



Rubicon changes

Jane Fischberg

to:

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From: Jane Fischberg <janef@rubiconprograms.org>

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Dear colleagues:

Over the last several months, we have undertaken a thoughtful, comprehensive process to determine how we can achieve the greatest social impact. We examined our theory of change – which specific set of activities and practices we need to deliver to achieve our desired impact.

We did this because quite simply, and tragically, after over four decades, we are not seeing the needle move on poverty in the communities we serve.

We asked ourselves how we can best add value, how we can be most effective at transforming communities. In order to do this, we realized we needed to become more focused.

In order to serve the whole person, we needed to focus on the needs of a specific population. **We made the difficult decision to divest of our services to persons living with severe and persistent mental illness with a high level of functional impairment**, in order to become even more focused on serving low-income people on a journey of economic empowerment.

We are working closely with Contra Costa County health services to make this transition in a transparent, compassionate, and responsible way. We have undertaken conversations with the County and other partners with much advance notice, to do our best to ensure a seamless transition, with enough time for alternate provider(s) to be selected and to start up services. Both the County and Rubicon will do everything we can to ensure that consumers experience minimum disruption in services.

**We anticipate that the most significant changes will occur in the first quarter of 2016.**

**We will continue to deliver high-impact services throughout the East Bay, with service sites at present in Richmond, Antioch, Berkeley, Oakland, and Hayward** – consistent with our mission to transform East Bay communities by equipping low-income people to break the cycle of poverty.

We have been fortunate to experience unprecedented growth in our economic empowerment services, and we look forward to piloting our new signature program model later in 2015.

We will be contacting many of you individually to facilitate partnership transitions that may need to happen as a result of Rubicon's new strategic direction. Thank you in advance for your cooperation in ensuring a continued robust system of care in the communities we serve.

Respectfully,  
Jane

Jane Fischberg  
President and Executive Director



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## **AOT Program Design Overview**

Upon Board of Supervisor approval Contra Costa County will implement Assisted Outpatient Treatment by December 2015. The program will consist of the following elements:

Care Team. A Care Team member will respond to a referring individual 24 hours a day, seven days a week and assist in facilitating a decision by the referring individual as to whether to pursue requesting a petition for AOT or to assist in connecting to other levels or types of care. If AOT is to be pursued the Care Team will engage the Contra Costa Behavioral Health Services (CCBHS) Team to initiate an investigation, and will assist in the investigatory process. The Care Team will be led by a mental health clinician representing the CCBHS Team, and includes representation from the AOT Treatment Team, to include a family partner and consumer peer specialist. The CCBHS Team may authorize a representative of the Care Team to initiate outreach and engagement efforts for up to three contacts per week for up to four weeks.

CCBHS Team. The CCBHS Team, acting on behalf of the Behavioral Health Services Director, is responsible for determining whether a referring individual is a qualified requesting party and conducting an investigation in response to a request for a petition. The CCBHS Team will follow statutory procedures as specified by WIC 5345-7, and make a recommendation as to whether to pursue filing a court petition for AOT. At all times the CCBHS Team will offer treatment on a voluntary basis, and ensure connection with the appropriate level and type of care. Concurrent with the investigation the CCBHS Team, to include Care Team representatives, will develop or revise a treatment plan that will be utilized as the basis either for voluntary participation or will accompany a court petition. The CCBHS Team will consist of county employed mental health clinicians, supervision and administrative support.

AOT Treatment Team. The AOT Treatment Team is a contract provider who will utilize the Assertive Community Treatment (ACT) model of care and provide services in accordance with the provisions of WIC 5348-9. Up to 75 persons who meet AOT eligibility (whether voluntary or court ordered) will be served annually. Services will be provided 24 hours a day seven days a week, and will employ the principles of client-directed psychosocial rehabilitation and recovery, and will be primarily provided out of office in the community by a mobile, multi-disciplinary team that use a staff-to-client ratio of no more than 10 clients per team member. The AOT will provide the full spectrum of services, to include flexible funds to provide housing services as needed. Staff on the AOT Treatment Team will also participate on the Care Team and provide the lead in receiving referrals in the community, assist in the investigatory process and development of the treatment plan, and upon CCBHS Team authorization conduct outreach and engagement efforts to assist a referred individual.

Budget. On an annual basis the County will utilize up to \$2,250,000 in MHSA funds for the CCBHS Team and AOT Treatment Team, and up to \$418,000 in County General Funds for County Counsel, Superior Court and Public Defender costs. Costs for the Care Team are included in the CCBHS and AOT Treatment Team costs. Medi-Cal reimbursement will be sought for treatment provided to eligible individuals.

Evaluation. An independent principal investigator will be contracted over a three year period to determine the respective effectiveness of voluntary participation versus involuntary participation in the program, and whether the AOT Program is more or less effective than the County's existing Full Service Partnership programs.

**Contra Costa Mental Health Administration Responses to Public Comments,  
Public Hearing/Mental Health Commission Comments and Recommendations**

**PUBLIC COMMENT**

- a. Comment. Many youth ages 18 to 26 have their first encounter with mental health issues and services. With the advent of Assisted Outpatient Treatment in the next fiscal year what provisions have been made for them to receive Full Service Partnership Services (pages 27-28)?

Response. Currently there are three MHSA funded Full Service Partnerships specifically for transition age youth (ages 16-25), one serving each region of the County. The Assisted Outpatient Treatment will serve eligible individuals 18 years of age or older, thus providing additional intensive mental health services for this age group.

- b. Comment. How many Wellness Nurses (page 29) are funded and have been hired? How many clients are seen? How are outcomes tracked?

Response. There are two full-time equivalent Wellness Nurse positions authorized. These positions are in the process of being filled for the first time; thus, number to be served and outcomes have yet to be determined.

- c. Comment. For Crestwood (page 31), is the 46 beds available in the Vallejo location included in the annual funds allocated.

Response. Yes.

- d. Comment. On page 32, is the Housing Coordination Team County operated through a fiscal agent? If so, do the contracts stipulate a percentage the fiscal agent is awarded?

Response. The Housing Coordination Team are County employees, and not operating under a fiscal agent.

- e. Comment. Children's Wraparound Support (page 33) – is a fiscal agent involved? How many people are employed? How many people are served?

Response. No fiscal agent is involved in Children's Wraparound Support. MHSA funds were added to augment the existing County's Wraparound Program in 2008 by adding 16 additional positions, mostly Family Service Partners – County staff with lived family member experience to support the families of children with serious emotional disturbance. No separate numbers are kept regarding people served, as this is an augmentation to the legally mandated Wraparound Program.

- f. Comment. What other positions besides Community Support Worker will MHSA funding cover at the Miller Wellness Center (page 34)?

