

Laura's Law

AB1421 - Assisted Outpatient Treatment (AOT)

Summary Report to the Board of
Supervisors

February 3, 2015



Board Meeting – Oct 7, 2014

- Considered AOT Workgroup Report
- BOS expressed intention to implement Laura's Law
- Directed County Administrator's Office (CAO) and Health Services Department (HSD) to provide additional information in preparation for February 2015 Board meeting

Board Meeting – October 28, 2014

- Adopted MHSA Three Year Program and Expenditure Plan
- Directed Health Services Director to initiate a process to achieve a structurally balanced budget by FY 2017-18, and
- Report to the Board whether current MHSA funds would be available to implement Laura's Law, and what impact this would have on the County's existing voluntary mental health program services

CAO Response

- MHSA funds are available in the next three years without reducing any voluntary mental health programs
- Process is in place to achieve a structurally balanced MHSA budget by FY 2017-18

Background Information Provided to the Board



What Is AOT?

- Civil court ordered treatment for persons demonstrating resistance to participating in services
- Mental health treatment modeled after Assertive Community Treatment (ACT)
 - Experienced, multi-disciplinary team
 - 24/7 mobile out-of-office interventions
 - Low participant to staff ratio
 - Provides full spectrum of services, to include health, substance abuse, vocational and housing services

Who Is Eligible For AOT?

- Seriously mentally ill and 18 or older
- Unlikely to survive in the community without supervision
- History of lack of compliance with treatment
- Due to mental illness, hospitalized or incarcerated at least twice in last 36 months, or committed one or more acts of serious violent behavior to him/her self or others within last 48 months
- Has been offered ACT level of care but has continued to fail to engage in treatment
- Condition is substantially deteriorating
- Participation in treatment would be the least restrictive placement necessary for recovery
- Needs the treatment to prevent grave disability or serious harm to him/her self or others
- Would likely benefit from treatment

How Many Are Eligible?

Staff estimate that at any given time approximately 37 individuals in Contra Costa County would meet the criteria for AOT, and a similar number of individuals would meet the same level of severity, but who would likely volunteer to participate in services.

Is Contra Costa County Required To Provide AOT?

No. AB1421 stipulates that Counties may choose to provide AOT by means of a county Board of Supervisor resolution.



Why Provide AOT?

Proponents cite the following reasons:

- Gravely disabled individuals are not aware of the seriousness of their condition. AOT ensures a right to care until they can achieve sufficient self-awareness to make best use of treatment.
- The court holds county behavioral health services accountable to provide the right level of treatment.
- Saves money by replacing high cost hospitalizations and incarcerations with lower cost out-patient, community based treatment.
- Saves lives by providing intervention for people who are disproportionately at risk for homelessness, violence, incarceration and death.

Why Not Provide AOT?

Opponents cite the following reasons:

- Insufficient protection against abuse of the process of involuntary commitment by non-mental health professionals.
- Forcible removal from the community can be dangerous, damaging to the individual, and compromises one's right to confidentiality.
- Court ordered outpatient treatment undermines care provider/receiver mutual trust and partnership, and has not been proven effective over the long term.
- Is expensive in an already underfunded public mental health and county court system.

What Do Our Stakeholders Say?

- Mental Health Commission voted in favor of implementing Laura's Law.
- AOT Workgroup consumers and family members supported Laura's Law. County and contract providers were neutral.
- Consolidated Planning Advisory Workgroup (CPAW) voted against implementing Laura's Law.

However, there is broad consensus from all stakeholders that an intensive multi-disciplinary service response is lacking for individuals who are most debilitated by the effects of mental illness, and who continue to cycle through the most costly levels of care without success.

What Are Other Counties Doing?

46 counties completed a recent survey, with staff follow up and analysis:

- 26 are not implementing Laura's Law - 9 are enhancing their voluntary services for the most severely disabled
- 13 are currently considering implementation
- 5 voted to implement, but have not yet started
- Yolo just started a pilot project for up to 5 individuals
- Placer has served 5-10 individuals yearly since 2008
 - Contracts with a community based organization to serve both voluntary and involuntary participants at \$20,000 per person

What Are The Legal Considerations?

- Disability Rights California has stated that they will legally challenge the implementation of Laura's Law by Los Angeles.
- AB 1421 mandates that any county that provides AOT services shall also offer the same service on a voluntary basis.
- AB 1421 also mandates that no voluntary mental health program may be reduced as a result of implementing AOT.
- The Mental Health Services Act requires that a community program planning process be completed prior to the Board authorizing the use of MHSA funds.

Can MHSA Funds Be Used?

- SB 585 clarifies that MHSA funds may be used to pay for the mental health treatment portion of AOT.
- However, the MHSA budget is currently projected to utilize unspent MHSA funds from previous years to fully fund current program commitments. For current year MHSA is budgeted for \$5 million more than anticipated revenue. This shortfall escalates to \$10 million per year thereafter.
- Without adjustments in budget and/or revenues the MHSA fund balance of \$49 million would be spent in 5 to 6 years.

Are MHSA Funds Available For AOT?

- The Miller Wellness Center budget can now be reduced from \$2.75 million to \$500,000. This is due to being certified as a federally qualified health center, and increased patient enrollment in the Affordable Care Act.
- The MHSA Three Year Plan is now determined to be able to accommodate \$2.25 million of additional programming per year for the next three years without reducing existing voluntary mental health services during that time period.

How Much Would It Cost?

- Staff indicate that a mental health treatment program meeting the minimum legal and program requirements can be implemented for \$2.25 million annually.
- This treatment program can serve up to 37 court ordered individuals and a similar number of individuals with the same level of severity who are the subject of a petition, but who choose to volunteer for services.
- Thus, a single mental health treatment program could serve up to 70-75 individuals who are both court ordered and voluntary.

Other Cost Considerations

- Non-mental health costs, such as Superior Court, County Counsel, Public Defender and the Sheriff's Office were also subsequently reviewed by County staff. These costs would need to be borne by non-MHSA funds.
- The required community program planning process could affect costs, as input would need to be solicited regarding program design.
- Housing subsidies committed to and paid for during program participation would potentially become an ongoing County financial responsibility after an individual has moved to a different level of care. Funding would need to be secured to enable individuals to stay in their homes.
- One-time start-up costs would be incurred, such as facility retro-fit and equipment and vehicle purchases.

How Much Could Contra Costa Save?

- Nevada County estimates saving \$1.81 for every dollar spent on the program.
- No county comparable in size to Contra Costa has implemented Laura's Law long enough to determine whether individuals involuntarily participating in outpatient treatment results in either reduced public mental health costs or an overall reduction in public costs.
- In Contra Costa it is estimated that the 37 individuals who meet AOT eligibility incur approximately \$1.5 million yearly in psychiatric emergency response costs.

