

**Mental Health Commission
MHSA-Finance and Quality of Care Committees Joint Meeting
Thursday, May 21, 2020, 3:00-5:00pm
Via: Zoom Teleconference:**

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

**Join by phone:
1 646 518 9805 US
Access code: 609 413 6195**

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. APPROVE minutes from April 16th, 2020 joint meeting**
- V. REVIEW and DISCUSS MHSA Program and Fiscal Reviews:**
 - A. Contra Costa Interfaith Housing (now called Hope Solutions);**
 - B. Hume Center East and West county Full Service Partnership programs;**
 - C. Mental Health Systems Assisted Outpatient Treatment (AOT) program.**
- VI. DISCUSS the potential financial effects of the of the California State Budget May, 2020 revise as well as further potential stakeholder responses and advocacy.**
- VII. Adjourn**



Mental Health Services Act (MHSA)

Program and Fiscal Review

I. Name of Program:

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

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

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

Date of Exit Meeting: July 8, 2019

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

V. Purpose of Review. Contra Costa Behavioral Health is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward

this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services, we most appreciate this opportunity to collaborate with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

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

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

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

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards). Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery & resilience, provide culturally relevant, client & family-driven services?

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

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

Questions															
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i></p>	<p>Total Responses: 49</p> <table border="1" data-bbox="735 302 1414 453"> <thead> <tr> <th data-bbox="735 302 881 411">Strongly Agree</th> <th data-bbox="881 302 995 411">Agree</th> <th data-bbox="995 302 1149 411">Disagree</th> <th data-bbox="1149 302 1304 411">Strongly Disagree</th> <th data-bbox="1304 302 1414 411">I Don't Know</th> </tr> </thead> <tbody> <tr> <td data-bbox="735 411 881 453">4</td> <td data-bbox="881 411 995 453">3</td> <td data-bbox="995 411 1149 453">2</td> <td data-bbox="1149 411 1304 453">1</td> <td data-bbox="1304 411 1414 453">0</td> </tr> </tbody> </table>					Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know	4	3	2	1	0
Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know											
4	3	2	1	0											
<p>1. Help me improve my health and wellness</p>	<p>Average score: 3.73 (n=49) “n” denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored “I don’t know.”</p>														
<p>2. Allow me to decide my own strengths and needs.</p>	<p>Average score: 3.59 (n=49)</p>														
<p>3. Work with me to determine the services that are most helpful.</p>	<p>Average score: 3.67 (n=49)</p>														
<p>4. Provide services that are sensitive to my cultural background.</p>	<p>Average score: 3.66 (n=48)</p>														
<p>5. Provide services that are in my preferred language.</p>	<p>Average score: 3.63 (n=49)</p>														
<p>6. Help me in getting needed health, employment, education and other benefits and services.</p>	<p>Average score: 3.74 (n=47)</p>														
<p>7. Are open to my opinions as to how services should be provided.</p>	<p>Average score: 3.71 (n=49)</p>														
<p>8. What does this program do well?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • Assist with resources, rental assistance, mental and stress issues • Brings our community together to help us interact with neighbors and voice concerns • The topics/subjects are always relevant and useful • Homework Club • This program knows how to give support when needed. Staff will go the extra mile 														

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

	<ul style="list-style-type: none"> • More funding (for activities that) help achieve a healthier lifestyle • Consider computer classes or English classes • Communicate with parents if children don't finish their homework in the after-school program 								
<p>10. What needed services and supports are missing?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • None • Everything is available • Money • Help finding employment and building resume • Disaster training • More security • Senior program • More services for people with mental health issues • Rides for those who can't take public transportation due to physical limitations • Parenting/coping skills • On site mental health services • More therapy; a clinician on site • Health and wellness empowerment seminars; clothing vouchers; gift cards; home health visits; community events, i.e. clean-ups • More help to ensure children finish homework • A park or gym for the kids to play sports • Cooking classes; first aid classes • English classes • Computer classes 								
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (<i>Options: very important, important, somewhat important, not important</i>)</p>	<table border="1" data-bbox="737 1451 1417 1560"> <tr> <td>Very Important</td> <td>Important</td> <td>Somewhat Important</td> <td>Not Important</td> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table> <p>Average score: 3.74 (n=47)</p>	Very Important	Important	Somewhat Important	Not Important	4	3	2	1
Very Important	Important	Somewhat Important	Not Important						
4	3	2	1						

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

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

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

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

- 2. Serve the agreed upon target population.** For Prevention and Early Intervention, does the program prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description and/or service work plan with a random sampling of client charts or case files.

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

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

- 3. Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.

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

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

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

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan?

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.

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

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

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.

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

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

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

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

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

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

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

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

Method. Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.

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

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

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

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

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

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

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with organization chart, staff interviews and duty statements.

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

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

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

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

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

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

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

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

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

Results. Resources appear sufficient.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager.

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

Results. Experienced staff implements sound check and balance system.

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

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

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

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

14. Documentation sufficient to support allowable expenditures. Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program.

Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures invoiced to the county.

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

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

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

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

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

Results. All billings occurred in the correct fiscal year.

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

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

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

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

17. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

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

Results. General liability insurance policies are in place.

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

Method. Interview contract manager and contractor staff.

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

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

IX. Summary of Results.

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

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

X. Future Recommendations

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

XI. Next Review Date. November 2022

XII. Appendices.

Appendix A – Service Work Plan

Appendix B – Organization Chart

XIII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

Yearly External Fiscal Audit

Appendix A

SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.
Name of Project: Strengthening Vulnerable Families
Fiscal Year: July 1, 2018 – June 30, 2019

Number: 74-378

I. Scope of Services

Contra Costa Interfaith Housing, Inc. (CCIH) will provide an array of on-site, on-demand, culturally appropriate and evidence-based approaches for its “Strengthening Vulnerable Families” program, which serves formerly homeless families and families at risk for homelessness and for mental illness. CCIH provides services on-site in affordable housing settings and case managers are available fulltime to residents. This structure helps to eliminate barriers to timely access to services. Culturally aware youth enrichment and case management providers assist youth and families to access a multitude of community services, including mental health treatment. By incorporating these services among general support, potential stigma related to mental health referrals is reduced. By providing services to all residents, potential biased or discriminatory service delivery is avoided.

At Garden Park Apartments in Pleasant Hill, on-site services are delivered to 27 formerly homeless families, all with special needs. Every family has one adult with a disability and most of the disabilities are in the area of mental health and substance addiction. Programming at this site is designed to improve parenting skills, child and adult life skills, and family communication skills. Program elements help families stabilize, parents achieve the highest level of self-sufficiency possible, and provide early intervention for the youth in these families who are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key activities include: case management, family support, harm reduction support, academic 4-day-per-week homework club, early childhood programming, teen support group, and community-building events. Relationships are built with the licensed mental health providers and case managers and with the youth enrichment coordinators. Parents and youth share their experiences and challenges in the context of these relationships, and families are supported with information about early signs of mental illness or other difficulties as they arise.

The goals and outcome measures for the Garden Park program include: assisting families to stabilize in permanent housing and meet their self-set family goals related to self-sufficiency and sound parenting and to help the youth overcome the challenges inherent to being in a family impacted by a variety of difficulties. Anticipated impact of this program will be a positive change in the social and emotional trajectory of these families, and the academic and social success of the children. On-site staff are able to form relationships with families over time, allowing concerns about mental health to be addressed in a non-stigmatizing manner in the context of a long-term, supportive relationships, and positive mental health outcomes are achieved.

CCIH will also provide an Afterschool Program and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos

Initials: _____
County / Contractor

SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.
Name of Project: Strengthening Vulnerable Families
Fiscal Year: July 1, 2018 – June 30, 2019

Number: 74-378

Village in Pittsburg and at one housing site in Concord; Lakeside Apartments. These complexes offer permanent affordable housing to low-income families at risk for homelessness. The total number of households being offered services that are covered under this grant will be 274. Anticipated impact for services at these sites will be improved school performance by the youth and improved parenting skills and mental health for these families due to lowered stress regarding their housing status (eviction prevention) and increased access to resources and benefits. Increased recognition of early signs of mental illness will be achieved as well, due to the on-site case management staff's ability to respond to possible family concerns about family members' mental health, as they arise.

