Director in assisting with streamlining processes that would enable innovation projects to be implemented in a more timely manner specifically:

- Enable the Mental Health Services Act (MHSA) Program Chief to have direct authority for the following:
  - MHSA staff to directly order equipment and supplies for projects
  - To put personnel positions and contracts as consent items on the Board of Supervisor's agenda
  - Determine budget decisions specific to innovation projects

### **5. Background:**

The Innovation Committee meets every fourth Monday of the month to discuss updates regarding implementation for new innovation projects, as well as updates for ongoing innovation projects. Current discussions have focused on the length of time it has been taking to implement new projects and the barriers that these projects face during this phase. An innovation project timeline was constructed as a visual tool for the Committee. This was used to perform a comparative analysis on all innovation project start-up phases, outlining each of the required elements of the projects. The analysis demonstrated that, on average, securing a location, hiring a position, and procuring a vehicle were taking a total of 6-10 months, while the ordering of supplies was taking 2-3 months.

Starting in April 2019, the committee began inviting different departments and division representatives to the Innovation Committee Meetings with hopes of breaking current

silos and understanding more about department specific processes. The departments that have already attended include: Fleet Management, County Administrator's Office, and Contracts and Grants. Additional invitations will continue with the objective of forming better intra-county relationships. The Committee is hoping for solutions that will address barriers and create an ongoing efficient process that will enable each project to provide services within a reasonable time.

**6. CPAW Role:** To discuss and come to a consensus to approve this recommendation.

**Choose from the following<sup>1</sup>:**

- Receive**- Increase understanding
- Reality Check**- Tell us if we're hot, warm, cold
- For Future Approval**- Information to prepare for a future decision
- Advising**- Deliberate, weigh the pros and cons and get back to us when redirection or revision is necessary
- Approval**- Simple yes or no, go or no go

**7. Other Important Factors:**

**Who else is influencing this item?** Innovation Committee, Innovation Project leader, various County inter- and intra-division/departments involved in establishing innovation projects.

**Is there an upcoming deadline?**

Innovation Projects are limited by law to a maximum of five years in duration. The current 1 ½ year implementation process ultimately shortens the time remaining to provide services.

**Is this a funding recommendation that requires some specifics including amount and funding source? Where is funding coming from? What is the total available funding from that source?**

All innovation projects are funded by the Mental Health Services Act and approved by the state MHSOAC with prior authorization by the County's Board of Supervisors. The Mental Health Services Act requires that five percent of MHSA funds will be for Innovation Projects. Taking up to a year and a half to start projects and utilize these funds puts the County at risk for the funds to be reverted back to the State. This is because by law Innovation funds are to be spent within three years or be returned to the State MHSA Trust Fund.

**What specific services will these funds be used for?** To implement innovation projects.

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<sup>1</sup> Please note that the levels of engagement are in ascending order- from lesser to greater levels -of engagement. The greater the level of engagement, the more background and context should be provided by the committee.

## **CPAW AGENDA READINESS FORM**

**Is "Conflict of Interest" a factor that should be acknowledged with this item? No.**

**8. Anticipated Time Needed on Agenda: 30 minutes**

**9. Who will report on this item? Kathi McLaughlin and Kimberly Krisch**

A REPORT BY  
THE 2018-2019 CONTRA COSTA COUNTY GRAND JURY  
725 Court Street  
Martinez, California 94553

Report 1909

# Contra Costa County Psychiatric Emergency Services

Improving Care for Children and Adolescents

APPROVED BY THE GRAND JURY

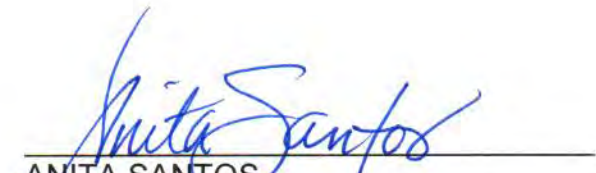
Date MAY 22, 2019



RICHARD S. NAKANO  
GRAND JURY FOREPERSON

ACCEPTED FOR FILING

Date MAY 24 2019



ANITA SANTOS  
JUDGE OF THE SUPERIOR COURT

Contra Costa County Grand Jury Report 1909

## **Contra Costa County Psychiatric Emergency Services**

Improving Care for Children and Adolescents

**TO: Contra Costa County Board of Supervisors  
Contra Costa Health Services**

### **SUMMARY**

How does the Contra Costa Regional Medical Center's Psychiatric Emergency Services (PES) meet the mental health needs of children and adolescents in Contra Costa County? The PES unit provided care for over 10,000 patients from October 2017 through September 2018. More than 1,600 were children (ages 7 through 12 years) and adolescents (ages 13 through 17 years).

The Grand Jury wanted to understand how PES cares for children and adolescents once they arrive at the Medical Center for psychiatric care. Because this is a Contra Costa County (the County) facility, many do not have health insurance and are brought to PES by family, police, or social worker. The Jury determined that while PES provides the needed mental health services, it lacks suitable facilities necessary to provide psychiatric emergency care for children and adolescents. The PES facility does not separate children and adolescents from adult patients at its entrance, waiting room, triage, or treatment area. They are exposed to adults needing psychiatric help, which PES staff states could cause additional trauma to the children and adolescents. Staff also indicated the crowded conditions at PES may compromise patients' privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The County does not operate a facility for children and adolescents in need of long-term psychiatric care. While waiting for long-term placement, children and adolescents are held in the PES unit until a place is found for them, often outside the County.

The Grand Jury recommends that the County Board of Supervisors (the Board) consider directing Contra Costa Health Services to perform a needs assessment focused on PES services for children and adolescents. In conducting a needs

assessment, the County should consider including a plan to segregate children and adolescents from adult patients in PES. It should also consider identifying space within the Contra Costa County Medical Center (Medical Center) for children and adolescents who are awaiting long-term placement. In addition, the Board should consider locating a long-term-care facility within the County or collaborating with neighboring counties on a regional solution.

## **METHODOLOGY**

In the course of its investigation, the Grand Jury:

- Reviewed Psychiatric Emergency Services Policies and Procedures
- Interviewed mental health professionals, individuals associated with PES, and individuals engaged in providing mental health services in the County
- Toured the PES facility and other areas of the Contra Costa Regional Medical Center
- Reviewed information regarding the number of patients served, reasons for presentation at PES, average patients served per month, and number of staff in PES
- Reviewed Contra Costa County Mental Health Commission meeting minutes
- Reviewed the 2016 Contra Costa County Mental Health Commission White Paper and updates in 2017 and 2018

## **BACKGROUND**

### **Contra Costa Health Services**

The mission of Contra Costa Health Services (Health Services) is to care for and improve the health of all people in the County, with special attention to those who are most vulnerable to health problems. Health Services is organized into eight divisions. Two of the divisions are Behavioral Health Services and the Contra Costa Regional Medical Center, located in Martinez. These two divisions collaborate on mental health care, with the Medical Center's PES unit providing emergency mental health services. The Grand Jury focused on PES in its investigation.

### **Medical Center Psychiatric Emergency Services**

PES provides emergency mental health services for adults and children and adolescents who rely on the County for their mental health care. PES contains 14 beds for adults and four beds for children and adolescents. The Medical Center maintains an inpatient unit providing long-term psychiatric care for persons the age of 18 and over.



However, there is no such inpatient unit in the Medical Center, or other County-operated facilities, for seriously mentally ill children and adolescents in need of hospitalization. Children and adolescents needing hospitalization must stay in the PES unit until they are placed in a facility that provides long-term care.

