

The Mission Statement of the MHS/Finance Committee: In accordance with our mandated duties of Welfare & Institutions Code 5604, and aligned with the Mental Health Commission's MHS Guiding Principles, and the intent and purpose of the law, the MHS/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

MHS/Finance Committee Meeting
Thursday January 18, 2018 ♦ 1:00-3:00 pm
***1340 Arnold Drive, suite 200, in Martinez**
Second floor, large conference room

***PLEASE NOTE CHANGE IN LOCATION**

AGENDA

- I. Call to order/Introductions**
- II. Public Comment**
- III. Commissioner Comments**
- IV. Chair Announcements**
- V. APPROVE Minutes from November 16, 2017 meeting**
- VI. DISCUSS and affirm Committee members and elect Chair and Vice Chair**
- VII. DISCUSS and ACCEPT Committee's Mission Statement and 2018 goals**
- VIII. DEVELOP REPORT for the full Mental Health Commission regarding:**
 - (i) Review the following, MHS funded, Program Reviews: COFY, COPE, FIRST HOPE, LA CLINICA, LINCOLN**
 - (ii) Utilize Program Reviews as a tool for quality improvement**
 - (iii) Report gaps and identify potential solutions**
- IX. DISCUSS JOINTLY Telecare- Hope House Program Review with the Quality of Care Committee**
- X. Adjourn**



**MHSA-FINANCE Committee
MONTHLY MEETING MINUTES
November 16, 2017 – First Draft**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Lauren Rettagliata called the meeting to order at 1:04 pm.</p> <p><u>Commissioners Present:</u> Chair- Lauren Rettagliata, District II Vice-Chair-Douglas Dunn, District III (arrived @1:14pm) Sam Yoshioka, District IV Diana MaKieve, District II</p> <p><u>Commissioners Absent:</u> Duane Chapman, District I</p> <p><u>Other Attendees:</u> Margaret Netherby, Family Member, District V Dr. Francis Brahman, Child Psychiatrist-retired Pat Godley, Chief Operating and Financial Officer for CCPHSD Adam Down-MH Project Manager Jill Ray, Field Representative, District II Liza A. Molina-Huntley, Executive Assistant</p>	<p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance
<p>II. Public comments:</p> <ul style="list-style-type: none"> • none 	
<p>III. Commissioners comments:</p> <ul style="list-style-type: none"> • none 	
<p>IV. Chair announcements/comments:</p> <ul style="list-style-type: none"> • NAMI- regarding newsletter, which is distributed to approximately 200,000, homes in the United States, the key note article was pertaining to Contra Costa County. • Noted that employees of Behavioral Health and of ANKA are very committed to quality mental health care. Regardless of the commitment towards quality care, there are not enough placements and resources to help all the families with loved ones that are suffering with a serious mental illness. • Commissioners want to work towards making the system better to help stop tragedies from happening to families by expanding care and resources • Encourages others to read the article written in the NAMI newsletter regarding Contra Costa County 	
<p>V. Approve minutes from October 19, 2017 meeting- no corrections required MOTION to approve minutes made by Sam Yoshioka, seconded by Diana MaKieve VOTE: 3-0-0 YAYS: Lauren, Sam and Diana NAYS: none ABSTAIN: none ABSENT: Duane Chapman and Douglas Dunn</p>	<p>*Executive Assistant will post finalized minutes.</p>
<p>VI. DISCUSS the Mental Health Division budget with the Chief Operating and Financial Officer for Contra Costa Public Health- Pat Godley</p> <ul style="list-style-type: none"> • Mr. Godley provided budget document and distributed copies to attendees. • Mr. Godley authorized for document to be posted on MHC website • Mr. Godley was present to answer all the questions sent to him, by the committee, pertaining to “General Funds”- only • All other inquiries, pertaining to the division’s budget, will be discussed and answered by the division’s Director or designated Executive staff • Each question, submitted by the Committee, was reviewed and discussed, from preparation stand point and where the policy implications are for advocating • First question – what is the timeline? –see attachment, page one. Timeline for the development of the budget for the fiscal year 2018-2019, will be similar to 	<p>* Budget document, provided by Mr. Godley, will be posted to MHC website</p> <p>*further information requested by the committee, will be forwarded to the EA</p> <p>*CFO- encourages Committee/</p>

the timeline of previous year. Currently in the fiscal year 2017-2018. Tentatively, on January 30, 2018, the Board of Supervisors (BOS) and County Administrator will set the timetable and discusses priorities. The distribution of allocated funds are determined, for each department within the County

- Discussed the attached document, pertaining to the general funds. The document will be made public before the January retreat/meeting, usually held off site, will not be videoed. The meeting helps educate the public regarding the challenges the county faces for the year, pertaining to the budget
- How would the Committee/Commission submit items for discussion or consideration
- The retreat will be determined by the new Chair of the BOS, Supervisor Mitchoff. Concerns can be submitted to Supervisor Mitchoff, to request consideration for advocating issues.
- For specific concerns, for example housing, Committee/Commission members can submit concerns or discuss issues for consideration, to the department/division head. Lavonna Martin is the Director of Health, Housing and Homelessness and issues regarding housing or allocation of funds for housing should be discussed with the division's head/director
- The only issue to be discussed with the CFO will be pertaining to the County's General Funds dollars, only- nothing else. Anything else that pertains to the funds or grants specific to the Mental Health Division needs to be discussed internally by the department's head/director, not the CFO. Priorities are set by the various divisions.
- The focus of the budget discussion is from the County's Boards perspective is the County General Funds because it is the only discretionary funding for allocating. The General Funds considers the allocation of the funds for all the other competing social programs, retirement, pension benefits and other financial concerns, including departments that do not generate fees or funds for the county that must be funded as well.
- Once the allocation of funds have been received from the County's Administrator's Office, regarding the amount of General Funds will be available for Public Health Services, it will set the parameter of what can be distributed to the departments, in accordance to the department's priorities
- During the month of December, the department reviews the first six months of revenues and expenditures, from July through December, to update projected budget amounts to actualized amounts, for existing programs
- Changes that are needed are reviewed and discussed with department heads and are carried forward into the next budget year
- Annually, the State budget comes out in January and is updated in May and is reviewed for changes in program funding that will affect the County's budget
- For example, the State's budget changed how the 1991 Realignment funds are to be allocated. The State decided to take all Realignment growth dollars, away from Mental Health and funneled it over to cover the In Home Supportive Services (IHS) program. This is an approximate \$1.5-\$2 million dollar decline, per year, in funds, which was used for increases in costs for hospital care or other costs increases, now is no longer available. The County was able to restructure for the current fiscal year, 2017-2018, without any significant impact, less hiring to acquire some savings. This decline in funds will be over a five year span.
- The discussion above, covered the Committee's questions one, two and three
- New programs are funded according to the department's priorities and available funds. If there is a request for the County's General Funds, then extensive consideration needs to be evaluated. For example, the Mental Health Services Act (MHSA) programs are funded by MHSA funds, and budgeted by the MHSA Program Manager.
- Question regarding the lack of funding to hire more full time psychiatrists at a competitive salary rate and extended union negotiations
- The County and the BOS are negotiating an agreement with the Local Physicians Union and hope to come to a resolution. Almost 90% of the psychiatrists will be

Commission members and the public, to attend the January 30, 2018 BOS retreat/meeting- location will be determined by the new Chair- Supervisor Karen Mitchoff

***Finance office will define "managed care"**

***Finance office will provide mental health care costs for JH**

*** Finance office will forward information from 2015-2016, to the EA to forward to the Committee, including the number of County beds used and day rate**

***Finance office will include the board and care facilities (attachment "E")**

***Adam- will check availability to request a meeting with BHS Director and with the H3 Director, prior to 1/18/18**

contracted out, due to the difficulty in specialty type of physicians that are demanding high pay. All of the Contra Costa Regional Medical Center, inpatient is contracted out, Psych Emergency Services (PES) is contracted out, El Portal has contracted doctors. The County has a salary structure that is not far off, when the high benefits package is included; it is relatively good, from a total compensation standpoint. New graduates prefer a higher rate salary, versus retirement and benefits packages. The salary amount may not be as competitive as in the private sector, but the benefits will be better

- Question- does what the County pay the union doctors, does that influence on what can be contracted out on?
- Response- No, it does not when it pertains to psychiatrist doctors, it is a separate structure
- Referencing Committee question number four- how are revenues broken down? The revenues are defined by the County's Administrator's Office that routes the funding
- How come the 2011 Realignment funds is under local revenue and the 1991 funds are under State assistance?
- The funds have been in existence since 1991 and before, and the 2011 funds were linked with substance abuse funds and were routed to the local revenue, rather than State
- **In the future, Realignment funds will be placed jointly and in a more understandable format that is less complex-**
- Committee question number five ** see attachment
- Regarding the Committee question referencing "permanent overtime" and how it is define is that it relates to the employee's classification. The term is referred to overtime worked by permanent employees, paid 1.5 times over the normal hour salary rate.
- Question number seven, refers again to the overtime and it is tracked by cost center.
- Question eight- the major sources of revenue and the stability of the revenues are defined and known: Realignment, MHSA and Medi-Cal. Medi-Cal is volume driven activity, if productivity is increased, then revenue can be increased. In the past, the County has made the "match" dollars work; currently, the County is running out of "match" dollars, tapping into other funding streams to continue programs, especially with the Realignment growth dollars gone.
- Which office provides the "match" dollars?
- The division and the County's financial offices, work together to find match dollars
- Questions pertaining to MHSA funds, under children's and adult programs, can be discussed by the MHSA Program Manager
- **Managed Care is a State category that will be later defined in a response from the County's Finance Office**
- Regarding question nine, referencing sustainability and MHSA, can be answered by the MHSA Program Manager
- Question 10- regarding detention, clarified that the detention budget is not part of the mental health budget, it is a separate department budget. The majority of the AB109 funds belong to detention **see attachment
- Question 11- **the request for a costs per person in juvenile hall and will be provided, as soon as available.** Those incarcerated, receiving mental health services, are not billable to Medi-Cal.
- Where does the additional funding for detention services come from?
- **see attachment "B", under "detention" it is noted that the County General Funds provides the additional funds needed for detention mental health, numbers are inclusive
- Question 12-availabe budget information will be shared
- The Copy of the finalized Mental Health budget, for 2015-2016 is available online on the County's website

