CPAW AGENDA ITEM
READINESS WORKSHEET

CPAW Meeting Date: May 7, 2015
Name of Committee: Steering Committee

1. Agenda Item Name: Review status of Director recommendations to Board's Internal Operations Committee

2. Desired Outcome: Information provided to assist CPAW discuss structure and function issues.

3. Brief Summary: The Internal Operations Committee of the Board of Supervisors requested the Behavioral Health Services Director to provide recommendations regarding the role and structure of CPAW. Permission was granted to obtain stakeholder input before reporting to the Internal Operations Committee in July.

4. Background: The March 9th Internal Operations Committee (IOC) meeting and discussion was shared with CPAW membership at their March 26 meeting. At that time it was agreed that the CPAW Steering Committee meeting of April 16 would construct a May 7 CPAW agenda that would facilitate a discussion and input process for specific structure and function issues that were surfaced at the March 9th IOC meeting.

5. Specific Recommendations: The Steering Committee agreed upon an agenda that would utilize small group discussions and input regarding four CPAW structure and function issues:

- CPAW size, membership representation, attendance policy.
- Maximizing stakeholder representation and coordination with other stakeholder bodies.
- How to best identify and address which stakeholder group(s) a CPAW member represents, or is part of, as well as any personal and/or financial interests they may have.
- What current sub-committees should stay under CPAW's jurisdiction, and which ones, if any, should be shared with or managed by some other entity.

Four documents are attached to assist with the discussions:

- Considerations for the Role and Structure of CPAW
- Stakeholder Bodies in Other Counties
- CPAW Membership with a Single Affiliation
- CPAW Self-Reported Characteristics and Affiliations as of May 19, 2014

6. Anticipated Time Needed on Agenda: 10 minutes

7. Who will report on this item? Warren Hayes

ATTACHMENT 1

Stakeholder Bodies in Other Counties

Ten counties were researched pertaining to how they addressed statutory requirements for a mental health board/commission (WIC Section 5604), and conducted a community program planning process as part of implementing a Mental Health Services Act Three Year Program and Expenditure Plan or Plan Update ((WIC Section 5848).

All counties indicated on their web sites that they successfully adhered to the requirements of the above statutes, but differed significantly in how they accomplished the requirements.

1. Alameda. Has a standing Mental Health Advisory Board to address WIC Section 5604 requirements. For WIC Section 5848 employs a standing MHSA Stakeholder group to provide counsel to Behavioral Health Care Services on current and future funding priorities, review the effectiveness of funded MHSA strategies, and provide consultation on new and promising practices.
2. Orange. Has a standing Mental Health Board to address WIC Section 5604 requirements. For WIC Section 5848 has a MHSA Steering Committee that meets monthly to consider formal presentations and vote on MHSA funding requests, to include Innovation Project proposals. Does not operate under the Brown Act. The MHSA Steering Committee is comprised of representatives from four sub-committees that meet every other month. The four sub-committees, CSS – adults and older adults, CSS – children , youth, TAY, WET/INN, and PEI receives applications for membership from the public, but states that no more than 20% of each sub-committee is to be comprised of public members.
3. Sacramento. Has a standing Mental Health Board to address WIC Section 5604 requirements. For WIC Section 5848 has a standing MHSA Steering Committee that makes program recommendations to the Sacramento County Division of Behavioral Health Services for funding. Has 29 members appointed, with an alternate – consumers and family members representatives are chosen by a six person consumer/family member panel. Generates ad hoc workgroups as needed.
4. San Bernardino. Has a standing Behavioral Health Commission to address WIC Section 5604. For WIC Section 5848 put together a MHSA Executive Committee to plan last year's Community Program Planning Process that was County run and drew from all of the existing advisory bodies to Behavioral Health Services, to include alcohol and drug and homeless services.
5. San Diego. Has a standing San Diego Behavioral Health Advisory Board to address WIC Section 5604. For WIC Section 5848 has four System of Care Councils (Adult, Older Adult, Children/Youth/Family, Housing) that meet monthly. Input for MHSA is received

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through these council meetings and online comment/questions received from the public.

6. San Francisco. Has a standing Mental Health Board to address WIC Section 5604. For WIC Section 5848 San Francisco Behavioral Health Services has a 25 member MHSA Advisory Committee of consumers and family members (at least 51%) and service providers who choose an executive committee to review membership each year. This committee assists in supporting broad community participation and guides MHSA resources to target priority populations.
7. San Mateo. Has a standing Mental Health and Substance Abuse Recovery Commission to address WIC Section 5604. For WIC Section 5848 has a 50 member Steering Advisory Committee that meets twice a year and has a broad spectrum of stakeholder representation, to include all members of the Mental Health and Substance Abuse Recovery Commission (MHSARC). It is chaired by a Board of Supervisor and the chair of the MHSARC. It operates under the Brown Act, and recommends priorities for inclusion in the MHSA Plan, reviews input received through the Community Program Planning Process, and makes recommendations for strategy development.
8. Santa Barbara. Has a standing Alcohol, Drug and Mental Health Services (ADMHS) Commission to address WIC Section 5604. For WIC Section 5848 has formed a MHSA Planning Group to plan and assist the Community Program Planning Process that is part of the MHSA Three Year Plan or Plan Update. This planning group includes members from the Commission and the ADMHS System Change Steering Committee.
9. Santa Clara. Has a standing Behavioral Health Board to address WIC Section 5604. For WIC Section 5848 has a MHSA Stakeholder Leadership Committee that reviews, provides input and advises the County Mental Health Department in MHSA planning and implementation activities. It serves as a forum to assure wide ranging representation during the MHSA Community Program Planning Process. It also considers Innovation Project proposals. It meets 2-3 times per year.
10. Solano. Has a standing Mental Health Board to address WIC Section 5604. For WIC Section 5848 has a MHSA Steering Committee comprised of consumers, family members and representatives from underserved communities. This committee provides input to county administration, and meetings take place as needed to gather input for MHSA Plans and Plan Updates.

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ATTACHMENT 3

CPAW Membership with a Proposed Single Affiliation

The Consolidated Planning and Advisory Workgroup (CPAW) is formed to ensure that Contra Costa County stakeholders are an integral part of all planning and evaluation of Mental Health Services Act (MHSA) funded services and supports. Members are appointed by the Behavioral Health Services Director to address requirements of Welfare and Institutions Code (WIC) Section 5848; namely, to assist in planning the yearly Community Program Planning Process as part of developing the MHSA Three Year Program and Expenditure Plan or Plan Updates, and to advise on the integration of the values and principles inherent in MHSA into the larger public mental health system. Membership composition addresses the statutory requirement to have representation of consumers, family members, mental health service providers, underserved communities, and representatives from organizations representing the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

In 2014 the CPAW membership at that time self-reported the extent of their affiliations with stakeholder categories that are listed in the most recent CPAW application for membership. This self-report process is depicted in Attachment 2.

The following table represents a possible membership affiliation in the event that CPAW members are identified with representing a single, primary stakeholder group:

NAME	AFFILIATION	NAME	AFFILIATION
1. Ashley Baughman	Consumer	13. Laurie Schnider	Family Member
2. Lisa Bruce	Consumer	14. Sam Yoshioka	Family Member
3. Karen Smith	Consumer	15. Courtney Cummings	Underserved Population
4. Connie Steers	Consumer	16. Tony Sanders	Underserved Population
5. Gina Swirsding	Consumer	17. John Hollender	CCBHS Service Provider
6. Matt Wilson	Consumer	18. Tom Gilbert	CBO Service Provider
7. Stephen Boyd	Peer Provider - CCBHS	19. Molly Hamaker	CBO Service Provider
8. Susan Medlin	Peer Provider - CCBHS	20. Susanna Marshland	CBO Service Provider
9. Kimberly Krisch	Family Member	21. Kathi McLaughlin	Education
10. Dave Kahler	Family Member	22. Kimberly Martel	Criminal Justice
11. Ryan Nestman	Family Member	23. Will McGarvey	Faith Based Leadership
12. Lauren Rettagliata	Family Member		

The above listing would need to be vetted by current CPAW membership. Should this method of affiliation representation be adopted, CPAW would fully meet statutory requirements for full stakeholder representation by adding an individual who can represent the underserved Latina/o community, a parent of a young child who receives public mental health services, and a veteran's service representative.

