

AUTHORIZES BONDS TO FUND EXISTING HOUSING PROGRAM FOR INDIVIDUALS WITH MENTAL ILLNESS. LEGISLATIVE STATUTE.

OFFICIAL TITLE AND SUMMARY

PREPARED BY THE ATTORNEY GENERAL

The text of this measure can be found on the Secretary of State's website at <http://voterguide.sos.ca.gov>.

- Ratifies existing law establishing the No Place Like Home Program, which finances permanent housing for individuals with mental illness who are homeless or at risk for chronic homelessness, as being consistent with the Mental Health Services Act approved by the electorate.
- Ratifies issuance of up to \$2 billion in previously authorized bonds to finance the No Place Like Home Program.
- Amends the Mental Health Services Act to authorize transfers of up to \$140 million annually from the

existing Mental Health Services Fund to the No Place Like Home Program, with no increase in taxes.

SUMMARY OF LEGISLATIVE ANALYST'S ESTIMATE OF NET STATE AND LOCAL GOVERNMENT FISCAL IMPACT:

- Allows the state to use up to \$140 million per year of county mental health funds to repay up to \$2 billion in bonds. These bonds would fund housing for those with mental illness who are homeless.

FINAL VOTES CAST BY THE LEGISLATURE ON AB 1827 (PROPOSITION 2) (CHAPTER 41, STATUTES OF 2018)

Senate:	Ayes 35	Noes 0
Assembly:	Ayes 72	Noes 1

ANALYSIS BY THE LEGISLATIVE ANALYST

BACKGROUND

Counties Provide Mental Health Services.

Counties are primarily responsible for providing mental health care for persons who lack private coverage. Counties provide psychiatric treatment, counseling, hospitalization, and other mental health services. Some counties also arrange other types of help for those with mental illness—such as housing, substance abuse treatment, and employment services.

Mental Health Services Act. In 2004, California voters approved Proposition 63,

also known as the Mental Health Services Act. The act provides funding for various county mental health services by increasing the income tax paid by those with income above \$1 million. This income tax increase raises \$1.5 billion to \$2.5 billion per year.

No Place Like Home Program. In 2016, the Legislature created the No Place Like Home Program to build and rehabilitate housing for those with mental illness who are homeless or at-risk of becoming homeless. The state plans to pay for this housing by borrowing up to \$2 billion.

ANALYSIS BY THE LEGISLATIVE ANALYST

CONTINUED

The state would borrow this money by selling bonds, which would be repaid with interest over about 30 years using revenues from the Mental Health Services Act. This means less funding would be available for other county mental health services. No more than \$140 million of Mental Health Services Act funds could be used for No Place Like Home in any year. The bond payments would be around \$120 million in a typical year.

Court Approval Needed for No Place Like Home. Before these bonds can be sold, the state must ask the courts to approve the state's plan to pay for No Place Like Home. The courts must decide two main issues:

- Whether using Mental Health Services Act dollars to pay for No Place Like Home goes along with what the voters wanted when they approved the Mental Health Services Act.
- Whether voters need to approve the No Place Like Home bonds. (The State Constitution requires voters to approve certain kinds of state borrowing.)

This court decision is pending.

PROPOSAL

The measure allows the state to carry out No Place Like Home. In particular, the measure:

- ***Approves the Use of Mental Health Services Act Funds for No Place Like Home.*** The measure says that Mental Health Services Act funds can be used for No Place Like Home. No more than \$140 million of Mental Health Services

Act funds could be used for No Place Like Home in any year.

- ***Authorizes \$2 Billion in Borrowing.*** The measure allows the state to sell up to \$2 billion in bonds to pay for No Place Like Home. The bonds would be repaid over many years with Mental Health Services Act funds.

With this measure, the state would no longer need court approval on the issues discussed above to carry out No Place Like Home.

FISCAL EFFECTS

Fiscal Effect Depends on the Court Decision.

The fiscal effect of the measure depends on whether or not the courts would have approved the state's plan to pay for No Place Like Home. If the courts would have approved the state's plan, the measure would have little effect. This is because the state would have gone forward with No Place Like Home in any case. If the courts would have rejected the state's plan, the state would not have been able to move forward with No Place Like Home. This measure would allow the state to do so.

Visit <http://www.sos.ca.gov/campaign-lobbying/cal-access-resources/measure-contributions/2018-ballot-measure-contribution-totals/> for a list of committees primarily formed to support or oppose this measure. Visit <http://www.fppc.ca.gov/transparency/top-contributors/nov-18-gen.html> to access the committee's top 10 contributors.

If you desire a copy of the full text of the state measure, please call the Secretary of State at (800) 345-VOTE (8683) or you can email vigfeedback@sos.ca.gov and a copy will be mailed at no cost to you.

★ ARGUMENT IN FAVOR OF PROPOSITION 2 ★

YES on Prop. 2 delivers the proven solution to help the most vulnerable people experiencing homelessness in California. Prop. 2 builds housing and keeps mental health services in reach for people—the key to alleviating homelessness complicated by mental illness.

More than 134,000 people are languishing on our streets, huddled on sidewalks, sleeping under freeways and along riverbanks. As many as a third of the people living in these unsafe conditions are living with an untreated mental illness.

Each year, hundreds of people living with a serious mental illness die in pain and isolation. These deaths are preventable.

Prop. 2 tackles this public health crisis that is straining our neighborhoods, our businesses, our firefighters and emergency services. It renews our sense of community and focuses on helping save the lives of the most vulnerable among us.

NO PLACE LIKE HOME

YES on Prop. 2 means building 20,000 permanent supportive housing units under the “No Place Like Home” Program. This allows coordinated care of mental health and substance use services, medical care, case managers, education and job training to help people get the treatment and housing stability they need.

Decades of research shows providing people with a stable place to live along with mental health services promotes healthy, stable lives. This combination is known as permanent supportive housing. Studies show supportive housing significantly reduces public health costs and reduces blight.

STRENGTHENING PARTNERSHIPS TO HELP PEOPLE IN NEED

YES on 2 will help establish and strengthen partnerships between doctors, law enforcement, mental health and homeless service providers to help ensure care is coordinated and tailored to meet the needs of each person

suffering from mental health illness and homelessness, or who is at great risk of becoming homeless.

Without the foundation of a stable home connected to mental healthcare, people suffering from serious mental illness are unable to make it to doctors’ appointments and specialized counseling services, often showing up in emergency rooms as a last resort.

“Mental illness does not have to be a life sentence of despair and dysfunction. Supportive housing provides the stability people need as they recover from untreated serious mental illness. It helps them stay off the street and live with dignity.”—*Darrell Steinberg, Author, Mental Health Services Act.*

PROP. 2 IS NOT A TAX

Prop. 2 brings NO COST TO TAXPAYERS—we simply need voter approval to cut through red tape and focus on building supportive housing for people who are homeless and need mental health services. This state funding has long been earmarked for these specialized types of mental health and housing services.

Helping people suffering from serious mental illness and homelessness is not easy. But together, we can help prevent more deaths on our streets and provide critical intervention by building supportive housing connected to mental health treatment and services.

Join doctors, mental health experts, public safety officials, community and homeless advocates and many others in voting YES on Prop. 2.

ZIMA CREASON, President
Mental Health America of California (MHAC)

CHIEF DAVID SWING, President
California Police Chiefs Association

DR. SERGIO AGUILAR-GAXIOLA, Former Member
National Advisory Mental Health Council of the National Institute of Mental Health

★ REBUTTAL TO ARGUMENT IN FAVOR OF PROPOSITION 2 ★

Family members, in partnership with faith communities, actually live the tragedies described by the proponents. We struggle to find treatment and housing supports for loved ones who are targeted by this Proposition.

We support exploring well thought out housing options to end homelessness but Oppose Proposition 2 because it takes Billions away from our loved ones and rewards developers, bond-holders, and bureaucrats. As of 2017, a portion of Proposition 63 money, as determined by each county with community input, MUST fund supportive housing for those suffering *severe mental illnesses*. We OPPOSE cruel and senseless skimming up to \$5.6 Billion of sorely needed treatment funds for bonds (\$140 million yearly, for forty years) and giving \$100 Million to state housing bureaucrats who don’t understand the challenges of those living with *severe mental illness*.