How Soon Could A Program Start?

It is estimated that it would take a minimum of 10 months from Board resolution to start of program services.

- Complete a community program planning process - 4 months
 - Board approves plan and budget - 1 month
 - Contract awarded and/or county positions filled - 3 months
 - Plan for program start, train staff - 2 months
- Total 10 months

What Is Recommended?

Given the previous information and a Board resolution to implement Laura's Law, the County Administrator's Office recommends:

- Redirect up to \$2.25 million annually in MHSA funds for mental health treatment services to implement Laura's Law.
- Implementation to be a three year term project; continuance to be contingent upon demonstration of the efficacy of court ordered out-patient treatment.
- Establish the same level and type of services for individuals who meet Laura's Law eligibility but voluntarily engage in services.
- No current voluntary programs are to be reduced as a result of implementing Laura's Law.
- Address and quantify the unfunded financial liability of continuing housing subsidies for individuals who transition into lower levels of care but are still in need of housing subsidies.
- Evaluate program impact and cost savings to the County of voluntary versus involuntary participation in the same level and type of services.
- Solicit community input regarding program design.

CPAW AGENDA ITEM READINESS WORKSHEET

CPAW Meeting Date: February 3, 2015

Name of Committee: Steering Committee

1. Agenda Item Name: Plan for February 25, 2015 Community Forum

2. Desired Outcome: That CPAW endorse the format and content of the upcoming Community Forum.

3. Brief Summary: At the January CPAW meeting and subsequent Steering Committee meeting members provided input on the scope and time line for conducting the required Community Program Planning Process (CPPP) prior to the development of a draft Fiscal Year 2015-15 MHSA Plan Update. The CPPP for this year will include one county wide, system inclusive Community Forum prior to developing the draft Plan Update. Due to the delay in Board of Supervisor action on a proposed implementation of Laura's Law (from October's meeting to February), the available time frame for completing a CPPP is short in order for stakeholder input to influence plan changes for the upcoming fiscal year. Provided a Board resolution is forthcoming, stakeholder input is required regarding any potential program design for implementing Laura's Law.

The following format and content for the upcoming Community Forum is proposed:

- Date/Time/Place: Wednesday, February 25, 3-6 P.M. at the Centre Concord
- All consumers, family members, service providers and other interested parties affected by Contra Costa County mental health services are invited.
- Agenda:
 - 3:00-3:45 - Plenary Session – Welcome, MHSA/CPPP overview, Description of 3 areas of input requested.
 - 3:45-5:15 – Breakout Sessions - Attendees rotate through 3 breakout sessions (30 minutes each)
 - Input on Laura's Law program design
 - Discussion of priorities of CCMH's 14 identified service needs
 - Discussion of emerging needs and recommended strategies
 - 5:15-5:30 – Break; group facilitators prepare report
 - 5:30-6:00 – Plenary Session – group facilitators report; instructions for additional stakeholder input, closing remarks.
- At the conclusion of the above agenda the following alternate modes of input will be provided:
 - Upon leaving the forum people will have the opportunity to place dots next to the 14 identified service needs to assist in prioritization.
 - CCMH staff will remain to receive both verbal and written individual input.
 - A survey monkey will be posted online to enable online input.
- CPAW volunteers are asked to assist with facilitating groups, recording, and assisting with greeting and crowd control.
- A comprehensive distribution of event information needs to occur immediately.

4. Background: The MHSA requires a completed CPPP prior to any Plan Update to the MHSA Three Year Plan. A comprehensive CPPP was recently completed prior to the submission of the currently approved Three Year Plan. Over 500 consumers, family members, service providers and other interested individuals participated in 52 focus groups and community forums that identified and prioritized needs, and provided strategies for meeting these needs. The CPPP steps for this year are:

- The particulars of any Three Year Plan changes be developed with local stakeholder participation (see above).
- A draft plan be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of such plan.
- The Mental Health Commission host a public hearing on the draft plan at the close of the 30 day period.
- The draft plan shall include any substantive written recommendations for revisions, and summarize and analyze the recommended revisions.
- The Mental Health Commission shall review the adopted plan and make recommendations to the county mental health department for revisions.

5. Specific Recommendations:

- CPAW provide input and endorse a draft format and agenda for a February 25th Community Forum.
- CPAW members are solicited to assist in implementing the Community Forum.
- CPAW provide recommendations for advertising the event.

6. Anticipated Time Needed on Agenda: 60 minutes

7. Who will report on this item? Warren Hayes, Steering Committee

MHSA FY 2015-16 Plan Update - Milestones and Timeline - as of February 3, 2015

<u>Event</u>	<u>Product</u>	<u>Lead</u>	<u>Complete By</u>
1. Plan stakeholder process	Milestones and Timeline	CPAW	Completed
2. Plan Community Forum	Draft agenda	CPAW	FEB 3
3. Approve plan, announce event, send survey	Complete forum planning	Warren	FEB 6
4. Conduct Community Forum	Stakeholder meeting*	M. Pappas	FEB 25
5. Adjust budget to achieve balance by FY 2017-18	Draft budget plan	Finance	MAR 6
6. Update program profiles, submit FY 13-14 outcomes	Updated Program Profiles	Programs	MAR 13
7. Develop draft 1 st Plan Update; share with CPAW/MHC	1 st draft Plan Update**	Warren	MAR 20
8. CPAW/MHC review, comment on draft plan	2d draft Plan Update	Warren	MAR 27
9. Approve 2d draft Plan Update; post for public comment	Approval; posting	Cynthia	APR 3
10. Submit plan for balanced budget	Draft budget plan	BOS	APR 9
11. 30 day public comment period	Public Hearing Comments incorporated	MHC MHSA staff	MAY 14 MAY 21
12. Board of Supervisor (BOS) review	Approve final Plan Update	BOS	MAY 28

*Should the Board of Supervisors resolve to implement Laura's Law by means of MHSA funds, the Community Forum will solicit stakeholder input on program design.

**The draft Plan Update will include a process to achieve a structurally balanced budget by FY 2017-18.

MHSA Monthly Budget Report

Fiscal Year 2014-15
July through December 2014

Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• CSS	\$ 30,068,631	\$ 9,563,821	\$ 27,529,882
• PEI	8,037,813	3,193,039	7,674,172
• INN	2,019,495	393,170	1,371,388
• WET	638,871	231,021	616,092
• CF/TN	849,936	295,730	790,748
Total	\$ 41,614,746	\$ 13,676,782	\$ 37,982,282

- Approved MHSA Budget means the funds set aside, or budgeted, for a particular line item prior to the start of the fiscal year.
- Expenditures means the funds actually spent in the fiscal year by the end of the month for which the report was made.
- Projected Expenditures means the funds that are estimated to be spent by the end of the fiscal year.