PES is designated by the County as the receiving center for patients undergoing involuntary holds of up to 72 hours. Involuntary holds are required by Section 5150 of the state Welfare and Institutions Code when patients, including children and adolescents, are a danger to themselves or others.

From October 2017 through September 2018, the PES unit served 10,171 patients. Of these patients, 1,609 were children and adolescents: an average of five per day. Forty-nine children and adolescents were psychiatric holds under Section 5150. An additional 943 were at PES because they were either suicidal, had attempted suicide, or had exhibited suicidal thoughts (ideation). See graph in the following section.

On average, the PES day and evening shifts consist of eight nursing staff, four social workers and two psychiatrists. The night shift consists of eight nursing staff, two social workers and one psychiatrist.

## **Mental Health Commission White Paper**

The Contra Costa County Mental Health Commission (the Commission) is an advisory body of citizens appointed by the Board to serve as the watchdog group for mental health services provided by the County. In April 2016, the Commission submitted a White Paper to the Board regarding what it called, “a crisis in the county public mental health care system and budgetary issues contributing to the crisis.” The White Paper was followed by updates in October 2017 and September 2018.

In addition to the Grand Jury’s independent findings, the White Paper and the updates also recommended changes in PES to improve treatment space for children and adolescents. The Grand Jury did not find any evidence that the Commission’s recommendations had been implemented.

## **DISCUSSION**

### **Children and Adolescent Patients Presenting to PES**

From October 2017 through September 2018, PES saw an average of 848 patients per month. On average, 134 of these were children and adolescents. The facility has four beds for children and adolescents and 14 beds for adults. When children and adolescents in PES exceed the number of beds, they are provided with floor mats until beds become available.

Adults requiring longer-term care are admitted to a separate unit within the Medical

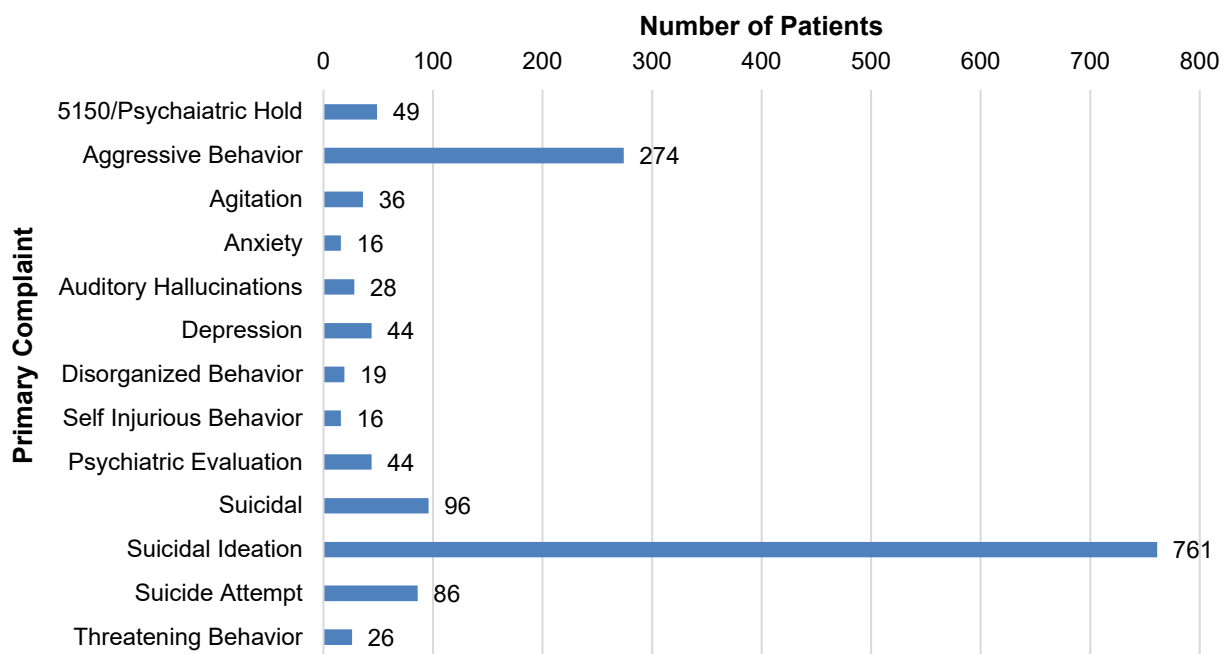
Center which has 23 inpatient beds. The Medical Center does not have a similar long-term-care unit for children and adolescents. These patients must stay in the four-bed PES unit until beds are located in other facilities, many times outside of the County.

The following graph shows the most significant complaints of children and adolescents presenting to PES:

### Children and Adolescent PES Patient Primary Complaints

October 2017 through September 2018

(Source: PES)



### The PES Experience for Children and Adolescents

The PES facility has no separate entrance, waiting room, triage, treatment area, or exit for children and adolescents. They stay in a small section of the PES unit with two designated rooms, one for children (ages 7 through 12 years) and one for adolescents (ages 13 through 17 years). Upon arrival at PES, and when they leave, children and adolescents must pass through the adult area to reach the assessment rooms. Distressed children and adolescents are exposed to adult patients needing psychiatric help. PES staff states this could cause additional trauma to the children and adolescents.

The Grand Jury determined in its investigation, and as noted in the updates to the

Commission's White Paper, there has been no progress made in implementing a new design of PES facilities for children and adolescents.

The Grand Jury observed there is a vacant wing (4D) on the fourth floor of the Medical Center. This space may be an option to serve as a temporary holding unit for children and adolescents awaiting placement in long-term care.

## **Long-term Care Placement**

The PES facility has four beds to accommodate children and adolescents. After patients are assessed and a decision is made that they need inpatient admission, staff must find an appropriate place for them in a long-term-care facility. Inpatient beds are in such high demand that children and adolescents are held in PES an average of four to five days until space is found for them in a long-term-care facility. The facility can be as far away as Sacramento and Fresno.

According to mental health professionals interviewed by the Grand Jury, placing these children and adolescents outside the County can impact their treatment and recovery. These professionals also indicated that children and adolescents need to stay connected with their families.

The Grand Jury recommends that the Board of Supervisors consider directing Health Services to address two issues:

1. The need for improved space for children and adolescents in PES
2. The need for a children and adolescents treatment center in the County, or a regional approach to long-term care in collaboration with neighboring counties.

## **Additional Concerns**

The Grand Jury has other concerns based on our investigation:

- The PES facility is configured so there is a lack of privacy for patients. This could result in HIPAA violations.
- John Muir Health Concord Medical Center is designated by the County as a 5150 receiving center. However, there is no formal contract between it and the County to accept 5150 cases.

## **FINDINGS**

- F1. At peak times the PES facility, with four beds and two treatment rooms, is not sufficient to handle its volume of children and adolescent patients.

- F2. Children and adolescents could remain in PES four to five days while they wait for long-term placement.
- F3. The PES facility is configured so that children and adolescents seeking treatment must pass through the adult patient area.
- F4. Contra Costa County does not operate a long-term-care facility for children and adolescents. They are often placed in long-term-care facilities outside the County.
- F5. Although the County has authorized John Muir Health Concord Medical Center to accept 5150 patients, there is no formal contract to do so.
- F6. The Medical Center's 4D wing is vacant with no plans for its utilization.
- F7. The Contra Costa County Mental Health Commission recommended changes in PES to improve treatment space for children and adolescents. The Grand Jury did not find any evidence that the Commission's recommendations had been implemented.