The federal government threatens treatment funding cutbacks. Therefore, we cannot afford to sacrifice any MHSA funds to solve a problem better addressed at the county level. Reducing MHSA funds needed for treatment

would be a costly mistake and contribute to:

Neglect and missing treatment resources.

Causing more individuals with *severe and persistent mental illness* to lose housing and result in even more of them being incarcerated and living on the street.

Through stakeholder engagement, counties already know where to best acquire housing for access to critical services. Prop. 2 cuts off local input and predetermines the balance between treatment and housing needs.

Treatment prevents homelessness. Vote “No” on Proposition 2 to avoid a costly and inhumane mistake!

CHARLES MADISON, President
NAMI Contra Costa

GIGI R. CROWDER, L.E., Executive Director
NAMI Contra Costa

DOUGLAS W. DUNN, Chair
Legislative Committee, NAMI Contra Costa

★ ARGUMENT AGAINST PROPOSITION 2 ★

Please vote “No” on the “No Place Like Home Act,” which should have been called the “Bureaucrat and Developer Enrichment Act,” because that is who we feel will most benefit at the expense of those suffering with the most severe mental illnesses.

NAMI Contra Costa members are mostly family members with “skin in the game,” so therefore are strong advocates for people living with serious and persistent mental illnesses who oppose this bill. Particularly given looming federal cutbacks, NPLH is *counterproductive* because it spends *billions* in treatment funds that Voter Proposition 63 dedicated to the severely mentally ill fourteen years ago. If passed, we strongly feel NPLH will cause more homelessness by forcing more mentally ill people into severe symptoms that could increase the numbers living on the streets.

Proposition 2 is:

- *Costly—up to \$5.6 Billion* (\$140 million x 40, for 40-year bonds) to raise \$2 billion for housing projects. It won’t all go to housing, because housing bureaucrats have already guaranteed themselves \$100 million (5% of the \$2 Billion), admittedly far more than needed to run the program, and have also agreed between themselves to take the entire \$140 million yearly as “administrative expenses,” whether or not they need that amount to pay off the bonds. Developer subsidies (low interest deferred loans that developers will use to build and purchase \$2 Billion in valuable California housing, plus up to 50% operating subsidies) effectively cost the public even more.
- *Unnecessary*, because the Legislature authorized counties to pay for housing for their severely mentally

ill Prop. 63 clients in 2017, in AB 727. Counties, which can accumulate Mental Health Services Act capital funds for up to ten years, can now do “pay as you go” both to build housing and to pay rent subsidies for these clients. Counties do not need to pay out *billions* in interest on bonds, unnecessary state administrative expenses, and developer subsidies to do so. Counties know their mentally ill clients’ treatment and other needs as well as what housing is already available. Only they can determine whether their MHSA funds are best used to pay for treatment or to build housing in their localities.

- *Does nothing* to address systemic legal barriers, like limited state protection against restrictive local zoning, that make it very difficult to build supportive housing for groups like the severely mentally ill. Neighborhoods often fight hard to keep them out. It is senseless to pay out billions in interest and expenses to borrow money that may sit unspent because of local opposition to supportive housing projects with severely mentally ill tenants.

The Voters dedicated Proposition 63 money to treatment, which *prevents* homelessness, in 2004. That is where it should go.

CHARLES MADISON, President
NAMI Contra Costa

GIGI R. CROWDER, L.E., Executive Director
NAMI Contra Costa

DOUGLAS W. DUNN, Chair
Legislative Committee, NAMI Contra Costa

★ REBUTTAL TO ARGUMENT AGAINST PROPOSITION 2 ★

Mental illness tragically affects many families. When left untreated, it can also seriously challenge California communities, in the form of chronic homelessness.

Homelessness aggravates mental illness, making treatment even more difficult for those with the greatest needs.

People living on our streets, in doorways, and parks need help NOW. That’s why Prop. 2 is so important.

YES on Prop. 2 will help solve homelessness—and save money

Prop. 2 creates safe, secure housing, connected to mental health and addiction treatment.

Prop. 2 strengthens partnerships between doctors, law enforcement, and homeless service providers who face the challenge of providing effective care to people suffering from mental illness and substance abuse.

Prop. 2 brings NO COST TO TAXPAYERS. Instead, it cuts through red tape so communities can use existing funds to address the urgent problem of homelessness NOW.

Studies show Prop. 2 will help chronically homeless individuals living with a serious mental illness stay off the streets.

A 2018 RAND study found the Prop. 2 approach is beginning to succeed in Los Angeles County, after only one year:

- *3,500 homeless people* off the streets
- *96%* of study participants *stayed in program* at least one year
- *Taxpayers saved more than \$6.5 million* in one year alone
- *Participants visited the ER 70% less*, saving healthcare costs and easing the burden on emergency responders

Learn more: Visit CAYesonProp2.org.

Vote YES on Prop. 2: provide safe, secure supportive housing and services for the chronically homeless—proven to help people living with mental illness stay off the streets.

DR. AIMEE MOULIN, President
California Chapter of American College of Emergency Physicians

BRIAN K. RICE, President
California Professional Firefighters

JANLEE WONG, MSW, Executive Director
National Association of Social Workers—California Chapter

APPENDIX A: COUNTY NONCOMPETITIVE ALLOCATIONS

NPLH Formula Estimates for the Noncompetitive Allocation Program				
	COUNTY	Pop Est. as of 1/1/2018	2017 PIT Count	Estimated Allocation
1	Los Angeles	10,058,336	56,861	\$77,274,757
2	San Diego	3,337,456	9,160	\$12,449,612
3	San Francisco	883,963	6,858	\$9,321,219
4	Santa Clara	1,956,598	7,394	\$10,049,637
Total		16,236,353	80,273	\$109,095,225
1	Alameda	1,538,328	4,657	\$6,330,083
2	Contra Costa	1,149,363	1,607	\$2,185,167
3	Fresno	1,007,229	1,572	\$2,137,602
4	Kern	905,801	810	\$1,102,052
5	Orange	3,221,103	4,792	\$6,513,548
6	Riverside	2,415,955	2,406	\$3,270,999
7	Sacramento	1,529,501	3,665	\$4,981,967
8	San Bernardino	2,174,938	1,866	\$2,537,144
9	San Joaquin	758,744	1,542	\$2,096,832
10	San Mateo	774,155	1,253	\$1,704,084
11	Ventura	859,073	1,152	\$1,566,826
Total		16,334,190	25,322	\$34,426,304
1	Butte	227,621	1195	\$1,625,263
2	Marin	263,886	1117	\$1,519,262
3	Merced	279,977	454	\$618,252
4	Monterey	443,281	2837	\$3,856,724
5	Placer	389,532	663	\$902,280
6	San Luis Obispo	280,101	1125	\$1,530,134
7	Santa Barbara	453,457	1860	\$2,528,991
8	Santa Cruz	276,864	2249	\$3,057,638
9	Solano	439,793	1232	\$1,675,546
10	Sonoma	503,332	2835	\$3,854,005
11	Stanislaus	555,624	1661	\$2,258,552
12	Tri-Cities (Claremont, La Verne, Pomona)	225,393	933	\$1,269,208
13	Tulare	475,834	666	\$906,358
14	Yolo	221,270	459	\$625,048
Total		5,035,965	19,286	\$26,227,261
1	Alpine	1,154	0	\$500,000
2	Amador	38,094	149	\$500,000
3	City of Berkeley	121,874	972	\$1,322,208
4	Calaveras	45,157	19	\$500,000
5	Colusa	22,098	5	\$500,000
6	Del Norte	27,221	128	\$500,000