Disclosures:

1) Cost centers are used to track expenditures. MHSA cost centers are: 5714, 5715, 5721, 5722, 5723, 5724, 5725, 5727, 5735, 5753, 5764, 5868, 5899, and 5957. MHSA program plan elements include expenditures from multiple MHSA cost centers. Therefore, expenditures reported in the County's Expenditure Detail Report may not tie exactly to the MHSA program plan elements.

2) Various projected expenditures are based on rolling average of actual expenses.

CSS Summary

	<u>Approved MHA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Full Service Partnerships			
– Children	\$ 2,885,820	\$ 1,271,327	\$ 2,824,939
– Transition Age Youth	2,065,642	816,713	2,048,178
– Adults	2,935,514	447,189	2,812,092
– Adult Clinic FSP Support	1,794,059	808,337	1,655,154
– Recovery Centers	875,000	272,734	875,000
– Hope House	2,017,019	661,361	2,017,019
– Housing Services	4,886,309	1,281,626	4,910,572
Full Service Partnerships Sub-Total	\$ 17,459,363	\$ 5,559,287	\$ 17,142,954
• General System Development			
– Older Adults	\$ 3,560,079	\$ 1,521,261	\$ 3,319,413
– Children’s Wraparound	2,161,974	637,021	1,451,730
– Assessment and Recovery Center - Miller Wellness Center	1,250,000	- ¹	1,250,000
– Liaison Staff	513,693	-	401,568
– Clinic Support	1,201,638	491,132	979,566
– Forensic Team	493,973	169,566	308,631
– Quality Assurance	1,176,673	408,329	845,060
– Administrative Support	2,251,239	777,225	1,830,961
General System Development Sub-Total	\$ 12,609,268	\$ 4,004,534	\$ 10,386,929
Total	\$ 30,068,631	\$ 9,563,821	\$ 27,529,882

Note:

1) The Mental Health portion of the Miller Wellness Center opened in January 2015.

CSS - FSP Children's

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Personal Service Coordinators - Seneca	\$ 562,915	\$ 171,964 ¹	\$ 562,915
• Multi-dimensional Family Therapy – Lincoln Center	874,417	358,279	874,417
• Multi-systemic Therapy – COFY	650,000	378,966	650,000
• Children's Clinic Staff – County Staff	798,488	362,118	737,607
Total	\$ 2,885,820	\$ 1,271,327	\$ 2,824,939

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

CSS - FSP Transition Age Youth

- Fred Finch Youth Center
- Youth Homes
- TAY Residential – Vendor TBD

	<u>Approved MHA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,400,642	\$ 586,756	\$ 1,400,642
	665,000	229,957	647,536
	-	-	-
Total	\$ 2,065,642	\$ 816,713	\$ 2,048,178

CSS - FSP Adults – Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Rubicon	\$ 928,813	\$ 186,438	\$ 928,813
• Community Health for Asian Americans (CHAA)	123,422	-	-
• Anka	768,690	-	768,690
• Familias Unidas (Desarrollo Familiar)	207,096	82,063	207,096
• Hume Center	907,493	178,688	907,493
Total	\$ 2,935,514	\$ 447,189	\$ 2,812,092

Note:

- 1) ANKA invoices were charged to Adult Mental Health cost center and will be corrected in future report.
- 2) This organization will not be renewing their FY 14-15 contract.

CSS - Supporting FSPs

- Adult Clinic Support -
FSP support, rapid access, wellness nurses
- Recovery Centers – Recovery Innovations
- Hope House – Telecare

	<u>Approved MHA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,794,059	\$ 808,337	\$ 1,655,154
	875,000	272,734	875,000
	2,017,019	661,361	2,017,019
Total	\$ 4,686,078	\$ 1,742,432	\$ 4,547,173

CSS - Supporting FSPs Housing Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supportive Housing – Shelter, Inc	\$ 1,663,668	\$ 397,319	\$ 1,663,668
• Supportive Housing – Bonita House (proposed)	190,000	-	-
• Augmented Board & Care – Crestwood	411,653	256,002	411,653
• Augmented Board & Care – Divines	4,850	2,657	4,850
• Augmented Board & Care – Modesto Residential	120,000	16,830	120,000
• Augmented Board & Care – Oak Hills	21,120	10,560	21,120
• Augmented Board & Care – Pleasant Hill Manor	30,000	16,080	30,000
• Augmented Board & Care – United Family Care	271,560	139,679	271,560
• Augmented Board & Care – Williams	30,000	15,050	30,000
• Augmented Board & Care – Woodhaven	13,500	5,896	13,500
• Shelter Beds – County Operated	1,672,000	-	1,672,000
• Housing Coordination Team – County Staff	457,958	421,553	672,221
Total	\$ 4,886,309	\$ 1,281,626	\$ 4,910,572

Note:

- 1) Bonita House is still in planning phase.
- 2) Shelter Beds expenditures will be recorded at year end.

CSS - General System Development Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Older Adult Clinic - Intensive Care Mgmt , IMPACT	\$ 3,560,079	\$ 1,521,261	\$ 3,319,413
• Wraparound Support – Children’s Clinic	2,161,974	637,021 2	1,451,730
• Assessment and Recovery Center (MWC) – staff TBD	1,250,000	- 1	1,250,000
• Liaison Staff - Regional Medical Center	513,693	- 2	401,568
• Money Management – Adult Clinics	617,465	258,154 2	584,923
• Transportation Support – Adult Clinics	213,693	32,057 2	92,800
• Evidence Based Practices – Children’s Clinics	370,479	200,921 2	301,842
• Forensic Team – County Operated	493,973	169,566 2	308,631
Total	\$ 9,181,356	\$ 2,818,980	\$ 7,710,908

Note:

- 1) The Mental Health portion of the Miller Wellness Center opened in January 2015.
- 2) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

CSS - General System Development Administrative Support

	<u>Approved MHPA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Quality Assurance			1
– Utilization Review - TBD	\$ 370,473	\$ -	\$ 64,311
– Medication Monitoring	89,843	64,336	128,672
– Clinical Quality Management	370,473	221,458	442,916
– Clerical Support	345,884	122,535	209,160
Quality Assurance Total	\$ 1,176,673	\$ 408,329	\$ 845,060
• Administrative Support			1
– Project and Program Managers	\$ 757,210	\$ 455,914	\$ 911,828
– Clinical Coordinators	213,902	55,018	110,037
– Planner/Evaluators – TBD	260,400	-	51,358
– Family Service Coordinator – TBD	105,205	-	-
– Administrative/Fiscal Analysts	327,336	116,704	259,355
– Clerical Supervisor	96,876	29,917	29,917
– Clerical Support	390,310	111,182	390,310
– Community Planning Process – Consultant Contracts	\$ 100,000	\$ 8,489	\$ 78,156
Administrative Support Total	\$ 2,251,239	\$ 777,225	\$ 1,830,961
Total	\$ 3,427,912	\$ 1,185,554	\$ 2,676,021

Note:

1) Certain County-operated MHPA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHPA-related program costs.