Case managers in these programs include a licensed psychologist, a licensed Marriage and Family Therapist, two experienced case managers (one of whom is bi-lingual/bi-cultural) and two mental health, post-masters interns. The youth enrichment coordinators are all experienced educators. The racial/ethnic background of the staff include 2 African Americans, 2 Latinas, one bi-racial Latina/African American, 1 Native American, and 2Caucasian staff members and 1 Asian American. Several of the staff in this program live in the communities they are serving. In addition to working with the families in these affordable housing sites, the Youth Enrichment Coordinators and Case Managers also work with a number of community resources as referring partners and family advocates. In this role, CCIH staff are able to help community providers be aware of early signs of mental illness in their clients, and support sensitive care and timely treatment for these issues.

CCIH has also expanded our EPSDT contract with the county and will be able to offer in-home/on-site mental health treatment for emotionally disturbed youth identified by case managers in our Lakeside and East County sites. This service is not funded under this grant.

Types of Mental Health Services/Other Service-Related Activities

During the term of this contract, the Contra Costa Interfaith Housing, Inc. will assist Contra Costa Behavioral Health Services in implementing the Mental Health Services Act (MHSA), by providing Prevention and Early Intervention services in the area of Outreach for Increasing Recognition of Early Signs of Mental Illness with its *Strengthening Vulnerable Families* program. This program includes the afterschool support for youth and the case management/mental health support for families described above.

We also will deliver an 8 week parenting support group at each of the 4 housing sites. This support group utilizes an evidence-based Community Café curriculum, designed to enhance five protective factors from resiliency research (parental resilience, family relationships, family communication, knowledge of child development and access to concrete supports). At Lakeside

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Apartments we will deliver two Community Café groups; one in English and one in Spanish. Additionally we will provide an 8 week support program to parents with children aged birth to 5 at Garden Park Apartments. We will continue to provide the KidPower curriculum or another evidence based, social skills building program to our afterschool programs. This programming will provide support and skills in the areas of conflict management and pro-social skills/behaviors. All of these programs will be provided on-site at the housing complexes where the families live. This on-site availability provided by culturally aware, trauma-informed case management and youth enrichment staff will increase the opportunity for recognition of early signs of mental illness among these high risk families. The design of providing services on-site at housing settings and forming long-term relationships with the residents also enhances timely access and linkages to referrals and resources in the community.

We will also provide an 8 week support group offering ways to lower stress for parents at GPA. This group will include information on harm reduction, concrete resources, self-soothing techniques and community building activities. All of the parents living at GPA have a disability, and most have histories of struggle with substance abuse and mental illness. By providing the on-site support groups for parents, staff will be able to provide early intervention and support for families that are experiencing concerns about youth or adult mental health problems. We will also provide a teen support club twice a month for 9 months during the school year, in order to support and promote mental health and well-being among the vulnerable teen population at this site. The consistency and availability of staff in this program assists early identification of possible mental health problems as they arise.

At Garden Park Apartments many of the adult residents have multi-generational histories of unemployment. In the coming year we will continue to support individuals seeking employment with assistance in creating resumes, job hunting and interviewing. Additionally, we will continue our Resident Monitor program employing and training four residents to work on-site in their community as resident monitors of the property. These positions will include two primary resident monitors working 8 hours/week and two back-up monitors who will work when the primary monitors are not available. Positions will be held for at least 6 months, and back-up monitors will have the opportunity to be promoted to a primary monitor position when openings occur. These resident employees will continue to receive training, supervision and an opportunity to add to their work experience. It is expected that residents will gain confidence from this opportunity and build off their work experience to obtain further employment.

II. Program Facilities/Hours of Operation /Staffing

A. Program Facilities' Location

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- Garden Park Apartments
2387 Lisa Lane
Pleasant Hill, CA 94523
- Los Medanos Village
2000 Crestview Drive
Pittsburg, CA 94565
- Bella Monte Apartments
2410 Willow Pass Road
Bay Point, CA 94565
- Lakeside Apartments
1897 Oakmead Drive
Concord, CA 94520

B. Contact Person, Phone Number, and Email

Deanne Pearn, Executive Director
925-944-2246 deanne@ccinterfaithhousing.org

C. Program Hours of Operation

Case management/mental health support will be available from 9am – 5pm Monday – Friday, and by appointment in the evenings, at all 3 sites (Case manager in East County splits her time between the two sites, flexing her time as needed to accommodate the scheduling needs of the families). Evening hours will also be offered on Thursdays until 8:30pm at Garden Park Apartments and by appointment and as needed for special events at the other sites. The parenting group at Los Medanos Village (Pittsburg) will be offered in the evening.

All sites have property management staff who live at the site. A Site Coordinator is available until 8:30 on Monday and Friday and from 12:30-8:30pm on Saturday and Sunday at Garden Park Apartments.

Afterschool programming will be provided at Garden Park Apartments from 1:00 – 5:30pm Monday –Thursday. CCIH will provide an afterschool program to youth at each site in East County: Bella Monte Apartments and Los Medanos Village. The hours of the East County afterschool programming will be 2:30 to 5:30 pm Monday, Wednesday and Thursday at Los Medanos Village and 2:30 – 5:30 pm on Tuesdays at Bella Monte Apartments (following the specific needs of the different sites).

CCIH will also provide a fulltime case manager and youth enrichment coordinator at Lakeside Apartments. Both of the staff at Lakeside Apartments are bi-lingual/bi-cultural to meet the needs of the large Latino community at that site. Case management will be

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provided five days/week from 9am – 5pm and an afterschool program will be provided on Monday - Thursdays from 3:30pm – 5:30pm.

D. **Program Staffing (including staffing pattern)**

Contractor will employ 7.0 FTE of direct services staff to support programming across all locations. A portion of this staffing is funded with this grant. (See budget and budget narrative). Additional staff will provide supervision and data support.

III. Volume of Services to be Provided

Contractor will provide prevention and early intervention services for a projected 30 families and 20 youth (ages 2-16) at Garden Park Apartments and 50 families and 30 youth (combined) at Bella Monte Apartments and Los Medanos Village, and 20 youth and 30 families at Lakeside Apartments. Contractor shall attach to the billing a Monthly Contract Service /Expenditure Summary (Form: MHP029) with the total number of services provided for the month and the additional unduplicated (for the year) number of clients served during the month.

IV. Billing Procedure

Contractor shall submit a Demand for Payment (Form: D15.19) for services rendered to Contra Costa Mental Health. Contractor shall attach to the billing a Monthly Contract Service/Expenditure Summary (Form: MHP029) with actual expenditure information for the billing period.

Demands for payment should be submitted by mail to:

Jennifer Bruggeman, LMFT
Program Supervisor
MHSA / Prevention & Early Intervention
Behavioral Health Administration
1220 Morello Avenue, Ste. 100
Martinez, CA 94553

V. Outcome Statements

- A. Improved school functioning of the school-aged youth in the afterschool programs.
- B. Improved family functioning in the realm of self-sufficiency for families receiving case management.

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- C. Improved self-esteem and progress on self-identified goals for families receiving case management.

VI. Measures of Success

- A. At least 75% of the youth regularly attending homework club will achieve six or more academic benchmark skills during the school year ending in June, 2019.
- B. At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within the fiscal year, 2018 to 2019.
- C. Two (2) family vignettes , showing the improvements and positive outcomes of the work of this project (including GPA, LMV, and BMA communities) will be provided with the end of fiscal year final report.

VII. Measurement/Evaluation Tools

Contractor will provide documentation of measurement outcomes using the following tools:

- A. Youth Report Cards (when received) / Attendance Records and program monitored benchmark achievement.
- B. Self-Sufficiency Matrix (20 category tool) reported at end of fiscal year (7/15/19).
- C. Family/Individual Action Plan form, which captures goals and action plans generated by the adults in a family receiving case management services. Success with goals reported at end of fiscal year (7/15/19)
- D. Attendance and Satisfaction Surveys for parenting support groups.
- E. Attendance records for community building events.
- F. Two Vignettes of successes or challenges delivered with the final annual report.