Response. In addition to the Community Support Workers MHSA funding will cover mental health supervision and clerical support at the Miller Wellness Center.

- g. Comment. Liaison staff have been in the plan for a few years (page 34). Have these positions been filled? If they have not been filled, does this reduce the amount of MHSA funds expended?

Response. The mental health positions who assist with treatment planning and transitioning have been filled. The two Community Support Workers who are planned to assist with transitioning individuals from Psychiatric Emergency Services (PES) to services that will support them in the community have yet to be filled. Due to the lack of available space, supervision and support at PES, Health Services management has been waiting for space, supervision and clerical support to become available at the recently constructed Miller Wellness Center. It is anticipated that these positions will be filled in FY 15-16.

- h. Comment. How many staff have been hired in the positions authorized for Resource Planning and Management, Transportation Support, and Evidence Based Practices (page 35)? How many clients?

Response. All authorized positions are now filled. No separate numbers are kept regarding people served in these positions, as this is an augmentation to the services provided at the three adult clinics.

- i. Comment. How does the Transportation Support augmentation described on page 35 differ from the proposed Innovative Project proposed on page 53?

Response. The positions assigned to the clinics provide direct hands-on assistance for client transportation needs pursuant to obtaining services at that clinic. The positions assigned to the proposed Innovative Project will provide a centralized staff response to coordinate efforts in a systemic and comprehensive manner; such as cross levelling vehicle and driver availability, provide client training in public transportation, assist with access to public transportation subsidies, and represent client interests to transit authorities.

- j. Comment. Why isn't the Forensic Team costs covered under Assembly Bill (AB) 109 funding (page 36).

Response. Most of the Forensic Team costs are covered under AB 109. The funding under AB 109 has specific client eligibility requirements and funding limits that do not cover all County residents who are involved with the criminal justice system, experience serious mental illness, are high utilizers psychiatric emergency services but low utilizers of the level and type of care needed. MHSA funds augment the Forensic Team to add four clinical specialists who join a multi-disciplinary team that provides mental health services, alcohol and drug treatment, and housing services to individuals with serious mental illness.

- k. Comment. Under the plan elements of Quality Assurance and Administrative Support (page 36), how many of the 29 listed positions are not filled?

Response. All of the 29 positions have been filled. As of March 31, 2015 two positions are temporarily unfilled due to normal turnover, with hiring efforts in place.

l. Comment. Where are the number of positions?

Response. MHSA funds 161 positions.

m. Comment. Two mental health clinicians are funded by MHSA to join a multi-disciplinary team providing medical services at the County Health Centers (page 44). Have these staff been hired? If so, how many people were seen last year?

Response. Yes, staff have been hired. No separate numbers are kept regarding people served in these positions, as this is an augmentation to the services provided at the County Health Centers.

n. Comment. Regarding the Trauma Recovery Project on page 52, are these people already on staff? How many staff positions does this include? Was it charged by the hour?

Response. This is one County staff position that is authorized and filled. The Mental Health Clinical Specialist does not charge by the hour, but is a salaried County employee.

o. Comment. Regarding Community Options for Families and Youth, Inc. in the Program Profiles, under what category do we find the budgeted \$650,000?

Response. Community Options for Family and Youth is a contract provider of multi-systemic therapy as part of the Children's Full Service Partnership Program that is described on page 26.

## **PUBLIC HEARING AND MENTAL HEALTH COMMISSION COMMENTS**

a. Comment. People hired for the Assisted Outpatient Treatment Program should have quality training, and use up-to-date treatment and medications, to include treatment for side effects.

Response. CCBHS Administration agrees. Implementation efforts will provide written language as well as follow-up addressing the hiring of experienced professionals who are trained in the use of current, evidence based practices, as well as appropriate response to any medication side effects.

b. Comment. What positions have not been filled, such as the Wellness Nurses?

Response. A listing of MHSA funded positions that have not yet been filled will be provided, to include the program or plan element to which the position is assigned.

c. Comment. How long does it take for someone to get an appointment when calling the Mental Health Access Line? This is important to be known as part of the MHSA Plan, as MHSA funds were intended to go toward improving the entire mental health delivery system, not just to create "boutique" programs.

Response. According to Access Line management the time from placing a call to

the Access Line and getting an appointment varies due to two factors. Clinicians screening calls assess degree of urgency, and calls deemed urgent are prioritized and seen as soon as possible. Calls deemed routine are dependent upon the number of filled/unfilled intake clinician positions at a particular clinic at any particular time, and can vary from a next day appointment up to five weeks.

The Mental Health Access Line has experienced challenges in the past due to various factors, and was a priority subject of a completed External Quality Review Organization (EQRO) Performance Improvement Plan (PIP). Several significant technology, procedural and staffing improvements resulted from this process. This is an example of an element (the Mental Health Access Line) of the entire public mental health system utilizing established protocol for improvement (a Performance Improvement Plan). On a parallel track the MHSA Community Program Planning Process engaged stakeholders in prioritizing public mental health needs and suggesting strategies for meeting those needs. Access to services by adults who were seriously mentally ill was deemed a high priority. This process resulted in significant staffing being authorized and funded by MHSA to enable the adult mental health clinics to provide a more rapid and flexible access to available services at respective clinics (page 29).

- d. Comment. Rubicon Programs has announced that they will be discontinuing services to mental health patients. What is being done to cover the people that Rubicon will no longer treat plus the additional people who will be served through the AOT program.

Response. Mental Health Administration has been meeting with Rubicon Executive staff to plan for an orderly transition of their mental health services to a prospective community based organization. In particular, they are looking to transfer their case management responsibilities of the Full Service Partnership Program sometime after the first of the calendar year. On May 5 Rubicon publicly announced their plans to focus solely on their Economic Enterprise Division, while transitioning out of providing mental health services in Western Contra Cost County. Over the Summer Mental Health Administration will be initiating a process to invite prospective community based mental health providers to express interest in becoming the Full Service Partnership provider for West Contra Costa County. As Full Service Partnership programs are funded by the Mental Health Services Act, a community program planning process will be implemented that will invite our stakeholders to actively participate in the process. In the interim Rubicon has committed that they will maintain their current level of mental health services until a new provider can be selected. For the Assisted Outpatient Treatment (AOT) Program, a program design with



budget is currently being developed (page 28). This funding is in addition to and separate from the Full Service Partnership funding.

- e. Comment. When will the Electronic Mental Health Project be fully operational?  
Response. The estimated start date, as approved in the original proposal, is 22 months from date of initiation. The project started in February 2015, with phase one completion planned for November of this year.