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CPAW Self-Reported Characteristics and Affiliations as of: May 19, 2014

CPAW Member	Consumer		Family Member		Affiliation	Identify with Region of County
	Current	Past	Child	Adult		
Ryan Nestman	X		X			Central
John Hollender	X				Rubicon	West
Tony Sanders				X		West, Central, East
Mariana Moore		X		X	We Care Services	Central
Susan Medlin	X			X	Nami, MHCC, Texas MH	Central
Kathi McLaughlin	X		X		Martinez USD	Central
Susanna Marshland					Fred Finch	West
Kimberly Krisch		X	X		MHCC, Nami	Central
David Kahler				X	MHCC, Nami	Central
Lori Hefner		X		X	Cty Advisory Committee	Central
Molly Hamaker				X	Nami	Central
Tom Gilbert				X	Shelter Inc/Bibett	Central
Courtney Cummings	X			X	Native Amer Faith Based Comm	West
Lisa Bruce	X				Crestwood	Central
Stephen Boyd	X			X	BHS OCE	Central
Sam Yoshioka				X	CCC MH Commission	Central
Connie Steers	X	X		X	Nami, Pt's Rights Advocacy	Central
Laurie Schnider	X		X		Crestwood	Central
Karen Smith	X		X		Crestwood	East
Lauren Rettagliata				X	CCC MH Commission	Central
Gina Swirsding						

CPAW Member	Caucasian	Native American	African American	Latino	Asian/Pacific Islander	Multi-Racial	LGBTQ	Socioeconomically Disadvantaged	Youth	Older Adult
Ryan Nestman	X					X	X	X		
John Hollender	X									
Tony Sanders	X	X					X			
Mariana Moore	X									
Susan Medlin	X									
Kathi McLaughlin	X								X	X
Susanna Marshland	X									
Kimberly Krisch	X									
David Kahler	X									
Lori Hefner	X						X			
Molly Hamaker										
Tom Gilbert	X									
Courtney Cummings		X					X			
Lisa Bruce	X									
Stephen Boyd	X		X			X				
Sam Yoshioka					X					
Connie Steers	X						X	X		X
Laurie Schnider	X									
Karen Smith	X									
Lauren Rettagliata										
Gina Swirsding										

Recommended CPAW Changes—NAMI Contra Costa Board of Directors—04/15/2015

The March 9, 2015 Internal Operations Committee (IOC) of the Board of Supervisors (BOS) instructed Behavioral Health Services (BHS) to send them recommendations for major changes to the operation and structure of the Consolidated Planning Advisory Workgroup (CPAW). The IOC asked for these recommendations in 60 days (May 11). BHS may ask for an extension to June 8, 2015. In the meantime, the NAMI-Contra Costa Board of Directors asks that the CPAW Steering Committee include the following CPAW restructuring changes in its recommendations for the May 7 CPAW meeting:

- Remind all prospective and voting members that CPAW is an **advisory** body whose purpose is to actively involve **all** stakeholders who interface with the county mental health system.
- Remind CPAW members that all sub-committee meetings and agendas, including the Membership Committee, come under Brown Act "good governance" transparency reporting requirements.
- Limit membership affiliations (currently up to 5 per voting CPAW member), to only 1, or at most, 2 membership affiliations per voting member. **NOTE:** See attached Sacramento County MHSA Steering Committee Membership roster. You see a separate person listed for each voting membership affiliation.
- Per strong BOS IOC direction (esp. Chairperson Karen Mitchoff), limit CPAW to a maximum of 19-25 voting members.
- Insure an equal number of voting consumer positions and voting family positions by persons NOT on the county/MHSA payroll and preferably not on a Community Based Organization (CBO) payroll. **NOTE:** both the Sacramento and San Mateo counties MHSA steering Committees each have 6 or more individual family and consumer voting members.
- Limit to 3 the number of voting contractor service providers. **NOTE:** This is the limit per the Sacramento County MHSA Steering Committee. The San Mateo County MHSA Steering Committee allows 4 voting contractor service providers.
- Limit to 1 the behavioral staff vote on CPAW. **NOTE:** This is the limit per both the Sacramento and San Mateo County MHSA Steering Committees. Eliminate interlocking voting membership or leadership on the Steering and Membership Committees. This is the policy of the Sacramento County MHSA Steering Committee.
- Institute a stricter conflict-of-interest policy which requires a voting member to leave the room and recuse themselves from any direct or remote conflict of interest situations. **NOTE:** See attached Sacramento County MHSA Steering Committee updated Conflict-of-Interest policy.

Items for further discussion

- Annually rotate the 3 allowed voting service providers by class of services provided.
- Rotate Committees and Sub-Committees leadership and membership every 2 years.

Attachments

Sacramento County MHSA Steering Committee:

- Vision and Current Membership
- 2014 Revised Conflict-of-Interest Statement and Policy

San Mateo County MHSA Steering Committee

- Roles and Responsibilities
- February, 2015 Membership Roster

Sacramento County MHSA Steering Committee Vision and Current Members

Sacramento County MHSA Steering Committee

Purpose

The Sacramento County Mental Health Services Act (MHSA) Steering Committee makes program recommendations to the Sacramento County Division of Behavioral Health Services for MHSA funding.

Vision
The MHSA Steering Committee will lead the community in creating a comprehensive, integrated, culturally and linguistically responsive system of mental health services that promotes wellness, recovery, resilience, and consumer and family-driven services. The transformed system will be easy to access, responsive to consumers and family members, allow maximum consumer choice, and support integration into the community. Services will be research-based, innovative, effective and accountable. The new system will embrace prevention and early intervention and provide seamless services for individuals of all ages. Outcomes will be evaluated based on improvement in the quality of life of individuals served by the system.

Mission Statement
To dramatically transform the Sacramento County mental health system so that all individuals with serious emotional disturbances and psychiatric disabilities achieve a high quality of life through prevention, early intervention and on-going innovative services provided within the local community.

Meeting Place and Time
The MHSA Steering Committee
3rd Thursday of every month (see schedule below)
6:00 p.m. - 8:00 p.m.
Department of Health and Human Services
Administrative Services Center
7001-A East Parkway, Conference Room 1
Sacramento, CA 95823 | Map

How to Join

Please contact MHSA@saccounty.net.

Contact Information

MHSA
7001-A East Parkway Suite 300
Sacramento, CA 95823 | Map
Telephone:(916) 875-6472
Email:MHSA@saccounty.net

Sacramento County MHSA Steering Committee Vision and Current Members

	Stakeholder Group	Appointed By:	Name	Alternate
1	Mental Health Board*	Mental Health Board	Brian Brereton	*(vacant)*
2	Mental Health Director	Department of Behavioral Health Services Director	Uma Zykofsky	Jo Ann Johnson
3	Service Provider - Children	Association of Mental Health Contractors	Gordon Richardson	Laurie Clothier
4	Service Provider - Adults	Association of Mental Health Contractors	Michael Lazar	Paul Powell
5	Service Provider - Older Adults	Association of Mental Health Contractors	Lynnette Mitchell	Eric Brenmark
6	Law Enforcement	Criminal Justice Cabinet	Chad Lewis	*(vacant)*
7	Adult Protective Services	Department of Health & Human Services Director	Heidi Richardson	Martha Haas
8	Education	Sacramento County Office of Education	David W. Gordon	Mark Vigario
9	Department of Human Assistance	Department of Human Assistance Director	Suzanne Hammer	Ruth MacKenzie
10	Alcohol & Drug Services	Department of Behavioral Health Services Director	Lori Vallone	*(vacant)*
11	Cultural Competence	Cultural Competence Committee	Marbella Sala	Lynn Keune
12	Child Protective Services	Department of Health & Human Services Director	Michelle Callejas	Barbara Oleachea
13	Health	Department of Health & Human Services Director	Jodi Nerell	*(vacant)*
14	Juvenile Court	Presiding Judge	Carol Chrisman	Larry Brown
15	Probation	Chief of Probation	Keith Bays	Carol Paris
16	Veterans		Dean Hoaglin	*(vacant)*
17	Consumer - TAY	6-member panel	Juana Ramirez	*(vacant)*
18	Consumer - TAY	6-member panel	Dante Williams	*(vacant)*
19	Consumer - Adult	6-member panel	Gretchen Bushnell	*(vacant)*
20	Consumer - Adult	6-member panel	Leslie Napper	*(vacant)*