NPLH Formula Estimates for the Noncompetitive Allocation Program				
	COUNTY	Pop Est. as of 1/1/2018	2017 PIT Count	Estimated Allocation
7	El Dorado	188,399	602	\$819,383
8	Glenn	28,796	94	\$500,000
9	Humboldt	136,002	759	\$1,032,744
10	Imperial	190,624	1,154	\$1,569,545
11	Inyo	18,577	120	\$500,000
12	Kings	151,662	187	\$500,000
13	Lake	65,081	401	\$546,225
14	Lassen	30,911	107	\$500,000
15	Madera	158,894	444	\$604,662
16	Mariposa	18,129	38	\$500,000
17	Mendocino	89,299	1,238	\$1,683,699
18	Modoc	9,612	12	\$500,000
19	Mono	13,822	1	\$500,000
20	Napa	141,294	315	\$500,000
21	Nevada	99,155	316	\$500,000
22	Plumas	19,773	47	\$500,000
23	San Benito	57,088	527	\$717,458
24	Shasta	178,271	640	\$871,025
25	Sierra	3,207	0	\$500,000
26	Siskiyou	44,612	0	\$500,000
27	Sutter	97,238	331	\$500,000
28	Tehama	64,039	124	\$500,000
29	Trinity	13,635	77	\$500,000
30	Tuolumne	54,740	161	\$500,000
31	Yuba	74,727	429	\$584,261
Total		2,203,185	9,397	\$20,251,210
	State Total	39,809,693	134,278	\$190,000,000

Total NPLH Noncompetitive Allocation	\$200,000,000
Noncompetitive Allocations to Counties	\$190,000,000
HCD Administration of Noncompetitive Allocation	\$10,000,000

Contra Costa County Basic Proposition 2 financial calculations based on legislative language

1. \$ 2,000,000,000 Proposition 2 bond
 2. \$ 4,200,000,000 Proposition 2--30 year state cost, including bond indebtedness
 3. \$ 5,600,000,000 Proposition 2--40 year state cost, including bond indebtedness
 4. \$100,000,000 Up to 5% annual Administrative Overhead expenses to administer Prop. 2
 5. \$ 2.10 30 year annual bond dollar costs for every \$1 spent on construction
 6. \$ 2.80 30 year annual bond dollar costs for every \$1 spent on construction
 7. \$ 3,164,000 Contra Costa County Prop. 2 "off the top" Annual deduction in MHSA funds, including Bond Indebtedness, **even if it loses competitive bid.**
 8. \$ 1,506,667 Likely annual Prop. 2 Housing funds available to Contra Costa County if it wins competitive bid.
 9. \$ 1,657,333 Minimum Contra Costa County bond indebtedness costs annually **even if it loses competitive bid.**
 10. \$ 138,111 Minimum Contra Costa County monthly Bond Indebtedness costs **even if it loses competitive bid.**
 11. \$ 200,000,000 1st round Non-competitive funds available for duration of Prop. 2
 12. \$ 2,185,137 Likely total 1st round Non-competitive amount available to Contra Costa County.
 13. \$ 72,838 Likely annual Non-compet. amount available to Contra Costa County, if it so chooses.
 14. \$ 6,200,000 Technical one-time competitive bid prep.services assistance available to counties
 15. \$ 150,000 One-time one-time Prop. 2 Technical Assistance available to Contra Costa County.
-
16. \$ 2,000,000,000 State cost of Prop. 2 w/o bond indebtedness
 17. \$ 39,588,219 Projected Contra Costa County MHSA Unspent Funds on 06/30/20 as of 06/30/2018 per P. E-1 of the 2018-2019 CCBHS Mental Health Services Act Plan update.
 18. \$ 1,506,667 **Contra Costa County administered No Place Like Home housing costs annually w/o Prop. 2 bond indebtedness. Therefore, no state mandated "off the top" annual deduction in MHSA funds.**
 19. \$ 1,657,333 **Desired annual maximum treatment and services funds available with a Contra Costa County administered No Place like Home program. NO ONGOING BOND INDEBTEDNESS.**
 20. \$ 3,164,000 **Maximum annual cost of Contra Costa County administered No Place Home program w/o state mandated competitive bidding or bond indebtedness.**

Contra Costa County Proposition 2 Financial Calculations explanation sheet

1. \$2,000,000,000: Stated at beginning of Proposition. FYI, $\$66,666,666.67 \times 30$ = the annual “net cost” of the 30 year \$2B bond.
2. \$4,200,000,000: $\$140,000,000$ (stated in Prop.2) * 30 year bond repayment costs
3. \$5,600,000,000: $\$140,000,000$ (stated in Prop.2) * 40 year bond repayment costs
4. \$100,000,000: 5% state administrative costs stated in Proposition 2
5. \$2.10: $\$4,200,000,000 / \$2,000,000,000$ = 30 year annual bond dollar costs for every \$1 spent on construction.
6. \$2.80: $\$5,600,000,000 / \$2,000,000,000$ = 40 year annual bond dollar costs for every \$1 spent on construction.
7. \$3,164,000 = $\$140,000,000 \times .0226$: This would be Contra Costa County’s portion of the annual “off the top” Proposition 2 deduction of MHSA treatment and services funds. 2.26% is Contra Costa County’s MHSA Funding allocation per the CA State Senate Handout “Potential Debt Service Costs.”
8. \$1,506,667 = $\$66,666,666.67 \times .0226$. The annual “net bond cost amount * based on CC County’s MHSA Funding allocation (2.26%) per the CA State Senate Handout “Potential Debt Service Costs.”
9. \$1,657,333 = $(\$140,000,000 - \$66,666,666.67) \times .0226$: Minimum Contra Costa County annual bond indebtedness costs **even if it loses competitive bid.**
10. \$138,111 = $1,657,333 / 12$: Minimum Contra Costa County monthly bond indebtedness costs **even if it loses competitive bid.**
11. \$200,000,000: Proposition 2 stated amount of 1st round non-competitive “over the counter” funds available.
12. \$2,185,137: Contra Costa County’s amount of 1st round non-competitive funding available based on its 2017 Homeless Point in Time Count.
13. \$72,838 = $\$2,185,137 / 30$ years: Likely annual non-competitive amount available to Contra Costa County, if it so chooses.
14. \$6,200,000: Stated in Proposition 2; One-time technical services competitive bid preparation services available to all 59 MHSA fund recipients.
15. \$150,000: One-time “competitive bid preparation” technical services available to Contra Costa County,
This lower section assumes, if Proposition 2 is defeated, either the Legislature, or each county Board of Supervisors could direct their Behavioral Health Services Dept. to use its MHSA allocation percentage to establish their own locally administered “No Place Like Home” program, **using their Unspent MHSA funds to do so.**
16. \$2,000,0000 = $\$66,666,666.67 \times 30$: The “net cost” of the 30 year bond.
17. \$39,588,219: Projected Contra Costa County Unspent MHSA funds as of June 30, 2020, per Page E-1 of the Contra Costa Behavioral Health Services 2018-2019 Mental Health Services Plan Update.
18. \$1,506,667: Based on its current 2.26%MHSA funding allocation, the Unspent MHSA Funds Contra Costa County’s Behavioral Health Services Dept. could use to administer its own “No Place Like Home” program.
19. \$1,657,333: Unspent CC County Unspent MHSA funds available to annually spend for “No Place Like Home” on-premises treatment and life skills training services **instead of paying for ongoing “treatment fund draining” bond repayments.**
20. \$3,164,000: Possible maximum cost of Contra Costa County Behavioral Health Services administered “No Place Like Home Program **without any “treatment fund draining” bond repayments.**

Proposition 2 –Why it is not good for the Severely Mentally Ill Homeless

- ▶ Douglas Dunn and/or Gigi Crowder
 - ▶ NAMI–Contra Costa
- ▶ Consolidated Planning Advisory Workgroup (CPAW)
 - ▶ Concord, CA
 - ▶ October 4, 2018

1

Contra History with No Place Like Home

- ▶ June, 2016—In Special Meeting, the Mental Health Commission voted 6–1 to Oppose the then No Place Like Home (NPLH) legislation. Reasons much the same as NAMI–Contra Costa.
- ▶ June 14, 2016: The Board of Supervisors voted 5–0 to oppose NPLH. Reasons: “Dark of Night” legislative vote and “taking” of MHSA funds.
- ▶ September 18, 2018: With Supervisor Gioia’s strong urging, the Board voted 4–0 (2 Supervisors very reluctantly to support NPLH.

2

Magnitude of CA Unsheltered Homeless Crisis as of 2017 Counts

- ▶ Following Counties: Each with > 5% of Homeless Population
 1. Los Angeles County: 56,861
 2. Santa Diego: 9,160
 3. Santa Clara: 7,394
 4. San Francisco: 6,858
- ▶ Contra Costa: 1,607
- ▶ Total State Homeless Population: 134,278, over 25% of US unsheltered Homeless population.
- ▶ 30% mentally to severely mentally ill

3

Proposition 2 Outline and Assumptions

- ▶ \$2B Bond using MHSA revenues to build 20K housing units for the severely mentally ill throughout California
- ▶ Assumptions
 1. Each county's MHSA allocated revenue will rise at least 3% annually to gradually offset the avg. 7% "off the top" use for this bond—History shows otherwise: Swings from \$1.3 – \$2.B annually.
 2. Will create more revenue to more than offset bond repayment costs—Very questionable.