## **MENTAL HEALTH COMMISSION RECOMMENDATIONS**

1. The Commission requests that the Board of Supervisors be made clearly aware of what positions in the plan are now filled and what positions need to be filled.  
Response. As with any County positions, the 161 positions funded by the MHSA experience normal turnover due to staff leaving County employment for other positions, promotions, retirements, and the like. The County's Human Resources Department, Behavioral Health Services Personnel, and hiring managers work together to back-fill positions that have become vacant. The number, type and locale of MHSA vacancies change on a regular basis, and are consistent with the vacancy rate experienced by Behavioral Health Services in general .

Unique to MHSA and the Three Year Plan and Plan Updates are new positions generated as a result of the MHSA Community Program Planning Process. This is where stakeholders have prioritized public mental health needs, suggested strategies to meet these needs, and the Board of Supervisors have authorized the use of MHSA funds for specific programs and plan elements to meet priority needs. The following positions have been authorized in the MHSA Three Year Plan and Plan Updates, but have yet to be filled. As per the Mental Health Commission's recommendation this information has been incorporated into the Fiscal Year 2015-16 MHSA Plan Update.

<u># Positions</u>	<u>Position Title</u>	<u>Program/Plan Element</u>	<u>Page</u>
2	Community Support Worker	Miller Wellness Center	34
1	Program Supervisor	Miller Wellness Center	34
1	Clerk	Miller Wellness Center	34
2	Registered Nurse	Wellness Nurses	29
3	Community Support Worker	Wellness Coaches	52
2	Community Support Worker	Liaison Staff (with PES)	34



2. The Commission wants it clarified how the Full Service Partnerships (FSPs) that Rubicon will be leaving, and the 74 new FSPs that are coming in with Laura's Law are going to be dealt with in this Plan.

Response. Rubicon publicly announced its intention to cease serving Full Service Partnerships subsequent to the draft Plan Update being posted for Public Comment. Now that Rubicon has made its announcement, this issue is addressed (page 27-28) in the Plan Update going before the Board of Supervisors, as well as responded to in the Mental Health Administration's response to the Public Hearing and Mental Health Commission's comments. For clarification, the additional 74 individuals to be served via Assisted Outpatient Treatment (AOT) will be funded in addition to and separately from the existing FSP programs.

3. The Commission has asked for a clear understanding of what the role is of this Commission and future Commissions on voting or making recommendations of a Plan to go before the Board of Supervisors.

Response. Welfare and Institutions Code (WIC) Section 5848(b) clearly delineates the role of the Mental Health Commission regarding the MHSA Three Year Plan and/or Plan Updates: "The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions."

## **Recommendations for the Role and Structure of the Consolidated Planning Advisory Workgroup (CPAW)**

The Internal Operations Committee of the Board of Supervisors requested the Contra Costa Behavioral Health Services (CCBHS) Director to provide recommendations regarding the role, governance and structure of the Consolidated Planning Advisory Workgroup (CPAW). Input was considered from CPAW, the Mental Health Commission and NAMI – Contra Costa, as well as an analysis was conducted of how other counties of similar size address the statutory requirements for active stakeholder participation in planning, evaluation and oversight of the public mental health system (**Attachment 1**).

### **RECOMMENDATIONS**

**Role.** It is recommended that CPAW remain separate from the Mental Health Commission, with its role to advise the CCBHS Director regarding 1) inclusive stakeholder participation in the required MHS Community Program Planning Process, 2) assist in the implementation of the Community Program Planning Process, and 3) provide input on MHS funded programming. It is suggested that this body consider re-naming itself the MHS Advisory Committee in order to clarify that its scope extends to counsel and input on matters pertaining to the Mental Health Services Act.

**Governance.** CPAW will meet monthly, and conduct business under the provisions of the Brown Act, with an emphasis on open and inviting forums for all stakeholders to come and participate. **Attachment 2** represents a set of self-governance agreements that the current CPAW membership has developed and adopted for all CPAW sponsored meetings.

**Attendance.** Appointed members who miss a third or more of meetings in a year's time will be subject to being dropped, with a replacement appointment being made. In addition, members will be expected to participate in at least one additional stakeholder body supported by CCBHS, whether CPAW sponsored or not, and will share information from these meetings with CPAW membership.

**Membership.** All stakeholders are invited to attend and participate in CPAW sponsored meetings. In order to ensure compliance with WIC Section 5848(a) the BHS Director will seek and appoint individuals for an indefinite term who can well represent the full spectrum of stakeholder voices who participate in the public mental health system. **Attachment 3** provides a recommended roster of current active CPAW members who will be re-appointed as each representing the voice of a single affiliation. Currently CPAW has 23 members, with a recommended three additional appointments possible to add the underserved population representation of persons identifying as Latina/o, parents of young children, and a representative of veterans' services. Applications for membership will be accepted on a continuous basis, and current CPAW members may be asked to assist in vetting an applicant for identification of all characteristics and affiliations that may influence their participation.

**Attachment 4** provides a matrix of all of the characteristics and affiliations that CPAW members self-reported as of May 2014.

**Structure.** Up until now sub-committees and ongoing workgroups under the auspices of CPAW have included Membership, Steering, Innovation, Systems of Care, Children's, Transition Age Youth, Adults (not currently active), Older Adults, Housing and Social Inclusion. These bodies have been issue specific, open to any and all interested stakeholders, and do not designate specific individuals for membership. Representatives from CPAW and the Mental Health Commission attend these meetings.

The following is recommended for each of the above sub-committees and workgroups:

Membership. Membership will be a CPAW workgroup, and meet on an as needed basis to assist in, 1) vetting an applicant for CPAW membership for identification of all characteristics and affiliations that may influence their participation, and 2) making a recommendation to the Behavioral Health Services Director for membership to CPAW. Participation in this process is open to all CPAW members, with the public invited to attend and comment.

Steering. Steering will be a CPAW workgroup, and will normally meet two weeks before the monthly CPAW meeting to, 1) construct the CPAW meeting agenda, and 2) consider any self-governance issues delegated from the CPAW meeting. Participation in this process is open to all CPAW members, with the public invited to attend and comment.

Innovation. Innovation will be a CPAW workgroup, and will meet monthly to, 1) receive, vet and recommend Innovative Concepts to the Behavioral Health Services Director for development into a proposal, 2) assist in developing an approved Innovative Concept to an Innovative Project proposal for Mental Health Services Oversight and Accountability Commission (MHSOAC) consideration and approval as per WIC Section 5830, and 3) provide oversight and input to MHSOAC approved Innovative Projects. Participation in this process is open to all CPAW members, with the public invited to attend and comment. It is recommended that CPAW members wishing to participate in the above process commit to participation for prescribed periods in order to enable this sub-committee to develop consistency and continuity of effort from Innovative Concept consideration through Project approval and implementation.