Sacramento County MHSA Steering Committee Vision and Current Members

21	Consumer - Older Adult	6-member panel	Dave Schroeder**	Frank Soler
22	Consumer - Older Adult	6-member panel	Frank Topping	*(vacant)*
23	Family Member/Caregiver of Child age 0-17	6-member panel	Ebony Chambers	*(vacant)*
24	Family Member/Caregiver of Child age 0-17	6-member panel	Stephanie Ramos**	*(vacant)*
25	Family Member/Caregiver of Adult age 18-59	6-member panel	Patricia Pavone	Jeraniqua Martin
26	Family Member/Caregiver of Adult age 18-59	6-member panel	Michaele Beebe	Pangcha Vang
27	Family Member/Caregiver of Older Adult age 60+	6-member panel	*(vacant)*	*(vacant)*
28	Family Member/Caregiver of Older Adult age 60+	6-member panel	Anatoliy Gridyushko	*(vacant)*
29	Consumer/Family Member At-Large	6-member panel	Sayuri Sion	*(vacant)*

* Mental Health Board member will also be Consumer/Family Member
** Co-Chair
NOTE: Alternates for Consumer and Family Member representatives can fill in for any absent Consumer or Family member.

Sacramento County
Mental Health Services Act Steering Committee
Conflict of Interest Policy and Statement

Conflict of Interest Policy

This Conflict of Interest Policy and Statement applies to Mental Health Services Act (MHSA) Steering Committee members and alternates. It is intended to define direct and remote conflicts of interest in relation to the MHSA Steering Committee's role as a recommending body related to MHSA planning/funding.

This policy is not intended to inhibit, prevent or discourage agencies affiliated with MHSA Steering Committee members from applying for MHSA funding. Rather, it is to ensure a fair and impartial planning process related to MHSA activities, program development and funding.

MHSA Steering Committee members have a commitment to conduct all responsibilities of the Steering Committee in a manner consistent with the best interest of the MHSA mission. This requires that all decisions and actions of members on behalf of the MHSA Steering Committee must be made or taken solely with a desire to serve in the best interest of the community, rather than a desire to serve in the best interest of an individual and/or agency.

Definition of Direct or Remote Conflict of Interest

The following is provided to identify the types of relationships and activities that may create direct or remote conflicts of interest:

a. If a member or alternate, or their family, will receive a direct financial benefit, such as a payment, dividend, increase in a value of a commodity or real estate, etc. by an action taken by the Steering Committee, the member or alternate has a direct conflict of interest.
b. A member or alternate has a remote conflict of interest if their employer will, or could, receive a benefit from an action of the Steering Committee.

Declaration of Conflict and Recusal

Government Code Section 1090 et. seq. addresses conflict of interest. The MHSA Steering Committee can take guidance from this code section to ensure there is an impartial decision-making process. MHSA Steering Committee members are encouraged to have open dialogue and share personal experiences and any bias which may influence opinions one way or other during the discussion. When there is a direct or remote conflict of interest, MHSA Steering Committee members and alternates will:

a. Declare the nature of the direct or remote conflict;
b. Recuse themselves from the discussion by leaving the room; and
c. Recuse themselves from any vote/action regarding the specific matter.

Failure to Declare a Conflict of Interest

Failure to declare a conflict of interest may invalidate any said action taken by the MHSA Steering Committee.

Disclosure of Potential Conflicts of Interest

MHSA Steering Committee members and alternates must complete, sign and submit the attached Conflict of Interest Statement to disclose any direct or remote personal or familial conflict financial stake/affiliation (within the past two years) with community based organizations providing behavioral health services in Sacramento County.

Sacramento County
Mental Health Services Act Steering Committee Member/Alternate
Conflict of Interest Statement

I, ____, understand and agree to comply with the attached Conflict of Interest Policy.

I certify that the following statements are true to the best of my knowledge:

A. I have a financial stake/affiliation currently, or within the past 24 months, with the following community based organization(s) providing behavioral health services in Sacramento County. *Attach additional pages, if necessary. If none, so state.*
   ____
   ____
   ____

B. My family member(s) has a financial stake/affiliation currently, or within the past 24 months, with the following community based organization(s) providing behavioral health services in Sacramento County. *Attach additional pages, if necessary. If none, so state.*
   ____
   ____
   ____

Should there be a change in my involvement in any activity or circumstances that constitutes a direct or remote conflict of interest, I will notify a member of the MHSA Executive Committee immediately. I will complete, sign and submit an updated MHSA Steering Committee Conflict of Interest Statement form.

SIGNATURE: ____

NAME: ____DATE: ______________________
(PLEASE PRINT)

San Mateo County Health System, Behavioral Health and Recovery Services

Mental Health Services Act (MHSA) Steering Committee – Current Roster

Stakeholder Group	Name(s)	Title (if applicable)	Organization (if applicable)
Consumer/Client and Veterans	Edmund Bridges**	Chair, MHSARC	
San Mateo County District 1	David Pine**	Supervisor, District 1	Board of Supervisors
San Mateo County District 1	Randy Torrijos	Staff to David Pine	Board of Supervisors
Advocate	Randall Fox	Health Policy Advocate	
African American Community	Sheri Broussard	African American Community Health Initiative	HIP Housing
Aging & Adult Service Provider	Michelle Makino	Community Program Supervisor	SMC Health System, Aging & Adult Services
AOD Service Provider	Clarise Blanchard	Director of Substance Abuse and Co-occurring Disorders	Star Vista and BHRS Contractors Association
AOD Service Provider	Ray Mills	Executive Director	Voices of Recovery
Chinese Community	Michael Lim		Chinese Health Initiative
Consumer/Client	Patrick Field		
Consumer/Client	Wanda Thompson*		
Consumer/Client	Patrisha Ragins*		
Consumer/Client - Adult	Christopher Jump	Executive Assistant	Heart & Soul, Inc
Consumer/Client – Older Adult	Carmen Lee	Program Director	Stamp Out Stigma
Consumer/Client - SA	Carol Marble*		
Consumer/Client - SA	Kathleen Bernard*		

*MHSARC member

**MHSARC member and MHSA Steering Committee Co-chairs

Stakeholder Group	Name(s)	Title (if applicable)	Organization (if applicable)
Consumer/Client Liaison	Jairo Wilches	Liaison and BHRS Wellness Champion	BHRS, Office of Family and Consumer Affairs
Courts	Rodina Catalano	Deputy Court Exec Officer	Superior Court
Disabilities Community	Maisoon Sahouria		Center for Independence
Disabilities Community	David DeNola		Center for Independence
Disabilities Community	Vincent Merola		Center for Independence
East Palo Alto Community	Shanna 'Uhila		East Palo Alto Behavioral Health Advisory Group
East Palo Alto Community	Tiffany Hautau		East Palo Alto Behavioral Health Advisory Group
East Palo Alto Community	Jeff Austin		East Palo Alto Behavioral Health Advisory Group
Education	Joan Rosas	Associate Superintendent	SMC Office of Education
Family Member	Cameron Johnson *		
Family Member	Judith Schutzman*		
Family Member	Sharon Roth*		
Family Member	Patricia Urbina		
Filipino Community	Athila Lambino		Filipino Mental Health Initiative
Health Care Organization	Maya Altman	Executive Director	Health Plan of San Mateo
Health Care Organization	Dan Becker	Medical Director	Mills Peninsula Health Svcs