4

Why does NAMI-CC Oppose Prop. 2?

- ▶ We strongly believe and support Housing for the severely mentally ill.
- ▶ THE PROBLEMS
- ▶ Takes MHSA revenues “off the top” [7%] to repay bond debt to pay for 20K housing units statewide even if each counties loses its competitive bid.
- ▶ Mandates but does not specifically fund treatment and services for these housing units.
- ▶ Ignores the \$2.5B in counties Unspent MHSA Funds.
- ▶ Ignores NIMBYism stigma of zoning ordinances.

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Magnitude of Finance Issues

- ▶ \$2B bond
- ▶ 30 year repayment: \$4.2B in MHSA revenues.
- ▶ 40 year repayment: \$5.6B in MHSA revenues.
 1. 30 years: \$2.10 for every \$1 spent on housing
 2. 40 years: \$2.80 for every \$1 spent on housing
- ▶ Yearly effect on Contra Costa MHSA funds
 1. \$2.79–3.164M/annually – win or lose bid.
 2. Likely \$1.67M annual bond debt if it wins competitive bid.
- ▶ Contra Costa MHSA Unspent Funds
 1. \$39.5M –6/30/2020 as of 6/30/2018
 2. Up from \$24M as of 6/30/2017
 3. \$2.1M in “reversion funds” resolved.

6

Some Upsides

- ▶ \$2,185,137 Non-competitive housing funds based on 2017 Point In Time (PIT) Homeless count [1,607]
- ▶ \$150,000 in One-time Technical Assistance to help prepare Competitive Bid.
- ▶ Set-aside amount for small population counties of < 200K population—2018
- ▶ Reminder: Comes out of the \$2B bond with \$4.2 – \$5.6B in 30–40 year bond repayments.

7

Classes of County Competitive Bids

- ▶ 4 Counties each w/ > 5% of homeless population can self-administer their own programs.
Los Angeles, San Diego, Santa Clara, and San Francisco
- ▶ Large Population: 750,000 or greater—2018
- ▶ Medium Population: 200k–749,999K—2018
- ▶ Small Population: under 200K

8

How Prop. 2 could affect Contra Costa County MHSA Programs

- ▶ Very ample Current Unspent funds Balance: over \$53.5M as of 6/30/2018.
- ▶ System of Care Gaps needing additional funding
 1. Transitioning and expanding all FSP Programs to Assertive Community Treatment (ACT) Fidelity standards: \$2–3M annually ongoing.
 2. Oak Grove Transition Age Youth Crisis Residential Treatment Facility—CRITICAL NEED
 3. \$3–5M one-time renovation and up to \$2M ongoing operating costs.
 4. Psych. Emergency Services for Children & Adolescents—up to \$3M one-time expansion costs.
 5. Additional WET funding for training & support programs.

9

An Alternative

- ▶ Instead of the \$2B bond with 30–40 year repayments extracted from MHSA revenues:
- ▶ Can fund local No Place Like Home Program using Unspent Funds.
 1. Nearly \$3.2M funds annually could be used for both housing and badly needed onsite treatment services.
Advantage: No \$1.6M annual bond repayments. All funds w/b used for housing and treatment services.
 2. Need to closely monitor use & level of Unspent Funds.
- ▶ **Objective: Keep Contra Costa control of its MHSA funds and away from the state legislature.**

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CBHDA: Estimated Impact of MHSA Housing Bond Proposal (As of TBL RN#16 18675)

(All dollars in millions)										
Fund Estimates	2016-17			2017-18			2018-19			Total First 8 FYs
	No Bond	With Bond	Difference	No Bond	With Bond	Difference	No Bond	With Bond	Difference	
Total MHSA Revenue Projections (Cash basis)	\$ 1,864.70	\$ 1,864.70		\$ 1,945.60	\$ 1,945.60		\$ 1,898.60	\$ 1,898.60		\$ (547.20)
Bond Debt Service Payment	\$ -	\$ -		\$ -	\$ 16.00		\$ -	\$ 36.00		\$ (19.55)
5% State Administration	\$ 93.24	\$ 93.24		\$ 97.28	\$ 96.48		\$ 94.93	\$ 93.13		\$ (0.56)
County MHSA Allocation Funds	\$ 1,957.94	\$ 1,957.94	\$ -	\$ 1,848.32	\$ 1,833.12	\$ (15.20)	\$ 1,803.67	\$ 1,769.47	\$ (34.20)	\$ (123.50)

