



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

Current (2017) Members of the Contra Costa County Mental Health Commission

Duane Chapman, District I (Chair); Barbara Serwin, District II (Vice Chair); Meghan Cullen, District V; Douglas Dunn, District III; Diana MaKieve, District II; Lauren Rettagliata, District II; Connie Steers, District IV; Gina Swirsding, District I; Jason Tanseco, District III; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, BOS Representative

Commissioners Emeritus
Marie A. Goodman • David Kahler

MHSA/Finance Committee Meeting

January 19, 2017 ♦ 1:00-3:00 p.m. ♦ 1340 Arnold Drive, Room 103, Martinez

The Mission Statement of the MHSA/Finance Committee: In accordance with our mandated duties of Welfare & Institutions Code 5604, and aligned with the Mental Health Commission's MHSA Guiding Principles, and the intent and purpose of the law, the MHSA/Finance Committee will work in partnership with all stakeholders, all community-based organizations and County providers to review and assess system integration and transformation in a transparent and accountable manner.

- I. **Call to order/Introductions**
- II. **Public Comment**
- III. **Commissioner Comments**
- IV. **Chair Announcements**
- V. **APPROVE Minutes from November 17, 2016 Meeting** *Action item*
- VI. **DISCUSS recruitment of Psychiatrists** *Action item*
- VII. **REVIEW MHSA Program and Fiscal Review- Augmented Board & Care** *Action item*
- VIII. **REVIEW of central County Family Partner position** *Action item*
- IX. **REVIEW and ACCEPT MHSA/FINANCE Year End Report for 2016**
- X. **Adjourn**



In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item may occur. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit. If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-5140

**Contra Costa County Mental Health Commission
MHSA-Finance Committee Minutes – November 17, 2016
First Draft**

Agenda Items / Discussion	Action / Follow-up
<p>I. Call to Order / Introductions In the absence of Committee Chair Lauren Rettagliata, Committee Vice Chair Doug Dunn called the meeting to order at 1:05 p.m.</p> <p><u>Committee Members Present:</u> Doug Dunn, District III Diana MaKieve, District II Lauren Rettagliata, District II (arrived late) Sam Yoshioka, District IV</p> <p><u>Committee Members Absent:</u> Duane Chapman, District I</p> <p><u>Others Present:</u> Adam Down, CCBHS Warren Hayes, MHSA Program Chief Jill Ray, Supv. Andersen’s Office</p>	<p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance • Update MHC database
<p>II. Public Comment None.</p>	
<p>III. Commissioner Comments None.</p>	
<p>IV. Chair Announcements None.</p>	
<p>V. APPROVE Minutes from October 20, 2016 Meeting</p> <ul style="list-style-type: none"> ➤ Diana moved and Sam seconded to approve the Minutes as presented. There was no discussion. The Minutes were approved unanimously by a vote of 3-0-0, 2 absent. <p>Vote: Ayes (3) Diana, Doug, Sam Nays (0) Abstentions (0) Members absent (2) Duane, Lauren</p>	
<p>VI. RECEIVE report from MHSA Program Manager regarding the proposed Workforce, Education and Training (WET) program recommended budget Warren gave an overview of the WET portion of MHSA, described the WET expenditure plan spreadsheet, and discussed the big picture of what we are trying to use WET funds to accomplish.</p> <p><u>Summary of Discussion:</u></p> <ul style="list-style-type: none"> • Staffing: <ul style="list-style-type: none"> ○ The Loan Forgiveness program was designed for licensed psychiatrists to have their school debt paid by CalMHSA and was created as a “stop-gap” of 	

solution to our staffing issues. The amount funded is based on what staffing we need. Through this program, CalMHSA pays off \$30,000 of their educational debt for each year they agree to work for the County. Payment is made at the end of their service time. Behavioral Health is also considering using available funds not used by psychiatrists to provide County CSWs an opportunity to get higher education to become therapists.