VIII. Reports Required

Contractor is asked to complete and submit a semi-annual demographic report, 45 days after each semester has ended, to track statistical information (i.e. age, gender, ethnicity, language,) of the target population(s) actually served, as defined by the Contractor and approved by the County during contract award and negotiation process. Reports will be due on 2/15/19 and 8/15/19. Contractor will also submit an annual program report addressing outcomes, which is due on 8/15/19.

Please submit all evaluation reports on a semester basis via email to:

Jennifer Bruggeman, LMFT
Program Supervisor
MHSA / Prevention & Early Intervention

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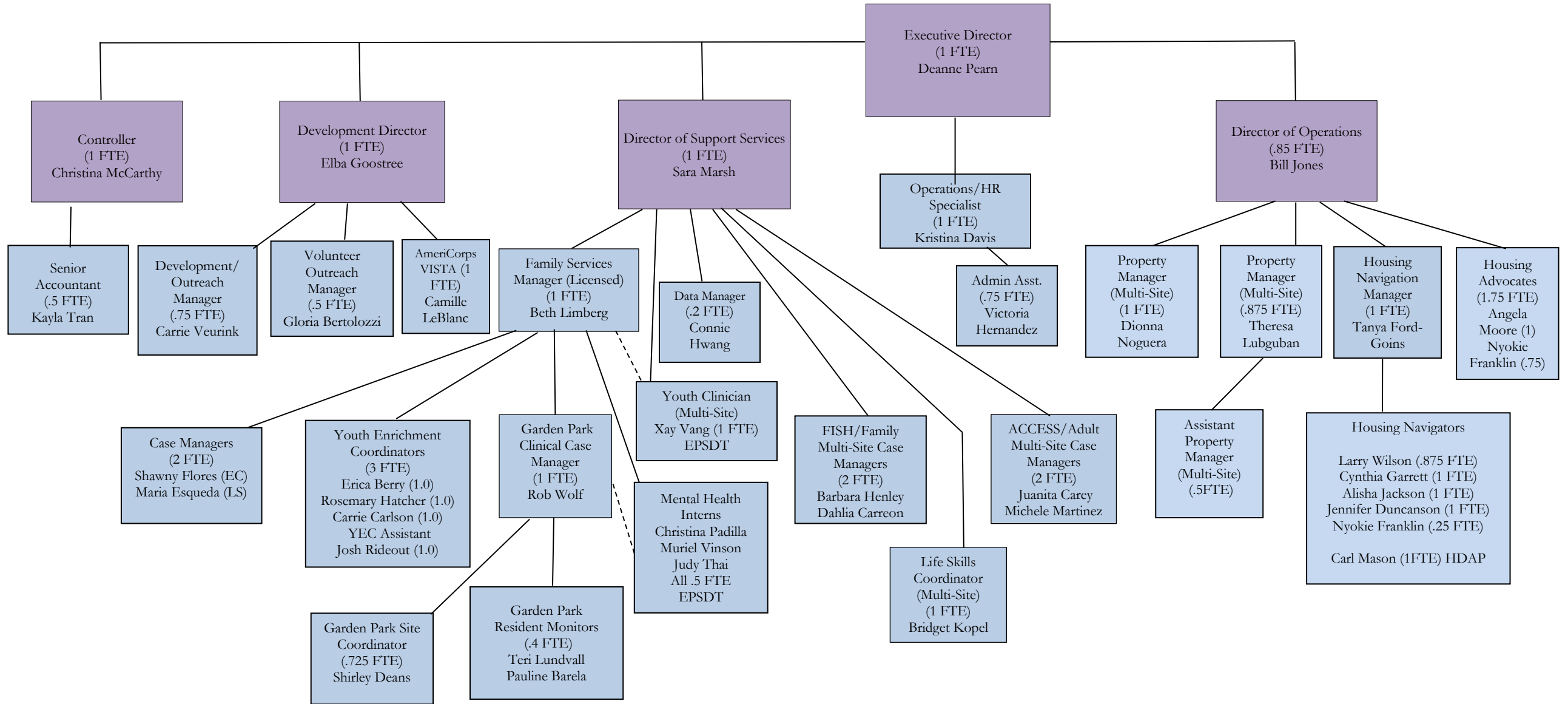
Behavioral Health Administration
1220 Morello Ave, Ste. 100
Martinez, CA 94553

IX. Other

Promotional materials for the program should identify the funding source: “Funded by the Mental Health Services Act in partnership with Contra Costa Mental Health”. Contractor must attend the Regional Roundtable meetings sponsored by Contra Costa Behavioral Health Services.

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**Appendix B
Organizational Chart
CCIH**



Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. Dates of On-site Review:** October 31, 2018, November 1, 15, 2018
Date of Exit Meeting: January 23, 2019
- II. Review Team:** Warren Hayes, Windy Taylor, Kennisha Johnson, Terry Ahad, Golnaz Fortune, Genoveva Zesati, Cristobal Lopez, Machtel Pengel, Sarah Kennard
- III. Name of Program/Plan Element:** Hume Center – Full Service Partnership Community Support Program West/East
- IV. Program Description.** The Hume Center is a community mental health center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training throughout all regions of Contra Costa County. This includes promoting mental health, reducing psychological suffering, and strengthening families, communities and systems most involved in the lives of those served. The Hume Center is committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. Hume provides a continuity of care in Contra Costa that includes prevention and early intervention, comprehensive assessment services, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, partial hospitalization services, and Full Service Partnership Programs. The Adult Full Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.

The Hume Center as an organization also offers a range of other programs and has additional offices located throughout California which include Alameda, San Francisco, and Santa Clara counties. Programs and services that are provided include partial hospitalization, school based, early childhood and family services and neurobehavioral evaluation services. Hume continues to specialize in working with people with complex service needs while helping consumers achieve and maintain their highest quality of life.

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 (MHSA). Toward this end a comprehensive program and fiscal review was conducted of Hume’s Full Service Partnership Programs. 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.**

This summary outlines standards met by both regions of Hume. Further details are specified under review results.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Services are culturally specific and competent, community based, and responsive to community needs
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for both specialty mental health services and full service partnerships
3. Provide the services for which funding was allocated.	Met	Program provides most of the full spectrum of services outlined in their Service Work Plan
4. Meet the needs of the community and/or population.	Met	Program is consistent with community planning process and strategies
5. Serve the number of individuals that have been agreed upon.	Partially Met	Program is close to meeting the target enrollment numbers agreed to in their Service Work Plan

6. Achieve the outcomes that have been agreed upon.	Met	Program meets most outcomes
7. Quality Assurance	Met	Grievance procedures and protocols are in place for employees and consumers
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Met	Staffing levels support targeted service numbers
10. Annual independent fiscal audit	Met	All fiscal audits were submitted no significant financial weaknesses found

11. Fiscal resources sufficient to deliver and sustain the services	Not Met	Program experiencing some cash flow issues and recent adjustments are in place for a resolution
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Fiscal staff implement check and balance system.
13. Documentation sufficient to support invoices	Met	Organization provided documentation and explanations that support monthly invoices
14. Documentation sufficient to support allowable expenditures	Met	The program has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are invoiced in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect charged at 15%
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	Communication is regular and appropriate to the level of needs of the program

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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, county staff, and service provider interviews and consumer surveys.

Discussion. Consumer surveys were completed. In addition, interviews were conducted with ten consumers and twelve staff members (in various positions that included Case Managers/Peer Specialists, Mental Health Clinicians, and Family Partners). However, because the programs differed significantly between the East and West county programs, the results have been tabulated separately as stand-alone programs.