*MHSARC member

Stakeholder Group	Name(s)	Title (if applicable)	Organization (if applicable)
Health Care Organization	Louise Rogers	Deputy Chief	San Mateo County Health System
Health Care Organization	Gina Wilson	Financial Services Mngr	San Mateo County Health System
Latino Community	Hector Moncada		Latino Collaborative
Law Enforcement	Eric Wollman	Chief	Burlingame Police
LGBTQQI Community	Susan Takalo		PRIDE Initiative
LGBTQQI Community	Lauren Szyper		PRIDE Initiative
Native American Community	Gloria Gutierrez	MH Counselor	BHRS
North County Community	Mary Bier		North County Outreach Collaborative
Pacific Islander Community	Agnes Tuipulotu		Pacific Islander Initiative
Pacific Islander Community	Juliet Vimahi		Pacific Islander Initiative
Public	Valerie Gibbs*		
Public	Josephine Thompson*		
Public	Betty Savin*		
Service Provider - Adult	Patricia Way		NAMI
Service Provider - Adult	Juliana Fuerbringe		NAMI
Social Service Provider	Melissa Platte	Executive Director	Mental Health Association
South Coastside Community	Joann Watkins	Clinical Director	Puente de la Costa Sur
Spirituality Community	Chase Montara		Spirituality Initiative

*MHSARC member

MHSA Steering Committee

The MHSA Steering Committee plays a critical role in the development of MHSA program and expenditure plans. Specifically, the MHSA Steering Committee makes recommendations to the planning and services development process and as a group, assures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services within available resources and meets the criteria and goals established.

Guiding Principles

- Focus on wellness, recovery and resilience
- Cultural and linguistic competency
- Consumer/family-driven services
- Integrated service experience for families and consumers
- Community collaboration

Composition and Membership

The Steering Committee will be co-chaired by a member of the Board of Supervisors and the chair of the Mental Health and Substance Abuse Recovery Commission (MHSARC), and will include broad representation from stakeholder groups including the membership of the entire MHSARC. Please visit the MHSA website www.smchealth.org/bhrs/mhsa for the most up-to-date membership list.

The Steering Committee meetings will be open to the public and will include time for public comment as well as means for submission of written comments. To join the Steering Committee as a member please contact Doris Estremera, MHSA Manager at mhsa@smcgov.org or (650) 573-2889.

Roles and Responsibilities

The Steering Committee will oversee the Community Program Planning (CPP) process and development of the MHSA Three-Year Program and Expenditure Plan (MHSA Plan) and the Annual Updates. The role of the Steering Committee will be to assure that the recommended MHSA Plan

- reflects local needs and priorities,
- contains the appropriate balance of services within available resources, and
- meets the criteria and goals established by the state Mental Health Services Oversight Accountability Commission (MHSOAC).

Instructions and guidelines for the development of the plan can be found at the MHSOAC website, www.mhsoac.ca.gov.

The Steering Committee will also:

- Review input received through the CPP process and make recommendations for strategy development.
- Recommend priorities for inclusion in the MHSA Plan. The MHSARC will open a 30-day public comment period for the Draft MHSA Plan and subsequently, a public hearing.

MHSA Planning Timeline

MHSA planning, implementation and updates are on a Fiscal Year (FY) calendar July 1 – June 30.
Counties are required to plan for and submit a Three-Year MHSA Plan and Annual Updates each year.

Current Three-Year Implementation Phase: July 1, 2014 through June 30, 2017
Annual Updates Due: June 2015, June 2016, June 2017
Next Three-Year Planning Phase: January 2017 – April 2017
Next Three-Year MHSA Plan Due: June 2017

July - August	September - November	January - March	April	May - June
• Collect data reports from MHSA funded programs for Jan - June of previous FY	• Compile all data for full FY and present it to the MHSA Steering Committee	• Collect data reports for July – Dec of previous FY • Begin CPP process	• Public hearing and presentation of the MHSA Plan or Annual Update for public comment to MHSARC	• Presentation to the Board • Submission to the MHSOAC

Steering Committee Meetings

- The MHSA Steering Committee will **meet twice a year in November and February** during Implementation Phase July 1, 2014 – June 30, 2017.
- As we begin the Planning Phase, January 2017 – April 2017 for the next three years of MHSA services there may be 1-2 additional meetings to allow for more engagement in the CPP process and making recommendations.

Given that there are only 2-3 meetings per year, consistent attendance is very important. We will make every attempt to provide you meeting date, time and location well in advance.

If you are interested in joining the Steering Committee please contact Doris Estremera, MHSA Manager at mhsa@smcgov.org or (650) 573-2889.

Mental Health Services Act (MHSA)

Program and Fiscal Review

I. **Date of On-site Review:** January 22, 2015
Date of Exit Meeting: March 17, 2015

II. **Review Team:** Warren Hayes, Gerold Loenicker, Erin McCarty, Michelle Nobori and Teresa Pasquini

III. **Name of Program/Plan Element:** Rubicon Programs Incorporated, Bridges to Home

IV. **Program Description.**

Adult Full Service Partnerships provide a full range of services to adults over the age of 18 who are diagnosed with a serious mental illness, are at or below 300% of the federal poverty level, and are uninsured or receive Medi-Cal benefits. Bridges to Home utilizes a modified assertive community treatment model to provide full service partnership services. This is a self-contained mental health model of treatment made up of a multi-disciplinary mental health team, including a peer specialist, who work together to provide the majority of treatment, rehabilitation, and support services that clients use to achieve their goals. Rubicon Programs contracts with the county to provide full services partnerships for West County clients through its Bridges to Home program.

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

Attachment 1 – Program and Fiscal Review Report Template

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Consumers indicated program meets the values of MHSA
2. Serve the agreed upon target population.	Yes	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.	No	Staffing and budget constraints have made it challenging for the agency to implement the full spectrum of services outlined in the Service Work Plan
4. Meet the needs of the community and/or population.	Yes	Services are consistent with Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Yes	Program serves the number of clients outlined in the Service Work Plan on an annual basis
6. Achieve the outcomes that have been agreed upon.	Yes	Program meets most outcomes
7. Quality Assurance	Yes	Utilization review indicated program meets most quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant
9. Staffing sufficient for the program	Yes	Staffing level support targeted service numbers

10. Annual independent fiscal audit	Yes	No concerns indicated by independent auditor
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Agency appears to have diversified revenue sources, adequate cash flow, and sufficient coverage of liabilities
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Staff is well qualified and program has good internal controls and review processes
13. Documentation sufficient to support invoices	Yes	Organization provided documentation and explanations that support monthly invoices
14. Documentation sufficient to support allowable expenditures	Yes	The process has sufficient quality control to support expenditures; however, it was apparent that a process of regular review and reconciliation has not been taking place between Rubicon and the County
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	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	Yes	The program uses an appropriate allocation approach for indirect costs
17. Insurance policies sufficient to comply with contract	Yes	Necessary insurance is in place

18. Effective communication between contract manager and contractor	No	Split contract management duties at the County has led to poor communication between Rubicon and the 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/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.
Method. Consumer, family member and service provider interviews and consumer surveys.
Results. The following table summarizes the survey results. We received a total of 37 surveys. Responses are consistent with consumer interviews; show a positive evaluation of the program by participants; and show adherence to MHSA values.