## **RECOMMENDATIONS**

- R1. The Board of Supervisors should consider directing Contra Costa Health Services to perform a comprehensive needs assessment that would include a redesign of the PES facility that would separate children and adolescents from adult patients by June 30, 2020.
- R2. The Board of Supervisors should consider directing Contra Costa Health Services to investigate the use of the Medical Center's vacant wing (4D) as a temporary holding area for children and adolescents waiting for long-term placement in other facilities by December 31, 2019.
- R3. The Board of Supervisors should consider directing Contra Costa Health Services to develop a plan to operate a treatment center for children and adolescents who need long-term psychiatric care by June 30, 2020. The treatment center could either be within the County or in collaboration with neighboring counties.
- R4. The Board of Supervisors should consider directing Contra Costa Health Services to explore entering into a contract with John Muir Health Concord Medical Center to accept and treat 5150 patients presently only served by the County by June 30, 2020.

## REQUIRED RESPONSES

	<b>Findings</b>	<b>Recommendations</b>
Contra Costa County Board of Supervisors	F1, F2, F3, F4, F5, F6, and F7	R1, R2, R3, and R4
Contra Costa Health Services	F1, F2, F3, F4, F5, F6, and F7	

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to [ctadmin@contracosta.courts.ca.gov](mailto:ctadmin@contracosta.courts.ca.gov) and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson  
725 Court Street  
P.O. Box 431  
Martinez, CA 94553-0091

## **Stakeholder Sharing**

**(CPAW Meeting – August 1, 2019)**

Highlights of news to share and areas discussed at recent CCBHS supported stakeholder meetings:

### **Adult Committee**

#### **Adult Committee** (June 25<sup>th</sup>)

- Ken Underwood , Program Supervisor presented on First Hope, early intervention in psychosis program. Program started January of 2013 and is housed within Contra Costa Mental Health. Program uses Portland Intervention and Early Intervention model (PIER).
- 2 First Hope programs are:
  - ◊ Clinical High Risk (CHR) Program working with population Ages 12-25. CHR refers to those who are having very early psychotic symptoms and have not had a first break.
  - ◊ Second First Hope Program is a new program and is now taking referrals. First Episode (FEP) Program works with the population, ages 16-30 who have experienced more severe psychotic symptoms within the past 18 months.
- Second presenter was Amy Rasheed From Bay Area Community Services (BACS). BACS has been providing Case Management Adult Services in Alameda County for 60 years. Last ten years taking on homelessness epidemic in Alameda and Solano county. Mental Health Services include Case Management, Forensics, FSP for Tay, older adults, repeat offenders, homeless, and Crisis Residential. BACS has recently stepped in when Anka was closing to partner with Contra Costa County to operate Nevin House, Nierika House and the Don Brown Shelter.

#### **Adult Committee** (July 23<sup>rd</sup>)

- Sara Marsh, Director of Programs for Interfaith Housing, providing permanent supportive housing and housing navigation to over 1000 people per year in Contra Costa County. Supportive services include case management, clinical support to over 170 individuals. Other services include crisis resolution, eviction prevention, housing advocacy and navigation and support for 130 clients with HIV/AIDS. An important outcome for CCIH Program, Fiscal year 2018 was 96% of families remained in permanent housing
- Gigi Crowder, NAMI Contra Costa Executive Director and Shelly Ji, Family Support Network Volunteer Coordinator and Asian Pacific Islander (API), Community Program Coordinator presented on cultural responsiveness to reduce cultural disparities. When building the NAMI Family Volunteer Support Network they knew they wanted to hire reflective of the communities. There was a lot of work around what the needs were in Contra Costa County with all of our cultural ethnic communities, and very inclusive of the LGBTQ2s+ community to ensure anybody walking through NAMI doors was welcome. Training tools or modules included each of the cultural communities including the Veteran's community.

### Aging and Older Adult Committee (June 26<sup>th</sup> and July 24<sup>th</sup>)

- Summary will be provided at the CPAW meeting

### Alcohol and Other Drugs (AOD) Advisory Board

#### Alcohol and Other Drugs Advisory Board (June Meeting Canceled)

#### Alcohol and Other Drugs Advisory Board (July 24<sup>th</sup>)

- The Board entertained a presentation from H3 on the different services available within the adult homeless shelters.
- The Board received an update on the two new Recovery Residences through Oxford House. They opened one house for men and one for women, both in Concord. There are plans to open a third Oxford House in Contra Costa for women and children.
- The Board received information about BAART Antioch hosting an open house to educate the community on the different services provided with the goal of reducing stigma.

### Children, Teens and Young Adults Committee (June 13<sup>th</sup> and July 11<sup>th</sup>)

- Summary will be provided at the CPAW meeting

### H3 Housing Committee (May 7<sup>th</sup>)

- Summary will be provided at the CPAW meeting

### Innovation Committee

#### Innovation Committee (June 24<sup>th</sup>)

- Discussion on the implementation phase of the Center for Recovery and Empowerment (CORE) has noted that the project's site is still currently in negotiations to expand to the additional suite next door.
- The Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board & Cares has expanded to serve a total of seven Board & Cares.
- Committee developed a timeline for all five innovation projects with start-up phases of each required element of the respective projects. Committee met with the Contract and Grants Department to discuss processes. Committee is extending an invitation to Human Resources for the next scheduled meeting.
- The next meeting is scheduled for Monday, July 22<sup>nd</sup> from 2:30pm to 4:00pm at Morello Avenue, Suite #100, Martinez

#### Innovation Committee (July 22<sup>nd</sup>)

- Discussion on the implementation phase of the Center for Recovery and Empowerment (CORE) has noted that the project's site is still currently in negotiations to expand to the additional suite next door. The project has recently hired a Mental Health Clinical Specialist who started July 8<sup>th</sup>, 2019.
- The Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board & Cares has expanded to serve a total of seven Board & Cares. The project is set to add an

additional Board & Care home and staff have recently received additional training to help further enhance groups.

- Committee has completed an Agenda Readiness Form to initiate streamlining a more efficient process of the implementation of innovation projects.
- The next meeting is scheduled for Monday, August 26th from 2:30pm to 4:00pm at Morello Avenue, Suite #100, Martinez

### **Mental Health Commission (MHC)**

#### **Mental Health Commission** (June 24th)

- Meeting Presentation from Jude Leung, Program Manager for First Hope, a Prevention and Early Intervention program that provides on-site services for youth and transitional-age youth who are experiencing symptoms of early psychosis.

#### **Mental Health Commission** (July 22nd)

- Meeting Presentation from Nancy O'Brien for the Center for Recovery and Empowerment, an Intensive Outpatient Program for youth. This program is located in Point Richmond but accepts referrals from all regions of the county.
- Discussion of the 2019 External Quality Review Contra Costa Mental Health Plan Final Report with Priscilla Aguirre, Quality Management Program Coordinator.
- Next Meeting: Wednesday, August 7<sup>th</sup>, 2019 4:30-6:30pm at 550 Ellinwood Way, Pleasant Hill

### **Quality of Care Committee (QC)**

#### **Quality of Care Committee** (June 27th)

- The meeting hosted discussions on Psychiatric Emergency Services and recent community meetings on areas of improvement, as well as an update on stakeholder grievances pertaining to an inpatient residential facility.

#### **Quality of Car Committee** (July 24th)

- No quorum for Joint MHSA-Finance and Quality of Care Meeting
- Next Meeting: Thursday, August 15<sup>th</sup>, 2019 time TBD

### **Social Inclusion**

#### **Social Inclusion** (June 13<sup>th</sup>)

- At Social Inclusion meeting, a committee member shared his story of LGBTQ experience. The committee watched short videos, answered trivia questions, and participated in a conversation about Social Inclusion for the LGBTQ community.