PEI Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Prevention – Outreach and Engagement			1
– Reducing Risk of Developing a Serious Mental Illness			
• Underserved Communities	\$ 1,481,361	\$ 551,318	\$ 1,481,361
• Supporting Youth	1,600,726	538,864	1,663,389
• Supporting Families	585,434	262,966	556,266
• Supporting Adults , Older Adults	736,435	169,748	428,529
– Preventing Relapse of Individuals in Recovery	468,440	202,374	468,440
– Reducing Stigma and Discrimination	692,988	233,514	467,698
– Preventing Suicide	416,343	175,951	411,498
Prevention Sub-Total	\$ 5,981,727	\$ 2,134,735	\$ 5,477,181
• Early Intervention – Project First Hope	\$ 1,685,607	\$ 635,991	\$ 1,346,205
• Administrative Support	370,479	422,313	850,786
Total	\$ 8,037,813	\$ 3,193,039	\$ 7,674,172

Note:

1) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

PEI – Outreach and Engagement Underserved Communities

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Asian Community Mental Health	\$ 130,000	\$ 32,142 1	\$ 130,000
• Center for Human Development	133,000	11,296 1	133,000
• Jewish Family & Children’s Services	159,699	66,885	159,699
• La Clinica de la Raza	256,750	95,923 1	256,750
• Lao Family Community Development	169,926	48,845	169,926
• Native American Health Center	213,422	108,982	213,422
• Rainbow Community Center	220,507	102,917	220,507
• Building Blocks for Kids (West Contra Costa YMCA)	198,057	84,328	198,057
Total	\$ 1,481,361	\$ 551,318	\$ 1,481,361

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI – Outreach and Engagement Supporting Youth

	<u>Approved MHS A Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• James Morehouse Project (West CC YMCA)	\$ 94,200	\$ 31,306	\$ 94,200
• Project New Leaf (Martinez USD)	220,079	11,331 ¹	220,079
• People Who Care	203,594	86,123	203,594
• RYSE	460,119	72,130	460,119
• STAND! Against Domestic Violence	122,734	48,026	122,734
• Families Experiencing Juvenile Justice System	500,000	289,948 ²	562,663
Total	\$ 1,600,726	\$ 538,864	\$ 1,663,389

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Certain County-operated MHS A programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHS A-related program costs.

PEI – Outreach and Engagement Supporting Families

- Child Abuse Prevention Council
- Contra Costa Interfaith Housing
- Counseling Options Parenting Education (Triple P)
- First Five
- Latina Center

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 118,828	\$ 30,943	\$ 118,828
	64,526	25,795	64,526
	225,000	97,916	195,832
	75,000	75,000 ¹	75,000
	102,080	33,312 ¹	102,080
Total	\$ 585,434	\$ 262,966	\$ 556,266

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI – Outreach and Engagement

Supporting Adults and Older Adults

- MH Clinicians in Concord Health Center – TBD
- Lifelong Medical Care
- Senior Peer Counseling Program

	<u>Approved MHS A Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 246,986	\$ 12,878 ¹	\$ 51,511
	118,970	27,846	118,970
	370,479	129,024 ¹	258,048
Total	\$ 736,435	\$ 169,748	\$ 428,529

Note:

1) Certain County-operated MHS A programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHS A-related program costs.

PEI

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Preventing Relapse – Putnam Clubhouse	\$ 468,440	\$ 202,374	\$ 468,440
• Reducing Stigma – Office of Consumer Empowerment	692,988	233,514 ¹	467,698
• Preventing Suicide – Contra Costa Crisis Center	292,850	122,020	292,850
– MH Clinician Supporting PES, Adult Clinics	123,493	53,931 ¹	118,648
	<u>\$ 416,343</u>	<u>\$ 175,951</u>	<u>\$ 411,498</u>
• Early Intervention – Project First Hope	\$ 1,685,607	\$ 635,991	\$ 1,346,205
• Administrative Support	370,479	422,313 ¹	850,786
Total	\$ 3,633,857	\$ 1,247,830	\$ 2,693,841

Note:

1) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

INN

	<u>Approved MHSa Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supporting LGBTQ Youth – Rainbow Community Center	\$ 420,187	\$ 164,037	\$ 420,187
• Women Embracing Life Learning – County Operated – 1.5 FTE	194,652	75,660 ¹	151,320
• Trauma Recovery Project – County Operated – 1 FTE	123,493	54,609 ¹	109,218
• Reluctant to Rescue – Community Violence Solutions	126,000	(12,165)	126,000
Sub-Total	\$ 864,332	\$ 282,140	\$ 806,725
• Wellness Coaches (proposed)	\$ 222,752	\$ -	\$ 55,688
• Vocational Services for Unserved (proposed)	277,445	-	69,361
• Partners in Aging (proposed)	250,000	-	62,500
• Overcoming Transportation Barriers (proposed)	249,803	-	62,451
Sub-Total	\$ 1,000,000	\$ -	\$ 250,000
• Administrative Support - 1 FTE	155,164	111,030 ¹	314,664
Total	\$ 2,019,495	\$ 393,170	\$ 1,371,388

Note:

1) Certain County-operated MHSa programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSa-related program costs.

WET

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Workforce Staffing Support			
– Administrative Support	\$ 184,426	\$ 28,649 ⁴	\$ 54,553
• Training and Technical Assistance			
– Staff Training – Various Vendors	75,000	14,250 ¹	65,000
– SPIRIT – TBD	11,000	-	-
– Family to Family – NAMI Contra Costa	20,000	8,756	20,000
– Law Enforcement – Various Vendors	5,000	-	5,000
• Mental Health Career Pathway Programs			
– High School Academy – Contra Costa USD	14,500	-	-
• Residency, Internship Programs			
– Graduate Level Internships – County Operated	178,945	171,448 ⁴	371,540
– Graduate Level Internships – Contract Agencies	100,000	7,918	100,000
• Financial Incentive Programs			
– Bachelor, Masters Degree Scholarships	50,000	-	-
Total	\$ 638,871	\$ 231,021	\$ 616,092

Notes:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) High School Academy is the planning phase.
- 3) The Bachelor, Masters Degree Scholarships is in the planning phase.
- 4) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

Capital Facilities/Information Technology

<ul style="list-style-type: none"> • Electronic Mental Health Records System 	<u>Approved MHA Budget</u> 849,936 ¹	<u>Expenditures</u> 295,730	<u>Projected Expenditures</u> 790,748
Total	\$ 849,936	\$ 295,730	\$ 790,748

Note

1) FY 14/15 estimated funds available for the Electronic MH Records Project.