Survey Results:

Hume West

Questions	Responses: n=7				
	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: 3.85 (n=7)				
2. Allow me to decide what my own strengths and needs	Average score: 3.42 (n=7)				
3. Work with me to determine the services that are most helpful	Average score: 3.57 (n=7)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.00 (n=7)				
5. Provide services that are in my preferred language	Average score: 3.71 (n=7)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 2.85 (n=7)				
7. Are open to my opinions as to how services should be provided	Average score: 3.00 (n=6)				

8. What does this program do well?	<ul style="list-style-type: none"> Listen, very welcoming and accepting Helps with keeping medical and mental health appointments Manages and helps organize funds 								
9. What does this program need to improve upon?	<ul style="list-style-type: none"> Provide more group sessions 								
10. What needed services and supports are missing?	Nothing was stated in this section								
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> <tr> <td colspan="4">Average score: 3.71 (n=7)</td> </tr> </table>	Very Important 4	Important 3	Somewhat Important 2	Not Important 1	Average score: 3.71 (n=7)			
Very Important 4	Important 3	Somewhat Important 2	Not Important 1						
Average score: 3.71 (n=7)									
12. Any additional comments?	Nothing was stated in this section								

Hume East

Questions	Responses: n=14				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know n/a
1. Help me improve my health and wellness.	Average score: 3.28 (n=14)				
2. Allow me to decide what my own strengths and needs	Average score: 3.64 (n=14)				
3. Work with me to determine the services that are most helpful	Average score: 3.5 (n=14)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.00 (n=14)				
5. Provide services that are in my preferred language	Average score: 3.76 (n=13)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.64 (n=14)				
7. Are open to my opinions as to how services should be provided	Average score: 2.85 (n=14)				

8. What does this program do well?	<ul style="list-style-type: none"> • Program staff are very attentive to emotional needs • Very private and respectful of the overall mental health concerns • Listens and addresses problems promptly • Provides transportation to doctor appointments • Helps with crisis situations • Provides consistent support with reaching goals and reducing symptoms 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Provide more assistance with finances 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Provide more outings to keep engagement • Bus tickets 			
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: 3.09 (n=11)			
12. Any additional comments?	<ul style="list-style-type: none"> • I greatly appreciate all the staff from the Pittsburg Hume Center. They have helped me reach my goals • The Center is very goal oriented, which is very appreciate 			

Consumer Interviews

- **Hume WEST**

Seven consumers participated in the interview process regarding Hume West’s Full Service Partnership program. The consumers had been receiving services from Hume for varying lengths of time ranging from three to ten years. Participants were referred to the Full Service Partnership by county providers and many participants were previously Rubicon clients who had transitioned to Hume. The participants said their experience with the Hume Center has been wonderful and that they were extremely appreciative for the services and without them they felt that they would be on the streets with no support. Several of the program participants talked about how the program assisted them with getting treatment, medications, and becoming independent.

Overall, the participants were very grateful of the services provided by Hume West's Full Service Partnership. The participants indicated more than once that they had a collective team of people helping them with achieving their goals.

During the interview, some of the specific strengths they described:

- Staff listens and their response time to a request is immediate
- Program is open to their feedback and recommendations
- Staff provides tough love and doesn't give up in extenuating circumstances
- Linkage to programs such as SPIRIT are offered regularly

During the interview the following suggestions were included:

- Housing services, supports and resources are greatly needed
- Would like to request more food shopping and money management
- Reminder that there is an available 24/7 crisis line

Hume EAST

Four consumers participated in an interview regarding Hume East's Full Service Partnership program. Most participants had been with the program for at least one to two years. Participants shared that their needs were being met and that they felt very supported by the program. Overall, the participants seem content and excited about their recovery and praised the program for supporting their goals.

During the interview, some of the things specifically identified as positives were:

- Staff support their transportation needs to and from appointments
- The participants utilized the program's 24/7 crisis line and said that they were able to instantly reach a provider
- One of the participants disclosed their relationship with the consumer council and how it has benefited and helped them with improving their communication skills
- The program provides assistance around housing, visit support for clients with children, weekly client budget reviews, and goal-setting for better independent self-care

During the interview the following suggestions were included:

- Independent housing owned by Hume like a board and care model
- Transportation services that would include a van owned by the program to transport clients specifically to group events
- Bus and Bart tickets provided as a supplemental means of transportation.
- A day center similar to Recovery International for participants to attend
- Provided therapy that is scheduled regularly

Staff Interviews:

- **Hume WEST**

Seven staff members were available for the staff interview process. Staff roles varied and included a clinician, a housing specialist, three case managers/peer specialists, and a student intern. Staff shared that the program receives referrals from the County, through the West County Adult Clinic who screens all referral sources. Referral sources that the County receives can be sources such as inpatient, various full service partners and family members. During the session staff discussed the overall needs of the clients and how they were providing overall emotional and structural support for their everyday lives. All staff are assigned specific caseloads but feel that it is important that they share knowledge about their clients with each other so that they can cover and support clients who are not on their caseloads when necessary. Overall, the staff feel that there are many things still needed for clients to succeed in the program. Some of these suggestions are as follows:

- Rehabilitation programs specific to clients with a dual diagnosis
- Physical care services readily available at Board & Cares
- Harm reductions programs available besides Alcoholics Anonymous Meetings
- Available MHSA structured Housing for clients to help with medication dispensing
- Linkage to a detox center when discharged from inpatient
- Clients need more ongoing emotional support

Hume EAST

Five staff members were available for the staff interview process. Staff roles varied and included four case managers/peer specialists and one family partner.

Staff state that currently they facilitation housing, appointments and client budgeting. They stated at times their jobs also include visiting clients in jail, working with PES and conservatorship. Staff stated that they try to provide the best services with what they have, but felt it was important to express that many things could be added to improve services. The suggestions are as follows:

- Housing provided for all clients because currently augmented room and boards don't provide housing for clients with a higher level of acuity
- Less limits on flex fund aid to support clients that need basic necessities
- A van for client transportation
- An assigned Registered Nurse for the Center
- Life skills group that would educate clients around diet and nutrition
- Bus and Bart tickets to distribute to clients to get to and from needed services
- Increase groups offered to clients
- Provide an additional level of support specific to substance abuse services

County Staff Interviews

Hume West

County staff expressed that Hume greatly advocates for their clients. Staff stated that Hume has shown to be very responsive and readily available. Challenges that were expressed specifically identified the referral process and how at times the program's reasons for not accepting the client were unclear. Additionally, follow through and having a back-up plan were lingering issues that the staff felt should be further evaluated.

Hume East

County staff stated that Hume is very responsive when they refer clients to the program. Concerns that they felt should be addressed suggested that staff receive continual documentation training. They felt that many times with new interns being hired that there is no consistency within the documentation standards. It was noted, that at times there is a delay with receiving completed paperwork on clients. Moreover, another suggestion was to develop a tracking mechanism to see how long it takes from outreach to enrollment.

Results. Interviews with program participants and service providers as well as program participant survey results all support that Hume's Full Service Partnership program delivers programming in accordance with the values of MHSA.

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community)?

Method. Compare the program description and/or service work plan with a random sampling of client charts or case files.

Discussion. Hume Center's Full Service Partnership program accepts referrals upon receiving approval from the East and West County Adult Clinics. The FSP program undergoes regular utilization reviews conducted by East County Adult Mental Health Clinic's utilization review staff to ensure all clients meet the criteria for both specialty mental health services and adult full service partnerships. The Utilization Team is scheduled to perform a level 2 compliance review in January for Hume West.

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, 864 and ShareCare Service Activity Reports from Contra Costa County Mental Health's billing system show that the Hume's Full Service Partnership program is, with a few notable exceptions, providing the number and type of services that have been agreed upon. Services include outreach and engagement, case management, individual and group outpatient mental health services, crisis intervention, collateral, housing support, family support, flexible funds, social activities and linkage to money management and primary care services. Program does not deliver the full spectrum of services and must rely on county staff for psychiatry, nursing, money management, and vocational services due to contract funding limits.

Hume West

Staff and consumers revealed that Hume West can provide much of the FSP experience for the consumers. Although, the 24/7 crisis line was stated to be

available for clients to call, during the consumer interview, consumers stated that they were not aware that there was an available crisis line. Another client stated that they knew there was a crisis line, but when they called during a crisis that they never received a return call. Additionally, the program noted that vocational services were not a service that has been recently rendered because of current caseload stability.