<ul style="list-style-type: none"> • To clarify question 12, can the financial reports that are reviewed with the Director of Behavioral Health Services, that are not public documents, be provided ahead of time, the draft document? • Response- yes, draft documents that are pertaining to the interests in the program’s budget for services being rendered to the public, can be shared • Questions 13 and 14, are basically the same, it is a claiming costs report that is necessary to validate MediCal costs and is available online. • Question 15 and 16 **see attachment “C” and “D”. The 2011 Realignment funds have projected growth, 1991 do not; the 2011 funds are shared with mental health and substance abuse, defined amounts for each. Health, Home and Homelessness (H3), does not receive any realignment funding. The 1991 Realignment funds were lumped together, for children and adults. The 2011 funds were separated • Is there a document or report that states how many County residents are being served in the State hospital and at the Institute for Mental Disease, for the amount of funding that it receives from the county, annually? • Finance office will forward information from 2015-2016, to the EA to forward to the Committee, including the number of County beds used and day rate • Reference attachment “E” identifies the Community Based Organizations (CBO’s), payment limits and the funding source. Board and care facilities are not included but can be provided- Committee requests to include the board and care facilities • MHSA questions will be answered by the MHSA Program Manager, Warren Hayes • The Committee’s questions were completed, pending additional information that will be forwarded, in the near future • The Committee hopes to receive the same information, updated, on an annual basis • The Committee will commit to attending the BOS retreat on January 30, 2018 and will discuss at the next meeting on January 18, 2018, the issues to bring forth before the BOS and Finance department • The Chair of the Committee and/or other members, will make efforts to contact Supervisor Karen Mitchoff to discuss any concerns, as soon as possible, prior to the 1/30/18 meeting date • The Committee will work with all department heads (H3, BHS and other departments as deemed necessary) regarding the budget ideas and learning more about the priorities set by the departments and how best to advocate for services, how to find more resources, how to put it all together and determine what level of advocacy is needed? (I.e. -Department, BOS, State, Federal?) • The Committee will not to meet in December. • The Committee will have two members meet with the Director of BHS and two Committee members to meet with the Director of H3, prior to the 1/18/18 MHSA/Finance Committee meeting. Adam Down agreed to check availability and will send requests for meetings. 	
<p>VII. DISCUSS Committee accomplishments in 2017 and Year End Report</p> <ul style="list-style-type: none"> • The Committee advocated for the Mental Health/Behavioral Health Division to obtain an Electronic Health Record (EHR) • Advocated for the ACCESS line funding The Committee has continued to review the MHSA Program Review reports • Advocated for the Assisted Outpatient Treatment (AOT) program • The Committee worked in developing the White Paper, continues to work with the Quality of Care Committee and the Behavioral Health Administration, in regards to the Grand Jury Report. Jointly, have formulated responses to Grand 	<p>*The Committee Chair will rewrite Year End Report and forward to EA no later than December 29, 2017</p>

Jury and continues to advocate for the issues brought forth in the White Paper		
VIII. DISCUSS and REVIEW Committee's Mission Statement	<ul style="list-style-type: none"> All members agreed that the mission statement needs to be rewritten Each member will write their ideas for a mission statement and submit it to the EA by December 15, 2017 Item will be further discussed and forwarded to the next meeting on 1/18/18 	<p>*Members will submit their ideas for a new mission statement to the EA by 12/15/17</p> <p>*EA will forward the item to the January 18 agenda</p>
IX. REVIEW and ACCEPT the 2018 Committee goals	<ul style="list-style-type: none"> Aging adults is the focus for the 2017 Data Notebook Aging adults is the largest growing population Aging adults are suffering from not just Alzheimer's, dementia, depression, among other mental issues, it is a large growing problem During the MHC retreat, it was discussed and suggested that the Commission use the annual Data Notebook's area of focus, for the Commission's area of focus of the incoming year The Committee will include the following additional goals: All members will review the budget, in depth and educate themselves regarding all the revenue streams, including the streams for aging adults The Committee will look at advocating for the Realignment funding, at the State level, to not allow diverting of monies, used for providing mental health services The Committee members will also be committed to being vigilant, of all proposed changes in legislature that can affect mental health funding, and advocate against funding declines or for funding program increases Goal number four- to educate the MHC on all County and State programs that maybe affected by State and Federal legislation Leave goal three alone <p>Lauren Rettagliata MOTION TO ADOPT THE FOLLOWING, INCLUDING THE ATTACHMENT, AS THE COMMITTEE'S GOALS FOR 2018, Douglas Dunn seconds the motion VOTE: 4-0-0 YAYS: Lauren, Doug, Diana and Sam NAYS: none ABSTAIN: none ABSENT: Duane Chapman</p>	<p>*EA will add goals and compile the 2018 MHSA/Finance Committee goals into one document and include for the 1/18/18 meeting packet.</p>
X. Adjourned at 3:00pm		

Minutes provided by
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS-Behavioral Health Administration

The MHS/Finance Committee will review and assess the county's mental health funding for the Mental Health Commission to ensure effective mental health programs. This committee will prepare the Commission to fulfill its role of providing the yearly public hearing of the MHS Plan

MHSA/FINANCE Committee

Mission Statement

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From Diana MaKieve—October 11, 2017

Proposed MHSA/Finance Committee Goals 2018

Review and educate ourselves/commission regarding the revenue streams for mental health services for aging adults in Contra Costa County. Are we set to meet the possible growth of this population in both revenue and services in the coming years?

Realignment income and spending - Review and educate ourselves/commission regarding the income and spending; what potential is there for change, plus or minus, over time. What are the potential gaps/weaknesses to anticipate/identify?

MHSA Budget oversight and Program and Physical Review - educate ourselves/commission regarding improvement to outcomes for consumers. Identify/anticipate gaps in services or funding to continue the improvement of outcomes for consumers.

MHSA-Finance goals-2018—Douglas Dunn

1. Perform intelligent oversight of Behavioral Health budget and expenditures.
2. Make intelligent advisory budget recommendations to the Mental Health Commission.
 - In order to fulfill the above 2 goals, on an ongoing basis, consistently receive the following per contract summary budget and expenditure information :
 - A. Federal Financial Participation (MedicaCare / Medi-Cal),
 - B. Realignment (1991 and 2011),
 - C. Mental Health Services Act (MHSA),
 - D. Other funding streams (grants and county general budget contribution)
 - E. Locked facility (LPS conservatorship, state hospital, detention, and juvenile hall) costs of care for the severely mentally ill.
3. Integrate AOD funding streams and issues into MHSA-Finance committee discussions.
 - A. Obtain most recent year contract budget summary information for each AOD contract.
 - B. Obtain budget information for 1115 Medi-Cal Drug waiver. May require working with the Public Health Dept. which originally pursued with waiver.
 - C. Obtain “Whole Person Care” per year (2017-2020) projected budget information.
4. In our budget oversight role, advocate for additional dual diagnosis care facilities throughout the county by leveraging funding streams in order to reduce “revolving door” crisis care.

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** March 24, April 11 and April 14, 2017
Date of Exit Meeting: August 30, 2017

- II. **Review Team:** Stephanie Chenard, Warren Hayes, Helen Kearns, Faye Ny, and Miu Tam

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

- IV. **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. The ultimate goal is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources.

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/plan element in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSa	Met	Consumers and family members indicated program meets the values of MHSa
2. Serve the agreed upon target population.	Met	Program only 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	Services are consistent with Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Partially Met	Program is in their target number range, but should work on being fully staffed, and strengthen referral relationships.
6. Achieve the outcomes that have been agreed upon.	Partially Met	Program meets most outcomes
7. Quality Assurance	Partially Met	Utilization review indicated program meets most quality assurance standards

8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Partially Met	Current staffing provides full services, but cannot meet their target number of consumers at current levels.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	COFY has increasing net assets each year.
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	Under Review	CCBHS Finance staff in the process of reconciling submitted annual cost reports with independent auditor's report.
14. Documentation sufficient to support allowable expenditures	Met	Clear audit trail established between allowable expenses and billing.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Under Review	Reported allocation method across programs appears appropriate. COFY to submit written methodology for construction of indirect rate and reconcile their financial documents.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

VII. Review Results. The review covered the following areas:

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

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

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

Discussion. The results of 8 consumer surveys were received. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=8				
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: 3.72 (n=7)				
2. Allow me to decide what my own strengths and needs	Average score: 3.72 (n=7)				
3. Work with me to determine the services that are most helpful	Average score: 3.75 (n=8)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.72 (n=7)				
5. Provide services that are in my preferred language	Average score: 4.00 (n=8)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.88 (n=8)				
7. Are open to my opinions as to how services should be provided	Average score: 3.88 (n=8)				
8. What does this program do well?	<ul style="list-style-type: none"> • Listen attentively, help me to think outside of the box and allows me to communicate my concerns and input. • Helps me and son form a better, healthier relationship • Identifying problems with my child and setting up rewards and consequences • Comes up with ways to pinpoint problems and teaches families how to solve issues. 				

9. What does this program need to improve upon?	<ul style="list-style-type: none"> Scheduling 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> Support that includes the entire family. 			
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: 3.75 (n=8)				
12. Any additional comments?	<ul style="list-style-type: none"> I have seen improvement with the tools that have been set up. I really like this program and I'm really looking forward to learn more about the future and improving my household. 			

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 17 year old son who was referred to the program through the Juvenile Court system. The child referred for services was the second oldest of four children, and the oldest of the children in the home. She indicated that her family had previously received therapy, but did not achieve the level of success that the MST program finally brought.