Systems of Care. System of Care will be a CPAW workgroup, and will meet monthly to enable stakeholder participation in MHSA funded programs and plan elements that are in development. Examples have included staffing the newly built Miller Wellness Center, implementation of the Electronic Mental Health Record System, and developing a common data reporting system for MHSA funded Innovation and Prevention and Intervention programs in response to pending new regulations. CPAW will delegate to this workgroup issues for stakeholder participation. Participation in this workgroup is open to all interested stakeholders, whether CPAW members or not.

County MHSA funded personnel will provide ongoing staff and administrative support to CPAW meetings, and the above four CPAW sponsored workgroups. This includes, 1) ongoing communication with CPAW members, 2) posting developed agendas and attachments, 3) reserving rooms, setting up and arranging for audio-visual support, 4) responding to reasonable accommodation requests, such as gift cards 5) producing agreed upon documents, such as agenda readiness forms, minutes, staff analyses and position papers, and 6) facilitating

communication and problem solving between stakeholders and the Behavioral Health Services Director, Deputy Director, chiefs and managers, as appropriate.

For the remaining stakeholder bodies it is recommended that respective chiefs and managers assume sponsorship by appointing personnel within their supervision to perform the staff support and administrative duties that are listed above. These stakeholder bodies include Children's, Transition Age Youth, Adults (not currently active), Older Adults, Housing and Social Inclusion. Issues for participation will be mutually agreed upon and topical to the entire Behavioral Health Services System; not just issues where MHS funding is involved.

This restructuring will enable the County to build stakeholder expertise in addressing statutory responsibilities under the Mental Health Services Act, while concurrently supporting wide stakeholder participation in an integrated Behavioral Health Service Division.

### 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

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.

## **Consolidated Planning Advisory Workgroup (CPAW)**

### **Working Agreement**

The counsel and advice of all participants in the CPAW process is highly valued in planning and evaluating Mental Health Services Act funded programs and services. In order for all voices to be expressed in a productive, safe and respectful environment, the CPAW body has developed and adopted the following set of self-governance agreements for all participants at all types of CPAW meetings:

1. Come prepared to discuss the published agenda items and handouts.
2. We are committed to starting and finishing on time. Please help us by arriving on time, speaking only to the topic at hand, and coming back from breaks on time.
3. Turn your cell phone ringers off; take any calls outside.
4. Avoid providing any distractions, such as side bar conversations.
5. Wait to be recognized before speaking, and keep your comments brief.
6. Please identify to the group your perspective, affiliation or potential conflict of interest if you are participating in discussions that lead to group positions or recommendations.
7. When internal group decisions need to be made, such as CPAW or sub-committee governance issues, members will attempt to reach consensus, or, if necessary, decide by a simple majority. For a group position or recommendation made through CPAW to Contra Costa Behavioral Health Services, participants may be asked if they support, do not support, or do not wish to take a position. The number of CPAW members and non-members in each response category should be reported.
8. It is OK to disagree politely and respectfully, as different perspectives are welcomed and encouraged.
9. Please refrain from criticizing in a negative manner a specific person or agency during the meeting, or in group communications. Outside of the meeting please speak to the staff supporting the meeting for assistance in having your concerns heard and addressed through the appropriate channels.
10. An individual may be asked to leave should he/she behave in a manner that threatens the safety of our group members, or does not honor the terms of this working agreement.



### CPAW Members Representing a Single Stakeholder 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.

The following represents CPAW members representing a single, primary stakeholder group:

NAME	AFFILIATION	NAME	AFFILIATION
1. Ashley Baughman	Consumer	14. Sam Yoshioka	Family Member
2. Lisa Bruce	Consumer	15. <b>Vacant</b>	Family Partner - CCBHS
3. Karen Smith	Consumer	16. Courtney Cummings	Underserved Population
4. Connie Steers	Consumer	17. Tony Sanders	Underserved Population
5. Gina Swirsding	Consumer	18. <b>Vacant</b>	Underserved Population
6. Matt Wilson	Consumer	19. John Hollender	CCBHS Service Provider
7. Stephen Boyd	Peer Provider – CCBHS*	20. Molly Hamaker	CBO** Service Provider
8. Susan Medlin	Peer Provider - CCBHS	21. Susanna Marshland	CBO Service Provider
9. Kimberly Krisch	Family Member	22. Tom Gilbert	CBO Service Provider
10. Dave Kahler	Family Member	23. Kimberly Martel	Criminal Justice
11. Ryan Nestman	Family Member	24. Will McGarvey	Faith Based Leadership
12. Lauren Rettagliata	Family Member	25. Kathi McLaughlin	Education
13. Laurie Schnider	Family Member	26. <b>Vacant</b>	Veterans

Should this method of affiliation representation be adopted, CPAW would fully meet statutory requirements for stakeholder representation by adding an individual who represents the interest of families of young children receiving public mental health services (#15), an individual who can represent the underserved Latina/o community (#18), and a veteran's service representative (#26).

\*CCBHS – Contra Costa Behavioral Health Services employee

\*\*CBO – Community Base Organization contracting with Contra Costa Behavioral Health Services

**ATTACHMENT 4 - 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	ANKA/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						

[illegible]

# **Mental Health Services Act (MHSA)**

## **Program and Fiscal Review**

- I. Date of On-site Review:** February 18, 2015  
**Date of Exit Meeting:** April 22, 2015
- II. Review Team:** Evelyn Centeno, Mike Geiss, Warren Hayes, Gerold Loenicker, Erin McCarty, Michelle Nobori and Faye Ny
- III. Name of Program/Plan Element:** Anka Behavioral Health, Incorporated
- 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. Anka Behavioral Health's Full Service Partnership Program 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. Anka Behavioral Health contracts with the county to provide full services partnerships for Central County clients. During FY 2014-15, the heretofore Bridges to Home partnership between Rubicon programs, Anka Behavioral Health and Community Health for Asian Americans (CHAA) was restructured. Anka Behavioral Health is now responsible for serving full service partners in Central County.

- 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.

## VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumers indicated program meets the values of MHSA
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for both specialty mental health services and full service partnerships
3. Provide the services for which funding was allocated.	Unmet	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.	Met	Services are consistent with Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Met	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.	Met	Program meets most outcomes; however, data is not being entered and reported in a timely fashion
7. Quality Assurance	Met	Utilization review indicated program meets most quality assurance standards
8. Ensure protection of confidentiality of protected	Met	The program is HIPAA

health information.		compliant
9. Staffing sufficient for the program	Met	Staffing level support targeted service numbers but have made it challenging for the agency to implement the full spectrum of services
10. Annual independent fiscal audit	Met	No concerns indicated by independent auditor
11. Fiscal resources sufficient to deliver and sustain the services	Met	Program receives funding from multiple sources and has access to line of credit if necessary
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Staff is well qualified and program has good internal controls
13. Documentation sufficient to support invoices	Met	Organization provided documentation that reconciles to monthly invoices
14. Documentation sufficient to support allowable expenditures	Met	Organization provided documentation that reconciles to monthly invoices
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are invoiced in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Organization charges indirect costs consistent with the contract
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place

18. Effective communication between contract manager and contractor	Unmet	Split contract management duties at the County has led to poor communication between Anka Behavioral Health and the contract manager
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**VII. Review Results.** The review covered the following areas:

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

Does the program/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.** Only one consumer survey was received so the results of the survey are included in the information below. The single response was consistent with consumer interviews; show a positive evaluation of the program; and show adherence to MHSA values.

Consumer Interview:

Four clients and one family member participated in an interview about Anka Behavioral Health's Full Service Partnership program. Additionally, one client was unable to attend because of a work conflict but submitted his/her story of recovery for consideration in this report. Finally, a family submitted written comments about their experience with the program for consideration in this report.

The consumers had been receiving services from the Anka Behavioral Health program, and formerly the Bridges to Home collaborative, for varying lengths of time, ranging from several months to several years. Each of the program participants indicated they found the services offered by Anka Behavioral Health to be helpful in addressing their mental health needs and making progress towards achieving their goals. One participant stated he/she is currently doing so well "because they [meaning the program] stay personal". Several of the program participants talked about how the program assisted them in finding housing and

taught them living skills. The majority of the participants said they met with program staff at least once a week. One participant noted, if a staff person stopped by the participant's homes when the participant was out, the staff person left a card on the participant's door. Participants felt staff were compassionate and let the clients know, even if they did not have family, they were not alone. Several of the participants were aware of the program's after-hours crisis line; however, none had used it.

Participants noted that sometimes it can be difficult to get ahold of staff at Anka Behavioral Health's Full Service Partnership program. One family found the program struggles to appropriately serve clients who are difficult to engage because of their illness. Additionally, the family noted the program has not sought necessary information releases to be able to involve the client's natural supports in his/her treatment. One participant stated he/she had to teach him/herself vocational skills because vocational services were not available and, as a result, was seeking employment without the assistance of a job coach.

#### Staff Interview:

Seven individuals attended the staff interview. Staff receive referrals from the regional adult mental health clinic as well as from probation and the Forensic Mental Health program. Staff provide care as a team and offer case management, referrals to community resources, life skills training, housing supports and dual diagnosis groups as well as harm reduction for clients who have substance abuse issues. Additionally, staff work to link clients to the local recovery centers as well as to vocational services. Staff mentioned they provide the majority of services in the field at locations in the community and stay connected with clients when they are hospitalized or in Psychiatric Emergency Services. Staff noted it would be beneficial to have a nurse on staff to provide support to clients with chronic medical conditions, such as diabetes, who have trouble linking to primary care. Staff also said they would like to have a psychiatrist as part of the team. Furthermore, they said more money management services, housing resources and meaningful activity resources would be valuable for clients. One staff member is bilingual Spanish-speaking and can provide interpretation services for other staff members as needed.

**Discussion.** Interviews with program participants and service providers as well as program participant survey results all support that Anka Behavioral Health 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 Anka Behavioral Health Full Service Partnership program undergoes regular utilization reviews conducted by the Central Adult Mental Health Clinic's utilization review staff to ensure all clients meet the criteria for both specialty mental health services and adult full service partnerships. The MHSA chart review conducted by the MHSA Program and Fiscal Review team confirms that four of the five charts reviewed met the agreed upon target population for full service partnerships. The fifth chart was missing documentation so a determination could not be made around whether the client met target population or not. Additionally, Contra Costa County performs a centralized utilization review on all programs which bill MediCal, including Anka Behavioral Health. On August 29, 2012 and February 11, 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 Anka Behavioral Health Full Service Partnership program is, with a few notable exceptions, providing the number and type of services that have been agreed upon by Anka Behavioral Health and Contra Costa County. Services include outreach and engagement, case management, individual outpatient mental health services, dual diagnosis groups, crisis intervention, collateral, housing support, linkage to county vocational services and linkage to the local wellness centers. Clients receive psychiatric services from psychiatrists

at the Concord Adult Mental Health Clinic. Both program staff and participants indicated services are available on a 24-7 basis via an after-hours crisis phone line. The program does not currently use flexible funds. Given the current program structure, staff do not directly support clients in engaging in meaningful activity, such as vocational services. Anka Behavioral Health has not implemented a Transitional Employment Program as outlined in the Services Work Plan. Instead, Anka Behavioral Health refers their clients to the County Mental Health Vocational Services program; however, one client stated he/she did not receive vocational services and had to teach himself/herself the needed skills. Additionally, staff noted there is a need for more social activities for clients. Staff attempted to facilitate a social activity but due to scheduling conflicts with the event site, they were unable to hold the activity.

**Discussion.** MHSA funds directed to the agency cover expenditures associated with supporting the provision of the Anka Behavioral Health 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 social activities and vocational services. Interviews with staff indicated a need for adding a nurse to the team to provide needed support around primary care issues. Staff also said it would be beneficial to the program model to add a psychiatrist to the team. Family comments reveal a need to incorporate peer and family support services into the program model as well as to examine current engagement strategies to determine how best to approach clients who are difficult to engage because of their illness. During contract negotiations for FY 15/16, Anka Behavioral Health 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, Anka Behavioral Health was part of the Bridges to Home collaboration. 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, Anka Behavioral Health's target enrollment became 80 unduplicated clients per year. Concurrent monthly program enrollment has ranged between 24 and 51 clients this fiscal year. Note, the monthly enrollment numbers could be artificially low as data has not been entered into the data systems in a timely fashion.

**Discussion.** Annually the program has served the number of individuals specified in the service work plan. Anka Behavioral Health 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.** Because Anka Behavioral Health was part of the Bridges to Home collaborative when the last Outcomes Report was produced, the results outlined in this report are not agency specific but reflect the outcomes of the collaborative as a whole. 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. As noted above, Anka Behavioral Health has not been completing data entry into the state and local databases in a timely fashion. Nor has it been completing the LOCUS assessments on a quarterly basis.

**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. Because Anka Behavioral Health has not been completing data entry in a timely fashion, it has been challenging for County staff to track the program's enrollment and 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 did not receive any grievances associated with Anka Behavioral Health's Full Service Partnership program. The program 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 Anka Behavioral Health is generally in compliance with documentation and quality standards. On August 29, 2012, a Level Two Centralized Utilization Chart Review was conducted by County Mental Health. The results show the charts were generally compliant and there were only two small disallowances related to billing for non-billable services. On February 11, 2015 another Level Two Centralized Utilization Chart Review was conducted by County Mental Health.

