

# Stakeholder Sharing

(CPAW Meeting – April 2, 2020)\*\*

Highlights of news to share and areas discussed at recent Contra Costa Behavioral Health Services (CCBHS) supported stakeholder meetings:

[Adult Committee](#) (March 24<sup>th</sup> - Meeting Canceled)

[Aging and Older Adult Committee \(AOA\)](#) (March 25<sup>th</sup> - Meeting Canceled)

Summary for Meeting of February 26<sup>th</sup>:

- The group is moving forward with scheduling 2.5 (2 full day, 1 Half day) trainings with Dr. Patrick Arbore. These trainings will be for Behavioral Health Staff and contract provider staffs and will be scheduled to take place in Spring and early Summer as well as one for Fall. Training topics will be focused on:
  - Hoarding and Clutter Addiction for Older Adults (Full Day), preferably May
  - Sexuality, Intimacy and Older Adults (Full or Half Day)
  - Mind, Body, Spirit: Pathways to Improving the Over All Well-Being of Older Adults
  - Forgiveness and Gratitude
- The group will also be contacting the Office of Congressman Mark Desaulnier to invite him to speak at the next (in-person) AOA Committee meeting as they continue to discuss housing shortages for older adults, specifically those needing augmented care.

[Alcohol and Other Drugs \(AOD\) Advisory Board](#) (March 25<sup>th</sup> - Meeting Canceled)

[Behavioral Health Care Partnership \(BHCP\)](#) (Meeting Postponed to March 30<sup>th</sup>)

Update to be provided at the CPAW Committee meeting.

[Children, Teens and Young Adults Committee](#) (March 12<sup>th</sup>)

Update to be provided at the CPAW Committee meeting.

[Health, Housing and Homeless Services \(H3\)](#)

Update to be provided at the CPAW Committee meeting.

[Innovation Committee](#) (March 23<sup>rd</sup> - Meeting Canceled)

[Mental Health Commission \(MHC\)](#) (March 4<sup>th</sup>)

- Behavioral Health Services is going through a few external reviews/audits (EQRO & DHCS).
- Dr. Suzanne Tavano (Behavioral Health Services Director), Dr. Matthew White (Medical Director) and Jaspreet Benepal (Interim CEO of Contra Costa Regional Medical Center) provided updates as to what Behavioral Health Services (BHS) and the Contra Costa Regional Medical Center (CCRMC) were doing regarding COVID-19.
- BHS and CCRMC leadership went over the Psychiatric Emergency Services (PES) remodel plans – 3 options to re-design physical space and to separate youth and adults areas were presented.
- Public (and Commissioners) reaction was that of frustration and disappointment with the plans, how long it would take to implement them (and potential costs), and community involvement (lack thereof).

- The next Mental Health Commission meeting is Wednesday, April 1st, which will include a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan.

#### Quality of Care Committee (MHC QC) (March 19th)

- The March meeting was a joint meeting of the MHC Quality of Care Committee and the Mental Health Services Act (MHSA) Finance Committee.
- The Hope House Grievance process was discussed and discussions will continue. Jan Cobaleda-Kegler and TeleCare will continue to work on the grievance process.
- The Psychiatric Emergency Services (PES) remodel was addressed. Comments expressed the need for the community to be more involved in this process.
- The next meeting will be Thursday, April 16th.

#### Reducing Health Disparities (RHD) (March 23<sup>rd</sup> - Meeting Canceled)

#### Social Inclusion (March 12<sup>th</sup> - Meeting Canceled)

#### Suicide Prevention (March 27<sup>th</sup> - Meeting Canceled)

#### System of Care Committee (SOC) (March 11th)

- The SOC Committee received an update on the No Place Like Home (NPLH) applications submitted by Contra Costa County, and plans for the Short-Term Residential Treatment Program (STRTP) for youth.
- The group discussed Career Progression Opportunities for Peer Providers/ Family Partners within County and Community Based Organizations. The group reviewed a draft for the Loan Repayment Program for Peer Providers/ Family Partners and provided suggestions. Discussions to continue at the next meeting.
- Health, Housing, and Homeless Services (H3) will be discussing the MHSA housing intake process and sharing about the Youth Core Team at the next meeting.
- Next SOC Committee Meeting is Wednesday, April 8th from 10:00 am to 11:30 am via WebEx. Meeting information will be sent out next week.