Overall, this mother was extremely appreciative of the services provided by COFY. During the interview, some of the things specifically identified as positives of the program were:

- The whole family approach engaged not only the son referred to the program, but her and other children in the home as well.
- Getting her son engaged in other interests and social activities, which has had a positive ripple effect out to the extended family as well.

These positives clearly speak to several of the MHSA values. However, the mother also identified some areas of improvement that were largely focused on addressing the needs of the Spanish-speaking community. She mentioned that it was harder to connect with a Spanish-speaking clinician than an English-speaking one, and that the wait time was longer for Spanish-speaking families. She also mentioned more outreach and information to the Spanish-speaking community about the program would be extremely beneficial to the community. The shortage of Spanish-speaking services is reflective of a larger issue in the

region. Spanish-speaking clinicians are considered hard-to-fill and retain throughout the county. It is recommended that the program work with the County and other agencies to explore options and strategies to attract bilingual clinicians to help serve this need.

Staff Interview:

Six individuals attended the staff interview – all clinicians for the MST program, and the program manager. Staff shared that the program receives referrals from the County, often through the juvenile probation department and truancy court, 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. According to program staff, one of the principal strengths of the program is the ability to match clients to culturally appropriate staff, and advocate for the child and family with various institutions

During the interview, staff also shared hindrances they faced in providing services to the youth, such as rocky hand-offs from County probation into their program (i.e., missing information, or no direct contact with the referring service providers), difficulty setting them up for aftercare, and referring them to other County services. Staff also shared that they felt like the rigid structure of the model limits their exposure to other methods and techniques, and did not give them enough time/space to support each other with issues like compassion fatigue and vicarious traumatization. However, staff did indicate that overall they felt like they were meeting the needs of their clients, and appreciated their ability to provide advocacy, the space to be creative in interventions, and capacity to support in all areas of the clients' 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, 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 September 26, 2016 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 931 and 864 Reports from CCBHS'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 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan. 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. Upon initial award of the children's FSP contract, COFY's MST target enrollment number was 100 clients. The program launched in the 13/14 FY, and during the ramp-up time COFY was below their target. However, at the end of the 14/15 FY COFY was reporting serving 93 clients – much closer to their target. Conversations with COFY's County contract monitor revealed that they have been under their target goal in the last 12 months, although this may be primarily due to staffing turnover and the rigorous training and onboarding for new clinicians.

Results. Annually the program has not yet served the number of individuals specified in the service work plan, due to the program ramping-up. It is recommended that COFY work with their County Contract Monitor, and to examine staffing, capacity, and referral sources to achieve the target for which they are budgeted.

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. Because COFY's FSP program started late in FY 13/14, an annual outcomes report was not produced for their first contract of providing FSP services. The program has three overall program objectives as part of the service work plan. The program has provided an annual report summarizing their progress towards meeting their three program outcomes. However, there is not a stated quantitative goal in the Service Work Plan with which to compare these outcomes.

Results. Overall, the program achieves its primary objectives. However, success indicators should be better quantified in the Service Work Plan. It is recommended that COFY work with their contract monitor to establish baselines to effectively measure their success indicators.

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 September 26, 2016, 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 (Consumer Guide confirmation, Level 1 worksheet), documentation language (re: Spanish-speaking family vs. English forms), other incomplete or incorrect forms that were identified in the review. There were a few other findings related to disallowances for billable notes for missing progress or treatment notes, incomplete notes, mis-categorized notes, assessments and collateral (family therapy), and other related issues. Utilization Review staff provided feedback regarding administrative issues, as well as

standardized notes and weekly treatment plans. COFY submitted an appeal on October 20, 2016 for one of the disallowances, which was granted by the County. COFY's MST Clinical Supervisor submitted a Plan of Correction to the County dated November 10, 2016 indicating the new protocols for quality assurance and training to address the issues in the Focused Review.

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 current staffing does not fully allow the agency to serve the targeted number of clients. At the time of the site visit, COFY's MST team was short two clinicians. Due to the intensity, rigor and fidelity to the MST model, COFY is currently unable to match the numbers in the Service Work Plan. Moreover, it has been indicated that there are waiting lists, particularly for Spanish-speaking families to obtain services.

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. Additionally, it takes time for service

providers to learn about the various resources available through Contra Costa Behavioral Health's System of Care. Knowledge of the System of Care is critical when serving clients with complex behavioral health service needs who may need to be referred to other providers for additional care. The agency may want to examine how it recruits and retains staff and consider offering additional incentives to ensure qualified individuals are retained and able to offer the full spectrum of services.

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 20 educational institutions provides 97% of the revenue. With approximately 34 employees and a total operating budget of \$2.8 million the available fiscal audits indicate COFY not to be at risk for adverse fiscal consequences due to their fiscal and accounting systems.

Results. Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 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 organization 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 FSP services for the entirety of this fiscal year. According to COFY's leadership their increasing net assets at the end of each fiscal year are due to their fee based educational contracts that net them a profit. Their contracts with CCBHS are reported to be a full cost recovery of their expenses.

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/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. At the end of the fiscal year a reconciliation process takes place that determines final payment for the year. This amount is the total of the mental health services established by rates, or the actual cost of delivering the services, whichever is lower. Because this is a rate based contract the reviewers additionally compared yearly submitted cost reports to the financial statements constructed in the independent auditor's reports. The two reports did not appear to match. The Business Manager explained that these two methods of depicting actual organizational costs were done independent of each other by separate individuals at different points in time.
- Results.** Supporting documentation supports invoices, but does not match the independent auditor's annual financial statement. Reviewer staff will research and attempt to better understand the phenomena.

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. However, the amounts in the professional fees, travel and training costs considerably exceeded normal amounts seen in similar contracts. COFY staff explained that these high costs were due to MST being a SAMHSA approved evidence based practice with one professional organization having proprietary ownership of the training and certification of organizations and staff, as well as active participation in the ongoing fidelity and evaluation of the model. Thus these costs were necessary in order for COFY to continue to contract with CCBHS for delivery of MST.

Results. Method of allocation of percentage of personnel time and operating costs appear to be justified and documented. It is suggested that CCBHS leadership review the cost and need for ensuring organizational fidelity to the MST model.

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. However, closing entries for the last three years were reviewed and indicate that significantly more money was billed to the MHSA cost center than was approved by the Board of Supervisors. This will be corrected by CCBHS and County Finance staff.

Results. COFY appears to be implementing an appropriate year end closing system. CCBHS will implement administrative procedures with Finance staff to ensure contract costs charged to the MHSA cost center do not exceed County Board of Supervisor authorization.

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. The COFY FY 2015-16 Cost Report submitted to CCBHS was utilized to determine the percentage of indirect costs reported by the agency. Personnel and operating costs were reported at a total of \$2,239,857, with \$598,573 reported as indirect costs. This reflects an indirect rate of 26.7%, which is significantly higher than what would be expected of an organization of this nature and size. The indirect costs reflected on the cost report are at variance with the management and general costs reflected in the independent auditor's report, which is at 14.9%. The Business Manager explained that the certified public accountant provided guidance as to construction of the indirect rate and a formula for equitably allocating indirect costs for each of their four programs. The allocation methodology appears appropriate. However the indirect rates on the two documents do not match.

Results. It is recommended that COFY provide a written methodology that justifies their indirect rate, how it is allocated across programs, and that this expense category amount in their cost report either match their independent auditor's report, or the variance be sufficiently explained and justified.

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. To date contract management duties have been centralized within CCBHS's children's system. Moreover, the contract manager and Children's Chief meet with the program for regular monthly meetings. However, many of the

referrals have come from other County staff who may not have full knowledge of activities and invoicing related to MHSA as well as pertaining to program issues. **Results.** The program regularly meets with its County contract manager. However, it is recommended that the County contract monitor and the program take advantage of their regular meetings to identify areas of opportunity to strengthen communications with other departments to maximize the efficacy of referrals.

VIII. Summary of Results.

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 successful 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 appears to be a financially sound organization that follows generally accepted accounting principles, and maintains documentation that supports agreed upon service expenditures.

IX. 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 work with their contract manager to establish baselines to effectively measure their success indicators.
- 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.
- It is recommended that COFY, in concert with CCBHS, reconcile the differing dollar amounts reflected in the annual Cost Report versus the independent auditor's report. This would include submission and approval of an indirect rate that reflects costs commensurate with the benefit received by the program.

- The County contract monitor should take advantage of their regular meetings with COFY to identify areas of opportunity to strengthen communications with other departments to maximize the efficacy of referrals.

X. Next Review Date. March 2020

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

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)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** June 7, 2017
Date of Exit Meeting: September 6, 2017

- II. **Review Team:** Stephanie Chenard, Warren Hayes, Liza Molina-Huntley

- III. **Name of Program:** C.O.P.E. Family Support Center
2280 Diamond Blvd., Suite 460
Concord, CA 94520

- IV. **Program Description.** C.O.P.E.'s mission is to prevent child abuse, by providing comprehensive services in order to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

In partnership with First 5 Contra Costa Children, Family Commission and County Behavioral Health, C.O.P.E. is funded to deliver Positive Parenting Program ("Triple P") classes to parent of children age 0 – 17. The C.O.P.E Family Support Center will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, and Level 5 Lifestyles Multi-Family Support Groups.

The program utilizes a self-regulatory model that focuses on strengthening the positive attachment between parents and children by helping parents to develop effective skills to manage common child behavioral issues. C.O.P.E.'s targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

All classes are available in Arabic, Farsi, Portuguese, Spanish and/or English languages and level 4 materials are also available in Spanish and Arabic. In regard to the curriculum on Triple P Parenting, C.O.P.E. provides management briefings, orientation and community awareness meetings to partner agencies.