- One factor contributing to psychiatrist staffing shortages is that they are paid as general doctors despite the fact that a psychiatrist needs more education than a general doctor. Another factor is that our salary levels are noticeably lower than those of neighboring counties. At this point, the County has been made aware that they need to be more competitive and is working through the typical bureaucratic “speed bumps” to develop a solution.
- Warren did not have answers to the “why” of the low salary levels, which are determined by HR. The Commission can recommend to the Board of Supervisors that they bring this question to HR.
- Warren’s group is working on a system-wide quantitative needs assessment, one section of which deals with staffing issues and includes salaries for comparable jobs in other counties. This report will be part of the Three-Year Plan and can be made available to the Commission once it is completed.
- Behavioral Health has a goal of avoiding using contract agencies to staff open psychiatrist jobs because of the lack of consistency that would result.
- OCE funding was formerly provided through PEI funds but is moving to WET funding so that the PEI funding can be used for two PEI-related projects are moving from innovative project status to permanent status.
- The County supplies funds to Contra Costa College to cover the cost of the SPIRIT program so that the program can be operated, as the college is not interested in funding the program.
- The Systems of Care Committee will be developing a Workforce Staffing Support component to WET that will include paid staff to support consumer and family member volunteers who participate in activities like committee meetings.

VII. RECEIVE report from MHSA Program Manager regarding Innovations Project selected for the coming period

Warren gave an overview of the process to select an Innovations project and described two concepts that were selected to be developed into projects: (1) Cognitive behavioral social skills training that will be conducted at augmented board and care facilities and (2) An off-clinic adolescent intensive outpatient program that will include help for dually diagnosed adolescent consumers. He added that the public is welcome to come and participate in the workgroups that will develop these concepts into projects. The other innovative concepts that will be developed in 2017 include (1) Overcoming transportation barriers, (2) Partners in Aging, (3) Wellness coaches, and (4) A vocational services concept to cover staff time to provide pre-vocational services for consumers who are not yet job-ready to help prepare them for employment.

Summary of Discussion:

- The Behavioral Health Vocational Services Unit has job coaches and people who locate jobs for job-ready consumers, but the State Department of Rehabilitation, who has staff housed at some of our clinics, does not. The State Department of

<p>Rehabilitation has funds available to purchase equipment like safety boots and the like for job-ready consumers, which Behavioral Health Vocational Services does not have.</p> <ul style="list-style-type: none"> An augmented board and care differs from a regular board and care in that an augmented board and care is for case-managed SPMI consumers, and the County contracts with the board and care provider for additional mental health care services at a specified rate. This provides an incentive for the board and care to take mental health consumers. 	
<p>VIII. RECEIVE report from MHSA Program Manager regarding recently completed program reviews</p> <p>Warren explained that completed program reviews are included in CPAW meeting packets, and Karen was copied on these packets. The CPAW meetings for October through December are scheduled as community planning fora, and there were no packets made for them. He provided program review reports for the most recent programs. The shorter reports were provided in hard copy format, and Adam will email the longer ones out to Commissioners.</p> <p><u>Summary of Discussion:</u></p> <ul style="list-style-type: none"> The Family Courtyard/United Family Care program review has not yet been finalized but will be finalized soon. Warren indicated that any serious concerns the MHC has about a CBO should be brought to the attention of Behavioral Health Admin. He pointed out that the MHSA program reviews do include looking for things like Community Care Licensing violations and noting them on the report, but they have no authority to address them. Warren indicated that the deficiencies noted in the People Who Care report have already been addressed by his group through their Corrective Plan. He suggested adding a calendar item to the February or March meeting for him to report on the current status of their corrective plan. He pointed out that the MHSA team has full responsibility for the quality of service provided by an MHSA-funded CBO, compared to a facility like an augmented board and care, which has no MHSA oversight. If the MHC would like to request that no further consumers be placed in a questionable or undesirable facility but not uprooting consumers who have lived there for a long period of time, the MHC can address that with Jan and Matthew. 	<p>Add calendar item to February or March to receive update from Warren on status of corrective plan for People Who Care.</p> <p>Request Matthew and Jan C-K come to a future meeting, possibly a joint meeting of MHSA-Finance and Quality of Care Committees, to discuss issues at facilities the MHC has concerns about.</p>
<p>IX. DETERMINE steps to formally request Realignment and Federal Financial Participation reporting and overview</p> <ul style="list-style-type: none"> Adam has requested a Realignment report through the appropriate channels. Pat Godley has promised to send us a report with data from the last two years in time for next month's meeting. Adam discovered that the State is currently working on settling the '10-'11 fiscal year. He suggested that if we do not get the report from Pat next month, we can make a motion to move the subject to the January MHC meeting and address it there. Adam noted that the spreadsheet with all the contracts includes contracts for services provided to people in the mild to moderate category as well the moderate to severe category, and that the funding sources noted are not always 100% accurate. He offered to email the spreadsheet to the rest of the group. 	<p>Adam to provide report of what contracts are ending soon to MHSA/Finance Committee monthly.</p>
<p>X. Adjournment</p>	