#### **Social Inclusion** (July 11<sup>th</sup>)

- The committee reviewed progress of its public advocacy campaign and engaged in advocacy roleplaying exercises. Committee members also took part in a conversation about Bebe Moore Campbell National Minority Mental Health Awareness Month and the importance of promoting mental health in diverse communities.



- Social Inclusion will be holding special meetings August 8, September 12, and October 10 from 1:00 to 3:00 PM at RI International Antioch Wellness City, 3711 Lone Tree Way, in Antioch. For more info, email [Roberto.Roman@cchealth.org](mailto:Roberto.Roman@cchealth.org).

## Suicide Prevention

### **Suicide Prevention** (June 28th)

- Group reviewed SP risk assessment tools. Dialogue with PES staff in attendance on recommended ways of communicating valuable client information to PES staff.

### **Suicide Prevention** (July 26th)

- Presentation on 2016-2018 Contra Costa demographic suicide data. Update on Strategic Planning process. Group review and discuss draft of Statewide Suicide Prevention Plan.

## Systems of Care (SOC) Committee

### **Systems of Care (SOC) Committee** (June 12<sup>th</sup>)

- The SOC Committee continues to provide input and receive updates on the Oak Grove project progression and the Short-Term Residential Treatment Program (STRTP) for youth.
- Kelly Ransom from We Care presented on resources in relation to mental health and early childhood.
- The CTYA Adhoc Committee presented on stakeholder support to remodel PES to serve children, families and clients better.

### **Systems of Care (SOC) Committee** (July 10<sup>th</sup>)

- The SOC Committee continues to provide input and receive updates on the Oak Grove project progression and the Short-Term Residential Treatment Program (STRTP) for youth.
- Gigi Crowder from NAMI CC presented on staffing at NAMI CC that is Culturally Responsive.
- Kelly Ransom from We Care shared information on TAY parents and their children.
- At the next meeting the committee will receive an update on the Prop 47 and how it relates to Forensic Assertive Community Treatment program in Contra Costa County.
- The next meeting is Wednesday, August 14th from 10:00am to 11:30am at 1220 Morello Avenue, Suite 100 in Martinez

# Contra Costa Behavioral Health Stakeholder Calendar

## August 2019



Sun	Mon	Tue	Wed	Thu	Fri	Sat
11	12	13	14	15	16	17
18	19	20	21	22	23	24
26	27	28	29	30	31	
 <p>1 <b>CPAW:</b> 3:00—5:00 pm 2425 Bisso Lane Concord</p>	<p>7 <b>Systems of Care:</b> 10:00—11:30 am 1220 Morello Ave, Ste 100, Martinez <b>Mental Health Commission:</b> 4:30 — 6:30 pm 550 Ellinwood Way, Pleasant Hill</p>	<p>8 <b>Children's:</b> 11:00 am—1:00 pm 1340 Arnold Dr, Ste 200, Martinez <b>Social Inclusion:</b> 1:00—3:00 pm RI International 3711 Lone Tree Way Antioch</p>	<p>9 <b>CPAW Steering:</b> 2:30pm — 3:30 pm 1220 Morello Ave, Ste 100, Martinez <b>MHSA Finance, MHC Quality of Care:</b> (Time TBA) (Same address above)</p>	<p>3 </p>	<p>5</p>	<p>31 H3—Continuum of Care—Learning Hub Meeting August 6, 2019 1:00—3:00 pm 2425 Bisso Lane Concord</p>
<p>5 </p>	<p>6</p>	<p>27 <b>CPAW Innovation:</b> 2:30 — 4:00 pm 1220 Morello Ave, Ste 100, Martinez</p>	<p>28 <b>Aging /Older Adult:</b> 2:00—3:30 pm 2425 Bisso Lane Concord <b>AOD Advisory Board:</b> 4:00 — 6:00 pm 1220 Morello Ave, Martinez</p>	<p>29</p>	<p>23 <b>Suicide Prevention:</b> 9:00 am — 10:30 am 1220 Morello Av, Suite 100, Martinez</p>	
<p>11 </p>	<p>12</p>	<p>20</p>	<p>21</p>	<p>22</p>	<p>24</p>	

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

**I. Name of Program:**

Contra Costa Interfaith Housing (CCIH)  
399 Taylor Boulevard, Suite 115  
Pleasant Hill, CA 94530

**II. Review Team:** Jennifer Bruggeman, Golnaz Fortune, Geni Zesati

**III. Date of On-site Review:** April 17, 2019

**Date of Exit Meeting:** July 8, 2019

**IV. Program Description.** Contra Costa Interfaith Housing (CCIH) provides permanent, affordable housing and critical support services to homeless, low income and at-risk families and individuals in Contra Costa County. CCIH currently combines several grants and contracts to build a comprehensive program that provides an array of on-site, on-demand, culturally appropriate evidenced based approaches through its Strengthening Vulnerable Families program. Funding from MHSA Prevention and Early Intervention (PEI) helps to provide support to formerly homeless families with special needs at the Garden Park Apartments, and after-school and case management support at three other sites in the East and Central parts of the county. Services are focused on Youth Enrichment and Community Building, and include outreach, case management, family support and support for sobriety. Also included are homework clubs, support for families with children age birth - five, teen support groups and community building activities. Mental health education and therapy are available for children and families as needed. Services are intended to provide support for those impacted by mental illness, outreach for increasing recognition of early signs of mental illness, timely access, and linkages to mental health services. In 2018, CCIH launched its Resident Empowerment Program (REP), which is an employment training program focused on civic engagement and housing advocacy. This program further encourages leadership and self-sufficiency for residents. CCIH provides a model for comprehensive services to homeless individuals and families.

**V. Purpose of Review.** Contra Costa Behavioral 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. 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 with the staff and clients participating in this program 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 MHSA	Met	Consumer surveys and interviews indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Improves timely access to underserved population.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services consistent with MHSA Three Year Plan.
5. Serve the number of individuals that have been agreed upon.	Met	Consistently report meeting and exceeding target goal.
6. Achieve the outcomes that have been agreed upon.	Met	Current outcomes met.
7. Quality Assurance	Met	Procedures are in place to address and respond to quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	Notice of HIPAA and privacy policies are in place.
9. Staffing sufficient for the program	Met	Staffing is sufficient to meet the program's needs.
10. Annual independent fiscal audit performed.	Met	No audit findings were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Resources appear sufficient.

12. Oversight sufficient to comply with generally accepted accounting principles	Met	Experienced staff implements sound check and balance system
13. Documentation sufficient to support invoices	Met	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect billed at 9%
17. Insurance policies sufficient to comply with contract	Met	Policies sufficient for the services offered.
18. Effective communication between contract manager and contractor	Met	Sufficient communication to conduct contract business.

**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 & resilience, provide culturally relevant, client & family-driven services?

**Method.** Consumer, family member and service provider interviews and consumer surveys.

**Discussion:** A total of 49 client surveys were received during the program review process. Results were tabulated in the following chart. Respondents overwhelmingly agreed that on-site programs offered by CCIH have a positive impact on their lives. Whether consumers have been assisted by case management, linkage to various community resources, homework club for children, or other services, it's clear these supports are vital to residents' wellness and stability.