They support and organize trainings, including pre-accreditation trainings, fidelity oversight and clinical and peer support in an effort to build and maintain a pool of Triple P practitioners

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	Met	Consumers and family members indicate the program meets the values of MHSa
2. Serve the agreed upon target population.	Met	Program improves timely access to an underserved population.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Met	Target service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its outcomes
7. Quality Assurance	Met	No reported grievances.
8. Ensure protection of confidentiality of protected health information.	Met	HIPAA compliant privacy policies in place.

9. Staffing sufficient for the program	Met	Staffing level supports targeted service numbers.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	CCBHS is C.O.P.E.'s major source of funding. Suggest pursuing additional funding streams, such as voluntary contributions, for program growth and sustainability.
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	Utilizes appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Recommend that the budget reflect all funding sources for PEI program.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Recommend all costs currently charged as indirect be reflected in the future in personnel and operating cost categories.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

VII. Review Results. The review covered the following areas:

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

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

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

Discussion.

Survey Results

We received 7 responses to the survey. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=7				
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: 3.57 (n=7)				
2. Allow me to decide what my own strengths and needs	Average score: 4.00 (n=6)				
3. Work with me to determine the services that are most helpful	Average score: 3.71 (n=7)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.20 (n=5)				
5. Provide services that are in my preferred language	Average score: 3.86 (n=7)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.40 (n=5)				
7. Are open to my opinions as to how services should be provided	Average score: 3.86 (n=7)				

<p>8. What does this program do well?</p>	<ul style="list-style-type: none"> • Provide help necessary for my communication in co-parenting • Catered to my specific needs (each individuals specific needs) • I think it does everything well, It opened my mind a little more about what co-parenting is about. It helps me as a single parent who doesn't have the other partner around. • Bringing together parents for mutual support and also providing support with various specific issues. Practitioners listen and are responsive with relevant advice in difficult situations. 			
<p>9. What does this program need to improve upon?</p>	<ul style="list-style-type: none"> • We need books. • Maybe extending it a little bit longer. I took a 12-week class once per week and would have loved more classes. • Being a bit more organized through organization the class continued to improve 			
<p>10. What needed services and supports are missing?</p>	<ul style="list-style-type: none"> • Give more support for parents going through transition (divorce, etc). So that they can co-parent better. • More focus on mental health (for this specific course). Addressing these issues sooner and possibly having another speaker from another organization to address insured and medical individuals (maybe someone from John Muir) 			
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?</p>	<p>Very Important 4</p>	<p>Important 3</p>	<p>Somewhat Important 2</p>	<p>Not Important 1</p>
<p>Average score: 3.29 (n=7)</p>				
<p>12. Any additional comments?</p>	<ul style="list-style-type: none"> • This program has helped me gain knowledge in a variety of social services areas. C.O.P.E. goes above and beyond for their clients. • The teacher was great. I felt very comfortable in the class. We felt like a little family. I look forward to talking more classes in the future. 			

	<ul style="list-style-type: none"> • I liked that I got a strong sense of dedication on the part of everyone at C.O.P.E. involved in the class. Helpful to share parent contact information for those parents who are interested in extra mutual support outside the program.
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Consumer Interview

The consumer interview was attended by seven people all of whom attend the parenting classes offered. The length of times that each family had been involved with the program varied from six weeks to nine months. Consumers reported their initial referrals to the C.O.P.E. classes and/or counseling programs were through recommendations from Children and Family Services, School Attendance Review Board (SARB), and individual therapists. Overall, the consumers were very appreciative of the services provided by C.O.P.E. They all felt generally that there was cultural grounding for them in their treatment, and that their input was solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

- Peer component to groups was extremely valuable – felt secure and supportive, and helped relieve feelings of isolation.
- Facilitators demonstrated empathy – felt like they were also “peers”.
- Gender mix was good – nice to have half men and women (men in the group advised that having father support was very helpful).
- Bringing in a juvenile probation officer also gave parents a safe setting to explore risky issues.
- Dinner time sessions, and sharing a meal/food with the group made it feel warmer and more welcoming.
- Co-parenting classes for parents who were not living together were beneficial.

These positives clearly speak to several of the MHSA values. However, the families also identified some areas of improvement. Several consumers mentioned they would like to have had more of a focus on mental health challenges for themselves and children. Consumers also expressed the desire for more types of groups. One family also mentioned they wished they had found out earlier about the parenting classes, prior to their involvement with social services; they wished that their faith community, or other community supports – particularly in the Latino community – had more information about the program. Lastly, several consumers mentioned that transportation could be a barrier to

regularly attending groups or individual sessions. While C.O.P.E. delivers classes in the east part of the county, the availability of those often didn't fit the parent's schedule.

Staff Interviews

In addition to its core management team, C.O.P.E. has a few full-time administrative and support staff to help with operations. The program line staff comes primarily from a pool of social workers and other mental health professionals, who have been trained and certified to lead the Triple P classes. Most of these professionals have other employment, which presented a challenge to get most of them together for a face-to-face meeting. However, we were able to meet with one of the trainers, who took time from her normal full-time employment to meet with the review team and talk about her experience with C.O.P.E. and the Triple P program.

The trainer we spoke with is a full-time social worker, and her experience in this field and working with families attracted her to C.O.P.E.'s program. She has worked with C.O.P.E. as a trainer, delivering classes for several years. She noted that particularly in the past two years, her class sizes have been steadily increasing, and that demand seems to be growing beyond C.O.P.E.'s capacity to keep up. She also revealed that some of the positives about the program are being able to work with parents who may have been referred as part of a mandated process, are reluctant and perhaps a bit resistant, but the nature of the peer component and the materials itself allowed them to quickly and fully engage. She feels that there is strong support and assistance provided by C.O.P.E. to the trainers and ensuring fidelity to the Triple-P model.

C.O.P.E. strives to be a learning community where individuals learn how to manage their challenges, and serve as a provider of direct prevention services.

Results. C.O.P.E. delivers services according to the values of the MHSA. The program delivers programming at locations that are generally accessible to participants; staff is culturally and linguistically competent and maintains close ties to the community it serves.

2. **Serve the agreed upon target population.** For Prevention and Early Intervention, does the program serve individuals and families who are at risk for developing a serious mental illness or 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. C.O.P.E.'s target population is Contra Costa County parents of children and youth with identified special needs. Often these individuals and families are subject to many high risk factors for developing mental health problems. The program also serves Hispanic families, many of whom are monolingual.

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 regular reports and match with case file reviews and client/family member and service provider interviews.

Discussion. Monthly service summaries as well as semi-annual reports show that the program is consistently engaged in outreach activities, is providing support groups and individual navigation supports.

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. Programming for *Building Connection in Underserved Cultural Communities* was included in the original PEI plan that was approved in May 2009 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan as well as the proposed PEI regulations on prevention programs. Programs and strategies pursue timely access and linkage to mental health services for individuals and families from underserved populations. 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 it is 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. According to the Service Work Plan in the contract between the program and the County, the program's target service numbers is to serve 204 parents through Triple P seminars and group classes. Over the past three years, the program has consistently exceeded their target numbers.

Results. The program serves the number of people that have been agreed upon, and consistently exceeds the target enrollment number.

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. C.O.P.E. has a few well-defined primary program objectives as part of the service work plan including: improving parenting skills, increasing sense of competence in parenting abilities, improving self-awareness of parenting issues, reducing parental stress, improving mental health outcomes for both children and parents. The program provides timely semi-annual reports summarizing their progress towards meeting their program outcomes.

Results. Overall, the 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 toward the program. The program has an internal grievance policy in place. Since the program does not provide billable services, it not subject to utilization review.

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

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

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

Discussion. C.O.P.E. 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. C.O.P.E.'s mental health team has a sufficient number and type of staff to support their operations. The experience level of the trainers tends towards highly experienced mental health and social work professionals. C.O.P.E. provides training to certify trainers in the Triple-P model and continues to provide ongoing support and training. However, as noted in #1, the demand for the program seems to be outpacing C.O.P.E.'s capacity. It is recommended that C.O.P.E. build relationships with other organizations in the community to explore potential partnerships to help keep up with increased demand.

Results. Sufficient staffing is in place to serve the number of clients outlined in the most recent Service Work Plan.

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. C.O.P.E. is a non-profit corporation established in 2010 to prevent child abuse and encourage healthy growth and development of parents and children through the educational Positive Parenting Program. The organization has a total operating budget of approximately \$500,000, and receives the majority of its funding through financial agreements with CCBHS and First Five of California. Independent auditor reports from the last three years indicate that C.O.P.E. is not at risk for adverse fiscal consequences due to their fiscal and accounting systems.

Results. Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 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.

Method. Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of program.

Discussion. The organization 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 PEI services for the entirety of the fiscal year. The site visit discussion surfaced that current revenue streams have constrained C.O.P.E.'s capacity to expand and respond to the number of parents wanting to participate in the Triple P classes. Since MHSA PEI funding is not expected to increase in the foreseeable future, C.O.P.E. was encouraged to explore strategies by which participating parents could contribute to the costs of the program, should they desire to do so.

Results. Fiscal resources are currently sufficient to deliver and sustain current level of services. It is suggested that C.O.P.E. pursuing additional funding streams.

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 Finance Manager is experienced with supporting non-profit organizations of this size, appears well qualified, and 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 an established software program for personnel and administrative activities.

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 expenses incurred and submitted invoices. It appears that there is not duplicate billing to the major two funding sources of CCBHS and First Five, and that staff time and expenses dedicated to PEI activities are at least equal to or greater than the amount billed to CCBHS.

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 matched against the approved CCBHS budget line items and reviewed for appropriateness. Supporting documentation only became clear when the First Five funding source was added. Should the CCBHS contract be audited this could make it difficult to accurately match funding sources to total PEI program costs and justify respective billings to the funding sources. It does appear that documentation could support allowable expenditures, and that expenses 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 recommended that the total budget for fielding the Triple P program be depicted, and that all funding sources for this effort be specified, to include that portion in each line item that is funded by the CCBHS contract.