The meeting adjourned at 3:03 p.m.	
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Respectfully Submitted,
Melinda Meahan, Clerk-Senior Level
CCHS Behavioral Health Administration

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** August 11, 2016
Date of Exit Meeting: October 28, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum

- III. **Name of Program:** United Family Care, LLC
dba Family Courtyard
2840 Salesian Avenue
Richmond, CA 94804

- IV. **Program Description.** The County contracts with United Family Care, LLC (“Family Courtyard”), a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **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 together 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	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.
3. Provide the services for which funding was allocated.	Yes	Individual Augmentation agreements supporting contract need to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Family Courtyard has been serving residents placed there.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services identified through monthly assessments are being performed.
7. Quality Assurance	Partially met	Appropriate policies and procedures are in place. Further, new measures have been identified for assessing quality programming.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility does not meet the federal funding threshold to require annual audits.

11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand role of contract manager to enable regular, coordinated program and contract communication.

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.

Discussion. As part of the site visit four residents were interviewed individually, and additional input was obtained by 24 consumers who completed a written survey prior to the site visits. We also spoke to several different staff members, including three staff from the management team and nine line staff.

Survey Results:

Questions	Responses: n=24				
	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	4	3	2	1	0
1. Help me improve my health and wellness.	Average score: 3.00 (n=24)				
2. Allow me to decide what my own strengths and needs	Average score: 3.05 (n=24)				

3. Work with me to determine the services that are most helpful	Average score: 3.13 (n=23)			
4. Provide services that are sensitive to my cultural background.	Average score: 2.84 (n=24)			
5. Provide services that are in my preferred language	Average score: 3.26 (n=23)			
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.44 (n=23)			
7. Are open to my opinions as to how services should be provided	Average score: 3.22 (n=23)			
8. What does this program do well?	<ul style="list-style-type: none"> • Provide a clean home for me • Give appointments, send you to right doctor and also, give right medicine 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Safety • Slow down when tripping and get all information right so you can be called a good hospital and decent staff • Food 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Mental Health Services • Case Management • Clothing 			
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	Important	Somewhat Important	Not Important
	4	3	2	1
Average score: 3.15 (n=20)				
12. Any additional comments?	<ul style="list-style-type: none"> • I really think nothing is missing or lost. I think your job is hard enough to do as is but your coping well and doing your best job possible. • It (the program) is not important to me because they haven't done for me to help me. 			

Consumer Interviews:

Each of the residents interviewed indicated that they were appreciative of the facility, staff, and daily activities they had the opportunity to participate in. The residents have been at the facility ranging from several months, to several years. The residents also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents

indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), social aspect of the facility, activities. However, they did express the desire to have more “community around food” (i.e., input on their meals, etc.). Certain residents also expressed the desire to have more involvement from their County case managers. Moving forward, it is recommended that facility staff engage the residents more in the planning of their daily program. It is also recommended that the facility staff communicate promptly with the County’s housing liaison if a resident needs more case management support.