Questions															
<p><b>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:</b>  <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i></p>	<p><b>Total Responses: 49</b></p> <table border="1" data-bbox="735 302 1416 453"> <thead> <tr> <th data-bbox="735 302 881 411">Strongly Agree</th> <th data-bbox="881 302 995 411">Agree</th> <th data-bbox="995 302 1149 411">Disagree</th> <th data-bbox="1149 302 1304 411">Strongly Disagree</th> <th data-bbox="1304 302 1416 411">I Don't Know</th> </tr> </thead> <tbody> <tr> <td data-bbox="735 411 881 453">4</td> <td data-bbox="881 411 995 453">3</td> <td data-bbox="995 411 1149 453">2</td> <td data-bbox="1149 411 1304 453">1</td> <td data-bbox="1304 411 1416 453">0</td> </tr> </tbody> </table>					Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know	4	3	2	1	0
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: 3.73 (n=49) “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.”														
2. Allow me to decide my own strengths and needs.	Average score: 3.59 (n=49)														
3. Work with me to determine the services that are most helpful.	Average score: 3.67 (n=49)														
4. Provide services that are sensitive to my cultural background.	Average score: 3.66 (n=48)														
5. Provide services that are in my preferred language.	Average score: 3.63 (n=49)														
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.74 (n=47)														
7. Are open to my opinions as to how services should be provided.	Average score: 3.71 (n=49)														
8. What does this program do well?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> <li>• Assist with resources, rental assistance, mental and stress issues</li> <li>• Brings our community together to help us interact with neighbors and voice concerns</li> <li>• The topics/subjects are always relevant and useful</li> <li>• Homework Club</li> <li>• This program knows how to give support when needed. Staff will go the extra mile</li> </ul>														

	<p>to see you meet your goal with your child and any concerns</p> <ul style="list-style-type: none"> <li>• Take me to doctor appointments, shopping and other services</li> <li>• Provide financial help, advice and mental health (support)</li> <li>• The program has helped me with a lot of things and with resources</li> <li>• Providing food boxes, emotional (support)</li> <li>• Follow up with me when I come to them with a problem</li> <li>• The program helps with getting things done and thinking and assisting with different options</li> <li>• Liaison between property management and residents; resident services</li> <li>• Make you feel like you're part of a group, very understanding, listen to your problems</li> <li>• Movies and snacks for kids</li> <li>• Helps me with my mental issues and I'm able to come vent</li> <li>• Provide children with Christmas gifts and backpacks</li> <li>• Parenting help, knowing where to go when we need something, help filling out documents and providing educational activities for our children</li> <li>• I like going to therapy, getting help filling out documents and the Christmas celebration</li> <li>• Homework club, Movie nights</li> <li>• Getting together as a group to talk and make decisions</li> </ul>
<p>9. What does this program need to improve upon?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> <li>• Nothing needs to be improved; services are great and helpful</li> <li>• It needs to improve on security</li> <li>• More reminders to other neighbors to participate. Offer incentives?</li> <li>• More fresh fruit for tenants</li> <li>• More adult programs; fun activities for adults</li> <li>• More on-site providers</li> </ul>

	<ul style="list-style-type: none"> <li>• More funding (for activities that) help achieve a healthier lifestyle</li> <li>• Consider computer classes or English classes</li> <li>• Communicate with parents if children don't finish their homework in the after-school program</li> </ul>								
<p>10. What needed services and supports are missing?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Everything is available</li> <li>• Money</li> <li>• Help finding employment and building resume</li> <li>• Disaster training</li> <li>• More security</li> <li>• Senior program</li> <li>• More services for people with mental health issues</li> <li>• Rides for those who can't take public transportation due to physical limitations</li> <li>• Parenting/coping skills</li> <li>• On site mental health services</li> <li>• More therapy; a clinician on site</li> <li>• Health and wellness empowerment seminars; clothing vouchers; gift cards; home health visits; community events, i.e. clean-ups</li> <li>• More help to ensure children finish homework</li> <li>• A park or gym for the kids to play sports</li> <li>• Cooking classes; first aid classes</li> <li>• English classes</li> <li>• Computer classes</li> </ul>								
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (<i>Options: very important, important, somewhat important, not important</i>)</p>	<table border="1" data-bbox="737 1451 1419 1560"> <tr> <td>Very Important</td> <td>Important</td> <td>Somewhat Important</td> <td>Not Important</td> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table> <p>Average score: 3.74 (n=47)</p>	Very Important	Important	Somewhat Important	Not Important	4	3	2	1
Very Important	Important	Somewhat Important	Not Important						
4	3	2	1						



<p>12. Any additional comments?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> <li>• Services are very needed and very helpful</li> <li>• You guys are doing a phenomenal job</li> <li>• More programs for first time home buyers, lending and support saving money</li> <li>• (Staff) is dependable and caring. I appreciate their consistent help and that they always make themselves available when I need advocacy</li> <li>• The programs you have are excellent</li> <li>• Great program. The community comes out and we meet new people. We're all from different walks of life but share the same story.</li> <li>• I appreciate the people that support this program. It is a blessing, thank you.</li> </ul>
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Two consumer focus groups were conducted, one in English and one in Spanish. A total of 15 residents were interviewed during the process. Many are long term residents who have been in the CCIH program between 3 and 14 years. They all agreed CCIH staff is extremely helpful, and they appreciate that services are located on-site. They have created a sense of community through the program and rely on each other for support and connection. They enjoy the opportunity to connect with neighbors, and the support the program provides for their children (after school programming, homework assistance, school advocacy, activities). Suggestions from consumers included: more educational opportunities (including English classes, Cooking and First Aid), more sports and outdoor activities for kids (i.e. a basketball hoop and camping trips) and safety measures such as speed bumps on the property.

Seven staff members from various locations were interviewed. They shared that the consumers' needs vary as the population at each housing complex is unique. For example, Garden Park Apartments has the highest number of consumers living with co-occurring substance abuse and mental health issues, and the greatest number of clinical services are provided at that site as a result. They work to offer programs and services that will best suit the population at each location. Some examples are Community Cafés, educational support to youth residents, various groups, parenting classes, community gardens, monthly Cultural Days where residents come together by bringing food and entertainment from their culture. Self-care is an important part of the CCIH culture. They are

supported by their managers to take time off and receive trainings and other opportunities for professional development. Staff suggested areas for improvement that included being able to offer more supports for clients in the areas of financial management, employment readiness, food access and more services for undocumented residents. Staff regularly refers consumers to County programs and shared that the services offered by the County could be more culturally responsive to meet the consumers' needs.

**Results.** Based on the interviews with staff and participants, it is believed that CCIH programs promote wellness, recovery and resilience and deliver services according to the values of MHSA.

2. **Serve the agreed upon target population.** 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.

**Discussion.** This program provides services to previously homeless or low-income families within East and Central Contra Costa County. Services include wellness groups, individual therapy, case management and linkage to other systems, as well as after school programs and educational support for youth residents. These services are intended to offer vital supports to highly vulnerable families and individuals.

**Results.** As a Prevention and Early Intervention program, CCIH is serving the agreed upon target population, and helps address disparities in service.

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.

**Discussion.** CCIH works with previously homeless and low-income families and individuals in traditionally underserved populations. Services are intended to provide timely onsite access and are intended to increase the usage of mental health and case management support, including support with linkage and system navigation. Since the last program and fiscal review, CCIH has steadily increased the number of individuals served to over 400 in the last fiscal year.

**Result.** The services provided are consistent with the services outlined in the Service Work Plan. Consumer and staff interviews confirmed that the program

and staff activities are consistent with both the goal of the program and with the MHSA's PEI component.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program 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.

- VIII. Discussion.** CCIH was authorized based on the Community Program Planning Process. Its goal has been to provide mental health education, services and case management support to once homeless and low-income families. Its overall intent under PEI has resulted in increasing protective factors for those at risk and those recovering from a serious mental illness. The strategy of offering case management, system navigation, individual and group therapy and support to participants and their family members is consistent with PEI's strategy of outreach for increasing recognition of early signs of mental illness. Referrals to CCIH are processed through the County's Health, Housing & Homelessness (H3) Coordinated Entry system.