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

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

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

Results. C.O.P.E. 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. The management and general costs reflected in the independent auditor's report support an indirect cost amount that is in the CCBHS contract budget. However, the contract listed budget rate of 12.67% is misleading, in that while it is a correct calculation for the CCBHS contract revenue of \$231,750, the calculation does not include the First Five revenue that supports a total Triple P program cost of over \$400,000. Including First Five revenue would reduce the indirect rate to approximately 5%. It is recommended that in future budget calculations C.O.P.E. not budget an indirect rate, and include current indirect costs in the personnel and operating cost categories. This would eliminate the need to justify an indirect rate methodology. A review of the type of costs currently attributable to indirect costs could easily be added to operating cost line items.

Results. Indirect costs charged appear reasonable. Recommend all costs currently charged as indirect be reflected in the future in personnel and operating cost categories.

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 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 and in recent months increasingly to discuss outcomes and reporting requirements.
- Results.** The program has good communication with the contract manager.

VIII. Summary of Results.

C.O.P.E. is committed to delivering culturally and linguistically appropriate mental health services to Contra Costa County parents of children and youth with identified special needs. Their prevention and early intervention services seek to provide families with grounded skills and supports to manage their challenges. The C.O.P.E. programs adhere to the values of MHSA and serving their target population. The program is meeting and often exceeding the outcomes detailed in their contract. C.O.P.E. appears to be a financially sound organization that follows generally accepted accounting principles, and maintains documentation that supports agreed upon service expenditures.

IX. Findings for Further Attention.

- It is recommended that C.O.P.E. build relationships with other organizations in the community to explore potential partnerships to help keep up with increased demand.
- It is recommended that 1) the total budget for fielding the Triple P program be depicted, and that all funding sources for this effort be specified such as First Five, and include that portion in each line item that is funded by the CCBHS contract; and 2) all costs currently charged as indirect be reflected in the future in the personnel and operating cost categories.

X. Next Review Date. June 2020

XI. Appendices.

Appendix A – Program Description

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** June 29, 2017
Date of Exit Meeting: September 26, 2017

- II. **Review Team:** Stephanie Chenard, Warren Hayes, Jennifer Bruggeman

- III. **Name of Plan Element:** First Hope
1034 Oak Grove Road
Concord, CA 94518

- IV. **Program Description.** The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Mental Health's Children's System of Care that serves children and young adults.

First Hope uses the PIER Model evidence-based practice focused on treatment of mental illness in young people. The model includes Multifamily Group treatment and is published, disseminated, and managed through the PIER Training Institute.

The mission of the First Hope program is to reduce the incidence and associated disability of psychotic illnesses in Contra Costa County through:

- Early Identification of young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
- Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work and social relationships.
- Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family counseling, case management, occupational therapy, supported education and vocation and psychiatric management within a single service model.
- Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.

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 plan element in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSa	Met	Consumers and family members indicate the program meets the values of MHSa
2. Serve the agreed upon target population.	Met	Program improves timely access to an underserved population.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Unmet	The number of individuals to be served has not been specified but should be identified for future evaluation
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its outcomes
7. Quality Assurance	Partially Met	Utilization review indicated program meets most quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant

9. Staffing sufficient for the program	Met	Staffing levels support service provision as outlined in the Three Year Plan
10. Annual independent fiscal audit	N/A	This is a County operated program.
11. Fiscal resources sufficient to deliver and sustain the services	Met	MHSA funded share is appropriate for existing programming.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	The process has sufficient quality control to support expenditures.
13. Documentation sufficient to support invoices	Not Met	Allocation to appropriate cost centers needs correction, regular review and adjustment if needed.
14. Documentation sufficient to support allowable expenditures	Met	The program is in conformity with authorized. budgeted amount.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are expended in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	N/A	The County does not apply indirect costs to the program.
17. Insurance policies sufficient to comply with contract	N/A	This is a County program
18. Effective communication between contract manager and contractor	Met	Regular communication between MHSA staff and program manager

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 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.

Survey Results

We received 18 responses to the survey. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=18				
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: 3.61 (n=18)				
2. Allow me to decide what my own strengths and needs	Average score: 3.59 (n=17)				
3. Work with me to determine the services that are most helpful	Average score: 3.65 (n=17)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.53 (n=17)				
5. Provide services that are in my preferred language	Average score: 3.89 (n=18)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.65 (n=17)				
7. Are open to my opinions as to how services should be provided	Average score: 3.65 (n=17)				
8. What does this program do well?	<ul style="list-style-type: none"> • Provide help necessary for my communication in co-parenting • It really helps me with any problems I have and people are very patient. • This program does a good job providing a welcoming, friendly environment for me and other patients as well as providing great services to help aid with therapy, medication, etc. • Educating parents and patients alike and helping patients overcome their symptoms. 				

	<ul style="list-style-type: none"> • Help me feel better, confident, stronger, and teach me and explain what I'm going through. • This program helps me to understand what my child is going through and how I can support her. 								
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • They really should get a working kitchen. • Automating the calendar for appointments. • Trying to explain more detailed what one might feel. 								
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Give more support for parents going through transition (divorce, etc.) so that they can co-parent better. • I think this place needs to be shown to the public more. 								
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	<table border="1"> <tr> <td>Very Important</td> <td>Important</td> <td>Somewhat Important</td> <td>Not Important</td> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Very Important	Important	Somewhat Important	Not Important	4	3	2	1
	Very Important	Important	Somewhat Important	Not Important					
4	3	2	1						
Average score: 3.72 (n=18)									
12. Any additional comments?	<ul style="list-style-type: none"> • [This program] saved our family. • If it wasn't for First Hope, I don't know how we would have made it. We were very ignorant about psychosis. • This program is very helpful and the people here are very kind and respectful. 								

Consumer Interview

The consumer interview session was attended by eleven consumers and family members. The length of times that each consumer/family had been involved with the program ranged from one to three years. Consumers reported their initial referrals to First Hope came from a variety of areas such as, psychiatric emergency services, therapists from private hospitals or county clinics, NAMI, and from church. Overall, the consumers and family members were very appreciative of the services provided by First Hope. They all felt strongly that there was cultural grounding for them in their treatment, and that their input was

solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

- Parents were better able to develop tools to recognize and handle the onset of an episode.
- The “whole family” approach of First Hope was useful – previous experience had been parents seeking “a la carte” services. The “one-stop-shop” programming of First Hope meant they didn’t have to keep retelling their stories or situation each time they saw a new service provider or specialist.
- The flexibility of the program was key – able to help with IEP meetings at school, could get services in their home, flexibility of times for appointments and groups.
- Multi-family groups were very helpful in reducing isolation and having peer perspective.

These positives clearly speak to several of the MHSA values. However, the families also identified some areas of improvement. Several consumers voiced a desire for separate peer support groups and other activities focused solely on youth without family members present. Both consumers and family members also felt there was a gap in after care – they weren’t quite sure what next steps or supports were available once the program concluded. Lastly, several participants indicated they thought the program could use more outreach to let more families know that the resource was there and available.

Staff Interviews

Eleven line staff were interviewed in a group session. There was a breadth of staff, including an employment and education specialist, occupational therapist, community support worker, several clinicians, and a team lead. They have worked with First Hope ranging from a few weeks, to when the program first launched. Notably, there were several bilingual staff members to serve the County’s Latino population. The staff had many positive things to contribute about the program, including the ability to serve clients regardless of insurance; the family-based treatment model is very effective, particularly in cultures that are very family-centric; flexibility of the model to help “meet (clients) where they are;” fidelity to the model gives strong guidance to newer clinicians and helps all practitioners feel grounded in treatment strategies.

Staff also identified several areas of improvement. The limited space in the program has presented challenges to treatments, particularly when meeting with clients; the frequent shifting of meeting spaces due to lack of availability was called out as hindrance to the stabilizing factor of treatment. Staff also indicated

a desire for more possible locations in different regions of the county to host group sessions, citing transportation challenges as a barrier. Staff also noted a gap in discharge and post-discharge planning. They indicated that the transition out of the program is often difficult due to the lack of step-down programming and support; lack of family support or programming after discharge may often bring symptoms back to the youth consumer. This challenge is also echoed in the consumer and family feedback.

First Hope strives to be a supportive community where individuals and families learn how to manage their challenges, and serve as a provider of direct early intervention services.

Results. First Hope delivers services according to the values of the MHSA. The program delivers programming at locations that are generally accessible to participants; staff is culturally and linguistically competent and maintains close ties to the community it serves.

2. **Serve the agreed upon target population.** For Prevention and Early Intervention, does the program serve individuals and families who are at risk for developing a serious mental illness or 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. First Hope's target population is 12-25 year old transition age youth Contra Costa County residents experiencing early symptoms of psychosis, and their families. The program also serves Hispanic families, many of whom are monolingual.

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 regular reports and match with case file reviews and client/family member and service provider interviews.

Discussion. Monthly service summaries as well as semi-annual reports show that the program is consistently engaged in outreach and screening activities, is providing support groups and individual navigation supports.

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. Programming for *Building Connection in Underserved Cultural Communities* was included in the original PEI plan that was approved in May 2009 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan as well as the proposed PEI regulations on prevention programs. Program strategies pursue timely access and linkage to mental health services for individuals and families from underserved populations, which are non-stigmatizing and non-discriminatory. 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 it is 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. While First Hope consistently reports numbers served through monthly and semi-annual annual reports, there are no specified numbers of individuals to be served First Hope.

Results. The program needs to define the number of individuals to be served.

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, 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. First Hope has identified its primary program objectives including: help clients manage prodromal symptoms; help clients maintain progress in school, work, relationships; reduce the stigma associated with symptoms; prevent development of psychotic illnesses; reduce necessity to access psychiatric emergency services/ inpatient care. The program provides monthly and semi-annual reports summarizing their progress towards meeting their program outcomes.