Questions	**Responses:**				
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 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know 0
1. Help me improve my health and wellness	Average score: 3.14 (n=36) *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."*				
2. Allow me to decide what my own strengths and needs	Average score: 3.03 (n=35)				
3. Work with me to determine the services that are most helpful	Average score: 2.92 (n=35)				
4. Provide services that are sensitive to my cultural background.	Average score: 2.89 (n=34)				
5. Provide services that are in my preferred language	Average score: 3.03 (n=35)				
6. Help me in getting needed health, employment, education and other	Average score: 2.78 (n=31)				

<table>
<tr><td>benefits and services.</td><td colspan="4"></td></tr>
<tr><td>7. Are open to my opinions as to how services should be provided</td><td colspan="4">Average score 2.68 (n=32)</td></tr>
<tr><td>Your response to the following questions is appreciated:</td><td colspan="4"></td></tr>
<tr><td>8. What does this program do well?</td><td colspan="4">Answers included the following statements:
• Provide money management services; offer financial supports
• Assist with housing placements
• Provide support and transportation to doctor’s appointments
• Offer support to maintain med compliance
• Provide support for overall health and wellness</td></tr>
<tr><td>9. What does this program need to improve upon?</td><td colspan="4">Answers included the following statements:
• More access to housing
• Offer more transportation</td></tr>
<tr><td>10. What needed services and supports are missing?</td><td colspan="4">• Availability of housing options
• More groups for individuals such as exercise classes, WRAP, and self-help groups</td></tr>
<tr><td rowspan="2">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.)</td><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: 3.31 (n=35)</td></tr>
<tr><td>12. Any additional comments?</td><td colspan="4">Answers included the following statements:
• “[I] hope Rubicon never goes away. MHSA has been supportive with my wellness and recovery.”
• “I just want my check.”
• “I love it.”</td></tr>
</table>

<u>Consumer Interview:</u>

Six consumers participated in an interview about Rubicon’s Full Service Partnership program. The consumers had been receiving services from the Bridges to Home program for varying lengths of time, ranging from one month to six years. Each of the program participants indicated they found the services offered by Brides to Home to be helpful in addressing their mental health needs and felt the program offered a safe place for consumers to come for support. The participants stated, “[they] did not know what they would do without [the program]”. Several of the program participants talked about how Bridges to Home assisted them in finding housing as well as other needed community resources. The clients indicated the program aided them in feeling calm, sober and emotionally stable. One of the participants mentioned they are now able to

attend school full time because of the program. The majority of the participants said they met with program staff at least once a week. Participants felt staff worked well together and had compassion for the participants, which they said was important when working with mental health consumers. Several of the participants were aware of the program's after-hours crisis line. One participant said he/she used the after-hours crisis line and that the team was very supportive. One participant stated, "[there is] always someone here when [I] need to talk". Additionally, participants said Bridges to Home assisted them in making and attending mental health and primary care appointments. Services are available in Spanish when needed.

Several Bridges to Home staff recently left the program and, while Rubicon has transitioned new and/or existing employees into the vacant positions, not all of the participants were aware of the new staffing and some expressed anxiety about the staffing changes. While participants appreciated the transportation services offered through the Bridges to Home program, some felt these services were inadequate.

Staff Interview:

Eight individuals attended the staff interview. Staff explained the goal of Bridges to Home's services is to improve consumers' quality of life. Treatment services are constructed around the needs of the individual client and are strength-based. Bridges to Home staff do their best to collaborate with other services providers, including primary care, housing services and substance abuse services, to meet the needs of the client. However, long waitlists for substance abuse services can lead clients to become unwilling to engage in substance use services and/or decompensate while waiting for treatment for substance abuse. The Consumer/Family Member Personal Service Coordinator provides peer support to clients and, when possible, family members. Money management services are available for all clients who require such services. As the Bridges to Home Full Service Partnership program has evolved, staff have moved from primarily providing services at Rubicon to providing the majority of individual services in the community. An assortment of on-site group services are also available to clients.

Discussion. Interviews with program participants and service providers as well as program participant survey results all support that Bridges to Home 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. 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.
   Results. The Bridges to Home program undergoes regular utilization reviews conducted by the West Adult Mental Health Clinic's utilization review staff to ensure all clients meet the definitions serious mental illness and adult full service partners. The MHSA chart review confirms that Rubicon serves the agreed upon target population. Additionally, Contra Costa County performs a centralized utilization review on all programs which bill MediCal, including Rubicon. On July 20, 2011 and February 10, 2015, Level Two Centralized Utilization Chart Reviews were conducted by County Mental Health. For all of the charts reviewed, clients met medical necessity for specialty mental health services as specified in the Welfare and Institutions Code (WIC) Section 5600.3(b).

   Discussion. 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.
   Results. Monthly service summaries and 931 and 864 Reports from Contra Costa County Mental Health's billing system, as well as annual outcome reports, show that the Bridges to Home program is, with a few exceptions, providing the number and type of services that have been agreed upon by Rubicon and Contra Costa County. Services include outreach and engagement, case management, individual and group outpatient mental health services, crisis intervention, collateral, housing support, money management, peer/family support, flexible funds and social activities. Both staff and participants indicated services are available on a 24-7 basis via an after-hours crisis phone line. Staff revealed, given the current program budget, they are unable to hire additional staff to support clients in engaging in meaningful activity, such as vocational services. Instead, Bridges to Home refers their clients to the County Mental Health Vocational Services program; however, staff mentioned the County program is

unable to provide services to all of their full service partnership clients. Rubicon piloted providing nursing service to their full service partnership clients but found the contract payment limit could not support enough nursing hours to retain a nurse and meet the needs of the clients. It remains a challenge for the agency to be able to obtain timely primary care appointments for their clients. Additionally, like the majority of agencies in the area, Rubicon has struggled to find and retain qualified psychiatry staff. Bridges to Home clients will begin to receive psychiatry services from the West Adult Mental Health Clinic in 2015.

Discussion. MHSA funds directed to the agency cover expenditures associated with supporting the provision of the Bridges to Home Full Service Partnership program. However, staffing and budget constraints have made it challenging for the agency to implement the full spectrum of services outlined in their Service Work Plan; particularly in providing support around meaningful activity, including vocational services, and primary care/nursing services. During contract negotiations for FY 15/16, Rubicon and the County should examine the program budget, Service Work Plan and available community resources to determine how best to address these service gaps.

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

   Discussion. 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.
Results. In previous fiscal years, Bridges to Home was a collaborative program between several agencies. The collaborative had a target enrollment number of 185 clients. The collaborative met this target in FY 12/13 and in FY 13/14. Upon dissolution of the collaborative in FY 14/15, Rubicon's target enrollment became 75 unduplicated clients per year. Concurrent monthly program enrollment has ranged between 60 and 62 clients this fiscal year. Given the complexity of client needs and current staffing levels, staff indicated that 65 is the maximum number of clients they are able to serve concurrently.
Discussion. The program has been and continues to serve the number of individuals specified in the service work plan on an annual basis. Rubicon and county staff may need to examine the current program caseload and add a monthly program target to the Service Work Plan to appropriately reflect the complexity of the clients being served.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.
Method. Match outcomes reported for the last three years with outcomes projected in the program description/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. The program has six program objectives as part of the service work plan. The program provides an annual report summarizing their progress towards meeting the six outcomes. The program has continually met or exceeded the four primary objectives (including reduction in psychiatric emergency services and inpatient psychiatric services), while falling short on two (housing placement and timely administration of the LOCUS assessment). Data comes from (1) service data generated from the Contra Costa County claims processing system, (2) data collected by the program, and (3) County's data system.
Discussion. Overall, the program achieves its primary objectives. However, success indicators should be refined based upon the program's experience and

survey practices. The indicators should focus on determining success in improving mental health outcomes.

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.
   Results. Contra Costa County received two grievances associated with Rubicon's Full Service Partnership program and both were resolved. Rubicon has an internal grievance procedure in place and staff are conversant in the procedure so they are able to refer clients to the agency staff responsible for filing internal grievances when issues arise. The program undergoes regular Level 1 and Level 2 utilization reviews conducted by the County Mental Health utilization review teams to ensure that program services and documentation meet regulatory standards. Level 1 and Level 2 utilization review reports indicate that Rubicon is generally in compliance with documentation and quality standards. On July 20, 2011, a Level Two Centralized Utilization Review Chart Review was conducted by County Mental Health. The results show the charts were generally compliant and there were no disallowances. On February 10, 2015, another Level Two Centralized Utilization Review Chart Review was conducted by County Mental Health. Several documentation issues were identified during the February 10th Review and some resulted in disallowances. County Mental Health has asked Rubicon to submit a Plan of Correction in response to the February 10, 2015 Centralized Utilization Review findings.
   Discussion. The program has a quality assurance process in place.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol.
   Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program/plan element's implementation of a protocol for safeguarding protected patient health information.
   Results. Rubicon 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. Electronic files are kept within a secure database on the agency's server and no files are kept on shared computers. Clients and program participants are informed about their privacy rights and rules of confidentiality.