**Results.** The CCIH PEI funded program has been authorized annually and receives approval as part of the three-year plan sent to the Board of Supervisors. Its Service Work Plan is consistent with the current MHSA Three Year Program and Expenditure Plan. Interviews with program staff, consumers and surveys support the belief that this program meets the goals and the needs of the community.

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.

**Discussion.** CCIH is contracted to provide services to a combined total of 80 families and 50 youth located at four different affordable housing locations.

Annual reports for the last three years show that CCIH has consistently exceeded its' agreed upon goal. In Fiscal Year (FY) 17-18 they served 428 individuals and seem to steadily increase each year. In the current FY 18-19, over 130 new people have been housed.

**Results.** CCIH has consistently exceeded its target of consumers served. CCIH has recently completed a 5 Year Strategic Plan and intends to triple the number of clients served in the next five years.

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.

**Discussion.** Outcome measures for children included improved school functioning and attendance at homework club. During the last fiscal year, children regularly attending the after school program achieved the following: 93% achieved 6 or more new academic benchmarks; 100% were passing on to their next grade level; 17 youth and parents attended college preparation programming; 94% of families maintained or improved their Self Sufficiency Matrix (SSM) scores; 95% of families achieved a self-set family goal. All the students, despite their level of participation in the homework club, have achieved success in one or two school related benchmarks and all graduated to the next grade. For families with children, outcome measures included improved family functioning. Family functioning is measured by increased self-sufficiency, development of individual family goals and eviction prevention. Measures also looked at families' ability to obtain employment, increase parenting knowledge/skill and retain custody of their child/children. It is reported that 100% of the families made progress on self-set goals (i.e. applying for a job, going back to school).

**Results.** Interviews with consumers and surveys received indicate that this program has had a positive impact in the lives of those served.

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.

**Discussion.** CCIH is governed by written policies and provides trainings on privacy and HIPAA for staff members. These policies also allow both staff and consumers to report concerns/grievances through a formal process. The services provided under this PEI program are non Medi-Cal driven, therefore this component is not subject to the County's utilization review process.

**Results.** The program has internal processes in place to be responsive to the needs of its staff and the community. Contra Costa Behavioral Health Services has not received any grievances regarding this program.

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.

**Discussion.** CCIH has written policies and provides staff training on HIPAA requirements and safeguarding of consumer information. Protected Health Information (PHI) is stored in an encrypted, password protected electronic database, or in a double locked filing cabinet in a locked office. Program participants and parents are informed about their privacy rights and rules of confidentiality.

**Results.** CCIH maintains necessary privacy policies to protect the privacy of individuals served.

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.

**Discussion.** CCIH is able to provide a range of vital services by combining grants and contracts from varied sources. MHSA is one of 15 contracts and private foundation grants. The current program has 8.6 FTE direct staff, including interns. With this staffing number, they are able to provide services to over 400 individuals.

**Results.** Staffing appears sufficient to meet the needs of the population.

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.

**Discussion.** Audited financial statements for CCIH were reviewed for fiscal years 2016, 2017 and 2018. CCIH is a non-profit organization incorporated in 1997 to provide permanent, affordable housing and support services to homeless and at-risk families and individuals in Contra Costa County. It has continuously grown to a \$3.7 million organization with approximately 150 units that are funded by multiple contracts and grants to provide affordable housing and on-site services that prevent homelessness, support self-reliance, and assist families and their children with academics, health and wellness services. The independent auditors did not report any material or significant weaknesses.

**Results.** No audit findings were noted. The organization continues to grow and has plans for expansion in their upcoming 5-year strategic plan.

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 and Board of Directors meeting minutes. Interview fiscal manager of program or plan element.

**Discussion.** CCIH has been growing steadily, with diversified resources, significant operating reserves, and a line of credit. During the past three years, the program has received annual 3% cost of living allowances (COLA's), as well as annual intern stipends through MHSA's Workforce Education and Training (WET).

**Results.** Resources appear sufficient.

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.

**Discussion.** The Controller was interviewed and described the processes and staff utilized to implement generally accepted accounting principles. The Controller oversees managing CCIH's fiscal operations and has sufficient experience with non-profit accounting principles. Supporting documentation to monthly invoicing depict appropriate time keeping documents for tracking staff time, proper allocation of operating costs, and segregation of duties.

**Results.** Experienced staff implements sound check and balance system.

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

**Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program.

**Discussion.** Supporting documentation for a randomly selected monthly invoice for each of the last three years was provided and analyzed. CCIH utilizes an accounting software system and matches supporting documentation such as receipts and staff timecards, to invoices submitted in order to ensure accurate and non-duplicative billing.

**Results.** Uses established software program with appropriate supporting documentation protocol.

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.

**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.

**Discussion.** The Controller articulated a personnel allocation process whereby it was apparent that costs exceeded total contract amount. Supporting documentation reviewed for monthly invoices appeared to support the method of allocating appropriate costs to agreed upon budget line items.

**Results.** Method of accounting for personnel time and operating costs appear to be supported.

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.

**Discussion.** The County Auditor's expense summaries for the last three fiscal years were reviewed. Expenses were allocated to the correct fiscal year, and close out appeared timely, as no expenditures surfaced after the County's closeout date.

**Results.** All billings occurred in the correct 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 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.

**Discussion.** CCIH has added indirect/administrative costs into their budget, per recommendation at the last review.

**Results.** Indirect costs have been added into the budget and are listed as approximately 9% of the total budget. This amount is justified and appropriate.

**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.

**Discussion.** The program provided general liability insurance policies that were in effect at the time of the site visit.

**Results.** General liability insurance policies are in place.

**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.

**Discussion.** There is regular communication between the MHSA PEI Program Supervisor and staff at CCIH specific to issues of the program, contract compliance, and issues related to MHSA. CCIH staff are instrumental in stakeholder meetings and events and will collaborate with MHSA to co-host a community forum focused on Supportive Housing in July 2019.

**Results.** Communication is ongoing and sufficient to meet the needs of the program.

## **IX. Summary of Results.**

Contra Costa Interfaith Housing (CCIH) provides permanent, affordable housing and critical support services to homeless, low income and at-risk families and individuals in Contra Costa County. CCIH's approach to serving this population is through the combining of several grants and contracts to build a comprehensive program. This approach has shown to increase consumers' ability to maintain stable housing for extensive periods; maintain their family unit;



and increase support for children and other family members impacted by mental health issues. Services are provided on-site, decreasing barriers to participation and are based on the evidence-based Strengthening Families Program. The Services offered include outreach to communities and families impacted by homelessness, individual and group counseling as indicated, mental health education and linkages, case management, family support and support for co-occurring issues. Funding under this MHSA PEI component is intended to provide support for those impacted by mental illness and outreach for increasing recognition of early signs of mental illness, timely access and linkages to mental health services. This program provides a model on what comprehensive support to homeless communities can do.

**X. Future Recommendations**

- CCIH will partner with the County to facilitate a Supportive Housing Community Forum in 2019
- CCIH will continue to collaborate with the County and other CBO's as they move forward with plans for expansion in the next 5 years.