Several documentation issues were identified during the February 11<sup>th</sup> Review and some resulted in disallowances. Utilization Review staff provided feedback around administrative issues as well as guidance regarding linking progress note content to the client's mental health issues and functional impairments. Some of the services the program provided were not billable as mental health services, such as money management, and the program misunderstood how to bill for travel time, which led to some significant disallowances. There was also a significant disallowance for missing notes.

**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.** Anka Behavioral Health has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Client charts are kept in locked file cabinets, behind a locked door and comply with HIPAA standards. Clients and program participants are informed about their privacy rights and rules of confidentiality.

**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, current staffing patterns prevent Anka Behavioral Health from being able to provide the full spectrum of services to its Full Service Partnership clients, making the program reliant on other community-based services to provide vocational services and peer and family support services as well as medical services, including 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 program is currently unable to provide the full spectrum of services to its Full Service Partnership clients. 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.** The organization provided consolidated financial statements and single audit report with supplementary information for fiscal year ended June 30, 2014. The auditors did not identify any concerns and stated the financial statements fairly present the consolidated financial position of Anka. The financial statements included the Contra Costa FSP program as well as numerous programs for other entities.

**Discussion.** Anka complied with the annual audit requirement and there were no findings or concerns expressed by the independent auditors.

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.** The financial statements indicated Anka receives revenues from multiple sources. The approximately \$1 million Contra Costa FSP program represents a small portion of the approximately \$40 million of Anka operations. There were no issues identified in the Board of Directors minutes related to the program or organization's fiscal position. Anka has a fairly large outstanding line of credit (approximately \$4 million as of June 30, 2014) that the Senior Accounting Manager indicated is in the process of being replaced with a new line of credit. Additionally, Anka is refinancing some of their properties to pay down the line of credit. The Senior Accounting Manager indicated their operating cash balance is sufficient and that they have a daily process to track cash flows.

**Discussion.** Based on interview with the organization's staff and review of the financial statements, the organization is financially sound and does not require any technical assistance from the County.

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 organization has a fiscal manager over billing and receivables and a fiscal manager over accounting and financial statements. Each fiscal manager reports to the Chief Financial Officer who is a Certified Public Accountant with many years of non-profit accounting experience. Anka uses the Microsoft Dynamics Great Plains software to track and report their expenditures. The Contra Costa FSP program has two unique cost centers (881 for Forensics and 885 for Anka FSP) within the financial system.

**Discussion.** The interview with the fiscal managers indicated the organization has well qualified staff, software and support for their fiscal operations.

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.** The organization produces a monthly Statement of Revenue & Expenditures for each cost center/program from the financial system. We were able to reconcile the Statement of Revenue & Expenditures for the two Contra Costa FSP programs to the monthly invoices for April 2014.

**Discussion.** The organization maintains sufficient detail to support the amount invoiced to Contra Costa County for the program. This is evidenced by verification of the amounts shown in the Statement of Revenue & Expenditures reconciling with the invoices and the supporting documentation reconciling with the amounts in the Statement of Revenue & Expenditures.

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.** The amounts on the April 2014 invoices were reconciled with the amounts shown in the Statement of Revenue & Expenditures. The supporting documentation reconciled with the amount included on the Statement of Revenue & Expenditures. Personnel costs are charged to the program based on the actual personnel costs by position for the month multiplied by the percentage of time allocated to the program for each position as determined by the Vice President of Operations. Some costs are directly identified to the program while



shared costs are generally allocated to the program based on number of staff (Full-Time Equivalents). Indirect costs are charged to the program based on the allowed amount in the budget (15 percent) multiplied by the actual personnel and operating costs.

**Discussion.** The accounting system used by the program and the associated supporting documentation ensures expenses are tracked and reported appropriately.

- 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.** The program maintains accounting policies on how to treat month end and year end transactions.

**Discussion.** The program invoices for expenditures in the appropriate fiscal year.

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

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

**Results.** Indirect costs are charged to the program based on the allowed amount in the budget (15 percent) multiplied by the actual personnel and operating costs.

**Discussion.** The program determines indirect costs consistent with the contract.

- 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, which included general liability, automobile liability, umbrella liability, workers compensation and professional liability, which was 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 Anka Behavioral Health 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 Anka Behavioral Health and the county designee.

## **VIII. Summary of Results.**

Anka Behavioral Health has over 40 years of experience supporting individuals with mental illness in obtaining housing, reducing symptoms and connecting more fully to their community. The Anka Behavioral Health Adult Full Service Partnership in Central County adheres to the values of MHSA. The program staff and program participants believe the program is valuable. The current program structure does not 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 Anka Behavioral Health and the County begin contract negotiations for the FY 15/16 contract as soon as possible. During contract negotiations, Anka Behavioral Health and the County should work together to better align the 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 Anka Behavioral Health and the county designee.

- It is recommended that Anka Behavioral Health staff enter data into the state and local databases in a timely fashion so enrollment and outcomes can be tracked. Additionally, the program should be completing the LOCUS assessment upon intake and on a quarterly basis.
- It is recommended that Anka Behavioral Health revise its outcome deliverables to focus more on improving mental health outcomes. Anka Behavioral Health will work with County Mental Health to devise impact measures that span all program elements.

**X. Next Review Date.** February 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)

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review: February 25, 2015**  
**Date of Exit Meeting: May 12, 2015**
- II. **Review Team:** Mike Geiss, Erin McCarty, Gerold Loenicker
- III. **Name of Program/Plan Element: Building Blocks for Kids Collaborative (BBK) – Not About Me Without Me (NAMWM).**
- IV. **Program Description.**  
Under the fiscal agency of YMCA East Bay, the *Building Blocks for Kids Collaborative (BBK)* provides diverse households in the Iron Triangle neighborhood of Richmond (BBK Zone) improved access to education, health care, and mental health services with a program named *Not About Me Without Me (NAMWM)*. Funded through Prevention and Early Intervention (PEI) funds, *NAMWM* is reaching out to an underprivileged and underserved community that has struggled with community violence, lack of resources, substance use, and related problems for many years. Per regulations proposed 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”. Many studies have pointed to the link between chronic and toxic stress related to poverty, lack of opportunity, exposure to community violence, child abuse, and family conflict and negative health and mental health outcomes. Protective factors include healthy family bonds, connectedness with the community and resources, and increased self-agency with regard to pursuing opportunities and resources. In addition, the proposed regulations emphasize the importance of improving **Timely Access to Mental Health Services** for individuals from underserved populations.