Staff Interviews:

Staff interviewed ranged in job titles and duties. There was staff from the night shift, day caregivers, activity director, facilities, and kitchen. The staff indicated there was a regular weekly and daily activity calendar that was created every month, however, there is flexibility in the schedule to accommodate resident desires. The staff also engaged in money management activities for many of the residents. Many residents also left to go to programs offered during the day, such as the Wellness City by Recovery Innovations, or a day program through Guardian. Residents are usually driven by a staff escort to their medical and other health care appointments. Staff may occasionally take residents on shopping errands if there are no appointments. Meal plans are often created with the help of a dietician for residents with particular needs. Finally, the facility offers a “barbershop” service for the residents to help in their grooming.

The staff we spoke to gave the impression of being in tune with the medical and daily needs of the residents. While there seemed to be an increase in staff trainings on bigger medical issues, a desire was expressed for more training for all staff on day-to-day care, such as assisting residents in grooming and hygiene. **Results.** Family Courtyard staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, 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, service work plan, and individual services agreements with the current client census. **Discussion.** As a matter of regular practice Family Courtyard staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was

matched by verifying observation of residents participating in the consumer group meeting.

Results. The program serves the agreed upon target 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 individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. There is a clear level of augmented services, particularly around medical and medication support, and basic living tasks that may be better delineated in the service work plan to reflect the degree of service provided.

Results. Appropriate augmented Board and Care services are provided by Family Courtyard with appropriate intensive mental health specialty services for the residents. However, the individual augmentation agreement language in the contract should more specifically identify the services that are provided.

- 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.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Family Courtyard is meeting their needs.

Results. Family Courtyard appears to be meeting the needs of the population for which it was designed.

- 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 supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that there are 61 possible beds open to the County, which are close to being fully utilized. The service work plan, however, does not capture the services that augment the board and care service in a manner that enable quantifying the services provided, and enabling program impact on residents to be determined and reported to the County.

Results. The program serves the number of individuals that have been placed in their facility by Contra Costa County.

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 monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. There are a variety of daily group activities scheduled that the residents can participate in, many of which promote well-being and self-reliance. One thing of note was that the property had an expansive back yard type of space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired.

Results. Family Courtyard appears to be providing the services outlined in the monthly assessments of needs conducted on each resident, with additional supported services to promote wellness, recovery, and self-reliance. It recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

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

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 5 complaints investigated by the Department of Social Services Community Care Licensing service in the past 4 years. This has resulted in several findings by the licensing agency and 7 unannounced visits between October 2015 and April 2016. The last comprehensive inspection report with significant findings was dated 01/29/16. These findings included deficiencies around the lack of posted information on Residents' Rights and complaint/grievance information, lack of planned activities, insufficient bedding in rooms, and insufficient medical training for a few new staff members. The absence of a Resident Council Poster resulted in a fine being assessed on the facility. Previous findings included maintenance of grounds and food service/menu planning. There have been two subsequent unannounced visits by a licensing evaluator to follow-up on complaints and citations, who indicated that proof of corrections had been submitted for all findings.

These complaints and visits were brought up during our interview with management staff. They indicated that they had taken several steps towards resolving the previous issues including more staff training, a dedicated activities coordinator, additional programs, extra supply of bed linens, setting up a technical support meeting with Community Care Licensing to help with compliance, addressing a few residents with significant behavioral issues, and adjusting the smoking areas to help manage residents from spending excess time hanging out in front of the facility and parking lot of a nearby school, which was causing problems with perception in the local community.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through the County, or state.

Results. Family Courtyard is participating positively with State and County agencies as well as the local community to identify and address current and potential issues. The program has implemented new policies and procedures for staff and programming for residents. It is recommended that Family Courtyard continue to review its practices and programming to keep residents engaged and active.

