

Mental Health Services Act (MHSA) FY 2017-20 Three Year Program and Expenditure Plan

Update to Planning for the
Community Program Planning
Process (CPPP)



What is Required?

- Ensure stakeholders have the opportunity to participate in all aspects of the Community Program Planning Process
- Identify community issues related to mental illness resulting from lack of services
- Analyze mental health needs
- Identify and re-evaluate priorities and strategies to meet those mental health needs

“Stakeholders” means individuals and entities with an interest in mental health services, including but not limited to consumers, family members, mental health providers, and providers of related services, to include primary care, alcohol and other drug services, homeless and other social services, educators and law enforcement.

Needs Assessment

- **A comprehensive quantitative and qualitative Needs Assessment document will be developed between APR and SEP 2016**
 - Updated data will be developed to compare existing service capacity by level of care with valid standards of mental health need, depicted by region, age groups, race/ethnicity and special populations
 - Quantitative data analysis will be supplemented by qualitative summary input provided by MHSA sponsored stakeholder focus groups and community forums completed within the last two years
- **Needs Assessment shared and stakeholder input invited between OCT and DEC 2016**

Updated MHSA Financial Projections

- CSS - Projected CSS revenues should approximate current budget authority of \$31.6M for FY 2017-20.
- PEI - Projected PEI revenues should approximate current budget authority of \$8M for FY 2017-20.
- INN - Approximately \$800K to \$1M will be available for new Innovative Projects for FY 2017-20.
- WET - State funds allocated to WET component in 2008 will be spent by JUN 2017. Any current or new WET programs will need to be funded by unspent local MHSA funds from previous years.
- CF/TN - Funds allocated to this component from the local MHSA fund in 2011-12 will be spent by JUN 2017. Any current or new projects will need to be funded by unspent funds from previous years.
- \$47.1M - Estimated unspent funds from previous years available as of JUL 2016.

CPAW Role, Scope in the Community

Program Planning Process

- Each CPAW member represents the voice of a specific stakeholder group
- Attend CPAW meetings and participate in the planning and oversight of the community program planning process
- Participate in at least one ongoing stakeholder body to work on specific public mental health issues
 - Share these issues with CPAW
 - Share information provided to CPAW with the stakeholder body

Current Stakeholder Committees and Workgroups

- **CPAW**
 - Innovation
 - System of Care
- **Social Inclusion**
- **Housing**
- **Children, Teens and Young Adults**
- **Adults**
- **Older Adults**
- **Mental Health Commission**
 - Quality of Care
 - MHSA/Finance
 - Criminal Justice
- **Behavioral Health Care Partnership**
- **Training Advisory Committee**
- **Reducing Health Disparities**
- **Suicide Prevention**

What is the Timeline?

- **APR/SEP 2016** – MHSA staff develop Needs Assessment report
- **OCT/DEC 2016** - Needs Assessment report shared and stakeholder input invited between OCT and DEC 2016
- **JAN 2017** - Write 1st Draft Three Year Plan
- **FEB 2017** - CPAW/MHC review, comment on draft plan
- **MAR 2017** - 30 day public comment period, public hearing
- **APR 2017** - Board of Supervisors (BOS) consider 2d draft
- **JUL 2017** - Start Three Year Plan

Small Group Breakouts (1)

What information would be helpful for you to perform in your CPAW role, as it pertains to:

- Use of Unspent MHSA Funds

Small Group Breakouts (2)

What information would be helpful for you to perform in your CPAW role, as it pertains to:

- **New Innovative Projects**

Small Group Breakouts (3)

What information would be helpful for you to perform in your CPAW role, as it pertains to:

- Workforce Education and Training

Small Group Breakouts (4)

What information would be helpful for you to perform in your CPAW role, as it pertains to:

- **Capital Facilities and Information Technology**

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** September 23, 2015
Date of Exit Meeting: January 13, 2016
- II. **Review Team:** Warren Hayes, Erin McCarty, Michelle Rodriguez-Ziemer
- III. **Name of Program/Plan Element:** Contra Costa County Behavioral Health Services Older Adult Mental Health
 - 1) Intensive Care Management Teams – Community Services and Supports
 - 2) Improving Mood Providing Access to Collaborative Treatment – Community Services and Supports
 - 3) Senior Peer Counseling – Prevention and Early Intervention
- IV. **Program Description.**

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. Older Adult Mental Health operates within Contra Costa Mental Health's Adult's System of Care, and provides a range of services from preventative care and outreach to under-served at risk communities, to intensive case management as well as psychiatric and outpatient services for severely mentally ill older adults. Older Adult Mental Health, by design, takes a holistic approach to the physical, mental and spiritual health of older adults, emphasizing optimum functioning. Its programs are intended to reduce isolation and maximize well-being through an integrated approach driven by consumer needs and preferences. Older Adult Mental Health puts the consumer first and emphasizes outreach, peer support, and service linkages.