Hume East

Staff and consumers revealed that Hume East can provide a robust FSP experience for the consumers. Staff discussed many of the services provided by the program as well as the services provided upon referral. Services meet the criteria outlined in the service work plan. The staff provided additional information on their CBSST groups and talked about additional groups that they would like to see added pertaining to life skills, nutrition and exercise. The staff would like to see a substance abuse counselor hired on site as additional support instead of having to refer clients out to other programs. Another notable discovery was that the program has had an extended vacancy for a licensed clinical position. Although, this wasn't expressed as having an overall effect on the program it would be highly recommended to fill this position to continue to support the overall efforts of the Center.

Results. MHSA funds directed to the agency cover expenditures associated with supporting the provision of the Hume's Full Service Partnership program. However, it would be ideal for greater utilization of Hume's various other resources for clients. This would help with the current staffing structure and budget allocation of staff time and salaries and continue to support the full spectrum of services outlined in the Service Work Plan. Interviews with staff indicated that the adults that they are working with have bigger needs and need more supported services on an ongoing basis. During contract negotiations it is recommended for FY 19/20, Hume and the County need to examine the program budget and Service Work Plan.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed? Has the program been authorized by the Board of Supervisors as a result of a community program planning process? Is the program 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 Adult Full Service Partnership programs were included in the original Community Services and Supports plan that was approved in May 2006. This was also included in the subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three Year Program and Expenditure Plan FY 2017-2020. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

Results. The program meets the needs of the community and the population for which they are designated.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.

Discussion. The Full Service Partnership Program has a target enrollment number of 60 clients for the West region and 50 clients for the East region. In FY 17/18 Hume West's target enrollment served between 35-45 clients and Hume East's target enrollment served between 30-36 clients. In FY 18/19 both programs increased enrollment by 2-5 clients each maintaining enrollment by 70% of the program's full capacity.

Results. Annually the program has served less than the number of individuals specified in the service work plan but continues to increase enrollment each fiscal year. Hume Center and county staff may need to continue to strengthen referral relationships as well as examine the current program caseload in relation to the program target listed in the Service Work Plan.

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

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of restriction, incidence of psychiatric

crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.

Discussion. The program has five program objectives as part of the service work plan. The program has met three of the five primary objectives, which include reduction in incidence of psychiatric crisis, inpatient and sub-acute care, and inpatient days. During this last fiscal year 17/18 both regions of Hume had met all three objectives and managed to decrease inpatient days. Additionally, there has been no conclusive data to support the remaining objectives of improving psychological and community risk of harm, reduction of use of alcohol and drugs, and reduction in incarceration. Data provided by the County comes from (1) service data generated from the Contra Costa County claims processing system, (2) data collected by the program, and (3) the County's data system.

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. The Outpatient Behavioral Health Program undergoes regular Level 1 utilization reviews conducted by the East and West Adult Behavioral Health Clinics utilization review staff to ensure all clients meet the definition of serious mental illness. The review confirms that Hume serves the agreed upon target population. Additionally, Contra Costa County performs a centralized Level 2 utilization review on all programs which bill Medi-Cal, including Hume, to ensure clients meet medical necessity criteria and that assessment, treatment planning and treatment documentation all align. This is done on an annual basis. No grievances have been reported in the past three years.

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. Hume Center 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 current staffing allows the agency to serve the targeted number of clients. However, Hume East has a vacancy for a licensed staff member and must rely on coverage for this position. Program appears to be fully staffed and providing most of the full spectrum of services specified in the contract.

Results. Current staffing has allowed the program to serve approximately 51 participants at Hume East and 76 participants at Hume West during fiscal year 17/18.

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. Portia Bell Hume Behavioral Health and Training Center (The Hume Center) is a California non-profit public benefit organization offering community-based behavioral health services in Contra Costa and Alameda County. Founded in 1993, the Hume Center is a state licensed psychology clinic facility with an operating budget of over \$5 million, and provides mental health services that includes partial hospitalization, out-patient therapy, behavioral health care, testing, training, and psychiatric and prevention services at its clinics in Richmond, Concord, Fremont, Pittsburg and Pleasanton. The available fiscal audits indicate that the Hume Center applies appropriate fiscal and accounting systems.

Results. Annual independent fiscal audits for FY 2015-16 and 16-17 were provided and reviewed. No significant or material findings were noted. The fiscal audit for FY 2018 is being finalized and will be forwarded when completed.

- 11. Fiscal resources sufficient to deliver and sustain the services.** Does the organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain the program?
- Method.** Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of program.
- Discussion.** In FY 2015-16 Hume Center successfully obtained two new contracts with CCBHS, where the organization inherited the Full Service Partnership and a step down program from Rubicon Programs, Inc. The start-up costs for fielding both programs appear to have exceeded funds available for this purpose. This has exacerbated Hume's financial position, where it appears the organization has been operating at a loss for previous fiscal years. Thus, the organization appears to be spending in excess of their actual revenue. However, Board minutes notes that the direction of the company has made a significant turnaround heading the program in a successful direction. Management has acted and localized focus in determining the programs future projections for the upcoming years.
- Results.** Hume Center appears to be spending more than their revenue, with leadership addressing the issue. It is recommended that CCBHS be kept abreast of problem solving strategies and changes in fiscal practices and policies.
- 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.** Rose Harley, CPA and Controller, was interviewed. Ms. Harley who has been with the Hume Center since 2016 has been a fundamental part of the oversight of Hume's day-to-day financial operations. Ms. Harley 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 the Yanomo software program to track personnel time entry and aggregation to enable accurate summaries for billing and payment.
- 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. Hume provides a monthly statement of revenue and expenditures summary each month. At the time of the review, sufficient supporting documentation was provided.

Results. Previous reviews of Hume indicated that supporting documentation appeared to support the amount of expenditures charged to the program

14. **Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program.

Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures invoiced to the county.

Discussion. 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. The audit trail established between expenses and billing appears sufficient.

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. Documentation appears sufficient to support expenditures invoiced in the appropriate fiscal year.

Results. The Hume Center appears to be implementing an appropriate year end closing system.

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

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

Discussion. Hume produced its methodology that justifies the 17.6% 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 17.6% 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 certificate of liability insurance, which included general liability, automobile liability, umbrella liability, workers compensation and professional liability, which was in effect at the time of the site visit.

Results. The program complies with the contract insurance requirements.

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

Method. Interview contract manager and contractor staff.

Discussion. The program has been submitting invoices, Monthly Service/Expenditure Summaries, and Service Activity Reports. Program staff has been active in FSP Quarterly Meetings and community forums.

Results. The program has good communication with the contract manager and is willing to address any issues and concerns as they arise.

VIII. Summary of Results.

The Hume Center provides quality, culturally sensitive and comprehensive behavioral health care services, and strives to promote mental health, reduce disparities and psychological suffering. The Center has been committed to caring for the underserved with an emphasis on reaching the most vulnerable and has provided programs with a range of comprehensive and continuity of services. The Adult Full Service Partnership in both East and West County adhere to the values of MHSA. The program staff and program participants all believe the program is valuable. The current program structure permits the agency to offer

clients the full spectrum of full service partnership services outlined in the MHSA regulations.

The Hume Center and the county will work collaboratively to continuously evaluate the programming and financial impact of the Adult Full Service Partnership program.

IX. Findings for Further Attention.

- It is recommended that the program work with the financial administrative staff to create written policies and procedures for segregation of duties and internal controls.
- It is recommended that the Hume West program have a regularly scheduled level 2 compliance utilization review to ensure documentation submissions are up to standard.
- It is recommended that the program continue to evaluate the vocational needs of clients who are exhibiting behaviors that could benefit from this underused resource.
- It is recommended that Hume East hire an additional licensed psychologist to ensure the program's staffing requirements.