Discussion. 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.
Results. The current staffing allows the agency to serve the targeted number of clients. However, due to staff turnover, Rubicon has had to hire/replace staff. Current staffing patterns prevent Rubicon from being able to provide the full spectrum of services to its Bridges to Home clients, making the program reliant on other community-based services to provide vocational services as well as medical services, including psychiatric nursing and psychiatry.
Discussion. Sufficient staffing is in place to serve the number of clients outlined in the Service Work Plan. That being said, the turnover of program staff is a potential cause for concern as it may affect the programs ability to effectively serve its clients. It takes time for service providers to learn about the various resources available through Contra Costa Behavioral Health's System of Care. Knowledge of the System of Care is critical when serving clients with complex behavioral health service needs who may need to be referred to multiple providers for care. The agency may want to examine the current staff structure and consider offering additional incentives to ensure qualified individuals are retained and that the full spectrum of service is available to clients.

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. Annual fiscal audits for 2011, 12, and 13 were reviewed with Rubicon staff. No findings were identified.
Discussion. Overall, Rubicon appears to be a well-diversified organization, with growth in their Economic Empowerment programs, and slight decline in their Mental Health and Wellness programs. The annual independent fiscal audit for 2014 was requested in order to provide a more current context for Rubicon's organizational direction.

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. Review Board of Director's meeting minutes. Interview fiscal manager of program or plan element.
Results. Financial statements were reviewed with Rubicon's financial staff; Chief Financial Officer, Controller, Accounting Manager and Budget Officer. The agency appears to have diversified revenue sources, adequate cash flow, and sufficient coverage of liabilities. Sufficient operating cash is available. Rubicon owns the building housing the Mental Health and Wellness program, and will have the mortgage retired in 2020.
Discussion. Rubicon appears financially capable to sustain the Full Service Partnership program that is provided by contract with Contra Costa Mental Health.

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. Interview with the aforementioned Rubicon financial staff indicate that these qualified staff practice compliance with generally accepted accounting principles, and have practices in place for segregation of duties and internal controls. Financial staff appeared qualified and experienced for the roles performed for the organization, and appear to practice sufficient delegation of authority.
Discussion. Rubicon has sufficient oversight to comply with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.
Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.
Results. Rubicon's Controller described the organization's financial system and methodology used to identify, track and report expenditures applicable to the Full Service Partnership program.
Discussion. Invoices and financial system reports appear to match.

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.
Results. March's invoice supporting documentation for FY 2012, 2013 and 2014 were reviewed. Contract invoices, cost summaries, and supporting documentation did not match up to allow easy identification by a county contract manager whether all expenses were allowable. Discussion with Rubicon's financial staff provided sufficient explanations regarding appropriateness of billing. However, it was apparent that this process of regular review and reconciliation had not been taking place between Rubicon and the County. For example, there appeared significant variation between Personal Service Coordinators' travel claims in mileage reported to common destinations. Also, cost center coding for various expenses needed to be explained, rather than be easily identified on the documents.
Discussion. Regular communication between Rubicon and the County with appropriate document adjustments need to take place in order to preclude unnecessary audit exceptions.
Response from Program.
A) We will include in the monthly invoice billing packet, the expense allocation percentage on the expense summary sheets. We currently provide the personnel expense summary with allocation percentage to the contract. The input to review the standardization of common destinations is noted and appreciated.
B) On a yearly or semi-yearly basis, at the request of the county manager, we'll send an electronic billing packet complete with all supporting backup documentation and cost summaries to County manager for review; subsequently, set up a check-in meeting with the county contract manager to discuss on any invoicing or fiscal matters that may arise.

15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows).
Method. Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program.
Results. Rubicon financial staff provided sufficient detail of year end reconciliation practices to ensure invoicing in appropriate fiscal year.
Discussion. Expenditures are invoiced 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 or plan element.
    Method. Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program.
    Results. Rubicon financial staff indicated that their indirect rate was 25%. This appeared high relative to indirect rates charged in other county mental health contracts, as well as higher than what the County charges in their own contracts with the State and federal government. It was noted that several administrative personnel cost line items in the contract could be included in the indirect rate. Subsequent to the site visit Rubicon clarified that the HUD provisionally approved rate of 25% was calculated based upon salaries only, and not all costs. Re-calculating their indirect rate showed that actual charges to the County for indirect costs were 15%. Also, it was noted that the contract is charging $85,622 for occupancy costs. This appeared high, in that the total occupancy costs for the facility is estimated at $200,000. Contract staff comprise less than 25% of the total staff occupying the building. Finance staff indicated that they conduct a quarterly survey of staff versus space utilization to determine fair share allocation.
    Discussion. It is recommended that Rubicon provide the County with the latest completed indirect rate calculations, as well as space utilization study as part of negotiating Rubicon's FY 15-16 FSP contract.
    Response from Program.
    A) We concur that providing the indirect calculation worksheet will provide clarity into which costs are being included in each category.
    B) The budgeted line item cost indicated above of $85,622 is for both occupancy expense as well as shared office expenses (office equipment, etc.). The annual budgeted facility occupancy and office expense costs are approximately $556,000, not $200,000 -- therefore the amount charged to the MHSA contract is approximately 15% of the total costs.

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.
    Results. The program provided certificate of liability insurance, workers compensation and employers liability and healthcare professional liability policies that were in effect at the time of the site visit.

Discussion. 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.
Results. To date, contract management duties have been split among various Contra Costa County Behavioral Health Services staff. This has led to poor communication between Behavioral Health Services and the program regarding activities and invoicing related to MHSA as well as around programming issues. It was apparent that the process of regular review and reconciliation had not been taking place between Rubicon and the County.
Discussion. It is recommended that one county staff person be designated as the contract monitor for this contract and that regular communication occur between Rubicon and the county designee.

VIII. Summary of Results.

Rubicon has over 30 years of experience supporting individuals with mental illness in obtaining housing, getting jobs, reducing symptoms, and connecting more fully to their community. The Bridges to Home Adult Full Service Partnership is a well-run program in West County that adheres to the values of MHSA. The program staff and program participants all believe the program is valuable. The current program structure does permit the agency to offer clients the full spectrum of full service partnership services outlined in the MHSA regulations. Contract management duties have been split among various Contra Costa County Behavioral Health Services staff. This has led to poor communication between Behavioral Health Services and the program regarding activities and invoicing related to MHSA.

IX. Findings for Further Attention.

- It is recommended that Rubicon and the County begin contract negotiations for the FY 15/16 contract as soon as possible. During contract negotiations, Rubicon and the County should work together to better align the Bridges to Home staffing and program structure with the full service partnership structure outlined in the MHSA regulations.

- It is recommended that one county staff person be designated as the contract monitor for this contract and that regular communication occur between Rubicon and the county designee.
- It is recommended that Rubicon revise its outcome deliverables to focus more on improving mental health outcomes. Rubicon will work with County Mental Health to devise impact measures that span all program elements.