#### Training Advisory Workgroup (TAW) (March 23<sup>rd</sup> - Meeting Canceled)

**\*\* (Access to future scheduled Committee meetings is To Be Determined – i.e. Online Teleconference (Video), Phone Dial In, Meeting Cancellation, Meeting at Location, etc. To receive updates as to the status of a Committee meeting, please refer to The CPAW Calendar for April 2020)**

**Contra Costa Behavioral Health Stakeholder Calendar**  
**April 2020**

**Note** The dates and times below are the regular schedule. Please refer to email addresses on page two, await email notification or review the Committee website (if applicable) to receive information as to the status of a meeting (**i.e. Teleconference (Video), Phone Dial In, Cancellation, etc.**)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 <b>Mental Health Commission (MHC):</b> 4:30 — 6:30 pm	2 <b>CPAW:</b> 3:00 — 5:00 pm	3	4
5	6	7	8 <b>System of Care:</b> 10:00 — 11:30 am	9 <b>Children's, Teens &amp; Young Adults:</b> 10:30 am 12:30 pm <b>Social Inclusion:</b> 1:00 — 3:00 pm	10	11
12	13 <b>Training Advisory Workgroup (TAW):</b> 3:00 — 4:30 pm	14	15	16 <b>CPAW Steering:</b> 2:00 — 3:00 pm <b>MHC Quality of Care:</b> 3:30 — 5:00 pm	17	18
19	20 <b>CPAW Membership</b> 2:00 — 3:30 pm	21 <b>Behavioral Health Care Partnership:</b> 1:30 — 3:00 pm	22 <b>Aging / Older Adults:</b> 2:00 — 3:30 pm <b>AOD Advisory Board:</b> 4:00 — 6:15 pm	23	24 <b>Suicide Prevention Committee</b> 9:00 — 10:30 am	25
26	27 <b>Reducing Health Disparities (RHD):</b> 1:00 — 2:30 pm <b>Innovation:</b> 2:30 — 4:00 pm	28 <b>Adults:</b> 3:00 — 4:30 pm	29	30	31	

# Contra Costa Behavioral Health

April 2020

## Committee Email Contacts\*\*

Adults	<a href="mailto:Robert.Thigpen@cchealth.org">Robert.Thigpen@cchealth.org</a>
Aging and Older Adults	<a href="mailto:Ellen.Shurgil@cchealth.org">Ellen.Shurgil@cchealth.org</a>
Alcohol & Other Drugs (AOD) Advisory Board	<a href="mailto:Nazneen.Abdullah@cchealth.org">Nazneen.Abdullah@cchealth.org</a>
Behavioral Health Care Partnership (BHCP)	<a href="mailto:Jennifer.Tuipulotu@cchealth.org">Jennifer.Tuipulotu@cchealth.org</a>
Children, Teens & Young Adults	<a href="mailto:Candace.Collier@cchealth.org">Candace.Collier@cchealth.org</a>
Consolidated Planning Advisory Workgroup (CPAW)	<a href="mailto:Audrey.Montana@cchealth.org">Audrey.Montana@cchealth.org</a>
Health, Housing & Homeless Services (H3)	<a href="mailto:Steven.Blum@cchealth.org">Steven.Blum@cchealth.org</a>
Innovation	<a href="mailto:Audrey.Montana@cchealth.org">Audrey.Montana@cchealth.org</a>
Membership (CPAW)	<a href="mailto:Audrey.Montana@cchealth.org">Audrey.Montana@cchealth.org</a>
Mental Health Commission (MHC)	<a href="mailto:Alexander.Ayzenberg@cchealth.org">Alexander.Ayzenberg@cchealth.org</a>
Reducing Health Disparities (RHD)	<a href="mailto:Genoveva.Zesati@cchealth.org">Genoveva.Zesati@cchealth.org</a>
Social Inclusion	<a href="mailto:Roberto.Roman@cchealth.org">Roberto.Roman@cchealth.org</a>
Steering (CPAW)	<a href="mailto:Audrey.Montana@cchealth.org">Audrey.Montana@cchealth.org</a>
Suicide Prevention	<a href="mailto:Audrey.Montana@cchealth.org">Audrey.Montana@cchealth.org</a>
System of Care	<a href="mailto:Audrey.Montana@cchealth.org">Audrey.Montana@cchealth.org</a>
Training Advisory Workgroup (TAW)	<a href="mailto:Adam.Down@cchealth.org">Adam.Down@cchealth.org</a>

\*\* Can also call the Mental Health Services (MHSA) Office at (925) 957-2617 for committee meeting status updates.