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** November, 13 and November 14
Date of Exit Meeting: January 5, 2015
- II. **Review Team:** Erin McCarty, Michelle Nobori, Louis Buckingham, Gerold Loenicker
- III. **Name of Program/Plan Element:** Families Experiencing Juvenile Justice
- IV. **Program Description.**

The *Probation Liaisons and Clinicians at the Orin Allen Youth Ranch Facility (OAYRF)* are **Prevention** program components of *Mental Health and Probation Services (MHAPS)* at Contra Costa Mental Health (CCMH). These components are part of the County's Prevention and Early Intervention (PEI) plan to serve *Families Experiencing Juvenile Justice*. Per draft regulations put forth by the Mental Health Services Oversight and Accountability Commission (MHSOAC), a **Prevention** program is a "set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors". The goals of a prevention program should include the "reduction of applicable negative outcomes listed in the Welfare and Institutions Code Section 5840, subdivision (d) for individuals and members of groups of populations whose risk of developing a serious mental illness is significantly higher than average, and, as applicable, their parents, caregivers, and other family members". The referenced list of negative outcomes includes suicide, incarcerations, school failure or drop out, unemployment, prolonged suffering, homelessness, and removal of children from their homes. The draft regulations list the creation of Access and Linkage for mentally ill individuals and severely emotionally disturbed children and youth as a core strategy for Prevention programs.

In accordance with the community program planning process and responding to findings that establish a significant overlap between juvenile justice involvement and incidence of mental illness, the original three-year PEI plan for Contra Costa Mental Health (CCMH), approved in 2009, set the goal of supporting children and youth at risk of experiencing juvenile justice involvement.

The PEI program components at MHAPS consist of five Mental Health Clinical Specialist positions; three Mental Health Probation Liaisons and two clinicians at the Orin Allen Youth Ranch Facility (OAYRF).

The **Probation Liaisons** provide a broad range of mental health services for juveniles on probation, including mental health screenings and assessments, short term treatment, consultation to the probation department, family support, and linkage to mental health, behavioral health, and other supports for juveniles on probation.

The **Clinicians at OAYRF** provide mental health assessment and treatment to youth placed at the youth ranch. Treatment ranges from supportive therapy to family interventions and specialized treatment for trauma related symptoms and traumatic grief. The clinicians work closely with the probation liaisons in helping their clients link up to further supports once they exit the ranch.

V. Purpose of Review. Contra Costa Mental 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 plan element. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this plan element in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	yes	Services are delivered where they are needed, the type of services is dependent on consumer need
2. Serve the agreed upon target population.	yes	Services target youth involved in juvenile justice
3. Provide the services for which	yes	All services are aimed at

funding was allocated.		preventing development of severe mental illness and facilitating access to services
4. Meet the needs of the community and/or population.	yes	Program is consistent with community program planning process
5. Serve the number for individuals that have been agreed upon.	yes	While there is no annual target number, the program exceeds target numbers formulated in the initial PEI Three-Year-Plan
6. Achieve the outcomes that have been agreed upon.	--	Currently, there are no outcome measures established. Measures need to be put in place.
7. Quality Assurance	yes	Programmatic and clinical oversight by county
8. Ensure protection of confidentiality of protected health information.	yes	Program complies with HIPAA regulations, programs separates probation and mental health records
9. Staffing sufficient for the program	yes	All allocated positions are filled.
10. Annual independent fiscal audit	n/a	County program
11. Fiscal resources sufficient to deliver and sustain the services	no	Program budget in current MHSA Three-Year-Plan not sufficient to fund all positions
12. Oversight sufficient to comply with generally accepted accounting principles	n/a	County program
13. Documentation sufficient to support invoices	yes	Sufficient MHSA funds are currently provided to fund positions
14. Documentation sufficient to support allowable expenditures	yes	County provides sufficient programmatic oversight to support expenditures
15. Documentation sufficient to support expenditures invoiced	yes	Documentation sufficient to support expenditures

in appropriate fiscal year		
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	yes	There is no allocation of indirect cost to plan element
17. Insurance policies sufficient to comply with contract	n/a	County program
18. Effective communication between contract manager and contractor	yes	Regular communication between PEI coordinator and Program Manager

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

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

Does Families Experiencing Juvenile Justice collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven?

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

Results. Consumer surveys were made available. At the Youth Ranch, the team interviewed program staff, including the two clinicians, the program manager, and probation supervisor. The team also spoke to seven youth placed at the Ranch, all recipients of mental health services. For the Probation Liaison program element, the team interviewed the liaisons and their program manager. The team then met with recipients of liaison services, including probation officers, clinical staff from community organizations to which clients are referred, and one parent.

The following table summarizes the survey results:

Questions	Responses: 11 (Orin Allen Youth Ranch)				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: strongly agree, agree, disagree, strongly disagree, I don't know)	Strongly Agree	Agree	Disagree	Strongly disagree	I don't know
	1. Help me improve my health and wellness	4	5	1	1
2. Allow me to decide what my own strengths and needs	3	6	1	-	1
3. Work with me to determine the services that are most helpful	7	3	-	-	1

4. Provide services that are sensitive to my cultural background.	3	4	3	-	1
5. Provide services that are in my preferred language	3	6	1	-	1
6. Help me in getting needed health, employment, education and other benefits and services.	5	3	1	-	2
7. Are open to my opinions as to how services should be provided	4	5	-	-	2
Your response to the following questions is appreciated:					
8. What does this program do well?	Staff always helpful and responsive, helps getting life on track, substance abuse counseling and education, provides space to share things that youth would otherwise not share, one can ask questions about personal life, helps open up, help me with my problems and solve them				
9. What does this program need to improve upon?	Help with getting sports scholarship, relate to “patients” on a more real level, more time for some people				
10. What needed services and supports are missing?	Physical proximity to other residents with whom there are conflicts, help with feeling connected to the world outside, more online help with jobs				
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	
	5	4	2	-	
12. Any additional comments?	“I like receiving help from this program, it is very helpful”, “this program can help me get ahead in life”, “[staff name] is a very nice lady”				

Interviews at the Orin Allen Youth Ranch

Youth at the Ranch overwhelmingly testified to the importance of mental health services for their recovery. Youth participants pointed to treatment programs like “Aggression Replacement Therapy” and “Thinking for Change” as opportunities that help them with their automatic reactions, ways of thinking, and making changes in how they act in social situations. Some participants pointed out that at the Ranch, with the help of Mental Health, they learn “how to be a man” and develop an outlook to the future that did not seem possible in the past, such as applying to college or job training. The great majority of participants spoke to the role violence, loss, and lack of opportunity has played in their lives. Some valued the trusting relationship to the therapist as a new experience that allows them develop a language for feelings and develop a different self-image. Others spoke to the help they get around taking the SAT and applying for college. Some spoke about the family therapy that is available to them and that some participants experience quality time with their families for the first time at the Ranch.