X. Next Review Date. January 2018

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)

MHSA Monthly Budget Report

Fiscal Year 2014-15

July 2014 through March 2015

Summary

	Approved MHSA Budget	Expenditures	Projected Expenditures
• CSS	$ 30,068,631	$ 15,261,517	$ 25,398,840
• PEI	8,037,813	5,036,128	7,807,854
• INN	2,019,495	672,787	1,332,097
• WET	638,871	357,064	579,852
• CF/TN	849,936	1,066,711	1,419,692
Total	**$ 41,614,746**	**$ 22,394,207**	**$ 36,538,334**

- 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

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Full Service Partnerships			
– Children	$ 2,885,820	$ 1,901,121	$ 2,841,963
– Transition Age Youth	2,065,642	1,299,214	2,048,178
– Adults	2,935,514	937,617	1,907,096
– Adult Clinic FSP Support	1,794,059	1,143,478	1,511,897
– Recovery Centers	875,000	454,078	875,000
– Hope House	2,017,019	1,346,762	2,017,019
– Housing Services	4,886,309	1,754,966	4,655,899
Full Service Partnerships Sub-Total	**$ 17,459,363**	**$ 8,837,237**	**$ 15,857,052**
• General System Development			
– Older Adults	$ 3,560,079	$ 2,367,466	$ 3,286,096
– Children's Wraparound	2,161,974	907,338	1,481,037
– Assessment and Recovery Center - Miller Wellness Center	1,250,000	- [1]	500,000
– Liaison Staff	513,693	-	350,694
– Clinic Support	1,201,638	770,170	984,856
– Forensic Team	493,973	226,890	299,157
– Quality Assurance	1,176,673	620,414	870,811
– Administrative Support	2,251,239	1,532,003	1,769,138
General System Development Sub-Total	**$ 12,609,268**	**$ 6,424,281**	**$ 9,541,789**
Total	**$ 30,068,631**	**$ 15,261,518**	**$ 25,398,840**

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

CSS - FSP Children's

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Personal Service Coordinators - Seneca	$ 562,915	$ 335,952	$ 562,915
• Multi-dimensional Family Therapy – Lincoln Center	874,417	532,973	874,417
• Multi-systemic Therapy – COFY	650,000	475,505	650,000
• Children's Clinic Staff – County Staff	798,488	556,691	754,631
Total	**$ 2,885,820**	**$ 1,901,121**	**$ 2,841,963**

CSS - FSP Transition Age Youth

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Fred Finch Youth Center	$ 1,400,642	$ 944,483	$ 1,400,642
• Youth Homes	665,000	354,731	647,536
• TAY Residential – Vendor TBD	-	-	-
Total	**$ 2,065,642**	**$ 1,299,214**	**$ 2,048,178**

CSS - FSP Adults – Agency Contracts

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Rubicon	$ 928,813	$ 491,127	$ 600,000
• Community Health for Asian Americans (CHAA)	123,422	- [2]	-
• Anka	768,690	- [1]	500,000
• Familias Unidas (Desarrollo Familiar)	207,096	125,385	207,096
• Hume Center	907,493	321,105	600,000
Total	**$ 2,935,514**	**$ 937,617**	**$ 1,907,096**

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

		Approved MHSA Budget		Expenditures		Projected Expenditures
• Adult Clinic Support - FSP support, rapid access, wellness nurses	$	1,794,059	$	1,143,478	$	1,511,897
• Recovery Centers – Recovery Innovations		875,000		454,078		875,000
• Hope House – Telecare		2,017,019		1,346,762		2,017,019
Total	**$**	**4,686,078**	**$**	**2,944,318**	**$**	**4,403,916**

CSS - Supporting FSPs
Housing Services

	Approved MHSA Budget	Expenditures		Projected Expenditures
• Supportive Housing – Shelter, Inc	$ 1,663,668	$ 670,648		$ 1,663,668
• Supportive Housing – Bonita House (proposed)	190,000	-	1	-
• Augmented Board & Care – Crestwood	411,653	381,378		411,653
• Augmented Board & Care – Divines	4,850	4,193		4,850
• Augmented Board & Care – Modesto Residential	120,000	26,730		40,000
• Augmented Board & Care – Oak Hills	21,120	15,400		21,120
• Augmented Board & Care – Pleasant Hill Manor	30,000	34,360		30,000
• Augmented Board & Care – United Family Care	271,560	219,501		271,560
• Augmented Board & Care – Williams	30,000	22,790		30,000
• Augmented Board & Care – Woodhaven	13,500	9,025		13,500
• Shelter Beds – County Operated	1,672,000	-	2	1,672,000
• Housing Coordination Team – County Staff	457,958	370,942		497,548
Total	**$ 4,886,309**	**$ 1,754,966**		**$ 4,655,899**

Note:

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

CSS - General System Development Services

	Approved MHSA Budget	Expenditures		Projected Expenditures
• Older Adult Clinic - Intensive Care Mgmt , IMPACT	$ 3,560,079	$ 2,367,466		$ 3,286,096
• Wraparound Support – Children's Clinic	2,161,974	907,338	2	1,481,037
• Assessment and Recovery Center (MWC) – staff TBD	1,250,000	-	1	500,000
• Liaison Staff - Regional Medical Center	513,693	-	2	350,694
• Money Management – Adult Clinics	617,465	422,899	2	606,651
• Transportation Support – Adult Clinics	213,693	45,312	2	75,594
• Evidence Based Practices – Children's Clinics	370,479	301,959	2	302,612
• Forensic Team – County Operated	493,973	226,890	2	299,157
Total	**$ 9,181,356**	**$ 4,271,864**		**$ 6,901,840**

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

		Approved MHSA Budget		Expenditures [1]		Projected Expenditures
• Quality Assurance						
– Utilization Review - TBD	$	370,473	$	39,684	$	100,204
– Medication Monitoring		89,843		94,506		126,008
– Clinical Quality Management		370,473		328,693		438,257
– Clerical Support		345,884		157,532		206,342
Quality Assurance Total	**$**	**1,176,673**	**$**	**620,414**	**$**	**870,811**
• Administrative Support				[1]		
– Project and Program Managers	$	757,210	$	735,710	$	924,647
– Clinical Coordinators		213,902		174,010		160,647
– Planner/Evaluators – TBD *		260,400		1,510		1,510
– Family Service Coordinator – TBD		105,205		-		-
– Administrative/Fiscal Analysts		327,336		224,177		241,372
– Clerical Supervisor		96,876		30,151		30,151
– Clerical Support		390,310		351,909		390,310
– Community Planning Process – Consultant Contracts	$	100,000	$	14,536	$	20,501
Administrative Support Total	**$**	**2,251,239**	**$**	**1,532,003**	**$**	**1,769,138**
Total	**$**	**3,427,912**	**$**	**2,152,417**	**$**	**2,639,948**

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 Summary

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Prevention – Outreach and Engagement		[1]	
– Reducing Risk of Developing a Serious Mental Illness			
• Underserved Communities	$ 1,481,361	$ 844,411	$ 1,481,361
• Supporting Youth	1,600,726	874,518	1,667,648
• Supporting Families	585,434	383,812	549,762
• Supporting Adults , Older Adults	736,435	269,270	435,486
– Preventing Relapse of Individuals in Recovery	468,440	334,205	468,440
– Reducing Stigma and Discrimination	692,988	345,971	471,885
– Preventing Suicide	416,343	283,573	414,320
Prevention Sub-Total	$ 5,981,727	$ 3,335,760	$ 5,488,901
• Early Intervention – Project First Hope	$ 1,685,607	$ 1,081,575	$ 1,491,818
• Administrative Support	370,479	618,793 [1]	827,135
Total	**$ 8,037,813**	**$ 5,036,128**	**$ 7,807,854**

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

	Approved MHSA Budget	Expenditures		Projected Expenditures
• Asian Community Mental Health	$ 130,000	$ 54,372	1	$ 130,000
• Center for Human Development	133,000	11,296	1	133,000
• Jewish Family & Children's Services	159,699	109,164		159,699
• La Clinica de la Raza	256,750	164,841	1	256,750
• Lao Family Community Development	169,926	88,327		169,926
• Native American Health Center	213,422	134,475		213,422
• Rainbow Community Center	220,507	160,282		220,507
• Building Blocks for Kids (West Contra Costa YMCA)	198,057	121,653		198,057
Total	**$ 1,481,361**	**$ 844,411**		**$ 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

	Approved MHSA Budget	Expenditures	Projected Expenditures
• James Morehouse Project (West CC YMCA)	$ 94,200	$ 49,278	$ 94,200
• Project New Leaf (Martinez USD)	220,079	41,389	220,079
• People Who Care	203,594	141,535	203,594
• RYSE	460,119	148,710	460,119
• STAND! Against Domestic Violence	122,734	70,470	122,734
• Families Experiencing Juvenile Justice System	500,000	423,136 [1]	566,922
Total	**$ 1,600,726**	**$ 874,518**	**$ 1,667,648**

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
Supporting Families

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Child Abuse Prevention Council	$ 118,828	$ 68,750	$ 118,828
• Contra Costa Interfaith Housing	64,526	40,218	64,526
• Counseling Options Parenting Education (Triple P)	225,000	141,996	189,328
• First Five	75,000	75,000	75,000
• Latina Center	102,080	57,848 [1]	102,080
Total	**$ 585,434**	**$ 383,812**	**$ 549,762**