# How Does Budgeting and the Money Work?

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Contra Costa County – Behavioral Health Services

Mental Health Services Act (MHSA)

Consolidated Planning Advisory Workgroup (CPAW)  
Orientation



# Goals of this Orientation

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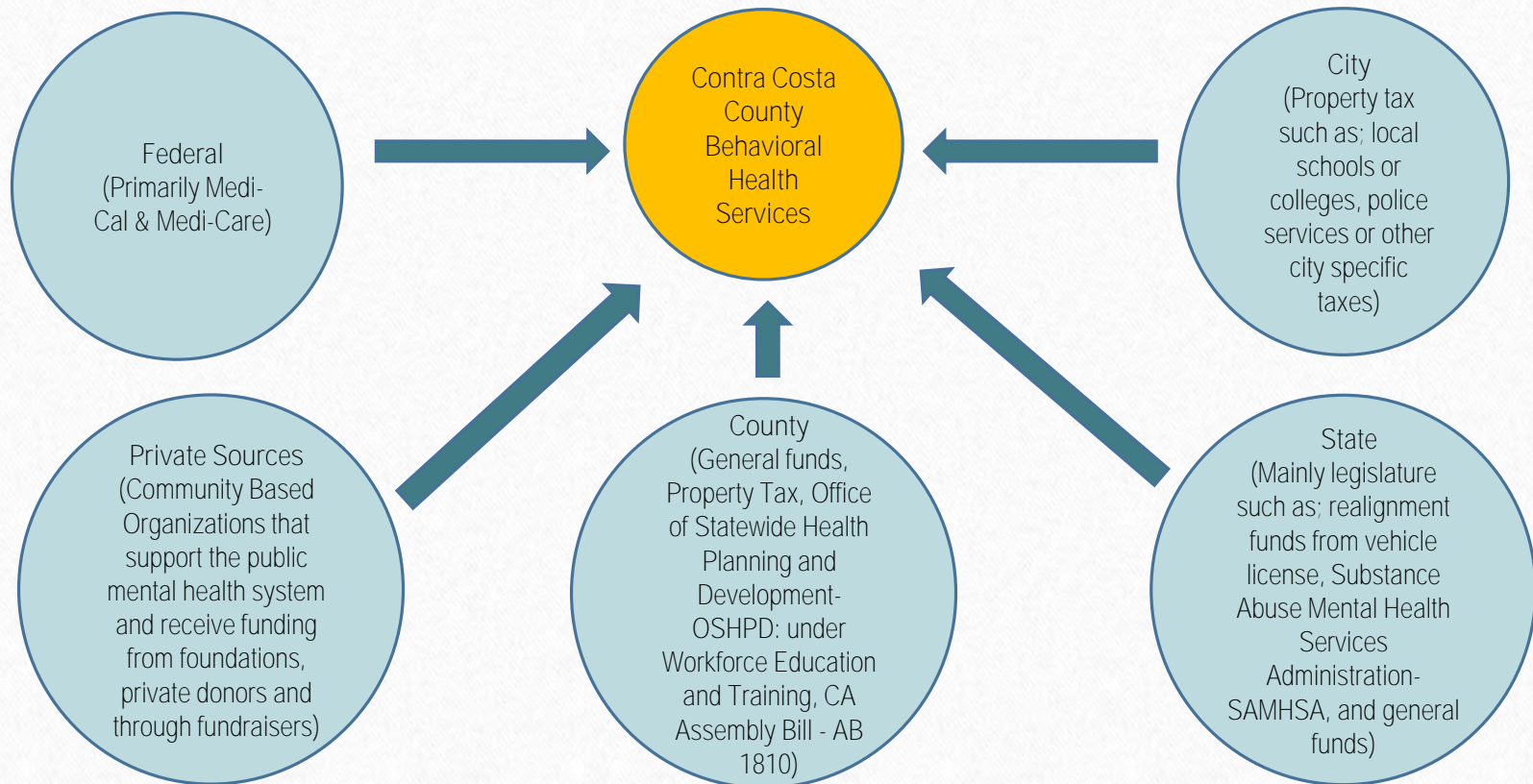
Gain understanding of:

- Where does the money come from?
- The budget process
- How the Board of Supervisors, Health Services, Behavioral Health Services make decisions and who makes them?
- What is the budget, where is it found, and how it tracked?



# Where does the money come from?

The money comes from federal, state, county, city, and private sources. Below are examples of each category.



# The Budget Process

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- Federal/state agencies set a dollar amount they budget for and notify counties.
- The process starts in Spring of previous year. For example, the budget planning for next Fiscal Year (FY) 2020-2021 started in March 2019.
- Counties then use this to plan for the future FY; while taking into account budget expenses and income from previous FY. For example; in this county, the budget planning projection for FY 2020-2021, would use FY 2018-2019 budget expenses and income reviewed in September 2019 to calculate projections.
- Generally, the Behavioral Health Services Director recommends a division budget that is part of the larger Health Services Department. The budget is set using previous year's expenditures, the County Administrator's Office (CAO's) recommendations, and as a last step is approved by the Board of Supervisors.

*\*MHS A County funds distributed by the State are based on each county's need for mental health services and population size of people that qualify for public mental health services in that county.*



# Decisions made by the Board of Supervisors, Health Services and Behavioral Health Services

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## How the Board of Supervisors and Behavioral Health Services make decisions, and who makes them?

- The Board of Supervisors (BOS) set the County budget with recommendations from the County Administrator's Office (CAO's). Specifically for the Behavioral Health Services budget, the BOS receives recommendations from the Behavioral Health Services Director with authority from the Health Services Department Director. A budget is recommended with projections using the previous year's expenditures, the County Administrator's Office (CAO's) recommendations, and is lastly approved by the Board of Supervisors.
- *For MHSA funded programs and plans, the community is involved through the Community Program Planning Process to provide input through Community Forums, CPAW and its sub-committees to the Behavioral Health Director, then it follows the same process as other County budgets.*

# Where Can the Budget be Found?

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The entire County budget, including the Behavioral Health Services (BHS) budget is approved by the Board of Supervisors (BOS) and is found at the County Administrator's Office web page. The budget can be tracked at:

[contracosta.ca.gov/770/Budget-Documents](http://contracosta.ca.gov/770/Budget-Documents).

- The budget is listed for each FY. Click the link titled '*Recommended Budget FY (Specified FY Year)*' to find the budget. Each budget will also include the following FY's projection. A summary of the County budget is on page 473.
- This County's BHS budget for the current FY is on pages 272 through 290.
- **This County's MHSA budget is found in the MHSA Three Year Program and Expenditure Plan or Plan Update** for the specified FY. Those documents which detail how funds are spent and implemented can be found on the MHSA web page at: [cchealth.org/mentalhealth/mhsa](http://cchealth.org/mentalhealth/mhsa). Refer to the *Table of Contents* and look for the page listing of *The Budget*.

# What is this County's MHSA Budget?

The MHSA Three Year Program and Expenditure Plan Update for FY 2019-2020 for Contra Costa County set over \$54 million for over 80 programs and plan elements in the five components.

Component	Purpose	Amount
Community Services & Supports (CSS)	To support children with serious emotional disturbance and adults with serious mental illness	\$37.6 million
Prevention & Early Intervention (PEI)	To prevent mental illness from becoming severe and debilitating	\$9.1 million
Innovation (INN)	For new/ different patterns of service that can be subsequently added into system	\$2.2 million
Workforce Education & Training (WET)	To recruit, retain, develop, and train Contra Costa County Behavioral Health Services Employees and Contracted staff	\$2.6 million
Capital Facilities/ Information Technology (CF/TN)	To implement an electronic mental health record system and to bring Oak Grove Facility to Code	\$3 million