**XI. Next Review Date.** November 2022

**XII. Appendices.**

Appendix A – Service Work Plan

Appendix B – Yearly External Fiscal Audit

Appendix C – Organization Chart

**XIII. 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)

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** April 11, 2019  
**Date of Exit Meeting:** June 14, 2019
- II. **Review Team:** Windy Taylor, Warren Hayes, Genoveva Zesati
- III. **Name of Program/Plan Element:** Youth Homes Transition Aged Youth (TAY) Full Service Partnership (FSP)
- IV. **Program Description.**

Youth Homes provides a Full Service Partnership (FSP) Program funded by the Mental Health Services Act (MHSA) for Transitional Age Youth (TAY) between the ages of 16 – 25 with serious emotional disturbance/serious mental illness and who are likely to exhibit co-occurring disorders with severe life stressors. The program offers a comprehensive range of services and supports, including: outreach and engagement, case management, outpatient mental health services, crisis intervention, and medication support. Services are based in Central and East Contra Costa County.

Youth Homes specializes in foster youth who are in need of support who either come from the residential program or just need additional services and support. Youth Home provides an array of other programs such as “Aftercare,” which provides a continuity of care for youth until the age of 21. Advocates in this program will work with youth on their mental health needs, help build independent living skills, find housing, engage in money management, start meal planning, and secure employment to better support their futures. Additionally, another program that Youth Homes provides to their youth is called, “Stepping Stones”. This program helps youth to find and keep gainful employment. Support in this program is given through setting goals, writing a resume, filling out online applications, and learning how to interview. Teaching these independent life skills is instrumental for youth to carry on throughout adulthood.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services 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. The results of this review are contained herein, and will assist in, a) improving the services and supports that are provided, b) more efficiently supporting the County's MHSA Three Year Program and Expenditure Plan, and c) ensuring compliance with statutes, regulations and policies. In the spirit of continually working toward better services we appreciate this opportunity to collaborate with the staff and clients participating in this program 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 MHSA	Met	Consumers and family members indicate program meets the values of MHSA
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for both specialty mental health services and full service partnerships
3. Provide the services for which funding was allocated.	Met	Staff indicates that they experience more client need than they are equipped to address.
4. Meet the needs of the community and/or population.	Met	Program serves the intended population and community
5. Serve the number of individuals that have been agreed upon.	Partially Met	Program has nearly met target enrollment outlined in the Service Work Plan
6. Achieve the outcomes that have been agreed upon.	Met	Program has met and exceeded intended outcomes
7. Quality Assurance	Partially Met	Utilization review indicated program meets most quality assurance standards

8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Partially Met	The Program is mostly staffed to full capacity
10. Annual independent fiscal audit	Met	All financial statements submitted; no material weaknesses found.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Youth Homes has significant net assets to withstand a revenue interruption.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Staff is well qualified, and program has good internal controls
13. Documentation sufficient to support invoices	Met	Organization provided documentation that reconciles to monthly invoices.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are invoiced in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Organization charges indirect costs consistent with the contract
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place to comply with contract
18. Effective communication between contract manager and contractor	Met	Clear communication between contract manager and contractor has proved effective

**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.** The results of the consumer surveys were received. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program, and that the program adheres to MHSA values.

Questions	Responses:				
<b>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:</b> <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	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: 3.8 (n=5)				
2. Allow me to decide my own strengths and needs	Average Score: 3.8 (n=5)				
3. Work with me to determine the services that are most helpful	Average Score: 4.0 (n=5)				
4. Provide services that are sensitive to my cultural background.	Average Score: 3.8 (n=5)				
5. Provide services that are in my preferred language	Average Score: 3.8 (n=5)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average Score: 2.8 (n=5)				
7. Are open to my opinions as to how services should be provided	Average Score: 3.8 (n=5)				
8. What does this program do well?	<ul style="list-style-type: none"> <li>The program helps maintain independence</li> </ul>				

	<ul style="list-style-type: none"> <li>• Programs provides workshops and a safe place to go to during the day.</li> <li>• Gives an available, supportive non-judgmental, and respected environment</li> <li>• Transportation is provided when needed</li> <li>• Systems in place that allow for feedback directly to staff when improvements are needed</li> <li>• Program helps solve problems that can arise</li> <li>• The amount of support and services provided is outstanding</li> </ul>			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>• Provide information on additional resources</li> </ul>			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>• Nothing stated in this section</li> </ul>			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? <i>(Options: Very important, Important, Somewhat important, Not Important.)</i>	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Average Score: 4.0 (n=5)			
12. Any additional comments?	<ul style="list-style-type: none"> <li>• Nothing stated in this section</li> </ul>			

Consumer/Family Interviews

Approximately three youth and two family members who interact with Youth Homes were interviewed as a group. The length of times that each client had been involved with the program varied from six months to three years. Clients reported their initial referral to Youth Homes from several sources: NAMI, shelters, residential treatment centers, county case managers, and other care providers.

During the interview, youth stated that overall, they feel like the program has improved their lives. They stated the following benefits that the program has provided to them individually:

- Meaningful connection with the provider that they haven't been able to find in previous programs
- Learning skills that help youth to stay stable and loving towards their families

- Providers are always able to be reached and clients felt that this helped build trusting relationships between provider and client
- Program has helped with establishing deeper lines of communication and connections with their loved ones
- Felt that they have gained knowledge around enrolling in educational resources

Clients also focused in the interview around additional areas of improvement that they thought might be helpful to the program. Clients mentioned that they were unsure about available resources outside of Youth Homes. They also stated that it would be helpful if the family and the provider were in better communication on a consistent basis to ensure that staff and family are on the same page concerning client's treatment. Clients were also unaware of their treatment plan or stated they were never invited to participate in the construction of the treatment plan.

Finally, it was stated that the program is irreplaceable and needed specifically for this population. Many services provided by this program aren't available elsewhere and clients and family members feel lucky to have this service available.

#### Staff Interview:

Two individuals attended the staff interview. The staff interview took place at newly obtained facility in Antioch. This included one Behavioral Support Specialist and a Lead Clinician. Staff indicated they have been with the program from three to six years. It was explained that all county referrals first get assessed by the director and then, according to the assessment, the youth is placed with the appropriate staff member. Staff shared that their work days vary and can change based on client need. Days can consist of staff working on client's treatment goals, applying for SSI, integrating within the community, develop living skills, and working with the families to get added family support. Discussion around the youth aging out of the program brought up the Hume Center program. Protocol is set up for many of the youth to first meet Hume staff to get familiar with the program and staff and then get transferred over to ensure a good transition.

Barriers discussed during the meeting talked about shortage of staff and needing more staff to relieve current maximized caseloads. Also, financial support towards housing is a major concern. There are limited housing resources



available and staff feel it is a huge service gap for the clients. Safety issues have also been a concern that has been expressed in the past. Staff use a smart phone application called, “Guardian” in case of emergency. Trauma focused training came up and the need to have more available trainings around this specific subject.

Moreover, Youth Homes continues to strive and dedicate their time and effort on clients getting well. Expressed again was the importance of vocational services and how this type of resource gives the client hope.

### County Staff Interview

County staff expressed that Youth Homes has improved with meeting the guidelines given by the Utilization Review team. Staff suggested that the program needs to complete the disposition forms for each client and then have them sent over to the clinic. Also, before a client is discharged, County staff discussed that they would like to see the warm hand-off process occurring for each client to ensure coordination of care. Overall, staff feel that the program has improved and that the FSP staff are compassionate and reliable.

**Discussion.** Interviews with program participants and service providers as well as program participant survey results all support that Youth Homes delivers programming in accordance with the values of MHSA.

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. 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.

**Discussion.** Services are being delivered at the Central and East County regions to transitional aged youth with serious mental illness who are in need of the full spectrum of services. The FSP program undergoes regular utilization reviews conducted by the Central County Adult Mental Health Clinic’s utilization review staff to ensure all clients meet the criteria for both specialty mental health services and transitional aged youth full service partnerships. The most recent chart review was completed May 2018.