Proportional Impact of Bond Debt Service Payment on County MHSA Allocation Funds	MHSA Allocation Percentages	2016-17 Impact	2017-18 Impact	2018-19 Impact	2019-20 Impact	2020-21 Impact	2021-22 Impact	2022-23 Impact	2023-24 Impact	Total First 8 FYs
(All dollars in millions)		\$ -	\$ (15.20)	\$ (34.20)	\$ (58.90)	\$ (83.60)	\$ (108.30)	\$ (123.50)	\$ (123.50)	\$ (547.20)
Alameda	3.58%	\$ -	\$ (0.54)	\$ (1.22)	\$ (2.11)	\$ (2.99)	\$ (3.88)	\$ (4.42)	\$ (4.42)	\$ (19.55)
Alpine	0.10%	\$ -	\$ (0.02)	\$ (0.04)	\$ (0.06)	\$ (0.09)	\$ (0.11)	\$ (0.13)	\$ (0.13)	\$ (0.56)
Amador	0.18%	\$ -	\$ (0.03)	\$ (0.06)	\$ (0.10)	\$ (0.15)	\$ (0.19)	\$ (0.22)	\$ (0.22)	\$ (0.97)
Berkeley City	0.30%	\$ -	\$ (0.05)	\$ (0.10)	\$ (0.18)	\$ (0.25)	\$ (0.33)	\$ (0.37)	\$ (0.37)	\$ (1.66)
Butte	0.59%	\$ -	\$ (0.09)	\$ (0.20)	\$ (0.35)	\$ (0.49)	\$ (0.64)	\$ (0.72)	\$ (0.72)	\$ (3.20)
Calaveras	0.19%	\$ -	\$ (0.03)	\$ (0.06)	\$ (0.11)	\$ (0.16)	\$ (0.21)	\$ (0.23)	\$ (0.23)	\$ (1.03)
Calaveras	0.16%	\$ -	\$ (0.02)	\$ (0.06)	\$ (0.10)	\$ (0.14)	\$ (0.18)	\$ (0.20)	\$ (0.20)	\$ (0.88)
Contra Costa	2.26%	\$ -	\$ (0.34)	\$ (0.77)	\$ (1.33)	\$ (1.89)	\$ (2.45)	\$ (2.79)	\$ (2.79)	\$ (12.36)
Del Norte	0.17%	\$ -	\$ (0.03)	\$ (0.06)	\$ (0.10)	\$ (0.14)	\$ (0.18)	\$ (0.21)	\$ (0.21)	\$ (0.92)
El Dorado	0.41%	\$ -	\$ (0.06)	\$ (0.14)	\$ (0.24)	\$ (0.35)	\$ (0.45)	\$ (0.51)	\$ (0.51)	\$ (2.26)
Fresno	2.41%	\$ -	\$ (0.37)	\$ (0.82)	\$ (1.42)	\$ (2.02)	\$ (2.61)	\$ (2.98)	\$ (2.98)	\$ (13.17)
Glenn	0.17%	\$ -	\$ (0.03)	\$ (0.06)	\$ (0.10)	\$ (0.14)	\$ (0.18)	\$ (0.21)	\$ (0.21)	\$ (0.92)
Humboldt	0.36%	\$ -	\$ (0.06)	\$ (0.12)	\$ (0.21)	\$ (0.30)	\$ (0.39)	\$ (0.45)	\$ (0.45)	\$ (1.98)
Imperial	0.50%	\$ -	\$ (0.08)	\$ (0.17)	\$ (0.29)	\$ (0.42)	\$ (0.54)	\$ (0.62)	\$ (0.62)	\$ (2.74)
Inyo	0.12%	\$ -	\$ (0.02)	\$ (0.04)	\$ (0.07)	\$ (0.10)	\$ (0.12)	\$ (0.14)	\$ (0.14)	\$ (0.63)
Kern	2.09%	\$ -	\$ (0.32)	\$ (0.72)	\$ (1.23)	\$ (1.75)	\$ (2.27)	\$ (2.59)	\$ (2.59)	\$ (11.44)
Kings	0.42%	\$ -	\$ (0.06)	\$ (0.14)	\$ (0.25)	\$ (0.35)	\$ (0.46)	\$ (0.52)	\$ (0.52)	\$ (2.31)
Lake	0.21%	\$ -	\$ (0.03)	\$ (0.07)	\$ (0.12)	\$ (0.18)	\$ (0.23)	\$ (0.26)	\$ (0.26)	\$ (1.15)
Lassen	0.17%	\$ -	\$ (0.03)	\$ (0.06)	\$ (0.10)	\$ (0.14)	\$ (0.18)	\$ (0.21)	\$ (0.21)	\$ (0.93)
Los Angeles	28.55%	\$ -	\$ (4.34)	\$ (9.76)	\$ (16.81)	\$ (23.86)	\$ (30.92)	\$ (35.25)	\$ (35.25)	\$ (155.92)
Madera	0.44%	\$ -	\$ (0.07)	\$ (0.15)	\$ (0.26)	\$ (0.37)	\$ (0.48)	\$ (0.54)	\$ (0.54)	\$ (2.41)
Marin	0.57%	\$ -	\$ (0.09)	\$ (0.19)	\$ (0.33)	\$ (0.47)	\$ (0.62)	\$ (0.70)	\$ (0.70)	\$ (3.10)
Mariposa	0.12%	\$ -	\$ (0.02)	\$ (0.04)	\$ (0.07)	\$ (0.10)	\$ (0.13)	\$ (0.14)	\$ (0.14)	\$ (0.64)
Mendocino	0.26%	\$ -	\$ (0.04)	\$ (0.09)	\$ (0.15)	\$ (0.21)	\$ (0.28)	\$ (0.32)	\$ (0.32)	\$ (1.40)
Merced	0.73%	\$ -	\$ (0.11)	\$ (0.25)	\$ (0.43)	\$ (0.61)	\$ (0.79)	\$ (0.91)	\$ (0.91)	\$ (4.01)
Modoc	0.11%	\$ -	\$ (0.02)	\$ (0.04)	\$ (0.06)	\$ (0.09)	\$ (0.12)	\$ (0.14)	\$ (0.14)	\$ (0.60)
Mono	0.11%	\$ -	\$ (0.02)	\$ (0.04)	\$ (0.07)	\$ (0.09)	\$ (0.12)	\$ (0.14)	\$ (0.14)	\$ (0.62)
Monterey	1.18%	\$ -	\$ (0.18)	\$ (0.40)	\$ (0.69)	\$ (0.98)	\$ (1.28)	\$ (1.46)	\$ (1.46)	\$ (6.44)
Napa	0.34%	\$ -	\$ (0.05)	\$ (0.12)	\$ (0.20)	\$ (0.29)	\$ (0.37)	\$ (0.42)	\$ (0.42)	\$ (1.88)
Nevada	0.29%	\$ -	\$ (0.04)	\$ (0.10)	\$ (0.17)	\$ (0.24)	\$ (0.31)	\$ (0.35)	\$ (0.35)	\$ (1.56)
Orange	8.11%	\$ -	\$ (1.23)	\$ (2.77)	\$ (4.78)	\$ (6.78)	\$ (8.78)	\$ (10.02)	\$ (10.02)	\$ (44.30)
Placer	0.67%	\$ -	\$ (0.10)	\$ (0.23)	\$ (0.40)	\$ (0.56)	\$ (0.73)	\$ (0.83)	\$ (0.83)	\$ (3.68)
Plumas	0.16%	\$ -	\$ (0.02)	\$ (0.05)	\$ (0.09)	\$ (0.13)	\$ (0.17)	\$ (0.19)	\$ (0.19)	\$ (0.86)
Riverside	5.12%	\$ -	\$ (0.78)	\$ (1.75)	\$ (3.02)	\$ (4.28)	\$ (5.54)	\$ (6.32)	\$ (6.32)	\$ (27.97)
Sacramento	3.17%	\$ -	\$ (0.48)	\$ (1.08)	\$ (1.87)	\$ (2.65)	\$ (3.43)	\$ (3.91)	\$ (3.91)	\$ (17.30)
San Benito	0.21%	\$ -	\$ (0.03)	\$ (0.07)	\$ (0.12)	\$ (0.17)	\$ (0.23)	\$ (0.26)	\$ (0.26)	\$ (1.14)
San Bernardino	5.24%	\$ -	\$ (0.80)	\$ (1.79)	\$ (3.09)	\$ (4.38)	\$ (5.68)	\$ (6.47)	\$ (6.47)	\$ (28.63)
San Diego	8.20%	\$ -	\$ (1.25)	\$ (2.81)	\$ (4.83)	\$ (6.86)	\$ (8.88)	\$ (10.13)	\$ (10.13)	\$ (44.81)
San Francisco	1.84%	\$ -	\$ (0.28)	\$ (0.63)	\$ (1.09)	\$ (1.54)	\$ (2.00)	\$ (2.28)	\$ (2.28)	\$ (10.06)
San Joaquin	1.67%	\$ -	\$ (0.25)	\$ (0.57)	\$ (0.99)	\$ (1.40)	\$ (1.81)	\$ (2.07)	\$ (2.07)	\$ (9.14)
San Luis Obispo	0.69%	\$ -	\$ (0.10)	\$ (0.23)	\$ (0.40)	\$ (0.57)	\$ (0.74)	\$ (0.85)	\$ (0.85)	\$ (3.75)
San Mateo	1.63%	\$ -	\$ (0.25)	\$ (0.56)	\$ (0.96)	\$ (1.36)	\$ (1.77)	\$ (2.01)	\$ (2.01)	\$ (8.91)
Santa Barbara	1.16%	\$ -	\$ (0.18)	\$ (0.40)	\$ (0.69)	\$ (0.97)	\$ (1.26)	\$ (1.44)	\$ (1.44)	\$ (6.36)
Santa Clara	4.64%	\$ -	\$ (0.71)	\$ (1.59)	\$ (2.74)	\$ (3.88)	\$ (5.03)	\$ (5.74)	\$ (5.74)	\$ (25.37)
Santa Cruz	0.74%	\$ -	\$ (0.11)	\$ (0.25)	\$ (0.44)	\$ (0.62)	\$ (0.81)	\$ (0.92)	\$ (0.92)	\$ (4.07)
Shasta	0.49%	\$ -	\$ (0.07)	\$ (0.17)	\$ (0.29)	\$ (0.41)	\$ (0.53)	\$ (0.61)	\$ (0.61)	\$ (2.68)
Sierra	0.10%	\$ -	\$ (0.02)	\$ (0.04)	\$ (0.06)	\$ (0.09)	\$ (0.11)	\$ (0.13)	\$ (0.13)	\$ (0.57)
Siskiyou	0.18%	\$ -	\$ (0.03)	\$ (0.06)	\$ (0.11)	\$ (0.15)	\$ (0.20)	\$ (0.22)	\$ (0.22)	\$ (0.99)
Solano	1.02%	\$ -	\$ (0.16)	\$ (0.35)	\$ (0.60)	\$ (0.86)	\$ (1.11)	\$ (1.26)	\$ (1.26)	\$ (5.59)
Sonoma	1.14%	\$ -	\$ (0.17)	\$ (0.39)	\$ (0.67)	\$ (0.96)	\$ (1.24)	\$ (1.41)	\$ (1.41)	\$ (6.24)
Stanislaus	1.28%	\$ -	\$ (0.19)	\$ (0.44)	\$ (0.75)	\$ (1.07)	\$ (1.38)	\$ (1.58)	\$ (1.58)	\$ (6.98)
Sutter/Yuba	0.49%	\$ -	\$ (0.07)	\$ (0.17)	\$ (0.29)	\$ (0.41)	\$ (0.53)	\$ (0.60)	\$ (0.60)	\$ (2.67)
Tahama	0.21%	\$ -	\$ (0.03)	\$ (0.07)	\$ (0.12)	\$ (0.17)	\$ (0.22)	\$ (0.25)	\$ (0.25)	\$ (1.12)
Trinity	0.56%	\$ -	\$ (0.08)	\$ (0.19)	\$ (0.33)	\$ (0.46)	\$ (0.60)	\$ (0.69)	\$ (0.69)	\$ (3.03)
Trinity	0.11%	\$ -	\$ (0.02)	\$ (0.04)	\$ (0.07)	\$ (0.09)	\$ (0.12)	\$ (0.14)	\$ (0.14)	\$ (0.62)
Tulare	1.21%	\$ -	\$ (0.18)	\$ (0.41)	\$ (0.71)	\$ (1.01)	\$ (1.31)	\$ (1.50)	\$ (1.50)	\$ (6.62)
Tuolumne	0.20%	\$ -	\$ (0.03)	\$ (0.07)	\$ (0.12)	\$ (0.17)	\$ (0.22)	\$ (0.25)	\$ (0.25)	\$ (1.10)
Ventura	2.10%	\$ -	\$ (0.32)	\$ (0.72)	\$ (1.24)	\$ (1.76)	\$ (2.28)	\$ (2.60)	\$ (2.60)	\$ (11.49)
Yolo	0.54%	\$ -	\$ (0.08)	\$ (0.18)	\$ (0.32)	\$ (0.45)	\$ (0.58)	\$ (0.66)	\$ (0.66)	\$ (2.94)
Totals	100.00%	\$ -	\$ (15.20)	\$ (34.20)	\$ (58.90)	\$ (83.60)	\$ (108.30)	\$ (123.50)	\$ (123.50)	\$ (546.20)