# Other Tracking Methods

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## **Other ways MHSA funded programs are tracked is through:**

- Program Reviews – each Community Based Organization or agency funded through the MHSA in Contra Costa County has a Program Review done every few years. During this time the program fiscal documents are reviewed, County staff meet and discuss the programs progress and challenges with the agencies staff and clients, and take a deep look into the services provided as well as the documentation that is submitted by the program.
- Insurance, HIPAA, and Confidentiality Requirements – depending on the program and services offered, each program has requirements that they must meet such as HIPAA training and practices; or if a program is not obliged to HIPAA laws, they must still keep safeguard confidential information; as well as specific types of insurance for liability.
- Program Monitor – builds a relationship with the program staff and serves to assist with any questions or issues; while also reviewing demands and reports submitted by the agency and monitoring fiscal compliance.



# MHSA Components and Funding Allocation Percentages

The MHSA has specific requirements that mandate certain components and percentages be allocated.



Community Services & Supports (CSS): 80% of county MHSA funds to treat severely mentally ill through full service partnerships and outreach and engagement activities

PEI, INN, WET, and CF/TN: 20%

Prevention & Early Intervention (PEI): Up to 20% of county MHSA funds may be used to identify early mental illness, improve timely access to services for underserved, & reduce negative outcomes of untreated mental illness

Innovation (INN): 5% of MHSA funds received for CSS and PEI may be used for innovative programs that develop, test and implement different and new programs

Workforce Education & Training (WET): Aims to recruit, retain, and develop staff to address shortages or needs of workforce; including cultural responsiveness and peer supports

Capital Facilities and Technological Needs (CF/TN): Finances necessary capital, infrastructure or technological needs to support implementation of MHSA programs

*\*Please note, if a county is funding Innovation, the 5% of MHSA funds allocated to that component is taken evenly from CSS and PEI, which would then change the funding percentages to CSS at 77.5% and PEI at 17.5%*

# Resources

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## Local County Resources:

- Contra Costa County Administrator's Office: [contracosta.ca.gov/770/Budget-Documents](http://contracosta.ca.gov/770/Budget-Documents)
- Contra Costa County MHSA Website: [cchealth.org/mentalhealth/mhsa](http://cchealth.org/mentalhealth/mhsa)
- Contra Costa County Three Year Program and Expenditure Plan Update: [cchealth.org/mentalhealth/mhsa/pdf/Plan-Update-FY-2019-2020.pdf](http://cchealth.org/mentalhealth/mhsa/pdf/Plan-Update-FY-2019-2020.pdf)

## State Resources:

- The Five Components of the MHSA: [mhsoac.ca.gov/document/2016-02/five-components-proposition-63-mhsa](http://mhsoac.ca.gov/document/2016-02/five-components-proposition-63-mhsa)
- The Mental Health Services Act (MHSA): [mhsoac.ca.gov/about-us/prop63mhsa/act](http://mhsoac.ca.gov/about-us/prop63mhsa/act)
- The Mental Health Services Oversight & Accountability Commission: [mhsoac.ca.gov/resources/legislation-and-regulations/regulations](http://mhsoac.ca.gov/resources/legislation-and-regulations/regulations)
- The California, Welfare and Institutions Code: [leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=wic](http://leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=wic)



# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** December 10, 2019
- II. **Date of Home Visit for Staff Interview:** December 12, 2019  
**Date of Exit Meeting:** March 6, 2020
- III. **Review Team:** Windy Taylor, Warren Hayes, Michelle Nobori

- IV. **Name of Program/Plan Element:**  
Community Options for Families and Youth  
3478 Buskirk Avenue, Suite 260  
Pleasant Hill, CA 94523

- V. **Program Description.** Community Options for Families and Youth (“COFY”) is a multi-disciplinary provider of mental health services. COFY’s mission is to work with youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Mental health clinicians work collaboratively with caregivers, educators, and social service professionals to help exasperated families restore empathic relationships and maintain placement for their children.