**Results.** 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.

**Discussion.** Monthly service summaries of the ShareCare Service Activity Reports from Contra Costa County Mental Health's billing system show that the Youth Homes Full Service Partnership program is, with a few notable exceptions, providing the number and type of services that have been agreed upon. Services include outreach and engagement, case management, individual outpatient mental health services, crisis intervention, collateral, and housing and vocational support. Clients receive psychiatric services from agency psychiatrists located at Youth Homes Pleasant Hill location. The FSP Program has also been successful in linking services for primary health and access to nursing care with Brighter Beginnings. Both program staff and participants indicated services are available on a 24-7 basis via an after-hours crisis phone line.

**Results.** Program provides the agreed upon types of services indicated in their Service Work Plan.
  
4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program 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.

**Discussion.** The Full Service Partnership programs were included in the original Community Services and Supports plan that was approved in May 2006 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three Year Program and Expenditure Plan FY 2017-2020. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

**Results.** The program meets 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.

**Discussion.** The Full Service Partnership Program has a target enrollment number of 30 clients. According to the Data Reporting and Collection System (DCR), program has not met target enrollment. Upon meeting with program staff it was confirmed that the program has 24 currently enrolled clients. It was recommended that the program work with County staff to help clean up the reporting through the DCR System. New contract guidelines will be set in place and require program to complete a Client Caseload Report.

**Results.** Annually the program continues to try and serve the number of individuals indicated in the Service Work Plan.

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.

**Discussion.** The program in FY 16/17 and 17/18 has continued to consistently provide and meet objectives in relationship to the Service Work Plan goal criteria. For both fiscal years 16/17 and 17/18 the program managed to decrease overall incidences of restriction and psychiatric crisis while increasing productive meaningful activity. In FY 17/18, a new indicator was added to capture persons that were homeless/at risk of being homeless. The results showed that Youth Homes was able to have an impact on this population by decreasing the total count.

**Results.** Overall, the program achieves its primary objectives.

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.

**Discussion.** Contra Costa County did not receive any grievances associated with Youth Homes' Full Service Partnership program. The program has an internal grievance procedure in place and clients receive information on how to file complaints as part of the agency's Notice of Privacy Practices. The 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 Youth Homes is generally in compliance with documentation and quality standards. On April 30, 2018, a Level Two Centralized Utilization Chart Review was conducted by County Mental Health. Several documentation issues were identified during the Review and some resulted in disallowances. Documentation issues include missing signatures, and incorrect dates and charting details such as terminology used. This resulted in minor disallowances to the program.

**Results.** 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's implementation of a protocol for safeguarding protected patient health information.

**Discussion.** Youth Homes has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Client charts are kept in a room that is always locked. Only a few dedicated staff have access to this room. Because the site has gone to an electronic health record, charts are used on a rare basis. Charts are also shipped out after two years to a storage facility that also complies with HIPAA standards. Moreover, clients and program participants are informed about their privacy rights and rules of confidentiality.

**Results.** 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.

**Discussion.** The current staffing allows the agency to serve the targeted number of clients. Youth Homes notes that there are constraints around staffing and that staff have maximized their intended caseloads. The program is also unable to provide the full spectrum of services and must rely on the County to provide nursing, psychiatry (at times), and medical services.

**Results.** Current staffing has allowed the program to serve approximately 20-25 consumers concurrently during this fiscal year.

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.

**Discussion.** Annual independent fiscal audits for FY 2016, 17, and 18 were provided and reviewed. No significant findings were noted, and Youth Homes, Inc. was considered a low risk auditee.

**Results.** Youth Homes, Inc. is a California non-profit community-based corporation established to provide a range of services to foster care children placed with it by various government agencies. With approximately 83 employees and a total operating budget of \$4 million, the available fiscal audits indicate Youth Homes, Inc. not to be at risk for adverse fiscal consequences due to their fiscal and accounting systems.

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 Director's meeting minutes. Interview fiscal manager of program.

**Discussion.** The program appears to be operating within the budget constraints provided by their authorized contract amount, and thus appears to be able to sustain their stated costs of delivering services for the entirety of the fiscal year.

**Results.** Fiscal resources are currently sufficient to deliver and sustain services.

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.

**Discussion.** The fiscal manager, Monte Myers, was interviewed as part of the oversight of Youth Homes day-to-day financial operations. Mr. Myers described established protocols that are in place to enable a check and balance system to

assure compliance with generally accepted accounting principles. The program uses QuickBooks and Paychex software for entry and aggregation to enable accurate summaries for billing and payment. Supporting documentation is kept in hard copies for storage and retrieval.

**Results.** Sufficient oversight exists to enable compliance with generally accepted accounting principles.

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

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

**Discussion.** Youth Homes provides a monthly contract service and expenditure summary each month. At the time of the review, sufficient supporting documentation was provided. It was discussed during the review how the allocation of staff hours split between MH/Aftercare and Tay-FSP are determined. Since the last review and recommendation, Youth Homes has come up with a specific methodology around the split and is working with financial staff as part of the month-end- cost allocation.

**Results.** Previous reviews of Youth Homes indicated that supporting documentation appeared 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.

**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.

**Discussion.** Supporting documentation for three randomly selected invoices were reviewed. All were sufficient to support allowable expenses. Staff reports that personnel costs are determined by documented Tay FSP Allocation hours each month or by staff time assigned based on set percentages that are used when posting payroll.

**Results.** Method of allocation of percentage of personnel time and operating costs appear to be justified.

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.

**Discussion.** The independent fiscal agent ensures transactions are claimed in the appropriate fiscal year.

**Results.** Youth Homes appears to be implementing an appropriate year end closing system.

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 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.

**Discussion.** Youth Homes has been budgeting and billing indirect costs at 15%, which is at industry standard

**Results.** Indirect costs appear to be within industry standards.

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.

**Discussion.** The program provided certificate of liability insurance, which included general liability, automobile liability, umbrella liability, workers compensation and professional liability, which was in effect at the time of the site visit.

**Results.** 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.

**Discussion.** Program and County staff communicate regularly.

**Results.** The program has good communication with the contract manager.

## VIII. **Summary of Results.**

Youth Homes is a much needed service in multiple regions of the County where, without this service, youth would have no avenue or means of support. The

services provided fill a major gap for a population that struggle with both mental health and substance abuse disorders. Services remain to encompass the MHSA values and expectations while bringing further collaboration between County and contract staff. Youth Homes is unable to provide the full spectrum of service, but continues to refer consumers, when appropriate, to other appropriate resources in the community. Program staff and consumers believe this program is of great value and find that without the program many would not have a safe place to heal and recover.

#### **IX. Findings for Further Attention.**

- It is recommended that Youth Homes further collaborate with East County Children’s Mental Health to provide additional referral sources for treatment for youth
- It is recommended that Youth Homes work with County staff to reexamine client entry into the DCR to help clean up reporting
- It is recommended that County and contract staff revisit their intended target enrollment numbers and establish appropriate criteria based on the program’s structure
- It is recommended that Youth Homes completes the disposition form outlined in the FSP Handbook for each client.
- Youth Homes is encouraged to work with the County in planning how to address supportive housing needs surfaced by their clients who are homeless or at risk of chronic homelessness

#### **X. Next Review Date. April 2023**

#### **XI. Appendices.**

Appendix A – Agency Response Letter

Appendix B – Program Description/Service Work Plan

Appendix C – Service Provider Budget (Contractor)

Appendix D – Yearly External Fiscal Audit (Contractor)

Appendix E – 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)