Complaints and negative comments were mostly related to some of the restrictive conditions in the Ranch, such as limited phone time, grievances not being heard, shower conditions, etc. None of the negative comments or suggestions for improvements related to mental health supports.

Staff talked about the integral role of mental health services for the success of the Ranch as a whole, the mission of which is to help youth toward full rehabilitation. They pointed out that supports are available to everybody who screens positive for mental health risk factors and symptoms. Staff reported on the overwhelming and persistent role of poverty, loss and grief, and violence in the lives of the youth at the Ranch. Probation staff and mental health clinicians stressed that they work hand in hand, while respecting their different roles and confidentiality. Staff pointed out that all mental health supports are voluntary. All arrivals at the Ranch are screened for mental health needs and referred for further services if indicated. Referrals are also made based on behavioral incidents. Mental health staff works closely with the Probation Mental Health Liaisons to set up post release services. Asked about areas of unmet need, staff named better identification of learning disabilities, more specialized support for grief, psychiatry services, and gang intervention programming.

Interviews with Mental Health Probation Liaisons, Probation Officers, parent, and community partners

Probation officers emphasized how critical mental health liaisons are to quickly assess youth on probation for mental health needs and add suggestions for mental health supports during the short window of time probations officers have to formulate recommendations to the court. The presence of probation liaisons shortens the time considerably that it takes to connect youth with needed mental health supports to successfully comply with probation requirements. With probation liaison spending some of their time staying abreast of available resources and developments in the field, probation officers can confidently connect youth with the right types of services. Many of the referrals are made to Full Service Partnership (FSP) programs, specifically Multi-Systemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), and the Transition Age Youth FSPs in Contra Costa County, but also to less formal and less intensive treatment options. The two clinicians from Youth Homes (TAY FSP) and COFY (MST), respectively, reported that the probation liaisons facilitate the constant feedback loop between mental health organizations and probation re: clients, adequacy of referrals, and probation processes and requirements. The participating parent spoke to the crucial role the liaison had helping her family navigate the system and helping her child accept the need for services. When

asked about gaps and what is missing, interviewees listed homeless services and alcohol/other drug services as their first priorities.

The probation liaison reported that in addition to providing linkage and consultation to probation, they conduct court ordered assessments, brief therapy, and parent education groups. They also participate in initiatives to keep youth in school, by attending School Attendance Review Board (SARB) meetings and providing mental health consultation to SARB, and by collaborating with officers who are stationed at high schools.

Discussion. The program delivers services according to the values of the MHSA. Services are delivered according to community and client needs and in a manner that takes into account client feedback. Services are provided in the language(s) of the clients, from a trauma informed perspective, and with an emphasis toward linking clients to appropriate, culturally competent services

2. **Serve the agreed upon target population.** As Prevention and Early Intervention funded program components, do the *Probation Liaisons* and the *Ranch clinicians* 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?

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

Results. Services are provided to youth who are involved in the juvenile justice system, and their families. Youth receiving services are identified as having significant mental health needs by way of carrying a diagnosis and/or undergoing a mental health assessment upon commencement of services. Most youth have experienced significant trauma, including community violence and losses to violence.

Discussion. The program serves the agreed upon target population.

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

Method. Compare program service goals as outlined in the three-year-plan and plan updates with regular reports, client/family member interviews, and service provider interviews.

Results. While there is no formal program description associated with the staff positions, client and staff interviews show that program and staff activities are consistent with the goal of providing mental health supports to youth involved with juvenile justice. Roles of the staff positions are clearly defined. The program

has provided demographic data for number of individuals served on a regular basis.

Discussion. A formal program description should be developed.

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

Results. The initial PEI three-year-plan includes a project for serving families experiencing juvenile justice. Subsequent plan updates and the current three-year-plan have continued to provide funding for probation related mental health services to pursue the goal of youth “less likely to become chronically involved in the adult justice system and/or mental health systems” (from initial PEI Three-Year-Plan, May 2009). As determined through client and staff interviews, services are consistent with the initial PEI Three-Year-Plan, subsequent plan updates, and the current 2014-2017 Three-Year-Plan. Positions were vetted through plan update process. Two of the positions were newly created and authorized by the Board of Supervisors, and three previously authorized positions were moved into the PEI cost center.

Discussion. The program meets the needs of the community.

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

Method. Match program description with history of demographic reports.

Results. The initial target for this plan element was to serve 250 individuals (PEI Three-Year-Plan, May 2009). In FY 11-12, 128 individual were served (program not fully staffed); in FY 12-13, 302 individuals were served; in FY 13-14, 413 individuals were served.

Discussion. An expected annual number of individual served should be established against which the actual number is compared.

6. **Achieve the outcomes that have been agreed upon.** Have the program components been 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.

Results. While the numbers served also indicate the volume of linkages provided (one of the expected outcomes), there are no outcome reports available beyond numbers.

Discussion. Establish method for reporting outcomes

7. **Quality Assurance.** How do the program components 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.

Results. No grievances were filed related to the probation related mental health services that are subject to this review. For Probation Liaison services, billable services are documented according to County standards and are subject to the County's utilization review. At OAYR, charts are kept according to County clinical standards. Quality review and monitoring is provided by Children's Mental Health program management.

Discussion. Quality of services is monitored. The program provides quality services as evidenced by the above.

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. HIPAA compliance was reviewed by observing implementation of the County's policies for safeguarding protected patient health information.

Results. Staff are observing HIPAA requirements. The program has put adequate measures in place to keep mental health and probation records

separate. All staff are required to complete HIPAA training annually. The County has also a Privacy Officer in charge of protecting client information.

Discussion. The program protects client health information.

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

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

Results. All positions for which funding was allocated are filled.

Discussion. There is sufficient staffing for the program.

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

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

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

Discussion. Not applicable.

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

Method. Review financial reports.

Results. The program is authorized by the County. However, currently, insufficient resources are authorized to maintain the program. The current Three-Year Plan allocates \$500,000 to the program. Per MHSA monthly budget report, the program expenses are projected to amount to \$643,535 in FY14-15.

Discussion. In the next plan update, projected program cost and allocated funds need to be matched.