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

	Approved MHSA Budget	Expenditures	Projected Expenditures
• MH Clinicians in Concord Health Center – TBD	$ 246,986	$ 35,653 [1]	$ 57,044
• Lifelong Medical Care	118,970	39,013	118,970
• Senior Peer Counseling Program	370,479	194,604 [1]	259,471
Total	**$ 736,435**	**$ 269,270**	**$ 435,486**

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

	Approved MHSA Budget	Expenditures		Projected Expenditures
• Preventing Relapse				
– Putnam Clubhouse	$ 468,440	$ 334,205		$ 468,440
• Reducing Stigma				
– Office of Consumer Empowerment	692,988	345,971	[1]	471,885
• Preventing Suicide				
– Contra Costa Crisis Center	292,850	195,232		292,850
– MH Clinician Supporting PES, Adult Clinics	123,493	88,341	[1]	121,470
	$ 416,343	$ 283,573		$ 414,320
• Early Intervention				
– Project First Hope	$ 1,685,607	$ 1,081,575		$ 1,491,818
• Administrative Support	370,479	618,793	[1]	827,135
Total	**$ 3,633,857**	**$ 2,045,324**		**$ 2,846,462**

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

	Approved MHSA Budget	Expenditures		Projected Expenditures
• Supporting LGBTQ Youth – Rainbow Community Center	$ 420,187	$ 320,525		$ 420,187
• Women Embracing Life Learning – County Operated – 1.5 FTE	194,652	121,703	[1]	162,271
• Trauma Recovery Project – County Operated – 1 FTE	123,493	72,037	[1]	96,049
• Reluctant to Rescue – Community Violence Solutions	126,000	(12,165)		126,000
Sub-Total	$ 864,332	$ 502,099		$ 804,507
• 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	170,688	[1]	277,590
Total	**$ 2,019,495**	**$ 672,787**		**$ 1,332,097**

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

	Approved MHSA Budget	Expenditures		Projected Expenditures
• Workforce Staffing Support				
– Administrative Support	$ 184,426	$ 40,061	4	$ 52,370
• Training and Technical Assistance				
– Staff Training – Various Vendors	75,000	17,625	1	40,000
– SPIRIT – TBD	11,000	23,850		31,800
– Family to Family – NAMI Contra Costa	20,000	8,757		20,000
– Law Enforcement – Various Vendors	5,000	-	1	5,000
• Mental Health Career Pathway Programs				
– High School Academy – Contra Costa USD	14,500	-	2	-
• Residency, Internship Programs				
– Graduate Level Internships – County Operated	178,945	250,521	4	345,682
– Graduate Level Internships – Contract Agencies	100,000	16,250		85,000
• Financial Incentive Programs				
– Bachelor, Masters Degree Scholarships	50,000	-	3	-
Total	**$ 638,871**	**$ 357,064**		**$ 579,852**

Notes:

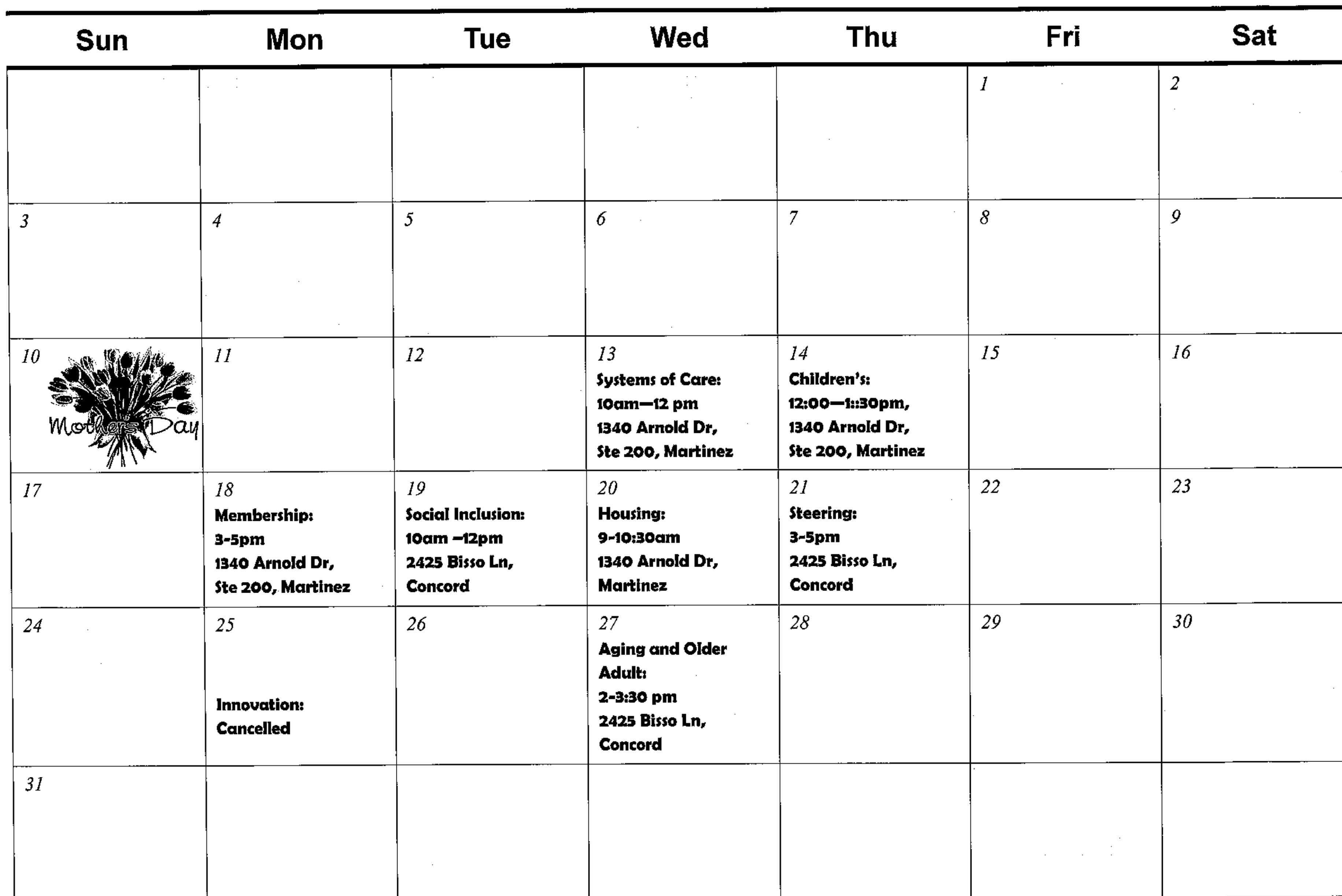
1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
2) High School Academy is the planning phase.
3) The Bachelor, Masters Degree Scholarships is in the planning phase.
4) Certain County-operated MHSA programs are staffed 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

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Electronic Mental Health Records System	849,936 [1]	1,066,711	1,419,692
Total	**$ 849,936**	**$ 1,066,711**	**$ 1,419,692**

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

CPAW Meeting Calendar
May 2015



Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10 Mothers Day	11	12	13 **Systems of Care:** **10am—12 pm** **1340 Arnold Dr,** **Ste 200, Martinez**	14 **Children's:** **12:00—1::30pm,** **1340 Arnold Dr,** **Ste 200, Martinez**	15	16
17	18 **Membership:** **3-5pm** **1340 Arnold Dr,** **Ste 200, Martinez**	19 **Social Inclusion:** **10am –12pm** **2425 Bisso Ln,** **Concord**	20 **Housing:** **9-10:30am** **1340 Arnold Dr,** **Martinez**	21 **Steering:** **3-5pm** **2425 Bisso Ln,** **Concord**	22	23
24	25 **Innovation:** **Cancelled**	26	27 **Aging and Older Adult:** **2-3:30 pm** **2425 Bisso Ln,** **Concord**	28	29	30
31						