Results. Overall, the 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. No grievances were filed related to the clinic services that are the subject of this review. All clinic programs undergo Level One and Level Two Utilization Reviews on a regular basis. Percentage of disallowances found during Level Two Utilization Reviews of charts sampled from each County billing reporting unit are reported to the Quality Management Committee on a quarterly basis and findings are addressed at the clinic level. Additionally, staff from the First Hope participate on the Quality Management Committee. Implementation of the "Evidence-Based Practices" plan element is part of Behavioral Health Services' annual Quality Improvement Plan. Level 1 and Level 2 utilization review reports indicate that the First Hope Program generally meets documentation and quality standards.

On April 28, 2017, a Level Two Centralized Utilization Chart Review and a Focused Review was conducted by the CCBHS Utilization Review team. The results show that charts generally met documentation standards, with a few compliance issues, to include incorrect insurance coverage (private vs. Medi-Cal), incomplete assessments, incomplete partnership plans, and improperly corrected progress notes. There were several other findings related to disallowances for services outside of provider's scope of practice, missing progress notes, missing partnership plan and/or assessment, and incorrectly billed activities.

First Hope submitted an appeal on June 1, 2017 for several of the disallowances, with significant discussion on the progress notes determined to be out of scope for the provider at issue. The discussion focuses on the actual language in the notes that depict that the services delivered were in the scope allowable for the provider's licensure status. The County's Quality Improvement Coordinator granted the majority of their appeal. An additional plan of correction was submitted for the few follow-up items that remained in this review process.

Results. The program has a quality assurance process in place. However, it is recommended that First Hope continue to provide training to their clinical staff on consistent clinical documentation.

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

Discussion. Staff observe HIPAA requirements. All staff are required to complete HIPAA training on an annual basis. The County also has a Privacy Officer in charge of protecting client information.

Results. First Hope ensures the protection of confidential protected health information.

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. All positions for which funding was allocated are filled.

Results. There is sufficient staffing for the program.

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

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

Results. The program is County operated and does not conduct an annual financial audit.

Discussion. Not applicable.

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 plan element.
Method. Interview fiscal manager of program.
Results. First Hope has been authorized by the County with sufficient resources to maintain the existing program.
Discussion. Fiscal resources are sufficient.
12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
Method. Interview with fiscal manager of program.
Results. The lead Clerk Specialist was interviewed and demonstrated the process by which personnel and operating costs are entered and tracked.
Discussion. First Hope operates in accordance with prescribed County policies and procedures.
13. **Documentation sufficient to support invoices.** Does 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.
Results. Expenses were reviewed for allocation to the appropriate County cost centers. The monthly MHSA financial cost summaries indicate that while costs are appropriate, the allocation to appropriate cost centers need review and action at CCBHS Administration. Charges for contract psychiatry time are being charged 100% cost center 5727 (MHSA), when the costs should be split between 5727 and 5948 (Children's Realignment). Also all operating costs are being charged to 5727, when differential cost centers should be considered and applied at CCBHS Administration, depending upon the particular expense.
Discussion. Allocation of First Hope personnel and operating costs to the appropriate cost centers should be reviewed and adjusted on a regular basis at CCBHS Administration.
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 charged to the cost center (county) or invoiced to the county (contractor).

Results. Several random transactions were validated against supporting documentation for the program. Expenditures are in conformity with authorized amounts for both personnel and operating costs. .

Discussion. The program is in conformity with the authorized budgeted amounts for both personnel and operating costs.

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

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

Results. This is a County operated program and complies with the accrual basis of accounting.

Discussion. There is sufficient documentation to support expenditures invoiced in the appropriate year.

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

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

Results. The County does not apply an indirect cost to the program.

Discussion. Not applicable

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 is part of the County and is not subject to maintaining separate insurance policies.

Results. Not applicable.

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 MHSA staff communicate regularly and in recent months increasingly to discuss outcomes and reporting requirements.

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

VIII. Summary of Results.

First Hope is committed to delivering culturally and linguistically appropriate mental health services to Contra Costa County young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness. Their prevention and early intervention services seek to reduce the incidence and associated disability of psychotic illness by engaging the youth and their families. The First Hope program is appropriately staffed, adheres to the values of MHSA, and serves their target population. The program is meeting the outcomes detailed in the program description. Clients fully endorsed the positive impact the programs have had on their health and wellbeing.

IX. Findings for Further Attention.

- First Hope should work with the CCBHS administration to define the number of individuals to be served.
- It is recommended that First Hope continue to provide training to their clinical staff on consistent clinical documentation.
- Allocation of First Hope personnel and operating costs to the appropriate cost centers should be reviewed and adjusted on a regular basis at CCBHS Administration.

X. Next Review Date. June 2020

II. Appendices.

Appendix A – Program Description

III. Working Documents that Support Findings.

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

County Utilization Review Report

Progress Reports, Outcomes

MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** May 18, 2017
Date of Exit Meeting: September 28, 2017

- II. **Review Team:** Stephanie Chenard, Warren Hayes, Windy Murphy

- III. **Name of Program:** Familias Fuertes and Vías de Salud
La Clinica Pittsburg, 2240 Gladstone Drive, Suite 4, Pittsburg, CA 94565
La Clinica Monument, 2000 Sierra Road, Concord, CA, 94518

- IV. **Program Description.**
- V. With 34 sites spread across Alameda, Contra Costa and Solano Counties, La Clínica de La Raza, Inc. (La Clínica) has 46 years of experience delivering comprehensive, culturally and linguistically appropriate, clinical and community health care services to address the needs of the diverse populations it serves. La Clínica is the 8th largest federally qualified health center in California.

Under MHSA funding, La Clínica delivers the *Vías de Salud* (Pathways to Health) program that targets Latinos residing in Central and East Contra Costa County with: a) 3,000 depression screenings; b) 500 assessment and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,000 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. This La Clínica PEI program category is Improving Timely Access to Services for Underserved Populations.

Additionally, La Clinica also delivers the *Familias Fuertes* (Strong Families) program that seeks to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities include:
1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 150 Assessments (includes child functioning and parent education/support) with a Behavioral Health Specialist provided to parents/caretakers of children ages 0-18; 3), Two hundred (200) follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues including

parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is designed to help create access and linkage to mental health treatment, promote ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and uses strategies that are non-stigmatizing and non-discriminatory.

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 MHPA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program/plan element in order to review past and current efforts, and plan for the future.

VII. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHPA	Met	Consumers and family members indicate the program meets the values of MHPA
2. Serve the agreed upon target population.	Met	Program improves timely access to an underserved population.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Met	Target service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its outcomes
7. Quality Assurance	Met	No reported grievances.
8. Ensure protection of confidentiality of protected health information.	Met	HIPAA compliant privacy policies in place.

9. Staffing sufficient for the program	Met	Staffing level supports targeted service numbers.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	La Clinica has significant net assets to withstand significant revenue interruptions.
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	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Contract budget reflects indirect rate of 10%.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

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.

Survey Results

We received 12 responses to the survey. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=12				
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: 3.42 (n=12)				
2. Allow me to decide what my own strengths and needs	Average score: 3.42 (n=12)				
3. Work with me to determine the services that are most helpful	Average score: 3.58 (n=12)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.42 (n=12)				
5. Provide services that are in my preferred language	Average score: 3.50 (n=12)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.54 (n=11)				
7. Are open to my opinions as to how services should be provided	Average score: 3.33 (n=12)				
8. What does this program do well?	<ul style="list-style-type: none"> • Like that I can vent and be honest and get support welcoming • Listen to my concerns and help me find the doctor's I'm looking for to help me stay as healthy as possible. • It helps me get better • Treat it's patients well • To show me benefits I am eligible for and services available to me I didn't know about. 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Be on time • It could be better at keeping the appointment times on schedule. • More connection on emotional & mental health & help 				

10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Phone counseling when can't come in. • A little wider services 			
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: 3.50 (n=12)			
12. Any additional comments?	<ul style="list-style-type: none"> • Very good service • Thankful for the help • Helps by keeping confusion to a low. 			

Consumer Interview

The consumer interviews took place at both the Pittsburg and Concord sites. There were approximately 20 combined consumers interviewed at both sites. The length of times that each family had been involved with the program varied from three months to eight years. Consumers reported their initial referrals to the La Clinica group sessions or counseling programs were through recommendations from family and friends, or through their primary care they were seeking at La Clinica. There were several participants who were seeking counseling or group classes for help with individual needs, and the rest indicated that they were there for parenting/family-related issues.

Overall, the consumers were very appreciative of the services provided by La Clinica. They all felt very strongly that there was cultural grounding for them in their treatment, and that their input was solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

Overall, the families were very appreciative of the services provided. They all felt that there was strong cultural grounding for them in their treatment, and that their input was solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

- La Clinica was able to respond much better to needs than county programs. The lack of bilingual providers in the County made it hard for consumers to fully take advantage of services. Some stated that they didn't feel

comfortable with County translation services and this was perceived as more of a barrier.

- The whole family can receive services without worrying about residency status for certain family members.
- Confidentiality makes consumers feel like they can get help
- Children are fully covered by insurance; program offers payment plans for insurance costs.
- Feel very well attended by doctors; clinicians make consumers feel very welcome and comfortable.
- Appreciate the “whole body” wellness approach – medical, emotional, etc.
- Assistants at the front desk make staff feel welcome and like they are family.

These positives clearly speak to several of the MHSA values. However, the families also identified some areas of improvement. Several consumers mentioned they had a hard time getting regular appointments with clinicians, or that the wait time was very long, sometimes two months. Consumers also expressed the desire for more types of groups, such as children or teen groups, pain management, women’s groups. Several also mentioned they would like more “hands-on” or practical skill-building activities and classes. Lastly, several consumers in both locations mentioned that transportation could be a barrier to regularly attending groups or individual sessions.