X. Next Review Date. October, 2021

XI. Appendices.

Appendix A – Program Response to 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)

APPENDIX A

Service Provider's Response to Report

APPENDIX B

Program Description/Service Work Plan

Portia Bell Hume Behavioral Health and Training Center

Program: Community Support Program East

Point of Contact: Chris Celio, PsyD, Program Manager
Contact Information: 555 School Street, Pittsburg, CA 94565
(925) 481-4433, ccelio@humecenter.org

Program: Community Support Program West

Point of Contact: Miguel Hidalgo-Barnes, PsyD, Program Manager
Contact Information: 3095 Richmond Pkwy #201, Richmond 94806
925-481-4412; mhidalgo-barnes@humecenter.org

1. General Description of the Organization

The Hume Center is a Community Mental Health Center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training. The agency strives to promote mental health, reduce disparities and psychological suffering, and strengthen communities and systems in collaboration with the people most involved in the lives of those served. We are committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. We provide a continuity of care in Contra Costa that includes prevention and early intervention, comprehensive assessment services, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, Partial Hospitalization services, and Full Service Partnership Programs.

2. Program: Adult Full Service Partnership - CSS

The Adult Full Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.

a. Goal of the Program:

- Prevent repeat hospitalizations
- Transition from institutional settings
- Attain and/or maintain medication compliance
- Improve community tenure and quality of life
- Attain and/or maintain housing stability
- Attain self-sufficiency through vocational and educational support
- Strengthen support networks, including family and community supports
- Limit the personal impact of substance abuse on mental health recovery

b. Referral, Admission Criteria, and Authorization:

1. Referral: To inquire about yourself or someone else receiving our Full Service Partnership Services in our Community Support Program (CSP) East program, please call our Pittsburg office at 925.432.4118. For services in our CSP West program, please contact our Richmond office at 510.778.2816.
 2. Admission Criteria: This program serves adult who are diagnosed with severe mental illness and are:
 - Frequent users of emergency services and/or psychiatric emergency services
 - Homeless or at risk of homelessness
 - Involved in the justice system or at risk of involvement
 - Have Medi-Cal insurance or are uninsured
 3. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.
- c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:
- Community outreach, engagement, and education to encourage participation in the recovery process and our program
 - Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
 - Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
 - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
 - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
 - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
 - Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses to maintain housing.
 - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work

settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.

- Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
 - Money Management, which is provided by a contract with Criss Cross Money Management, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
 - 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.
- d. Target Population: Adults diagnosed with severe mental in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
- e. Payment Limit: For FY 17-18 (East and West CSP): \$2,025,059
 For FY 18-19 (East and West CSP): \$2,085,810
- f. Number served: For FY 17/18: individuals (East); 51 (West) 76
- g. Outcomes:

Hume West

Table 1. Pre- and post-enrollment utilization rates for 76 Hume West FSP participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	127	81	0.140	0.089	-36.4%
<i>Inpatient episodes</i>	21	13	0.023	0.014	-39.1%
<i>Inpatient days</i>	287	232	0.315	0.254	-19.4%

Hume East

Table 1. Pre- and post-enrollment utilization rates for 51 Hume East FSP participants enrolled in the FSP program during FY 17-18

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	279	140	0.495	0.263	-36.1%
<i>Inpatient episodes</i>	44	10	0.075	0.016	-60.2%
<i>Inpatient days</i>	572	519	0.966	0.848	-12.2%

* Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:

$(\text{No. of PES episodes during pre-enrollment period}) / (\text{No. of months in pre-enrollment period}) = \text{Pre-enrollment monthly PES utilization rate}$

$(\text{No. of PES episodes during post-enrollment period}) / (\text{No. of months in post-enrollment period}) = \text{Post-enrollment monthly PES utilization rate}$

APPENDIX C

Service Provider Budget

APPENDIX D

Yearly External Fiscal Audit

APPENDIX E

Organization Chart

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. Date of On-site Review:** January 31, 2019 and February 8, 2019
Date of Exit Meeting: April 9, 2019
- II. Review Team:** Windy Taylor, Warren Hayes, Marie Scannell, Genoveva Zesati
- III. Name of Program/Plan Element:** Mental Health Systems, Inc.- Contra Costa Action Team – 2280 Diamond Blvd, Concord 94520
- IV. Program Description.**

Mental Health Systems, Inc. (MHS) provides Assisted Outpatient Treatment (AOT) and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services. MHS is a non-profit organization founded in 1978 and was established to reach consumers who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits. MHS also provides the MHS ACTiOn Team which is inclusive of outreach and engagement and subsequent provision of ACT services. The MHS FSP program ACT Team is a multidisciplinary team made up of members and provides intensive community-based services to adults with serious mental illness and co-occurring substance abuse disorders.

MHS as an organization also operates more than 85 community-based programs throughout California. MHS services address a broad spectrum of prevention, early intervention, integrated treatment, diversion, and vocational programs. MHS also provides residential and home-based programs that serve children, adolescents, transitional age youth, adults, and older adults.

- 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 (MHSA). Toward this end a comprehensive program and fiscal review was conducted of MHS. 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	Services delivered are in accordance to the MHSA values with an emphasis on culturally effective community-based services
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for Assisted Outpatient Treatment and subsequent Assertive Community Treatment
3. Provide the services for which funding was allocated.	Met	Program provides all services outlined in the contract
4. Meet the needs of the community and/or population.	Met	Program serves the intended population and community
5. Serve the number of individuals that have been agreed upon.	Met	Program has met target enrollment outlined in the Service Work Plan
6. Achieve the outcomes that have been agreed upon.	Met	Program meets outcomes specified in the Service Work Plan
7. Quality Assurance	Met	Grievance procedures and protocols are in place for employees and consumers
8. Ensure protection of confidentiality of protected health information.	Met	The privacy of all health information is protected and secured
9. Staffing sufficient for the program	Partially Met	The Program is mostly staffed to full capacity
10. Annual independent fiscal audit	Met	All fiscal audits were submitted-no significant

		financial weaknesses found
11. Fiscal resources sufficient to deliver and sustain the services	Met	Revenue and expenditures are balanced
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Staff is well qualified and program has good internal controls
13. Documentation sufficient to support invoices	Met	Program has documentation to support all invoices
14. Documentation sufficient to support allowable expenditures	Met	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are invoiced in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Organization charges indirect costs consistent with the contract
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance in place
18. Effective communication between contract manager and contractor	Met	Regular contact between contractor and contract 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 program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, is it culturally competent, and client and family driven?

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

Results. The following table summarizes the survey results. We received a total of 35 surveys. Responses are consistent with consumer interviews, show a positive evaluation of the program by participants, and show adherence to MHSA values.

Questions	Responses:				
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i></p>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness	Average Score: 3.3 (n=35)				
2. Allow me to decide my own strengths and needs	Average Score: 3.2 (n=35)				
3. Work with me to determine the services that are most helpful	Average Score: 3.2 (n=35)				
4. Provide services that are sensitive to my cultural background.	Average Score: 2.9 (n=35)				
5. Provide services that are in my preferred language	Average Score: 3.5 (n=35)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average Score: 3.0 (n=35)				
7. Are open to my opinions as to how services should be provided	Average Score: 2.9 (n=35)				
8. What does this program do well?	<ul style="list-style-type: none"> • Program is always here for me in my time of need • Groups that are held are very welcoming • Personal visits by staff are very appreciated • Items such as food, housing and transportation are available upon request • Staff are helpful with medication dispensing and tracking • Program helps to identify and achieve one's goals • Program teaches, encourages and promotes self-esteem 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Doesn't feel program supports higher functioning clients • Program needs more available ongoing meetings • Would like to see additional job services • Desires more outings • Would like to see services that are available sooner 				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Would prefer additional meetings more often 				

	<ul style="list-style-type: none"> • Provide more social events • Assistance with scheduling appointments • Provide more housing options and job 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? (Options: Very important, Important, Somewhat important, Not Important.)	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Average Score: 3.7 (n=35)			
12. Any additional comments?	<ul style="list-style-type: none"> • This program is very cautious, private, confidential, friendly, politically correct and respectable 			

Consumer Interview:

Seven male consumers participated in the interview for the review of Mental Health Systems, Inc. The consumers' extent with the program ranged from 1-3 years. There were various ways in which each client got involved with the program, but ultimately all referrals come directly from Forensics Mental Health. During the outreach and engagement period the Contra Costa ACTiOn Team supports the client by reaching them in various locations. Clients reported coming from PES, jail, and various street locations when being approached by the team. During the interview many of the participants stated that they felt that the program staff are open hearted, compassionate, charismatic, uplifting and patient. Clients went on to say how they have helped them with isolation and were responsive to their unique needs. One client stated, "Dr. G is really wonderful, caring, listens to you, and when I needed help understanding anything with my mental health he was there to explain it in full detail". Another client stated, "The program gives me a voice".