BBK’s *NAMWM* programming include the following service components: (1) to help families become knowledgeable about and get access to health related services, BBK employs a range of family engagement strategies, including “Family Engagement Nights”, “Sanctuary Support Groups” for women (held at the center, in the community and at schools), direct linkage to service providers, and “Backbone Support” to organizations who are ready to provide services in the

BBK Zone; (2) to help families become better advocates for their health and mental health related needs. BBK trains Parent Partners to help families build the necessary advocacy skills and provide ongoing coaching; (3) to help families maintain and develop nurturing relationships and family bonds, BKK either provides or brokers parent education classes for BBK Zone families.

**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.

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services are provided in a manner that is community based, culturally competent, and responsive to community needs
2. Serve the agreed upon target population.	Yes	Services are provided to an underserved and at-risk population
3. Provide the services for which funding was allocated.	Yes	PEI funds are directed toward approved programming
4. Meet the needs of the community and/or population.	Yes	Program is consistent with community planning process and strategies
5. Serve the number of individuals that have been agreed upon.	Yes	Target service numbers are reached

6. Achieve the outcomes that have been agreed upon.	Yes	Agreed up success indicators are met
7. Quality Assurance	Pending	Grievance process currently developed
8. Ensure protection of confidentiality of protected health information.	Pending	Program will develop and publish confidentiality practices for support groups
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	Program receives funding from multiple sources
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Program uses an independent fiscal agent for financial tracking and reporting
13. Documentation sufficient to support invoices	Yes	MHSA funds less than half of the program
14. Documentation sufficient to support allowable expenditures	Yes	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Documentation supports that funds are fully expended prior to the 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	Organization maintains appropriate insurance policies
18. Effective communication between contract manager and contractor	Yes	Regular contact between manager and contract manager

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

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

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

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

**Results.**

Survey Results

We received 34 responses to the survey.

Questions	Responses: n=34				
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: 3.71				
2. Allow me to decide what my own strengths and needs	Average score: 3.61				
3. Work with me to determine the services that are most helpful	Average score: 3.45				
4. Provide services that are sensitive to my cultural background.	Average score: 3.53				
5. Provide services that are in my preferred language	Average score: 3.65				

6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.29			
7. Are open to my opinions as to how services should be provided	Average score: 3.38			
<b>Your response to the following questions is appreciated:</b>				
8. What does this program do well?	<ul style="list-style-type: none"> <li>• Services provided in preferred language (Spanish)</li> <li>• Participants feel they are important and are treated with equal respect.</li> <li>• Allows people to relax.</li> <li>• Teaches people to be better people, and ultimately, better parents.</li> </ul>			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>• More classes</li> </ul>			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>• More activities for the children</li> </ul>			
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 4	Important 3	Somewhat Important 2	Not Important 1
	Average score: 3.78			
12. Any additional comments?	<ul style="list-style-type: none"> <li>• “Thank you for thinking of us women, and making time for us.”</li> <li>• “Thank you for thinking about us, the moms of the children, the students of Chavez.”</li> <li>• “I love it.”</li> </ul>			

### Consumer Interview

The consumer interview was attended by six women all of whom attend the women’s sanctuary groups and other program elements. The women were very appreciative of BBK’s presence in the community and spoke about the importance of BBK as a force for community building, empowerment, and resource for help. Many commented on the excellence and passion BBK staff bring to their work and emphasized that BBK helps quickly and without the red tape that participants know are part of government organizations. Asked about the length and quality of their involvement with BBK, the attendees included the following comments: (with the Nurturing Parent program) *I learn to be a better mom and understand my program better; BBK helps me and my family go places that we would never be able to go to; BBK helps with my depression and very stressful situations that I are hard to deal with (like when I lost my car key); I get*



*a lot of new information from BBK about education, health, and resources; they help me with the issues I have with my child's school; they helped me advocate without anger; I am so impressed with the cohesiveness of the BBK community; they build a bridge between the African American and Latino communities; they help me advocate for my children's needs and help in practical things like getting enough milk for my child; they unite families.* Several comments were made about BBK responsiveness to participant input and community needs: *They mold themselves to us; they partner with us; they always ask us for feedback and what we would like in the future.* Asked about what was missing, participants answered in unison that the BBK programming should expand to cover all schools. *BBK should be everywhere in Richmond/San Pablo, not just in the Iron Triangle.*

### Staff Interview

The staff interview was attended by the Coordinator for Community Engagement & Advocacy, the Director of Research and Evaluation, and the Lead for Health and Wellness programming. Staff described BBK's effort to do whatever it takes to engage families around a broad range of presenting needs and provide access to health and mental health related services. Presenting needs and stressors may range from incarceration of a family member to fear of deportation, domestic violence and substance use problems to loss of a car key. BBK maintains a network of support groups (Sanctuary Groups) in community based locations such as local elementary schools and housing sites. The groups provide an opportunity for the mothers to find safety and support, learn coping skills, and receive education around vital resources. The idea is to generate many such groups that eventually could sustain themselves. Many of the group events have educational and skill building components that are facilitated by partnering agencies. BBK conducts numerous events at the BBK center, such as Family Engagement Nights, parent education classes, and health related group activities. Since its move to the current location, BBK has become a community hub for accessing resources. *"People know they can get help here. So, they show up."* BBK strives to be a go-to place for linkage to a variety of resources, a learning community where individuals learn how advocate for themselves, and a provider of direct **Prevention** services.

Currently, BBK makes efforts to strengthen its ties to clinical mental health providers, including County programs, community clinics, the private provider network, in order to increase its ability to make appropriate referrals for at risk individuals and individuals identified as presenting a mental illness. BBK is

working with the Care Management Unit and network providers to lease office space to culturally competent providers at the BBK center.

**Discussion.**

BBK delivers services according to the values of the MHSA. BBK reaches out to a community with a high incidence of chronic and toxic stress that traditionally has lacked resources. The program is located in the heart of the community it serves; it delivers programming at locations that are accessible (both culturally and logistically) to participants; staff is culturally and linguistically competent and maintains close ties to the community it serves; the program cooperates closely with other Prevention and Early Intervention services, such as The Latina Center and the Child Abuse Prevention Council to provide evidence-based parent education and support. BBK is providing linkage to an array of support services, including mental health clinical supports for those who are identified as needing more intensive services.

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

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

**Results.**

While reaching out to the entirety of the Iron Triangle community with large scale events, the main target for services is families with young children, mainly the mothers of within these families. The families are underprivileged, subject to many high risk factors for developing mental health problems, and from a community that has been underserved. The program serves Hispanic families, many of whom are monolingual, and African American families.