Staff Interviews

Staff at both sites were interviewed in group sessions. Most were clinicians providing direct services, with a few support staff. Staff described La Clinica’s “no wrong door” approach to patient care as a key factor in the success of reaching and treating their consumers. Presenting needs and stressors may range from incarceration of a family member to fear of deportation, domestic violence and substance use problems, to pain management and challenges related to managing other chronic conditions. The intake process for new consumers screens specifically for depression and a history of trauma. The clinicians indicated that if their client needs longer term treatment, they will try to refer them to County services through the Access Line; however, many of the clients referred to County services come back to La Clinica due largely to the County’s shortage of availability of bilingual staff. Staff indicated that they are committed to providing whatever kind of care that a client may need, but also revealed that there are gaps in service delivery due to the fact that there is a much higher demand than what they can provide for in a timely way. It was also mentioned that this may be largely due to the shortage of County bilingual staffing, so many clients are staying longer in treatment, rather than moving to

higher level of services through the County system of care. Lastly, staff stated that having the mental health services in the same place as the medical services makes linking their clients with appropriate services much easier. They expressed that this linkage is a key attractor for consumers, and that this presented an immense opportunity to educate the community they serve and reduce stigma.

La Clinica strives to be a go-to place for linkage to a variety of resources, a learning community where individuals learn how to manage their challenges, and serve as a provider of direct prevention services.

Results. La Clinica delivers services according to the values of the MHSA. La Clinica reaches out to a community with a high incidence of chronic and traumatic stress that traditionally has lacked resources. The program delivers programming at locations that are generally accessible (both culturally and logistically) to participants; staff is culturally and linguistically competent and maintains close ties to the community it serves. However, it is recommended that the program work to build relationships with the County and other agencies to help relieve some of the backlog and demand of services.

2. **Serve the agreed upon target population.** For Prevention and Early Intervention, does the program serve individuals and families who are at risk for developing a serious mental illness or 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. La Clinica's target population is Contra Costa County Latino residents at risk for developing a serious mental illness. Often these individuals and families are underprivileged, subject to many high risk factors for developing mental health problems, and from a community that has been underserved. The program serves largely Hispanic families, many of whom are monolingual.

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 regular reports and match with case file reviews and client/family member and service provider interviews.

Discussion. Monthly service summaries as well as semi-annual reports show that the program is consistently engaged in outreach activities, is providing support groups and individual navigation supports.

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. Programming for *Building Connection in Underserved Cultural Communities* was included in the original PEI plan that was approved in May 2009 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan as well as the proposed PEI regulations on prevention programs. Programs and strategies pursue timely access to mental health services and linkages for individuals and families from underserved populations. 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 it is 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 program's target service numbers for their *Vias de Salud* program, as detailed in the Service Work Plan of their contract, is to conduct 3,000 depression screenings, 500 assessments and 1,000 follow-up services. The target service numbers for their *Familias Fuertes* program is 750 screenings for patients 0-17, 150 assessments and/or parent coaching sessions, and 200 children/caretakers served for individual sessions. Over the past three years, the

program has often served close to their target, and at times, exceeded their target numbers.

Results. The program serves the number of people that have been agreed upon, and at times exceeds the target enrollment number.

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. La Clinica has a few well-defined primary program objectives as part of the service work plan. For *Vías de Salud* these include: early identification of social isolation, mental distress, and severe mental illness; increased access to mental health services; increased connection and linkage to community services; reduction in social isolation and distress; improved adjustment to life in the US for immigrants, improved family communication across the generations. For *Familias Fuertes* these include: early identification of severe mental illness; identification of behavior problems and parenting issues; reductions in acuity of distress; increased access to mental health services; increased connection and linkage to community services. The program has provided an annual report summarizing their progress towards meeting their program outcomes.

Results. Overall, the 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 toward the program. The program has an internal grievance policy in place. Since the program does not provide billable services, it not subject to utilization review.

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

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol.
- Method.** Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information.
- Discussion.** La Clinica 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.** La Clinica's mental health team has a sufficient number and type of staff to support their operations. The experience level of the treatment team varied from a few years of experience in mental health to this being their first position in mental health. La Clinica encourages their team to take up to two weeks of trainings per year, and has a reimbursement program for training. However, one area of opportunity that staff indicated they often are busy with client care and would like a little more space created to take advantage of the training programs.
- Results.** Sufficient staffing is in place to serve the number of clients outlined in the most recent Service Work Plan.
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.** La Clinica is a non-profit organization incorporated in 1971 for the purpose of operating a comprehensive community health center. It provides a full range of services, which include medical, dental, eye, mental health, health education, nutrition, social support, pharmacy, laboratory and x-ray. The organization's mission is to improve the quality of life of the diverse communities

it serves by providing culturally appropriate, high quality and accessible health care for all. The organization has a total operating budget of \$97 million, and operates more than three dozen locations in Alameda, Contra Costa and Solano counties. Independent auditor reports from the last three years indicate that La Clinica is not at risk for adverse fiscal consequences due to their fiscal and accounting systems.

Results. Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 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 organization 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 PEI services for the entirety of the fiscal year. La Clinica's financial documents indicate that the parent organization has been expanding incrementally each year, and both representatives from La Clinica's Finance Department articulated sound fiscal guidance and support being provided to their field offices. The Board of Director meeting minutes indicate regular attention to the organization's fiscal well-being, as exemplified by regular reports on the indicator of sufficient fiscal reserves to carry on operations for over 90 days without revenue.

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 Controller has been with La Clinica for 15 years, appears well qualified, and 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 La Clinica's system-wide accounting software program (Sege MIP) for all facets of personnel and administrative activities.

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. The two clinics operating in Contra Costa County are federally qualified health centers (FQHC). The organization's software program apportions the FQHC and PEI contract revenues to fully fund the staff and associated costs that provide mental health services in these two health clinics. It appears that there is not duplicate billing to the two funding sources, and that staff time and expenses dedicated to PEI activities are at least equal to or greater than the amount billed to CCBHS.

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.

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

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

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

Results. La Clinica 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. The management and general costs reflected in the independent auditor's report support an indirect rate of 19.5%. The contract with CCBHS budgets 10%. La Clinica staff indicated that they were under the impression that CCBHS had instructed them to not exceed 10%. La Clinica staff were advised that this is a cost based contract, and that they had the flexibility to charge up to their approved rate as long as they did not exceed the total contract limit.

Results. At 10% the indirect appears reasonable.

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 contract insurance requirements.

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

Method. Interview contract manager and contractor staff.

Results. Program staff and county communicate regularly and in recent months increasingly to discuss outcomes and reporting requirements.

Discussion. The program has good communication with the contract manager.

IX. Summary of Results.

La Clinica is committed to delivering culturally and linguistically appropriate mental health services to address the needs of the diverse populations it serves. Their prevention and early intervention services seek to connect these families and consumers to sustainable resources and supports. The La Clinica programs adhere to the values of MHSA and serving their target population. The program is meeting and often exceeding the outcomes detailed in their contract. La Clinica 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.

- It is recommended that the County and program work towards strengthening their relationships and other agencies to help relieve some of the backlog and demand of services.

XI. Next Review Date. May 2020

XII. Appendices.

Appendix A – Program Description

Appendix B - Service Work Plan

Appendix C – Service Provider Budget

Appendix D – Organizational Chart

Appendix E – Independent Audit

XIII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** May 30, 2017
Date of Exit Meeting: September 18, 2017

- II. **Review Team:** Stephanie Chenard and Gerold Loenicker

- III. **Name of Program:** Lincoln
51 Marina Blvd, Suite D
Pittsburg, CA 94565

- IV. **Program Description.** Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, Lincoln has a continuum of programs to serve challenged children and families throughout the Bay Area. Their community based services include early intervention programs in several Bay Area school districts aimed at stopping the cycle of violence, abuse and mental health problems for at-risk children and families.

Lincoln works with Contra Costa Behavioral Health Services (CCBHS) to provide a Full Service Partnership Program for youth throughout the County. As part of the Full Service Partnership, Lincoln utilizes the evidence based practice of Multidimensional Family Therapy (MDFT). This is a comprehensive and multi-systemic family-based outpatient therapeutic intervention for youth and adolescents with co-occurring substance use and mental health disorders or who may be at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. The age range of the consumers they serve is 11-19 (up until the consumer's 20th birthday). Working with the youth and their families, MDFT helps youth develop more effective coping and problem solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 4 to 6 months with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic. After care services are additionally available for up to three months after the conclusion of the program.

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/plan element in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSa	Met	Consumers and family members indicate the program meets the values of MHSa
2. Serve the agreed upon target population.	Met	Program only 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 the Three Year Plan
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Met	Target service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its outcomes
7. Quality Assurance	Partially Met	Utilization review indicated program meets most quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant

9. Staffing sufficient for the program	Met	Staffing level supports targeted service numbers.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Lincoln has significant net assets to withstand significant revenue interruptions.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Staff is well qualified and program has good internal controls and monthly review processes.
13. Documentation sufficient to support invoices	Met	Organization provided documentation that reconciles to monthly invoices.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses and documentation supports that funds are invoiced in the appropriate fiscal year.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Contract budget reflects indirect rate of 16.4%.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

VII. Review Results. The review covered the following areas:

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards). Does the program/plan element collaborate with the community, provide an

integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

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

Discussion. The results of 11 consumer surveys were received. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=11				
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: 3.28 (n=11)				
2. Allow me to decide what my own strengths and needs	Average score: 3.40 (n=10)				
3. Work with me to determine the services that are most helpful	Average score: 3.50 (n=10)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.50 (n=10)				
5. Provide services that are in my preferred language	Average score: 3.55 (n=11)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.37 (n=11)				
7. Are open to my opinions as to how services should be provided	Average score: 3.55 (n=11)				
8. What does this program do well?	<ul style="list-style-type: none"> • Helped with school • Responds quickly to the needs of the child and the family as a whole. Shows compassion and respect for each family members position. Willing to travel for the needs of the family. • Being able to empathize and relate to personal life and relationships. Also appointments are well scheduled. • Acts like it really cares. Provides in depth counseling. 				