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

Method. Interview with fiscal manager of program.

Results. The program is part of the County and by definition complies with generally accepted accounting principles.

Discussion. Not applicable.

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.
- Results.** Review of fiscal documents maintained by the County.
- Discussion.** Documentation maintained by the County supports the amount 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 one month of supporting documentation (MHSA Monthly Budget Report) for identification of personnel costs and operating expenditures charged to the cost center.
- Results.** Documentation shows that five probation mental health positions are charged against the PEI center.
- Discussion.** Documentation maintained by the County supports the personnel costs charged to the program.
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.
- Results.** The program is part of the County and by definition complies with the accrual basis of accounting.
- Discussion.** There is sufficient documentation to support expenditures invoiced in the appropriate year.
16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the program's allocation of administrative/indirect costs to the program or plan element 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 or plan element.

Results. The County has opted not to charge any indirect cost to the program.
Discussion. The County could have charged indirect costs to the program consistent with Office of Management and Budget Circular A-87, but has opted not to do so.

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

Method. Review insurance policies.

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

Discussion. Not applicable.

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

Method. Interview PEI coordinator and Mental Health and Probation (MHAPS) Program Manager.

Results. MHAPS Program Manager and PEI coordinator communicate on regular basis re: program activities. PEI coordinator provides a link to MHSA Program Manager.

Discussion. There needs to be regular communication between MHSA Program Manager and the MHAPS Manager in order to standardize program expectations and mutually agreed upon outcomes.

VIII. **Summary of Results.**

The *Probation Liaisons* and *Clinicians at OAYRF* at Mental Health and Probation Services (MHAPS) provide Prevention services as outlined in the PEI Three-Year-Plan (2009), subsequent plan updates, and the current Three-Year-Plan. The program components are fully staffed and its mission and practices are consistent with draft PEI regulations and principles of the MHSA. Consumers and program partners fully endorsed the positive impact the clinicians on the overall system and the lives of consumers.

IX. **Findings for Further Attention.**

- The program needs to formalize a program description that outlines the functions fulfilled by PEI funded positions
- The program needs to identify and define performance measures so as to continually improve and maintain fidelity to the values of the MHSA.

- The program needs to construct a system that allows to gather data required by PEI regulations
- In the next MHSA Plan Update, allocation of funds and expected programs expenses need to be matched.

X. Nov 2017

XI. 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

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

Mental Health Services Act
Service Provider Fact Sheet

1. Name of Organization: Contra Costa County Mental Health – Mental Health and Probation Services (MHAPS)

Point of Contact: Daniel Batiuchok

Contact Information: 202 Glacier Drive, Martinez, Ca 94553 (925) 957-2739

Daniel.Batiuchok@hsd.cccounty.us

2. General Description of the Organization

Probation Related Mental Health strives to help youth experiencing the Juvenile Justice system become emotionally mature and law abiding members of their communities.

Services include screening and assessment, consultation, therapy, and case management for inmates of the Juvenile Detention Facility and juveniles on probation, who are at risk of developing or struggle with mental illness or severe emotional disturbance.

3. Program: Mental Health Probation Liaisons and Orin Allen Youth Rehabilitation Clinicians (PEI)

a. Scope of Services

- Mental Health Probations Liaisons engage youths on probation and at risk of getting on probation, many of them transitioning out of juvenile detention. The liaisons provide mental health screenings, short term therapy, as well as warm hand offs to service providers within the community or County Mental Health. Liaisons also conduct court ordered assessments of mental status, risk and protective factors, and treatment needs, and contribute to placement recommendations. The liaisons also provide much needed linkages between the juvenile justice system, the educational system, and the community, by consulting to Student Absence Review Boards, educational staff, and community gatekeepers regarding at risk youth. In addition, liaisons provide parenting education support to parents of juveniles.
- Clinicians at the Orin Allen Youth Ranch, a non-locked sentencing facility, assess youth for need of mental health services and provide these if needed. Services may include crisis support, individual and family counseling, anger management training, help with developing effective communication skills, trauma –focused cognitive behavioral therapy, support with overcoming gang involvement, and parenting education support for parents of residents of the Ranch. Youth receive warm hand-offs to community resources upon discharge.

b. Target Population: Youth in the juvenile justice system in need of mental health support

c. Total Budget: \$500,000

d. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch

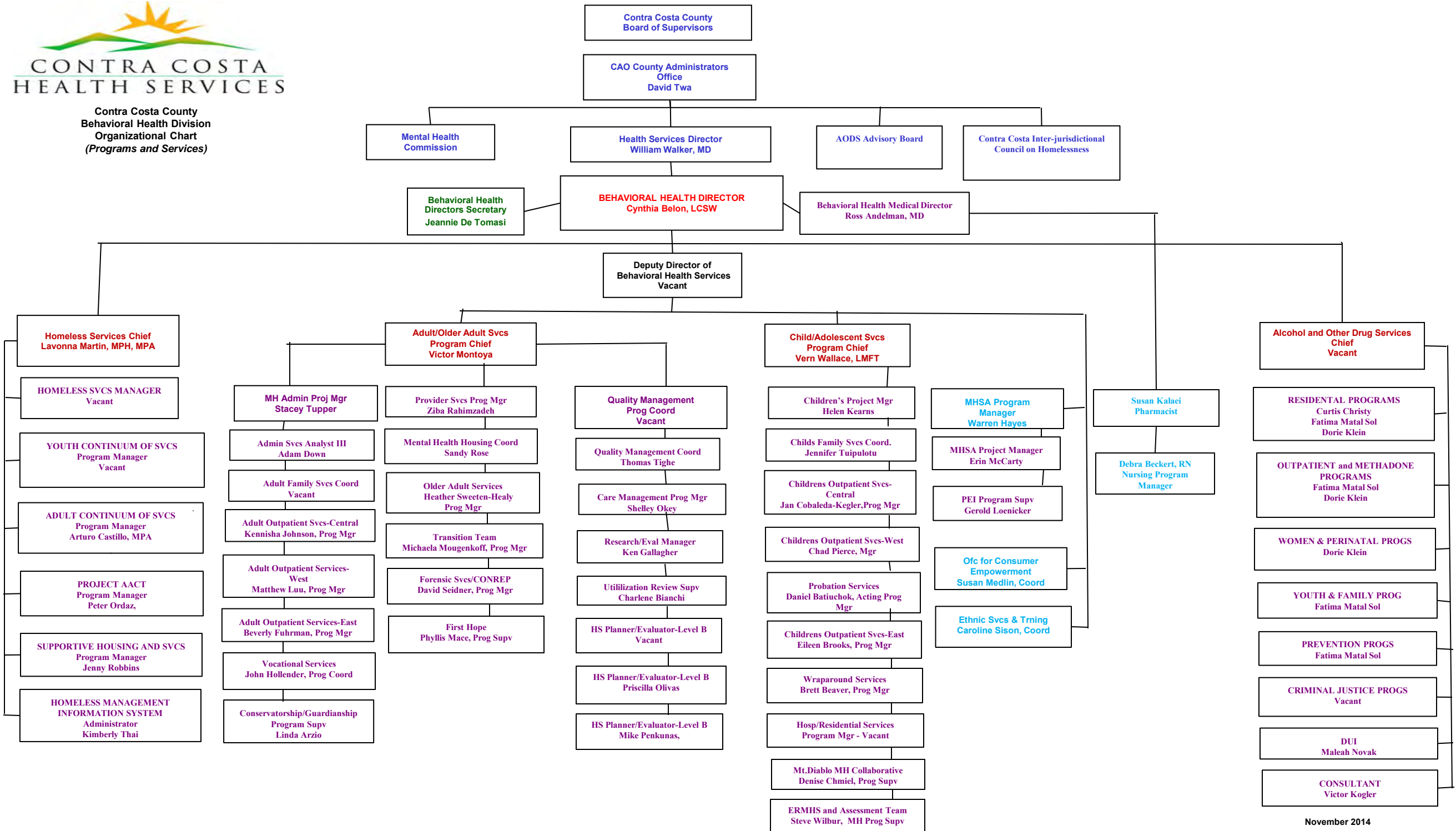
e. Number served in calendar year 2013: 413