MHSA funds the following programs within Older Adult Mental Health:

- 1) Intensive Care Management Teams. The Intensive Care Management Teams (ICMT) are funded with Community Services and Supports (CSS) dollars and provide mental health services to older adults in their homes, in the community, and within a clinical setting. Services are provided to Contra Costa County residents with serious psychiatric impairments who are 60 years of age or older. The program provides services to those who are insured through MediCal, dually covered under MediCal and MediCare, or uninsured. The primary goal of these teams is to support

aging in place as well as to improve consumers' mental health, physical health, and overall quality of life. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county.

- 2) Improving Mood Providing Access to Collaborative Treatment. Improving Mood Providing Access to Collaborative Treatment (IMPACT) is funded with CSS dollars and is an evidence-based practice which provides depression treatment to individuals in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication support with up to one year of follow-up as necessary. Services are provided in a primary care setting by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians. The target population for the IMPACT Program is adults age 55 years and older who are at 300% or below of the Federal Poverty Level, are insured by MediCal, dually insured by MediCal and Medicare, or uninsured. The program focuses on treating older adults with late-life depression and co-occurring physical health impairment, such as cardiovascular disease, diabetes, or chronic pain.
- 3) Senior Peer Counseling. Senior Peer Counseling is funded with Prevention and Early Intervention (PEI) dollars. It is a Prevention project aimed at helping to increase protective factors and reduce risk factors against developing potentially serious mental illnesses. Experiences common to aging, such as social isolation, functional decline, chronic medical illness, vascular disease, and traumatic life experiences (e.g. loss of a loved one), are associated with an increased likelihood of developing late-life depression^{1,2}. Senior Peer Counseling reaches out to isolated and depressed older adults aged 55 years and older in their home environments and links them to appropriate community resources in a culturally competent manner. Emphasis is on serving underserved cultural communities, especially Latino and Asian older adults; both the Latino and Chinese Senior Peer Counseling Programs are recognized as resources for these underserved populations.

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 supporting the County's MHSa Three Year Program and

¹ Bruce ML. Psychosocial risk factors for depressive disorders in late life. *Biological Psychiatry*. 2002;52(3):175–184. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12182924>.

² Krishnan KRR. Biological risk factors in late life depression. *Biological Psychiatry*. 2002;52(3):185–192. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12182925>.

Expenditure Plan, and c) ensuring 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	CSS funded programs only serve clients that meet criteria for specialty mental health services and the PEI funded program serves clients at risk of developing a serious mental illness
3. Provide the services for which funding was allocated.	Met	MHSA only funds services consistent with Three Year Plan
4. Meet the needs of the community and/or population.	Met	Services are consistent with Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Unmet	The number of individuals to be served has not been specified but should be identified for future evaluation
6. Achieve the outcomes that have been agreed upon.	Unmet	Outcomes have been specified for programs but targets and goals have not been identified and should be developed for future evaluation
7. Quality Assurance	Met	Utilization review indicated program meets quality assurance standards
8. Ensure protection of	Met	The program is HIPAA

confidentiality of protected health information.		compliant
9. Staffing sufficient for the program	Met	Staffing levels support service provision as outlined in the Three Year Plan
10. Annual independent fiscal audit	N/A	This is a County program
11. Fiscal resources sufficient to deliver and sustain the services	Met	Fiscal resources are sufficient to deliver and sustain services
12. Oversight sufficient to comply with generally accepted accounting principles	N/A	This is a County program
13. Documentation sufficient to support invoices	Met	MHSA funded share is appropriate
14. Documentation sufficient to support allowable expenditures	Met	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are expended in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	The program does not receive an allocation of County indirect costs
17. Insurance policies sufficient to comply with contract	N/A	This is a County program
18. Effective communication between contract manager and contractor	Met	Regular communication between MHSA staff and program managers

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

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

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

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

Results. The following table summarizes the survey results. The review team received a total of 17 surveys. Responses are consistent with consumer interviews, show a positive evaluation of the program by participants, and indicate adherence to MHSA values.