**Discussion.** The program serves the agreed upon target population.

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

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

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

**Discussion.** MHSA funds are directed by the agency to cover expenditures associated with supporting the provision of the *NAMWM* program.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program 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.** Programming for *Building Connection in Underserved Cultural Communities* was included in the original PEI plan that was approved in May 2009 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan as well as the proposed PEI regulations on prevention programs. Programs and strategies pursue *Timely Access to Mental Health Services* for individuals and families from underserved populations. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

**Discussion.** The program meets the needs of the community and the population for which it is designated.

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

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

**Results..** The program provides very detailed semi-annual accounts of its service activities. In 13/14 1226 individuals received outreach and engagement services; the goal was to reach 1200 individuals. The number of families was not explicitly reported. In 12/13 1015 individual were reached (goals 1200), 350 families were engaged (goal: 300) through a variety of service activities.

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

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

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

**Results.** Reflecting the complexity of service activities that range from direct services to training participants to provider coordination, the program has a large number of service goals, both in terms of impact and service volume. In 11/12 the program reached 8 out of 8 goals, in 12/13, the program reached 11 out of 15 program goals; in 13/14 the program reached 5 out of 8 service goals. Some goals could not be reached or reported on due to changes in programming or obstacles that are out of the control of BBK, such as access to school records or attendance reports.

**Discussion.** The program achieves the outcomes that have been agreed upon. Success indicators should be refined and consolidated to reflect changes in programming. Indicators should be focused on determining success in preventing mental illness and improving access to treatment.

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 did not receive any grievances toward the program. At the time of the visit, the program did not have an internal grievance process in place. As a result of the review, the program will institute an internal grievance procedure. Since the program does not provide billable services, it not subject to utilization review.

**Discussion.** The program has internal processes in place to be responsive to community needs and continuously improve quality of services to its community. The program will institute a grievance process to comply with quality assurance requirements.

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.** The program does not provide clinical services and thus does not keep clinical documentation or protected health information. Through its fiscal agent the program has Privacy Policies in place. It is recommended that the program develop and provide a notice of privacy policies to participants of support groups.
- Discussion.** The fiscal agent provides all necessary privacy policies. The program is working to formalize confidentiality practices for support groups.
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.** Staffing pattern has changed over the years to reflect changes in programming. Currently, the program employs coordinators for community engagement and health and wellness, a director for evaluation, as well as administrative staff to guide the program.
- Discussion.** Sufficient staffing is in place.
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 organization provided consolidated financial statements and single audit report with supplementary information for fiscal year ending June 30, 2014 for their fiscal agent, The Young Men's Christian Association of the East Bay (Association). The auditors did not identify any material concerns and stated the financial statements fairly present the consolidated financial position of the Association.
- Discussion.** BBK complied with the annual audit requirement and there were no findings or concerns expressed by the independent auditors. Since the financial statements covered all of the Association's activities and are not specific to BBK, in this case, not much can be learned from the financial statements.

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 Directors meeting minutes. Interview fiscal manager of program or plan element.
- Results.** The financial statements indicated the fiscal agent has sufficient resources to sustain services. Contra Costa MHSA PEI funding covers less than half of the organization's expenditures with the remaining costs covered by other funding sources (The California Endowment, East Bay Community Fund, Y&H Soda, etc.).
- Discussion.** The program is fairly well diversified with respect to revenues and management and appears to have the ability to obtain additional funding from other sources.
12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
- Method.** Interview with fiscal manager of program or plan element.
- Results.** The program is reliant on an independent fiscal agent for the day-to-day financial operation of the organization as well as the monthly financial reconciliation, and an independent auditor to prepare the annual audit.
- Discussion.** At the time of the review, the organization was recruiting a new fiscal agent to begin on July 1, 2015. Interviews with program management indicate that they are looking at several professional fiscal agents to replace the Association. Based on this information, there is no concern with the future fiscal operations of the program.
13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.
- Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.
- Results.** The program invoices for actual personnel and operating expenditures. The supporting documentation reconciled with the monthly invoices. Note, the program incurs significantly more expenditures than those funded through MHSA.
- Discussion.** The documentation is sufficient to support the amount of expenditures charged to the program.

- 14. Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program or plan element.
- 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.** Personnel costs are charged to the program based on the actual personnel costs by position for the month multiplied by the percentage of time allocated to the program in the budget for each position. The percentage of time by position was developed at the start of the fiscal year based on actual experience in the prior fiscal year. At the time of the review, the program was in the process of implementing a time study process to use in allocating each employee's costs to individual programs. Also, the total actual costs of the program exceed what is paid for by MHSA and is supported by other funding sources.
- Discussion.** Implementation of the time study process should result in more accurate accounting of actual personnel costs associated with 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 independent fiscal agent ensures transactions are claimed in the appropriate fiscal year.
- Discussion.** The program invoices for expenditures in the appropriate fiscal year.
- 16. Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program 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.** Indirect costs consist primarily of the costs charged by the Association to serve as the fiscal agent as well as other costs that cannot be directly charged

to a funding source and are identified on the monthly income statement as Branch Administrative Allocation. The agreed upon percentage of approximately 9 percent is charged to the program on a monthly basis.

**Discussion.** The organization allocates indirect costs using an appropriate methodology.

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 general liability insurance 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.** Program staff and county communicate regularly and in recent months increasingly to discuss program changes and needs to better serve the community and meet contract requirements.

**Discussion.** The program has good communication with the contract manager and is willing to address concerns that may arise.

## **VIII. Summary of Results.**

Building Blocks for Kids is an innovative organization that reaches out to a community that the community mental health system of care has had difficulties connecting with. Residents of the Iron Triangle are exposed to a number of risk factors for developing mental illness and other health problems. BBK pursues a service model that attempts to empower residents to recognize health and mental health problems and gain the skills to advocate for change, both of individual conditions and circumstances, and of underlying factors, such as poor education or lack of opportunity. BBK works with individuals to better cope and get access to help, and to build a supportive community that can change the environment. BBK builds access to services by bringing in other service providers and connecting them to residents. BBK is strengthening its ties to the County Mental Health system of care and other system partners. Program participants overwhelmingly endorse the



positive impact BBK has on their lives. Staff is aligned with the overall mission of BBK and the NAMWM program.

**IX. Findings for Further Attention.**

- Implement grievance policies and notice of privacy practices, including limits of confidentiality.
- Maintain and strengthen ties with system of care and work with PEI coordinator to problem solve access issues for BBK participants to mental health care.
- Provide ongoing training to strengthen capacity of staff to screen for mental health problems and make effective referrals.
- Refine success indicators to reflect programming and focus on determining success in preventing mental illness and improving access to treatment

**X. Next Review Date.** February 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)

# CPAW Meeting Calendar

## June 2015

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