g. Outcomes:

- Help youth address mental health and substance abuse issues that may underlie problems with delinquency
- Increased access to mental health services and other community resources for at risk youth
- Decrease of symptoms of mental health disturbance
- Increase of help seeking behavior; decrease stigma associated with mental illness.

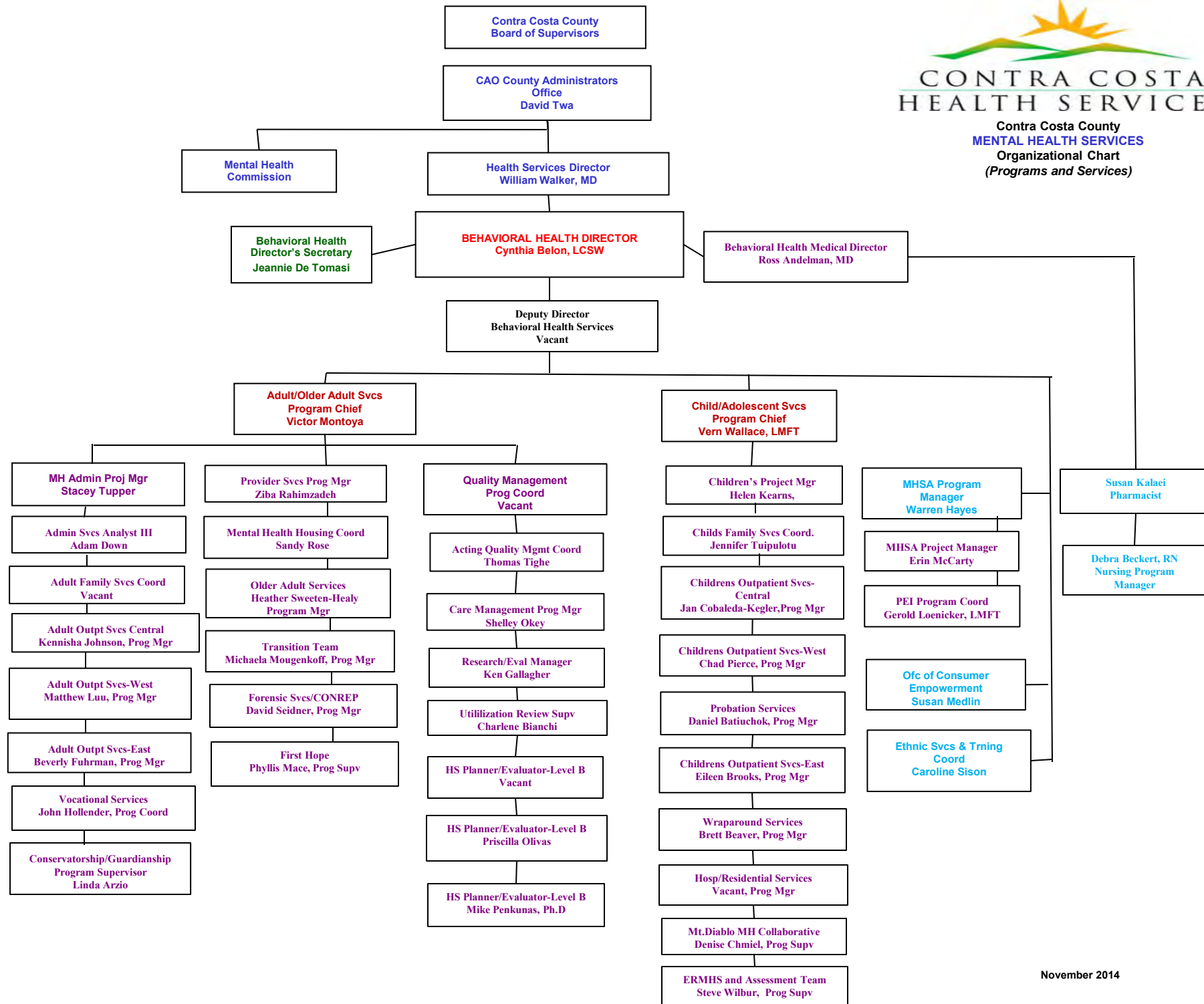


Contra Costa County
Behavioral Health Division
Organizational Chart
(Programs and Services)





Contra Costa County
MENTAL HEALTH SERVICES
 Organizational Chart
 (Programs and Services)



CPAW Meeting Calendar

February 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1						
				CPAW: 3-6pm 2425 Bisso Ln Concord		
8	Membership: 3-5pm 1340 Arnold Dr, Ste 200, Martinez	Social Inclusion: 10am –12pm 2425 Bisso Ln, Concord	Systems of Care: 10am—12 pm 1340 Arnold Dr, Ste 200, Martinez	Children's: 12:00—1:30pm, 1340 Arnold Dr, Ste 200, Martinez		
15						
			Housing: 9-10:30am 1340 Arnold Dr, Ste 200, Martinez	Steering: 3-5pm 2425 Bisso Ln, Concord		
22	Innovation: 2-4pm 1350 Arnold Dr, Ste 103, Martinez					
			Aging and Older Adult: 2-3:30 pm 2425 Bisso Ln, Concord			