Clients reported that a few things could be improved upon or given to the program to help with quality of service. One suggestion included more funding for a new vehicle to get the clients to appointments. It was stated that many times the vehicles are broken down and unavailable because they are so old. Various other suggestions included more consistent staff because of staff turnover, more outings, classes, and individual therapy.

Clients overall felt that the program was remarkable. They stated that the program is always immediately responsive and knowledgeable in times of need.

Clients trust the program and continue to feel that their well being is directly an outcome of the program's effectiveness and devotion towards their clients.

Staff Interview:

Seven individuals attended the staff interview – the Dual Recovery AOD Specialist, Housing Specialist, Registered Nurse, AOT Program Manager, Case Manager, Peer Specialist, and Vocational Rehabilitation Counselor. Some of the staff have been employed with the program from the inception of the program in 2016 to present day. Staff shared that the program receives referrals from the County, through the Forensics Mental Health Program. Between all seven individuals it was explained how each staff member has an integral part of a multidisciplinary team that provides intensive community-based-services. When asked how staff handle the 24/7-line staff explained that they rotate each week. They explained that every morning they meet to discuss with the team any urgent matters that happened the day before. During these meetings, they discuss overall goals of each client and provide updates. Staff state that some of their goals for the clients are to have less PES visits, improve quality of life, find employment and regularly take medication. Staff discussed challenges and stated that this was specific to onboarding new clients, needing more drivers and peer specialists, housing, resources for detox and more employees to cover, so when a lapse in coverage happens staff isn't so affected.

County Staff Interview:

As a new part of the review process, County staff were asked to participate in a short interview to provide additional feedback on the program. County staff expressed that response times when trying to reach the program have improved and the program shows great compassion for their clients. Staff felt that some of the challenges that the program faced are specific to communication with MHS and their inability to have a streamlined process when accepting referrals. When referrals have already been sent over, County staff is still having to communicate multiple times the same highly sensitive and urgent information. Staff also feel that the program needs additional training, specifically on suicide and threat assessment. Additionally, it was noted that staff take an extensive amount of time to document notes and the lapse between documentation can be detrimental towards follow up and keeping track of what is going on with the client's status. A suggestion that was made stemmed around how the program should address analyzing the period between outreach and treatment. Finally, staff made it a point to state that they feel the staff psychiatrist has been extremely beneficial in pushing mandatory injections. One staff stated, "He goes to homes and meets people wherever they are to ensure they get properly medicated. "

Results. Interviews with program participants, service providers, County staff as well as program participant survey results all support that Mental Health Systems, Inc. delivers programming in accordance with the values of MHSA.

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance? Does the program serve the agreed upon target population (such as age group, underserved community)?

Method. Compare the program description and/or service work plan with a random sampling of client charts or case files.

Discussion. Program serves the agreed upon target population for AOT/ACT FSP programs which includes adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services. The program undergoes regular utilization reviews conducted by the utilization review staff to ensure all clients meet criteria.

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. MHS provides Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Within the last year the program has been able to maintain close to capacity numbers all while providing types of services such as outreach and engagement, case management, outpatient, crisis intervention, etc. The ACTiOn Team is also available on a 24/7 basis by phone only after business hours.

Results. Program provides the agreed upon types of services indicated in their Service Work Plan.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed? Has the program been authorized by the Board of Supervisors as a result of a community program planning process? Is the program 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. A small subset of individuals cycling in and out of crisis, hospitals, jails, and homelessness prompted the Contra Costa County Board of Supervisors to adopt a resolution that authorized the implementation of AOT. This implementation of AOT is consistent with the current MHSA Three Year Program and Expenditure Plan FY 2017-2020. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

Results. The program meets the needs of the community and the population for which it is designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years?

Method. Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.

Discussion. The program has a target enrollment number of 75 clients. In FY 16/17 the program had 47 enrolled clients. The next FY 17/18 the program came close to meeting this target with 68 enrolled. As of current month, the program has met target enrollment with 74 clients. Concurrent monthly program enrollment has ranged between 65 and 75 enrolled this fiscal year.

Results. The program has continued to increase enrollment numbers for the duration of the contract.

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

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

Discussion. The program in FY 16/17 and 17/18 has continued to consistently provide and meet objectives in relationship to the Service Work Plan goal criteria. For both fiscal years 16/17 and 17/18 the program managed to decrease overall incidences of restriction and psychiatric crisis while increasing productive

meaningful activity. In FY 17/18, a new indicator was added to capture the number of homeless/at risk of being homeless persons. The results showed that MHS was able to have an impact on this population by decreasing the total count.

Results. Overall, program achieves its primary objectives.

7. **Quality Assurance.** How does the program/plan element assure quality of service provision?

Method. Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.

Discussion. Contra Costa County did not receive any grievances in reference to the program. The program has an internal grievance policy in place and makes sure all staff and consumers have access to grievance materials. The program undergoes regular Level 1 and Level 2 utilization reviews conducted by the County Mental Health utilization review teams.

On June 25, 2018, a Level Two Centralized Utilization Chart Review and a Focused Review were conducted by County Mental Health Staff. The results showed that charts generally met documentation standards, but there were a few compliance issues, including: late assessment paperwork, missing or misfiled forms (Annual Assessment, Medication Consents, Partnership Plan), 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 other related issues. Utilization Review staff provided feedback around administrative issues as well as standardized notes and weekly treatment plans.

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. MHS has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Clients and program participants are informed about their privacy rights and rules of confidentiality.

Results. The program complies with all HIPAA standards.

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 program is set up to have a multi-disciplinary team to provide intensive community-based services to adults. Recent evaluation of staffing patterns indicates that staffing is sufficient and that most positions that are outlined in the Service Work Plan are currently filled. For the last two years the program has had a challenge with filling the clinical supervisor position. Licensed staff have had to travel from other sites to fill in to provide supervision and oversight for clinical staff. Also, it is reported that staff retention isn't lengthy. Staff positions tend to vacate regularly and overall there is a constant flux in movement.

Results. Current staffing has allowed the program to serve approximately 70-75 consumers concurrently during this fiscal year.

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

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

Discussion. Mental Health Systems is a non-profit California agency founded in 1978 that provides mental health, drug and alcohol rehabilitation services in an innovative and cost-effective manner.

Results. Annual independent fiscal audits for MHS were provided and reviewed for the end of June FYs 15/16, 16/17 and 17/18. No material or significant findings were noted.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does the 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 of the contractor. Review Board of Directors meeting minutes. Interview fiscal manager of program.

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

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

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does the organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles?
Method. Interview with fiscal manager of program.
Discussion. Lindsay Santino, Program Financial Management Controller, was interviewed. Ms. Santino, who has an Accounting Degree, is now a fundamental part of the oversight of MHS's day-to-day financial operations. Ms. Santino described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles. The program uses Great Plains Accounting 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. MHS provides a monthly contract service and expenditure summary each month. At the time of the review, sufficient supporting documentation was provided. It was discussed during the review that the program staff get additional training on ShareCare, enabling them to also include the Service Activity Report with their invoice.
Results. Previous reviews of MHS indicated that supporting documentation appeared to support the amount of expenditures charged to the program.
14. **Documentation sufficient to support allowable expenditures.** Does the 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).
Discussion. Supporting documentation for three randomly selected invoices were reviewed. All were sufficient to support allowable expenses. The controller reports that personnel costs are determined by an external web-based

application where multiple staff enter percentage of time spent for specific locations. The staff supervisor then reviews for accuracy before it reaches the payroll department.

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

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

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

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

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

16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program 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 financial manager outlined the method in which the program identifies indirect cost. The program is currently charging 14.5% indirect costs.

Results. Indirect costs appear to be within industry standards.

17. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract?

Method. Review insurance policies.

Discussion. The program provided certificates of commercial general liability insurance, automobile liability, umbrella liability, professional liability and directors and officers liability policies that were in effect at the time of the site visit.