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 as a HIPAA Business Associate, 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. Review facility's Privacy Policy.

Discussion. Family Courtyard staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment. When touring the facility, however, it was noted that while all resident records are organized and stored in individual binders that are on a shelf in a locked office, the names of the residents were clearly labeled on the spine, facing outward and visible from the window where the public can check in. While, according to the County Quality Improvement Coordinator, this is not necessarily considered a HIPAA violation, it is recommended that the facility configure the binders so that the names are not visible to the public entering the facility, to ensure greater privacy of the residents.

Results. Family Courtyard appears to be in compliance 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 staff list, staff interviews and duty statements.

Discussion. Family Courtyard staff that were interviewed represented management, caregiving, facilities, food and laundry services, and administrative support functions of the facility. Additionally, during a tour of the facility we were introduced to many other staff in a variety of functions and delivering specific services. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. All 23 positions (full and part-time) were reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. However, several staff indicated they felt that due to the type of care required by many of the residents being served, they were stretched to serve everyone appropriately. The staff further indicated that this may be alleviated with stronger case management support from the County case managers, and possibly more training in how to effectively

encourage and work with residents to engage in better grooming and hygiene habits.

Results. There appears to be sufficient qualified staff to carry out the functions specified in the program. Family Courtyard is encouraged to strengthen their communication with County case workers and to seek and provide opportunities for staff to increase their capacity to support residents living with mental health issues.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

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

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

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.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Family Courtyard has sufficient size, diversity of funding resources and adequate cash flow to support their staff deliver and sustain services. They have been in contract with the County at a set monthly augmentation rate of \$620 per resident since 2008. Family Courtyard has recently requested an increase in their rate. This rate increase request is currently under review.

Results. Fiscal resources are 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 or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

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 facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Family Courtyard's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. **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. Property, vehicle, liability insurance policies were reviewed. All were current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. **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, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Family Courtyard staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Family Courtyard's contracts and sign and forward submitted invoices, conservators and case managers to interact with Family Courtyard staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations.

Despite all of these interactions with County representatives, facility staff and management have all expressed a strong desire to strengthen the role of County in the care and management of the residents. Whether this be in the form of more Public Health Nurse visits, case manager visits, etc., the desire is for helping to eliminate the challenges currently for Family Courtyard staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Family Courtyard with the objective of strengthening the County’s contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Family Courtyard provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a larger residential facility, with up to 61 approved beds available to Contra Costa County for adults who need daily assistance. Housing has been identified as a high priority critical issue for the County, and Family Courtyard provides a stable, supportive living environment. The issues that have been identified for attention pertain primarily to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Family Courtyard’s contract needs to spell out the augmented services that are provided to the individual residents.
- The facility should empower and encourage the Resident Council to solicit and offer more feedback on programmatic activities, particularly around outdoor recreation and communal dining.
- The County should strengthen the County’s contract manager role in order to act as the County’s central program and fiscal coordinator to the facility, as well as provide assistance and oversight for connectivity and transition to the County’s adult system of care.

X. Next Review Date. August 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Monthly assessments for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Tax Returns

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

United Family Care, LLC (Family Courtyard)

Point of Contact: Juliana Taburaza.

Contact Information: 2840 Salesian Avenue, Richmond CA, 94804.

1. Program: Augmented Board and Care Housing Services - CSS

The County contracts with United Family Care, LLC , a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 271,560.
- d. Number served: For FY 14/15: 48 beds available.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN


Number 24-681-84(13)


1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at its residential facility located at 2840 Salesian Avenue, Richmond, CA 94804 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that its staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in its license or its facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.

2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.

3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials: _____


Contractor


County Dept.