Notes:

Geiss Consulting (May 2016) is the source for MHSA Revenue Projections in FYs 2016-17 through 2018-19.

Senate Handout "Potential Debt Service Costs (5/17/16)" is the source for MHSA Revenue Projections (including an assumption of 2% annual growth) in FYs 2019-20 forward, and for the estimated annual bond debt service payments.

MHSA Quarterly Budget Report

Fiscal Year 2017-18

July 2017 through June 2018

Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
CSS	37,602,567	29,756,748
PEI	8,668,448	6,626,940
INN	2,120,229	2,472,018
WET	2,539,664	1,606,283
CF/ TN	643,835	11,205
TOTAL	<u>51,574,743</u>	<u>40,473,193</u>

Approved MHSA Budget means the funds set aside, or budgeted, for a particular line item prior to the start of the fiscal year.

Expenditures means the funds actually spent in the fiscal year by the end of the month for which the report was made

Disclosures:

1) Cost Centers are used to track expenditures. MHSA cost centers are: 5713, 5714, 5715, 5721, 5722, 5723, 5724, 5725, 5727, 5735, 5753, 5764, 5868, 5957. MHSA program plan elements include expenditures from multiple MHSA cost centers. Therefore, expenditures reported in the County's Expenditure Detail Report may not tie exactly to the MHSA program plan elements.

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Full Service Partnerships		
Children	2,798,275	2,443,687
Transition Age Youth	2,407,611	1,793,353
Adults	5,288,696	5,568,515
Adult Clinic FSP Support	1,772,145	855,982
Recovery Center	901,250	970,728
Hope House	2,077,530	2,312,360
Housing Services	8,502,116	6,082,491
Full Service Partnership Sub-Total	23,747,623	20,027,117
General System Development		
Older Adults	3,388,068	3,385,811
Children's Wraparound	1,525,439	1,316,723
Assessment and Recovery Center - Miller Wellness Center	319,819	323,300
Clinic Support	1,355,630	1,033,493
Forensic Team	424,628	213,738
Mobile Response Team	550,000	118,756
MH Clinicians in Concord Health Center	281,686	277,271
EPSDT Expansion	2,500,000	-
Liaison Staffs	144,371	134,864
Quality Assurance	1,255,831	1,100,067
Administrative Support	2,109,471	1,825,608
General System Development Sub-Total	13,854,943	9,729,630
	37,602,567	29,756,748

CSS- FSP Children

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Personal Service Coordinators- Seneca	808,215	646,228
Multi-dimensional Family Therapy- Lincoln Center	556,973	556,973
Multi-systemic Therapy- COFY	689,585	689,586 ¹
Children's Clinic Staff- County Staff	743,502	550,900 ²
Total	2,798,275	2,443,687

Note:

1) Expenditure includes prior years cost settlement.

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

CSS- FSP Transition Age Youth

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Fred Finch Youth Center	1,442,661	1,164,303
Youth Homes	684,950	612,477
Residential Treatment for Youth	250,000	- ¹
Misc. Costs	30,000	16,573 ²
Total	2,407,611	1,793,353

Note:

1) Planning and start-up funds have been set aside to address residential treatment facility needs for youth.

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

CSS- FSP Adults- Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Assisted Outpatient Treatment	2,392,241	2,358,271
Anka	791,751	979,006
Familias Unidas (Desarrollo)	213,309	239,888
Hume Center	1,891,395	1,989,498
Rubcon- Terminated FY16/17	-	1,853 ¹
Total	5,288,696	5,568,515

Note:

1) This contract was terminated in FY16/17. This amount is paid for missing invoices for FY16/17.

CSS- Supporting FSPs

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Adult Clinic Support		
FSP Support, Rapid Access, Wellness Nurses	1,772,145	855,982 ¹
Recovery Centers- Recovery Innovation	901,250	970,728
Hope House- Crisis Residential Program	2,077,530	2,312,360
Total	4,750,925	4,139,071

Note:

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

CSS- Supporting FSPs Housing Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Supporting Housing- Shelter, Inc	2,281,484	2,100,646
Special Needs Housing Program	1,722,486	- 1
Supportive Housing- TBD	220,000	- 1
Augmented Board & Care - Crestwood	1,140,877	942,516
Augmented Board & Care - Divines	5,184	2,312
Augmented Board & Care - Modesto Residential	71,175	117,455
Augmented Board & Care - Oak Hills	16,315	16,315
Augmented Board & Care - Pleasant Hill Manor	92,700	87,090
Augmented Board & Care - United Family Care	453,840	377,692
Augmented Board & Care - Williams	31,889	30,449
Augmented Board & Care - Woodhaven	12,360	10,806
Shelter Beds- County Operated	1,931,296	1,913,953
Housing Coordination Team - County Staff	522,510	483,257 2
Total	8,502,116	6,082,491

Note:

1) Supportive Housing is in planning phase.

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

CSS- General System Development Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u> ¹
Older Adult Clinic - Intensive Care Management, IMPACT	3,388,068	3,385,811
Wraparound Support - Children's Clinic	1,525,439	1,316,723
Liaison Staffs	144,371	134,864
Assessment and Recovery Center (MWC)	319,819	323,300
Money Management - Adult Clinics	779,316	349,236
Transportation Support - Adult Clinics	151,951	4,123
Evidence Based Practices - Children's Clinics	424,363	372,066
Forensic Team - County Operated	424,628	213,738
Mobile Response Team	550,000	118,756
MH Clinicians in Concord Health Center	281,686	277,271
EPSDT Expansion	2,500,000	-
Misc. Costs	-	308,067
Total	10,489,641	6,803,956

Note:

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

CSS- General System Development Administrative Support

	<u>Approved MHSA Budget</u>	<u>Expenditures ¹</u>
Quality Assurance		
Medication Monitoring	226,630	222,124
Clinical Quality Management	712,369	581,088
Clerical Support	316,833	296,856
Quality Assurance Total	1,255,831	1,100,067
Administrative Support		
Projected and Program Managers	698,838	561,203
Clinical Coordinators	118,265	124,124
Planner/ Evaluators	324,084	300,140
Family Service Coordinator	82,915	74,314
Administrative/ Fiscal Analysts	552,923	340,301
Clerical Support	220,086	173,955
Community Planning Process- Consultant Contracts	112,360	109,322
Misc. Costs		142,250
Administrative Support Total	2,109,471	1,825,608
Total	3,365,302	2,925,675

Note:

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

PEI Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u> ¹
Prevention- Outreach and Engagement		
Reducing Risk of Development a Series Mental Illness		
Increasing Recognition of Early Signs of Mental Illness	1,035,575	957,035
Underserved Communities	1,580,477	847,827
Prevention	2,351,312	1,860,512
Stigma and Discrimination Reduction	295,211	208,595
Access and Linkage to Treatment	230,107	211,518
Perinatal Depression Project	201,632	-
Suicide Prevention	439,541	367,307
Prevention Sub-Total	6,133,854	4,452,795
Early Intervention - Project First Hope	2,377,280	1,975,625
Administrative Support	157,314	198,520
Total	8,668,448	6,626,940

Note:

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

PEI- Outreach for Increasing Recognition of Early Signs of Mental Illness

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Cc Interfaith	70,000	78,000
Triple P America Inc (COPE)	238,703	233,090
First 5 Cc Children & Fam	79,568	53,629
Latina Ctr, The	108,565	108,269
Asian Comm Mental Hlth	137,917	137,917
Jewish Family/Chld Svcs	169,403	154,936
Native American Hlth Ctr	231,419	191,194
Total	1,035,575	957,035

PEI- Improving Timely Access to MH Svcs for Underserved Populations

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Rainbow Comm Ctr	737,245	- 1
La Clinica De La Raza	272,386	272,386
Lao Family Comm Devel	180,275	184,870
Center For Human Devel	142,129	142,129
Lifelong Medical Care	126,977	126,977
Child Abuse Preven Cncl	121,465	121,465
Total	1,580,477	847,827

Note:

1) This contract was combined with the contract in INN.

PEI - Prevention

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Martinez Usd - Project New Leaf	180,353	176,548
People Who Care	216,604	214,860
Ryse Youth Center	488,368	265,152
Tides Center- BBK	210,580	210,580
Contra Costa Clubhouses	565,883	565,869
Prevention- Families Experiencing Juvenile Justice System	689,524	427,504
Total	2,351,312	1,860,512

PEI

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
PEI- Stigma and Discrimination Reduction		
CalMHSA PEI	78,000	-
Reducing Stigma	217,211	208,595 ¹
	<hr/> 295,211	<hr/> 208,595
PEI-Access and Linkage to Treatment		
West Contra Costa YMCA JMP	99,900	110,884
Stand	130,207	100,635
	<hr/> 230,107	<hr/> 211,518
PEI- Suicide Prevention		
C C Crisis Center	301,636	301,636
Preventing Suicide	137,905	65,671 ¹
	<hr/> 439,541	<hr/> 367,307
PEI- Perinatal Depression Project	201,632	- ¹
Administrative Support	157,314	198,520 ¹
Early Intervention		
Project First Hope	2,377,280	1,975,625 ¹
Total	<hr/> 3,701,084	<hr/> 2,961,566

Note:

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

INN

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	
Supporting LGBTQ Youth- Rainbow Community Center	-	742,835	2
Putnam Clubhouse	100,000	22,123	
CBSST	200,000	-	3
CORE	500,000	-	3
WELL Project	-	164,422	1
Coaching to Wellness	515,794	346,068	1
Partners in Aging	163,986	126,705	1
Overcoming Transportation Barriers	216,934	6,288	1
Administrative Support	423,515	1,063,576	1
Total	2,120,229	2,472,018	

Note:

- 1) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.
- 2) This contract is combined with the Rainbow contract in PEI component.
- 3) The project is in the early implementation stage and have not incurred any expenditures yet.

WET

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Staff Training and Technical Assistant		
NAMI Basics and Faith Leadership Educational Programs	61,850	39,718
Crisis Intervention Training	35,000	3,438
Various Training and Technical Assistance Consultants	133,150	73,521
 MH Career Pathway- SPIRIT	 400,938	 303,981
 Residency Internship Program		
Graduate Level Internships- Contract Agencies	100,000	119,684
Graduate Level Internships- County Operated	339,471	284,989 ¹
 Financial Incentive Program	 300,000	 300,000 ²
NAMi-Contra Costa Family Support Network Volunteer Program	600,000	236,468
Workforce Staffing Support	322,660	224,616 ¹
Senior Peer Counseling	246,595	19,869
 Total	 <u>2,539,664</u>	 <u>1,606,283</u>

Note:

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

2) \$300,000 was deposited with CalMHSA for the Student Loan Repayment Program. These funds are available in FY18/19 and FY19/20 for use in the program.

Capital Facilities/ Information Technology

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>
Electronic Mental Health Records System	643,835	11,205
Total	643,835	11,205

Contra Costa Behavioral Health Stakeholder Calendar

October 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3 Mental Health Commission: 4:30 — 6:30 pm 2450 Road 20, Rm 2 San Pablo	4 CPAW: 3:00 — 5:00 pm 2425 Bisso Lane, Concord	5	6
7 	8	9	10 Systems of Care: 10:00 — 11:30 am 1220 Morello Ave, Suite 100, Martinez	11 Children's: 11:00 am — 1:00 pm 1340 Arnold Dr, Suite 200, Martinez Social Inclusion: 1:30 — 3:30 pm 2425 Bisso Lane Concord	12	13
14	15 CPAW Membership 3:00 — 4:30 pm 1220 Morello Ave, Suite 100, Martinez	16	17	18 CPAW Steering: 2:30 — 3:30 pm 1220 Morello Av, Suite 100, Martinez	19	20
21	22 CPAW Innovation: 2:30 — 4:00 pm 1220 Morello Av, Suite 100, Martinez	23 Adults: 3:00 — 4:30 pm 1340 Arnold Dr, Suite 200, Martinez	24 Aging /Older Adults: 2:00 — 3:30 pm 2425 Bisso Lane Concord AOD Advisory Board: 4:00 — 6:00 pm 1220 Morello , Martinez	25	26 Suicide Prevention Committee 9:00 —1 0:30 am 1220 Morello Av, Suite 100, Martinez	27
28	29	30 				H3 Community Housing Mtg November 6, 2018 1:00—3:00 pm 2425 Bisso Lane, Concord

Contra Costa Behavioral Health Stakeholder Calendar

November 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 No CPAW Meeting (due to East County Community Forum)	2	3
4	5	6 H3 Community Housing 1:00 – 3:00 pm 2425 Bisso Lane, Concord	7 Mental Health Commission: 4:30 – 6:30 pm San Ramon Regional Medical Center 6001 Norris Canyon Road, San Ramon	8 Children's: 11:00 am–1:00 pm 1340 Arnold Dr, Suite 200, Martinez Social Inclusion: 1:30–3:30 pm 2425 Bisso Lane Concord	9	10
11	Veterans Day 	13 CPAW Community Forum ** Antioch Community Center, 4703 Lone Tree Way, Antioch	14 Systems of Care: 10:00–12:00 pm 1220 Morello Av, Suite 100, Martinez	15 CPAW Steering: 2:30 – 3:30 pm 1220 Morello Av, Suite 100, Martinez	16	17
18	19	20	21		23 DAY AFTER THANKSGIVING	24
25	26	27 Adults: 3:00 – 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	28 Aging /Older Adults: 2:00–3:30 pm 2425 Bisso Lane Concord AOD Advisory Board: 4:00 – 6:00 pm 1220 Morello , Martinez	29	30	



YOUTH COMMUNITY FORUM

WHEN: TUESDAY, NOVEMBER 13, 2018

TIME: 3:30PM TO 7PM

WHERE: ANTIOCH COMMUNITY CENTER

4703 LONE TREE WAY, ANTIOCH, 94531

**Hey Contra
Costa County,
you can help
local youth in
two ways!**

1.) Take a survey on your device to tell us how to better support mental health in youth.

2.) Attend the Youth Community Forum at the Antioch Community Center and join the discussion.

**Access the survey on
your web browser at:
surveymonkey.com/r/D2T7N3K**

**This is your
opportunity to
voice service
needs and
propose
strategies!**

Youth, family, people working with youth and all interested members of the community are invited to attend!

Information gathered at the forum will be used to prepare and plan the Contra Costa County Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for 2020-2023.