Questions	Responses: 17				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness	Average score: 3.88 (n=17) <i>n denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored "I don't know."</i>				
2. Allow me to decide what my own strengths and needs	Average score: 3.53 (n=17)				
3. Work with me to determine the services that are most helpful	Average score: 3.71 (n=17)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.69 (n=16)				
5. Provide services that are in my preferred language	Average score: 3.76 (n=17)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.71 (n=17)				
7. Are open to my opinions as to how services should be provided	Average score: 3.71 (n=17)				
Your response to the following questions is appreciated:					
8. What does this program do well?	Answers included the following statements: <ul style="list-style-type: none"> • Time is excellent • Help with my mental problem • Listening to client's concerns and remembering client's special needs • Taking clients to appointments and to pick-up medication • Provides all my needs for assistance as I have 				

	<p>not connections or family involvement</p> <ul style="list-style-type: none"> • Drive me to my medical appointments • It provides security • Allows clients to express feelings with peers • Counselors work hard, are well organized, friendly and professional • Helps me emotionally and mentally • Getting down to the basic problems • Excellent for exposure/connecting and helping identify clients in need of mental health services and assisting them with resources to get the help they desperately need • Listen! 				
<p>9. What does this program need to improve upon?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • Communication • More rides to appointments and more taxi vouchers • Sometimes promptness in returning phone calls • More time, 2-3 visits per week • Just keep listening 				
<p>10. What needed services and supports are missing?</p>	<ul style="list-style-type: none"> • Communication • More case managers needed • A way to obtain cash instead of checks • Phone calls from team members to check up on how I'm doing • Chinese senior center with Chinese food, meals on wheels, outdoor program, group activities and transportation • Better/more advertising 				
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)</p>	<table border="1" data-bbox="764 1236 1446 1339"> <tr> <td data-bbox="764 1236 932 1339">Very Important 4</td> <td data-bbox="932 1236 1099 1339">Important 3</td> <td data-bbox="1099 1236 1266 1339">Somewhat Important 2</td> <td data-bbox="1266 1236 1446 1339">Not Important 1</td> </tr> </table> <p>Average score: 3.88 (n=17)</p>	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
Very Important 4	Important 3	Somewhat Important 2	Not Important 1		
<p>12. Any additional comments?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • "I'll miss certain very special people" • "If this service were not available I would have no way to survive-your people are all kind and efficient!" • "Program provides money for taxis and food" • "I'm very happy with the program" • "Love the program" • "[Clinician's name] is a blessing...thank god [clinician's name] chose this vocation for my and other's sake. He has given me tools to take on problems as they come. I can clear my hurdles-that is huge!" 				

- | | |
|--|--|
| | <ul style="list-style-type: none">• “It makes coping with a terminal illness better” |
|--|--|

Client interviews.

Twelve consumers participated in a focus group the day of the site visit. These individuals have been receiving care from the Intensive Care Management, IMPACT, or Senior Peer Counseling programs ranging from one to six years. All agreed that this care was vital in helping them improve their health and wellness. Several credited the personal attention of staff as key to recovering from severe trauma, depression, and suicide attempts. Identified factors were 1) extensive psychiatrist involvement in helping clients work through medication management, 2) case managers helping clients with life skills and connecting to vital community resources, and 3) facilitating access to services by either bringing care to clients' homes or providing transportation to both primary and psychiatric care. The focus group was quite diverse and participants felt their unique personal and cultural needs were competently addressed. Group participants cited more and flexibly applied transportation resources when asked what they felt were unmet needs and/or areas for improvement. All were very grateful for the quality mental health care they were receiving and would like more time and availability from their care providers.

Staff interviews.

Staff from the Intensive Care Management, IMPACT and Senior Peer Counseling Programs were interviewed as a group, and included psychiatrists, case managers, clinicians, and community support workers. All participants spoke to utilizing a strengths-based approach that focused on preserving or improving upon the consumer's self-sufficiency in performing activities of daily living. Staff work as an interdisciplinary team to address the full spectrum of primary and behavioral health care needs unique to each client. However, they struggle with the limitations posed by available staffing time versus need as well as an inability to flexibly apply resources to the magnitude of client need. Several staff spoke to the ongoing challenges of language, transportation, and accessible housing barriers that exist. Obvious to the review team was the underlying passion and commitment each staff person brought to their work day.

Discussion. The program delivers services according to 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. Contra Costa County performs two levels of utilization review on all programs billing MediCal, including the Older Adult Mental Health's Intensive Care Management Team and IMPACT programs. During utilization review, utilization review staff ensure all clients meet medical necessity for specialty mental health services as specified in the Welfare and Institutions Code (WIC) Section 5600.3(a).