	<ul style="list-style-type: none"> This program helps me communicate with my family in a healthy manner. I like being able to talk about my problems and working on how to solve them. 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> Help with housing “My mom needs therapy.” 				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> Housing 				
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	<table border="1"> <tr> <td>Very Important 4</td> <td>Important 3</td> <td>Somewhat Important 2</td> <td>Not Important 1</td> </tr> </table>	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Very Important 4	Important 3	Somewhat Important 2	Not Important 1	
Average score: 3.64 (n=11)					
12. Any additional comments?	<ul style="list-style-type: none"> I really appreciate the help 				

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 consumer for a face-to-face interview. The consumer had been referred to the program through juvenile probation and had just finished the full six month program. She had tried several different programs before Lincoln’s MDFT program, but none of the previous programs were a good fit for her or her family’s needs.

Overall, the consumer was very appreciative of the services provided by Lincoln. She felt that there was strong cultural grounding in the treatment plan, and that input from her and her family was solicited and valued as part of the treatment plan, empowering her to put in greater effort, and gaining confidence. During the interview, some of the other things specifically identified as positives of the program were:

- The family component was key to success – it helped repair and strengthen family relationships, and was useful in helping to find common ground with family members.
- The skills and coping activities learned helped to moderate emotions and control anger.
- Flexibility – able to provide services in the community.

These positives clearly speak to several of the MHSA values. However, the consumer also identified some areas of improvement. She indicated that she felt the program could benefit from more therapist availability. She also indicated that she was interested in participating in some kind of mentorship program as part of the next steps in her recovery. Determining linkages to organizations that specialize in peer volunteer mentoring may be an opportunity for Lincoln to explore.

Staff Interview:

Overall, five individual program staff were interviewed in two sessions: a program management session and a line staff group interview (two clinicians and a family advocate). Staff shared that the program receives their referrals from several sources, primarily from juvenile probation, county children's clinics, or Seneca's START program (as a next step in treatment). Lincoln's MDFT team provides care to the child and whole family, according to the MDFT evidence-based model, which focuses on larger goals for the program, then smaller goals for each session. This is achieved through multiple sessions: individual child/consumer sessions, parenting sessions, and whole family sessions. The MDFT uses a "parents are the medicine" philosophy. Staff reported that "collateral support" can be providing support to youth in court or in schools, and providing support to the family to build and empower them. According to program staff, one of the principal strengths of the program is the flexibility the model allows, especially for the family advocate, who can be very responsive to the needs of the family. Program management indicated that the model can be used in a cross-over situation with youth who are receiving Educationally Related Mental Health Services (ERMHS) as long as MDFT has the lead in treatment, and reported that this cross-over appears to be working well, so far.

During the interview, staff also shared hindrances they faced in providing services to the youth, such as youth aging out of the system of care while still in the program. Turning 18 presents challenges working with parents or the foster care system. Staff also faced difficulty coordinating aftercare, and linking the youth to other county services. However, staff did indicate that overall they felt like they were meeting the needs of their clients, and appreciated the flexibility to tailor treatment to their client's cultural background.

Results. Interviews with program participants and service providers as well as program participant survey results all support that Lincoln delivers services 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 Lincoln MDFT Full Service Partnership program accepts referrals from the County, often through the juvenile probation department, clinics, and 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 Lincoln. On July 6, 2016 a Level Two 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).

**(Please see longer discussion about this review in Section 7 below.)*

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 931 and 864 Reports from CCBHS's billing system show that the Lincoln's Full Service Partnership program is providing the number and type of services that have been agreed upon. Services include Multidimensional Family Therapy (MDFT) services, outreach and engagement, case management, outpatient mental health services, crisis intervention, 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 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan. 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. Upon initial award of the children's FSP contract, Lincoln's MDFT target enrollment number was 50 clients. The program launched in the 2013, and at the end of their first full fiscal year of operation (13/14FY) they were reporting serving 57 clients -- well within their target. They have continued to meet their target numbers.

Results. The program serves the number of people that have been agreed upon.

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

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

year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.

Discussion. Lincoln's MDFT program started during FY 13/14, and started reporting on early outcomes for that year. The program has a few well-defined primary program objectives as part of the service work plan: reduction in substance use or maintained abstinence, reduction in delinquency or maintained positive functioning, and demonstrated improvement in functioning. The program has provided an annual report summarizing their progress towards meeting their program outcomes.

Results. Overall, the 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. CCBHS did not receive any grievances associated with Lincoln's MDFT 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 CCBHS's utilization review teams to ensure that program services and documentation meet regulatory standards. Level 1 and Level 2 utilization review reports indicate that Lincoln generally meets documentation and quality standards.

On July 6, 2016, a Level Two Centralized Utilization Chart Review and a Focused Review was conducted by CCBHS. The results show that charts generally met documentation standards, with a few compliance issues, to include incomplete or incorrectly completed forms. There were several other findings related to disallowances for incomplete and late assessments, notes not being completed in a timely manner, and incorrectly billed activities. Notably, however, was a larger disallowance for two of the five charts reviewed for not meeting service necessity for MDFT. Specifically, these two clients did not document a co-occurring substance abuse disorder diagnosis. While the clients seemed to have met medical necessity for a full service partnership, without documentation of substance use, they did not qualify for MDFT under the Service Work Plan that Utilization Review (UR) staff used as a guideline for allowable services. Utilization Review staff provided feedback around standardized notes, defining allowable billable services, and timeliness of completing notes.

Lincoln submitted an appeal on July 27, 2016 for several of the disallowances, with significant discussion on the substance use criteria. In their appeal, Lincoln noted that an agreement was arrived at between the program and the CCBHS Adult Program Chief and Children Program Chief that MDFT would no longer need to require a co-occurring substance use disorder diagnosis to be treated, in order to better serve the needs of the community. While this verbal arrangement had clearly been made, the Service Work Plan with the County had not been updated to reflect this change. The County denied their appeal, citing that they could only go by the most current Service Work Plan at the time of the review. In the same appeal document, Lincoln also submitted a plan of correction for the remaining findings. At the time of this MHSA program review, Lincoln indicated that the Service Work Plan had been updated to reflect this change in criteria and services.

Results. The program has a quality assurance process in place. However, it is recommended that Lincoln continue to work with the County to ensure that any change in services is updated in the Service Work Plan on file in a timely fashion to avoid any future disallowances. It is further recommended that the program continue to provide training to their clinical staff on consistent clinical documentation.

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. Lincoln 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. At the time of the site visit, Lincoln indicated that there had been some recent turnover and they had two clinician vacancies on the MDFT team. However, the nature of the team approach of MDFT evidence-based treatment and program staff training allows Lincoln to provide the services outlined in the Service Work Plan with current staffing, and they seemed to be on track to hit their target number of clients served. The experience level of the treatment team varied from a few years of experience in mental health to this being their first position in mental health. Lincoln has a robust internal training program aimed at identifying and addressing a variety of mental health issues in their training process. However, one area of opportunity that staff indicated they would like to receive more training in was on trauma-specific treatment.

Results. Sufficient staffing is in place to serve the number of clients outlined in the most recent Service Work Plan.

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. Lincoln is a not-for-profit agency impacts the lives of children and families through evolving programs. The organization has a total operating budget of \$19 million and provides services for outreach and engagement, case management, outpatient mental health and crisis intervention. Today, Lincoln provides preventive, individualized, and comprehensive support services with a focus on three core areas that disrupt cycles of poverty and trauma. These areas are education – addressing obstacles that impact academic attendance and achievement; family – strengthening stability and creating permanence; and well-being- improving resiliency and wellness.

Results. Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 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.

Method. Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of program.

Discussion. The Controller indicated that current expenses are exceeding revenue due to staffing insufficiency, and when operating with a deficit, program utilizes investments to stay afloat. The program has hired new staff and expects to see changes this fiscal year that promotes growth in revenue. The outstanding

balance for line of credit significantly increased for FY 15-16 but has decreased for FY 16-17. There were no issues identified in the Board of Directors minutes related to the program or organization's fiscal position, indicating their operating cash balance is sufficient and that they have a daily process to track cash flows.
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 Controller has been with Lincoln for seven years, appears well qualified, and described established protocols that are in place to enable a check and balance system to assure 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.
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. Lincoln'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.

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

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

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

Results. Lincoln appears to be implementing an appropriate year end closing system with reporting signed by the CFO.

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. Lincoln produced its methodology that justifies the 16.4% indirect rate charged to the contract. The controller indicated indirect costs are allocated to the different programs based on actual personnel hours of each program.

Results. At 16.4% the indirect rate appears reasonable.

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 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 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. To date contract management duties have been centralized within CCBHS's children's system. Moreover, the contract manager and Children's Chief meet with the program for regular monthly meetings.

Results. The program has historically had good communication with the contract manager and is receptive to feedback and willing to address concerns that may arise.

VIII. Summary of Results.

Lincoln is committed to stabilizing youth with co-occurring substance use and mental health disorders or who may be at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. Their services seek to help youth develop more effective coping and problem solving skills for better decision making, and help the family improve interpersonal functioning as a protective factor. The Lincoln Full Service Partnership adheres to the values of MHSA and serves their target population. The program is meeting the outcomes detailed in their contract. Lincoln appears to be a financially sound organization that follows generally accepted accounting principles, and maintains documentation that supports agreed upon service expenditures.

IX. Findings for Further Attention.

- It is recommended that Lincoln continue to work with the County to ensure that any change in services is updated in the Service Work Plan on file in a timely fashion to avoid any future disallowances.
- The program should continue to provide training to their clinical staff on
- consistent clinical documentation.

X. Next Review Date. May 2020

XI. Appendices.

Appendix A – Program MDFT Fidelity & Outcomes Report

Appendix B – Program Description/Service Work Plan

Appendix C – Service Provider Budget

Appendix D – Yearly External Fiscal Audit

Appendix E – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

County Utilization Review Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)