APPENDIX C

Employee Roster

FAMILY COURTYARD

Facility No. 075600757

STAFF SCHEDULE

NAME	SAT	SUN	MON	TUES	WED	THURS	FRI	Remarks
CAREGIVING DEPT								
Albaran, Neil (Med Staff)	OFF	OFF	3PM-12Midn	3PM-12	3PM-12	3PM-12	OFF	
Bilan, Grace (Med Staff)	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Fudolig, Teodula	OFF	OFF	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	
Guiam, Jiena (Med Staff)	OFF	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	OFF	7AM-4PM/MD	
Inumerable, Susan	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	OFF	
Fernandez, Lawrence	7AM-4PM	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	
Romero, Federico (Med)	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	OFF	Reliever
Boyd Dejour	7AM-4PM	OFF	7:30AM-4:30PM	12MidN-7AM	12MidN-7AM	OFF	7:30AM-4:30PM	
GRAVEYARD								
Aguinaldo, Rey	12MidN-7AM	12MidN-7AM	12MidN-7AM	OFF	OFF	12MidN-7AM	12MidN-7AM	
Boyd, Dejour				12MidN-7AM	12MidN-7AM	OFF		
MAINTENANCE								
Talavera, Ariel	7AM-4PM	OFF	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	
KITCHEN/DINING								
Jingle Ucol	OFF	OFF	7AM-1:30PM	7AM-1:30PM	7AM-1:30PM	7AM-4PM	7AM-4PM	
Patague, Godofredo	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	OFF	7:30AM-4:30PM	
Rodriguez, Maria	7:30AM-4:30PM	OFF	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	
Alegre, James	8AM-5PM	8AM-5PM	OFF	OFF	OFF	OFF	OFF	RELIEVER
ACTIVITY								
Mai, Luyen	7:00AM-4:00PM	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
ADMIN.								
Tejero, Norma	OFF	OFF	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	
Castro, Lodelyn (Med)	7:30AM-4:30PM	OFF	8AM-5PM	8AM-5PM	OFF	7:30AM-4:30PM	3PM-12MidN	
De Ocampo, Vincent	OFF	OFF	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	
Taburaza, Joseph	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME
Taburaza, Juliana	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME

Year End Report MHSA /Finance 2016

Each Month one of the top priorities of the MHSA/Finance Committee is to insure that funding for Mental Health is focused on improving the care and treatment for people diagnosed with a mental illness. Each meeting Warren Hayes gives us an update on the MHSA spending and an overview of the Program & Fiscal Reviews done that month on MHSA programs. This Committee also has asked to be updated and kept informed on Realignment I & II Funding. We have only received the same reports seen by the Committee in 2015. These are for fiscal year 2013-2014. We hope to be brought up to date soon. We also received all County contracts for the first time. As a committee we are becoming more knowledgeable about how care and treatment is financed. With this knowledge we hope to improve the lives of those who rely on the county for their care. This Committee asked the Commission to become actively involved in spearheading questions on the legislation known as No Place Like Home. Our efforts did not stop the legislation but did bring about important changes in not requiring “developers” to be part of the process and also to not by-pass local permitting requirements.

Since there is not enough financial investment in housing this committee often overlaps with the Quality of Care Committee on housing complaints. Members of this Committee were alerted to complaints about the inadequacy of housing were many clients of the clinics that deliver Specialty Mental Health reside. A major onsite visit to the Riverhouse has vastly improved conditions. This committee has noted that there needs to be a plan in place that determines if the funds spent are-- improving the quality of treatment and care, keeping the status quo, or causing treatment and care to deteriorate. The main focus of this Committee was the preparation and collaboration with the Behavioral Health Department and the Behavioral Health Care Partnership to produce the Mental Health System & Budget Crisis Paper. It was hoped that this paper would have an effect on how the budget for mental health was developed.

This paper and presentation asked the Board of Supervisors to give budget priority to systemic deficits in care that are not being addressed in the current budget process. This Committee has also been the vehicle where discussions with advocates of Assisted Outpatient Treatment can interface with the administrative process that finances this pilot program. This coming year we will also focus on the past and future financing of providing an electronic records system for Specialty Mental Health.

Created by: Lauren Rettagliata