For the Prevention and Early Intervention funded project, Senior Peer Counseling, services target individuals who either self-identify as needing help with issues related to isolation and depression or are referred by third parties, such as family and community members, health and/or mental health providers, or community based organizations. Services are meant to reduce risk factors for developing mental illness by reaching out to older adults, and if appropriate their families and support systems, increasing social connections between community members, and providing a culturally appropriate environment for outreach and engagement services as well as service referrals.

Discussion. Older Adult Mental Health is serving 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. Each program has a program description. Client and staff interviews reveal program and staff activities are consistent with the goals of Older Adult Mental Health. Staff roles are clearly defined. Reporting units have been established for the Intensive Care Management Teams and IMPACT programs to allow program and administrative staff to track service utilization. Clinical Supervisors oversee the Senior Peer Counseling program, ensuring the volunteer counselors provide services that are within the scope of the program.

Discussion. The program provides the services for which funding was allocated.

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 services provided by Older Adult Mental Health are consistent with the three year plan. The positions have been vetted through the plan update process, with positions authorized by the Board of Supervisors. Interviews and surveys indicate existing staff are performing duties consistent with what was authorized.

Discussion. The plan elements meet the needs of the community.

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

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

Results. There are no specified numbers of individuals to be served by the Older Adult Mental Health programs.

Discussion. Older Adult Mental Health needs to define the number of individuals to be served by each program funded by MHSA.

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. To date, there are specified outcome measures for the Intensive Care Management Teams and IMPACT programs. However, these programs have not

established measureable outcome goals or performance measures. Additionally, to date, the Senior Peer Counseling program has not identified specified outcome goals or performance measures.

Discussion. The programs need to define outcome measures.

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. One grievance was filed against Older Adult Mental Health in the last year; however, it was investigated and resolved. All clinic programs undergo Level One and Level Two Utilization Reviews on a regular basis. The percentage of disallowances found during Level Two Utilization Reviews of charts sampled from each County billing reporting unit are reported to the Quality Management Committee on a quarterly basis and findings are addressed at the clinic level.

Discussion. Quality of services is monitored. The program provides quality services as evidenced by the above. 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. Staff observe HIPAA requirements. All staff are required to complete HIPAA training on an annual basis. The County also has a Privacy Officer in charge of protecting client information.

Discussion. Older Adult Mental Health ensures the protection of confidential protected health information.

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

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

Results. Positions for which funding was allocated are filled. Staff expressed concerns about not having a prescribed caseload size for case managers.

Because the program does not cap the number of clients served at one time, caseloads continually increase, thereby decreasing the quantity and quality of time staff can spend with each client.

Discussion. There is sufficient staffing for the program. Older Adult Mental Health may wish to consider defining concurrent target enrollment numbers for each program as a means of program containment.

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

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

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

Discussion. Not applicable.

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

Method. Review audited financial statements (contractor) or financial reports (county). Review Board of Directors meeting minutes (contractor). Interview fiscal manager of program or plan element.

Results. The programs are authorized by the County with sufficient resources to maintain the program.

Discussion. Fiscal resources are sufficient.

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

Method. Interview with fiscal manager of program or plan element.

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

Discussion. Not applicable.

13. **Documentation sufficient to support invoices.** Does 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. Expenses are monitored on a monthly basis to ensure appropriate staff are charged to the plan elements.

Discussion. Documentation maintained by the County supports the amount charged to the program.

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

Results. Several random transactions were validated against supporting documentation for the program. The majority of the expenditures are for staffing. All staff positions are charged to the correct cost centers.

Discussion. Documentation maintained by the County supports the amount charged to the program.

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

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

Results. The program is part of the County and by definition complies with the accrual basis of accounting.

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

16. Administrative costs sufficiently justified and appropriate to the total cost of the program. Is the 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. The County has opted not to charge any indirect cost to the program.

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

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

Discussion. Not applicable.

18. **Effective communication between contract manager and contractor.** Do both the 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. There is regular communication between the MHSA Project Manager, PEI Program Supervisor and Older Adult Mental Health staff regarding activities specific to MHSA. Nonetheless, more communication is needed to establish targets and outcome goals for each program.

Discussion. There needs to be regular communication between the MHSA Project Manager, PEI Program Supervisor and Older Adult Mental Health staff regarding MHSA funded programs in order to identify targets and outcome measures.