COFY provides a Full Service Partnership (FSP) Program funded by the Mental Health Services Act. The program serves youth (12-18) and their families through a Multisystemic Therapy (“MST”) model. MST is an intensive family and community-based treatment that addresses the multiple determinants of serious anti-social behavior. The MST approach views individuals as being surrounded by a network of interconnected systems that encompasses individual, family, and extra familial (peers, school, community) factors. Intervention may be necessary in any one or a combination of these systems, and using the strengths of each system to facilitate positive change. The intervention strives to promote behavioral change in the youth’s natural environment. Family sessions are provided over a three to five-month period. These sessions are based on nationally recognized evidence-based practices designed to decrease rates of anti-social behavior, improve school performance and interpersonal skills, and reduce out-of-home placements.

COFY as an organization also provides additional programs and services. These programs are Educationally Related Mental Health Services, Functional Family

Therapy and Therapeutic Behavioral Services. The Functional Family Therapy is a short-term, evidence-based practice with an average of 12 to 14 sessions over three to five months. It consists of five major components: engagement, motivation, relational assessment, behavior change, and generalization. Each of these components has its own goals, focus and intervention strategies and techniques. COFY works with schools and specifically with students with school district individualized education programs (IEPs). COFY additionally provides short-term intensive service when needed. COFY's goal and mission is to help families and youth with high psychosocial needs thrive together in their home and local communities.

**VI. Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) 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/plan element in order to review past and current efforts, and plan for the future.

**VII. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Services are delivered to support the root and core values of the MHSA vision.
2. Serve the agreed upon target population.	Met	Program serves clients that meet criteria for the County's children's full service partnership admission criteria.
3. Provide the services for which funding was allocated.	Met	MHSA only funds services consistent with Three Year Plan
4. Meet the needs of the community and/or population.	Met	All community and population needs are



		being fulfilled by the program.
5. Serve the number of individuals that have been agreed upon.	Partially Met	Program is close to serving the number of individuals that has been agreed upon.
6. Achieve the outcomes that have been agreed upon.	Partially Met	Program meets most outcomes
7. Quality Assurance	Met	Grievance procedures and protocols are in place for employees and consumers
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Met	The Program is fully staffed to provide services
10. Annual independent fiscal audit	Met	No material or significant weaknesses 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 implement sound check and balance system.
13. Documentation sufficient to support invoices	Met	Program has documentation to supports all invoices
14. Documentation sufficient to support allowable expenditures	Met	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Efficient documentation is provided that details all expenditures in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Methodology supports indirect rate of 13.12%
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place

18. Effective communication between contract manager and contractor	Met	Communication between contract monitor and contractor is consistent
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**VIII. Review Results.** The review covered the following areas:

**1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

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

**Discussion.** The results of 14 client surveys were received. A home visit was completed with one family and client and it was consistent with a positive report out by surveys indicated below.

Questions	Responses: n=14				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know n/a
1. Help me improve my health and wellness.	Average score: 3.36 (n=14)				
2. Allow me to decide what my own strengths and needs	Average score: 3.29 (n=14)				
3. Work with me to determine the services that are most helpful	Average score: 3.5 (n=14)				
4. Provide services that are sensitive to my cultural background.	Average score: 2.43 (n=13)				
5. Provide services that are in my preferred language	Average score: 3.21 (n=14)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.21 (n=14)				
7. Are open to my opinions as to how services should be provided	Average score: 3.36 (n=13)				
8. What does this program do well?	<ul style="list-style-type: none"> <li>• Provided the right tools for the parent to work with their child.</li> <li>• Culturally sensitive.</li> <li>• Well trained in understanding the needs of the client.</li> <li>• Able to accommodate a working parent's schedule.</li> </ul>				

9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>• Staying with the family after a re-offense.</li> <li>• Having more office locations so that family sessions are easier to attend without extended travel time.</li> </ul>			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>• Financial support for emergencies.</li> <li>• Have more social events that people can participate in frequently.</li> <li>• Would like services initiated quicker.</li> <li>• Drug treatment.</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?	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Average score: 3.71 (n=14)			
12. Any additional comments?	<ul style="list-style-type: none"> <li>• Case Worker made family feel supported.</li> <li>• Provided many resources when needed, which was very helpful.</li> <li>• Felt program staff are very skilled and good with communicating solutions.</li> </ul>			

Consumer Interview

Due to the nature of the services being delivered almost exclusively in the field, and because of the time commitments of the families and consumers, we were only able to meet with one family member for a face-to-face interview. The family member was a mother of a 15-year-old daughter who was referred to the program through the Juvenile Court system.