Results. The program complies with the contract insurance requirements.

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

Method. Interview contract manager and contractor staff.

Discussion. Program and County staff communicate regularly. All invoices are submitted on time and reflect accurate County standards.

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

Summary of Results. Mental Health Systems, Inc. provides a much needed service to a specific population of clients that would otherwise go untreated. MHS continues to provide outreach and services that are unique and offer additional levels of support to clients with no limit on location or need. MHS adheres to the values of MHSA. MHS appears to be a financially sound organization that follows generally accepted accounting principles and maintains documentation that supports agreed upon service expenditures.

VIII. Findings for Further Attention.

It is recommended that the program hire a clinical supervisor to provide supervision and oversight to clinical staff

It is recommended that the program have a step down treatment plan in place for all clients that are no longer in need of AOT/ACT Services

It is recommended that the program follow up with training in ShareCare for invoice supporting documentation submission

It is recommended that staff get additional trainings to assist with suicide risk

IX. Next Review Date.

January, 2022

X. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

XI. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

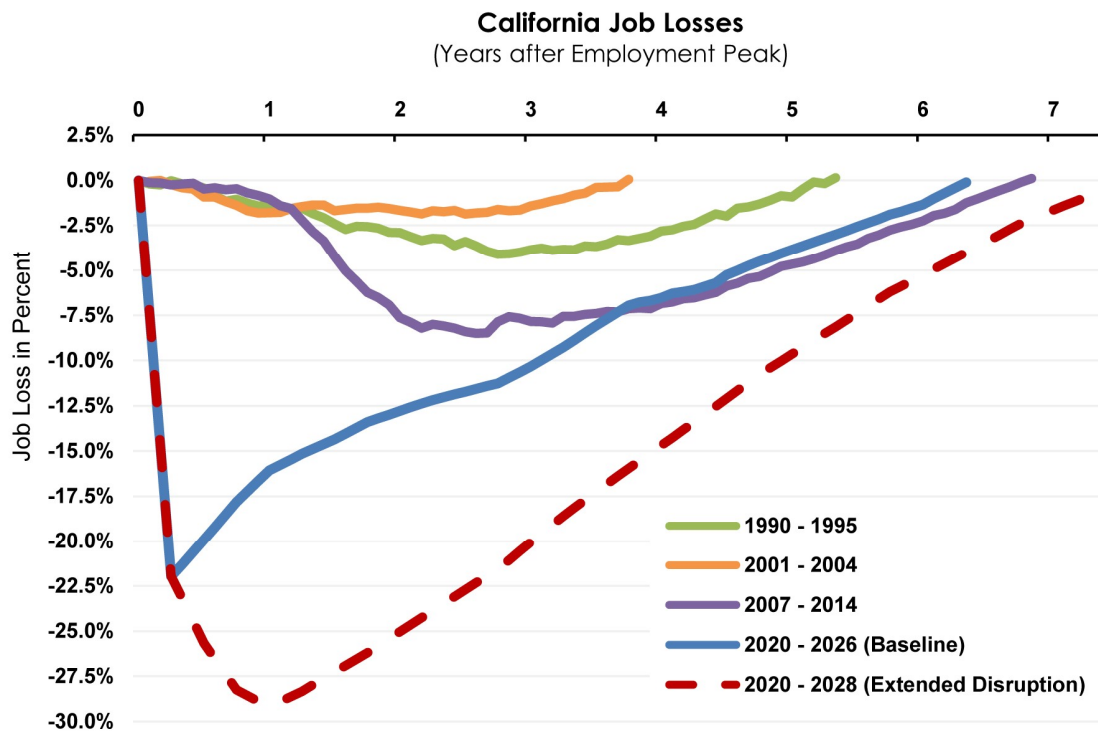
Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

demand for services in these industries increases in the near future. For example, regular teleworking may become a permanent arrangement for some industries.



Source: U.S. Bureau of Labor Statistics; CA Employment Development Department, Labor Market Information Division; CA Department of Finance, May Revision Forecast.

While the state will experience an unprecedented increase in unemployment and loss of jobs, the average wage per job in California is projected to grow slightly by 1.4 percent in 2020 after growing by 3.9 percent in 2019. Average wage growth is then expected to rise gradually each year—by 2.6 percent in 2021, 3.1 percent in 2022 and 3.4 percent in 2023. By comparison, during the Great Recession, wage growth slowed to 0.4 percent in 2009, before rising each year to reach a growth of 4.2 percent by 2012. The slight positive wage growth in 2020 largely reflects the changing composition of jobs, as businesses in higher-paying sectors are more likely to retain staff due to the ability to telework, while job losses will be greater in lower-paying sectors.

Average wages in most sectors are projected to decline as firms freeze hiring, postpone bonus and salary increases, and cut hours for hourly wage earners. In 2020, the average leisure and hospitality job is expected to lose around \$1,800 or 5 percent of its 2019 average yearly wage of around \$37,000. By comparison, during the Great Recession in 2009, leisure and hospitality jobs lost around 1.5 percent of their average yearly wage.

1991 Realignment Estimate¹ - at 2020-21 May Revision

2018-19 State Fiscal Year							
Amount	CalWORKs MOE	Health	Social Services	Mental Health	Family Support	Child Poverty	Totals
Base Funding							
Sales Tax Account	\$752,888	\$-	\$2,295,806	\$34,036	\$450,130	\$104,422	\$3,637,281
Vehicle License Fee Account	367,663	900,036	172,864	95,260	299,963	254,172	2,089,958
Total Base	\$1,120,551	\$900,036	\$2,468,670	\$129,296	\$750,093	\$358,594	\$5,727,239
Growth Funding							
Sales Tax Growth Account:	-	-	33,922	-	-	-	33,922
Caseload Subaccount	-	-	(33,922)	-	-	-	(33,922)
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	-	-	-	-	-	-	-
Vehicle License Fee Growth Account	-	131	62,948	164	-	40,139	103,382
Total Growth	\$-	\$131	\$96,870	\$164	\$-	\$40,139	\$137,304
Total Realignment 2018-19²	\$1,120,551	\$900,167	\$2,565,540	\$129,460	\$750,093	\$398,733	\$5,864,543
2019-20 State Fiscal Year							
Base Funding							
Sales Tax Account	\$655,721	\$-	\$2,029,056	\$-	\$392,037	\$90,945	\$3,167,759
Vehicle License Fee Account	339,033	911,547	201,734	-	210,842	271,393	1,934,549
Total Base	\$994,754	\$911,547	\$2,230,790	\$-	\$602,879	\$362,338	\$5,102,308
Growth Funding							
Sales Tax Growth Account:	-	-	-	-	-	-	-
Caseload Subaccount	-	-	-	-	-	-	-
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	-	-	-	-	-	-	-
Vehicle License Fee Growth Account	-	-	-	-	-	-	-
Total Growth	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Total Realignment 2019-20²	\$994,754	\$911,547	\$2,230,790	\$-	\$602,879	\$362,338	\$5,102,308
2020-21 State Fiscal Year							
Base Funding							
Sales Tax Account	\$655,721	\$-	\$2,029,056	\$-	\$392,037	\$90,945	\$3,167,759
Vehicle License Fee Account	339,033	886,580	201,734	-	235,809	271,393	1,934,549
Total Base	\$994,754	\$886,580	\$2,230,790	\$-	\$627,846	\$362,338	\$5,102,308
Growth Funding							
Sales Tax Growth Account:	-	-	2,606	-	-	-	2,606
Caseload Subaccount	-	-	(2,606)	-	-	-	(2,606)
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	-	-	-	-	-	-	-
Vehicle License Fee Growth Account	63,002	31,060	-	-	-	74,243	168,305
Total Growth	\$63,002	\$31,060	\$2,606	\$-	\$-	\$74,243	\$170,911
Total Realignment 2020-21²	\$1,057,756	\$917,640	\$2,233,396	\$-	\$627,846	\$436,581	\$5,273,219

¹ Dollars in thousands.² Excludes \$14 million in Vehicle License Collection Account moneys not derived from realignment revenue sources.