VIII. **Summary of Results.**

The three Older Adult Mental Health programs, Intensive Care Management Teams, IMPACT and Senior Peer Counseling provide recovery-oriented outreach and engagement, mental health, and support services to older adults in Contra Costa County. The programs are appropriately staffed and the program's mission and practices are consistent with the principles of the MHSA. Clients fully endorsed the positive impact the programs have had on their health and wellbeing.

IX. **Findings for Further Attention.**

- Annual service targets are needed for each of the programs
- Performance measures should be identified and defined for each of the programs

- A system should be constructed to gather and report on agreed upon measures

X. Next Review Date. September 2018

XI. Appendices.

Appendix A – Program Description/Service Work Plan

XII. Working Documents that Support Findings.

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

MHSA Three Year Plan and Update(s)

Appendix A

Older Adult Mental Health (Contra Costa Behavioral Health)

Point of Contact: Heather Sweeten-Healy, LCSW, Mental Health Program Manager
Ellie Shirgul, PsyD, Mental Health Program Supervisor

Contact Information: 2425 Bisso Lane, Suite 100, Concord, CA 94520, (925)-521-5620, Heather.Sweeten-Healy@hsd.cccounty.us, ellen.shirgul@hsd.cccounty.us

1. **General Description of the Organization**

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

2. **Program: Intensive Care Management Teams - CSS**

The Intensive Care Management Teams (ICMT) provide mental health services to older adults in their homes, in the community and within a clinical setting. Services are provided to Contra Costa County residents with serious psychiatric impairments who are 60 years of age or older. The program provides services to those who are insured through MediCal, dually covered under MediCal and MediCare, or uninsured. The primary goal of these teams is to support aging in place as well as to improve consumers' mental health, physical health, prevent psychiatric hospitalization and placement in a higher level of care, and provide linkage to primary care appointments, community resources and events, and public transportation in an effort to maintain independence in the community. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county that increases access to resources throughout the county.

Program: Improving Mood Providing Access to Collaborative Treatment (IMPACT) - CSS

IMPACT is an evidence-based practice which provides depression treatment to individuals age 55 and over in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication consultation with up to one year of follow-up as necessary. Services are provided by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians in a primary care setting. The target population for the IMPACT Program is adults age 55 years and older who are at 300% or below of the Federal Poverty Level, are insured by MediCal, MediCal and MediCare, or are uninsured. The program focuses on treating older adults with late-life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the Impact Program are to prevent more severe psychiatric symptoms, assist clients in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

Program: Senior Peer Counseling - PEI

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally

competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. Both the Latino and Chinese Senior Peer Counseling Programs are recognized as a resource for these underserved populations. This program serves older adults age 55 and older who are experiencing aging issues such as grief and loss, multiple health problems, loneliness, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to these underserved populations.

- a. Target Population: Depending on program, Older Adults aged 55 or 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- b. Total Budget: Intensive Care Management - \$3,189,600; IMPACT - \$370,479; Senior Peer Counseling - \$370,479.
- c. Staff: 26 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 14/15: ICMT served individuals; IMPACT served Individuals; Senior Peer Counseling Program trained and supported 40 volunteer Peers and served 120 individuals.
- e. Outcomes: Changes in Level of Care Utilization System (LOCUS) scores (Impact and ICM only), reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores (Impact only), and reduced isolation, which is assessed by the PEARLS.



Stakeholder Meeting Calendar April 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6 MH Commission: 4:30—5:00 pm 550 Ellinwood Way Pleasant Hill Public Hearing 5:15 – 6:00pm	7 CPAW: 3-6pm 2425 Bisso Ln Concord	8	9
10	11	12	13 Systems of Care: 10am—12 pm 1340 Arnold Dr, Ste 200, Martinez	14 Children's: 11:00-1:00pm, 1340 Arnold Dr, Ste 200, Mtz Social Inclusion: 1-3 pm 2425 Bisso Ln, Concord	15	16
17	18 Membership: 1-2pm Innovation: 2:30—4:30pm 1340 Arnold Dr, Ste 200, Martinez	19	20	21 MHSA Finance: 1-3 pm TBA Steering: 3-5 pm 2425 Bisso Ln, Concord	22	23
24	25	26	27 Aging and Older Adult: 2-3:30 pm 2425 Bisso Ln, Concord AOD Advisory Board : 4 –6:15pm 651 Pine St, Martinez	28	29	30 Behavioral Health Housing Meeting Tuesday, May 3rd 1-3 pm 1875 Arnold Dr, Martinez