Overall, this mother was extremely appreciative of the services provided by COFY. During the interview, the mother indicated that the services were very beneficial and have helped her family tremendously. She praised the clinician and felt that without the services she wouldn't have the much needed support. When asked if any improvements could be made the response was that the family does have a hard time with transportation. Additionally, they felt that it was helpful that the clinician does home visits to avoid the extra expense in transportation costs.

Staff Interview:

Seven individuals attended the staff interview. A few of the staff were clinicians for the Functional Family Therapy (FFT) and the others were part of the Multisystemic Therapy (MST). Staff have been with the program starting from a



few weeks to six years. Staff talked about caseload sizes ranging from 5-6 clients to 10-12 clients depending on the type of therapy. Staff shared that the program receives referrals from county clinics, often through the juvenile justice department and truancy court, school counselors, mobile response team but also can come from other full-service partnership providers. The clinicians provide care to the child and family in a top-down approach, according to the MST model: the clinician working with the family works with the parents and the child to look at the family dynamic as a whole. Staff reported spending most of their time working with their clients through daily challenges, such as reducing their isolation and re-integrating them into the community, providing support to youth in court or in schools, and providing support to the family to build and empower them.

During the interview, staff also shared that they get extensive training. They talked about current trainings they have received such as group supervision, clinical development, trauma training, Chile Adolescent Needs and Strengths (CANS), clinical documentation and law and ethics. Staff feel that they do face challenges with certain services and supports. The biggest areas of need that were mentioned were homeless shelters, housing, special needs, food and school support. Overall staff did indicate that they felt like they were meeting the needs of their clients and are able to support the clients in all areas of their lives.

**Results.** Interviews with program participants and service providers as well as program participant survey results all support that COFY 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 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.** The COFY Full Service Partnership program accepts referrals from the county clinics, often through the juvenile probation department and truancy court, but also can come from other full-service partnership providers. The MHSA chart review conducted by the MHSA Program and Fiscal Review team confirms the agreed upon target population for full service partnerships.

Contra Costa Behavioral Health Services also performs a utilization review on all programs which bill Medi-Cal, including COFY. On December 5, 2018 a Level 2 Centralized Utilization Chart Review was conducted. For all of the charts

reviewed, clients met medical necessity for specialty mental health services as specified in the Welfare and Institutions Code (WIC) Section 5600.3(a).

**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 and ShareCare Service Activity Reports from Contra Costa County Mental Health's billing system show that the COFY Full Service Partnership program is providing the number and type of services that have been agreed upon. Services include MST program delivery, case management, individual and family outpatient mental health services, crisis intervention, collateral services, and flexible funds. Both program staff and participants indicated services are available on a 24-7 basis via an after-hours crisis phone line.

**Results.** The program provides the services for which funding was allocated.

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.

**Discussion.** The Full Service Partnership programs were included in the original Community Services and Supports plan that was approved in May 2006. This was also included in the 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. 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 100 clients. The programs target enrollment has fluctuated over the last three years. In 15/16 the program had 93 clients, 16/17, 103 and in 17/18, 97 clients were served. The program met this target in FY16/17. Reports for clients served for FY 19/20 haven't been completed yet for this year. Conversations with COFY indicate staff turnover and retaining staff still pose an issue. Additionally, rigorous training and onboarding for new clinicians along with competitive salary options from neighboring counties continue to be a challenge.

**Results.** Annually the program is still struggling with serving the number of individuals specified 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 met its objectives in relationship to the Service Work Plan goal criteria. For FY 17/18, program did not meet expected outcomes, which had an increase in psychiatric incidents. In the near future, COFY will be adding outcome measures that will include productive meaningful activity and homeless indicators to measure improvement in the client's mental health.

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

7. **Quality Assurance.** How does the program 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 COFY's 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 COFY is generally in compliance with documentation and quality standards.

On December 5, 2018, a Level Two Centralized Utilization Chart Reviews and a Focused Review was conducted by CCBHS. The results show that charts generally met documentation standards, but there were a few compliance issues, including missing or misfiled forms (Consent to Treat, Progress notes, and Level 1 worksheet), documentation language (re: Spanish-speaking family vs. English forms), other findings that included no recorded Medi-Cal eligibility and missing signatures. COFY submitted a plan of correction on May 13, 2019 addressing all the findings and how these findings would be resolved.

**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/plan element's implementation of a protocol for safeguarding protected patient health information.

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

**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 nature of the team approach of MST evidence-based treatment and program staff training allows COFY to provide the services outlined in the Service Work Plan with current staffing. However, the program has indicated that staff are either out on leave or they are having a hard time with staff retention. This includes onboarding processes and lengthy training for new staff hired.

**Results.** Staffing is in place to provide the full range of services, but not serve the number of clients outlined in the Service Work Plan. Moreover, the turnover of program staff is a potential cause for concern as it may affect the program's ability to effectively serve clients. The MST model takes time to get a clinician trained to take on their own caseload. During the program visit the contract was examined in detail to ensure it was being used fully to support clinical and staff requirements. Contract isn't being maximized and this finding will hopefully help with providing additional support and incentives.

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.** COFY is a California public benefit corporation organized in 2007 for the purpose of providing services to families and youth with emotional disturbances in order to enable these youth to maintain family and community relationships. Patient services revenue from contracts with CCBHS and over 25 educational institutions provides 99% of the revenue.

**Results.** Annual independent fiscal audits for FY 2016-17, 17-18 and 18-19 were provided and reviewed. No material or significant findings were noted.

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.

**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.  
**Discussion.** The Business Manager is well qualified and has been with COFY for many years. Staff described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles. The organization uses Clinitrak and QuickBooks 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.  
**Discussion.**  
A randomly selected invoice for each of the last three years was matched with supporting documentation provided by the agency. A clear and accurate connection was established between documented hours worked and submitted invoices. A clear and accurate connection was established between documented hours/types of mental health services and submitted invoices. COFY's FSP program is a specialty mental health service contract with CCBHS that is based upon established rates and billed monthly according to the documented level of service provided.  
**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.** Line item personnel and operating costs were reviewed for appropriateness. All line items submitted were consistent with line items that are appropriate to support the service delivery.

**Results.** Method of allocation of percentage of personnel time and operating costs appear to be justified and documented. It is suggested that COFY expand on using alternative funds in contract to support travel and training costs that are necessary for COFY to continue to contract with CCBHS for delivery of MST.

**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.** Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year.

**Results.** COFY 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.

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

**Discussion.** Methodology in which the program identifies indirect cost appears to be clear and reasonable. The program is currently charging 13.12% indirect costs.

**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 commercial general liability insurance, automobile liability, umbrella liability, professional liability and directors and officers liability policies that were 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 staff and County communicate regularly. All invoices are submitted on time and reflect accurate County standards.
- Results.** The program has good communication with the contract manager.

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

COFY has been in business for over ten years and has established itself as a collaborative and effective program working with families in compromised situations to find hope and the possibility of success and happiness. COFY is committed to serving the needs of youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Their intensive family and community-based treatment and has been effective in supporting these youth and their families in connecting more fully to their community. The COFY Full Service Partnership adheres to the values of MHSA. COFY should continue to explore ways of retaining staff to help with maximizing caseloads. COFY appears to be a financially sound organization that follows generally accepted accounting principles and maintains documentation that supports agreed upon service expenditures.

## **X. Findings for Further Attention.**

- COFY should continue to work with their County contract manager to examine staffing, capacity, and referral sources to hit the target they were budgeted for.
- COFY should examine how it recruits and retains staff and consider offering additional incentives to ensure qualified individuals are retained and that the full spectrum of service is available to clients.
- COFY is encouraged to work with the County in planning how to better able to address supportive housing needs surfaced by their clients who are homeless or at risk of chronic homelessness.
- It is recommended that COFY work with the County to begin using the Data Report Collection System (DCR), which will allow for further client tracking outcomes.

**XI. Next Review Date. December 2022**

**XII. Appendices.**

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

Appendix D – Organization Chart

**XIII. Working Documents that Support Findings.**

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

County Utilization Review 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)