RSVP at 925-957-2617 or mhsa@hsd.cccounty.us



FORO COMUNITARIO

CUÁNDO: MARTES, 13 DE NOVIEMBRE, 2018

HORARIO: 3:30PM A LAS 7PM

**DÓNDE: CENTRO COMUNITARIO DE ANTIOCH
4703 LONE TREE WAY, ANTIOCH, 94531**

**¡Hola
comunidad de
Contra Costa,
usted puede
ayudar a niños
y jóvenes en
dos maneras!**

**1.) Tome una encuesta para decirnos
cuales temas son de importancia en
relación a la salud mental en niños y
jóvenes.**

**2.) Asista al Foro Comunitario en Antioch
y únase a la discusión en como mejor
apoyar la salud mental en niños y jóvenes.**

**Acceda la encuesta en
su navegador de web en:
www.surveymonkey.com/r/SMYY5VS**

**¡Esta es tu
oportunidad de
comunicar las
necesidades de
servicios y
proponer
estrategias!**

**¡Jóvenes, padres, personas que trabajan
con niños y jóvenes, e todos interesados
están invitados a asistir!**

**La información colectada en el foro será
utilizado para preparar y planificar el
Plan de Gastos y Programa de Servicios
de Salud Mental (MHSA) para los años
fiscales 2020 a 2023.**

**Confirme su asistencia por correo electrónico a
mhsa@hsd.cccounty.us o por teléfono al 925-957-2614.**

Stevenson Place Helps Those Who Need Extra Care, But It's Not Being Replicated

Pete Earley



(5-2-16) The Justice Department, many mental health advocates and federally funded protection and advocacy groups are opposed to group homes and housing that resembles an institutional setting. The goal is for everyone to live independently in their own apartment.

But is it realistic to believe that everyone can live on their own if they have a severe mental illness and other debilitating challenges?

My good friend [Trudy Harsh](#), the driving force behind the non-profit [Brain Foundation](#), believes that some individuals need services that are best delivered in a group setting or multi-person facility. That's currently a politically unpopular point of view, but Trudy is speaking from her experiences not only as a housing activist but also as a mother.

If you are a regular reader of this blog, you are familiar with [Trudy's story](#). She grew tired of attending countless community meetings where everyone complained about a lack of affordable housing in Fairfax County, Virginia, but didn't do anything to help resolve those complaints. Talk without action is meaningless so Trudy used her experience as a real estate broker to obtain a low interest loan from the Virginia Housing Development Authority in 2006 to buy a house for persons with brain diseases (she refuses to call them mental illnesses.)

She named it Laura's House, after her daughter, Laura, who developed a brain tumor at age eight and underwent surgery that left her stunted emotionally and physically. (Laura faced numerous challenges for the next thirty years until her death in 2006.)

Trudy contracted with Pathway Homes, a local mental health provider, to oversee care for residents in Laura's House. Her formula — of having a non-profit group finance a house — caught on. It [was copied](#) in Florida. Today, there are nine Brain Foundation houses in our community and last Saturday, I spoke at a fundraiser for the [Brain Foundation](#), which I would urge you to support.

In addition to creating these nine group homes, Trudy believes Fairfax needs to construct two larger facilities patterned after [Stevenson Place](#), which is not far from my home. It is a dormitory style facility composed of six "neighborhoods." Each neighborhood is located in a wing of the building and each wing contains six separate

bedrooms with full baths, a communal living room and a kitchenette.

Trudy gave me a tour of Stevenson Place a few years ago. At that time, it was staffed round-the-clock by a total of 33 employees. The workforce included a registered nurse, a nurse practitioner, two mental health therapists, a psycho-social rehab specialist, and a psychiatrist, who was on call. Meals were provided, as well as, classes on social skills and job placement for those capable of working part-time.

Stevenson Place describes itself as a:

... non-institutional, warm and homelike environment which addresses the needs of all residents for a stable, safe, and supportive place to live...designed to empower and encourage residents to recover and to realize their individual potential in the least restrictive environment in which they are capable of living.

The top goal of Stevenson Place is:

to emphasize consumer empowerment, choice and a sense of self-determination through incentives and encouragement for resident to assume increasing responsibility and control over their own lives.

Who lives at Stevenson House?

All thirty-six bedrooms were occupied when I visited. Fourteen of the residents had come directly from state mental hospitals, ten had lived previously in supportive housing that had proved too much for them to handle, four had lived with their families, two had been living in homeless shelters, two others had come from assisted living facilities outside Fairfax County, and three had arrived after being evicted from apartments.

Half of the residents had severe and persistent schizophrenia. Forty percent had been diagnosed with schizoaffective disorder and the final ten percent had other mental disorders that interfered in their daily lives, including severe depression.

Let's dig a bit deeper. In addition to those mental illnesses, eighty percent of the residents had additional personality disorders that made it challenging for them to live independently. The other twenty percent had intellectual disabilities and/or developmental disorders that required them to have daily help.

Despite all of these challenges, one fourth of the residents were able to work part-time in our community at jobs in national chains such as Red Lobster, IHOP, Wegmans and Food Lion.

When I visited, I asked how many of the residents had moved out from Stevenson Place during the seven years that it had been operating. Sixteen had moved. Five residents had gone into nursing facilities because they needed more nursing care than could be provided at Stevenson Place. Three had moved into less restrictive independent housing. Two had transferred to a group home, two others had returned to a state hospitals for more intense inpatient care, two others had gone to live with their families, one had ended up being arrested and was in jail, and one had died.

The goal was to help those, who were capable, to move into a less restrictive environment but there was no hurry to push them out the door.

"Laura could not live independently," Trudy told me. "She just couldn't survive without getting daily help."

Now let's look at the cost.

Stevenson Place's per person cost per day was \$86.07 when I visited it. The average per person, per day cost of [housing someone at a Virginia state hospital](#) is \$2,680. It is \$1,753 in a nonprofit hospital and \$1,878 inside a for-profit one. The cost of an 8-person group home in Virginia is \$258 per person per day. The cost of housing an inmate in the Fairfax detention center is \$145.49 per day.

This means that Stevenson Place is much less expensive than the current housing alternatives in Fairfax County. (I am not including the costs of Housing First and an ACT Team because those services are in short supply and the clientele in Stevenson Place routinely require more intensive services.)

If Stevenson Place is more economical than hospitals, group homes, and jail –if it helps persons who haven't been able to live successfully in a less restrictive environment by providing them a safe, home-like environment where they have their own room, receive nutritious meals, have access to medical help and job training, why isn't the county building more facilities like them? Why are other counties and states not replicating this successful model?

The answer: fear and politics.

The Olmstead Act, which requires states to place qualified individuals with mental disabilities in community settings, is being used by the Justice Department to close group homes and facilities such as Stevenson Place. They want everyone to live in an apartment. Period. End of discussion.

I understand why the Justice Department and others oppose group homes and residential facilities. When I did research in Miami for my book, there were 650 Assisted Living Facilities there that housed about 4,500 individuals. Only 200 of those ALFs could pass the state's minimum standards for operating as a group home. The others were granted waivers by the state to operate at lower standards than the norm. One home I visited had a hole in the roof that rain poured through, medications were scattered on a kitchen table, meals were rice and beans, the caretaker spoke only Spanish but none of the tenants did. There was no therapy, no counseling, nothing but half-dressed residents smoking cigarettes and staring at a black and white television. It was inhumane.

Our fear of institutional living is rooted in our past. For decades, many state hospitals were giant warehouses where residents were neglected, marginalized, dehumanized and abused. One writer in Oklahoma compared state hospitals there in the 1960s to Nazi concentration camps.

I understand those fears.

But the group homes that the Brain Foundation operates are well-run, integrated housing in suburban neighborhoods. There are safeguards. People are treated with respect. Stevenson Place also is a welcoming, clean, and modern home-like facility. It fills a niche often missing in most states.

When I visited, there were 95 individuals on the Stevenson Place waiting list. There currently are some 150 individuals in Virginia state hospitals waiting to be discharged but unable to leave because there are no facilities in their communities that can accommodate them.

Currently, there is a FIVE year wait in Fairfax County if you have a mental illness and need supportive housing.

Many of the residents of Stevenson Place would fall into the "frequent user" category of persons with severe mental disorders. That's the group that often spend their lives homeless or in jails and prisons. That's the group caught in revolving door of despair. That's the group that traditionally uses as much as half of all local mental health dollars yet rarely receive the services that are necessary to help them recover.



Despite the need to provide housing to this group, Trudy Harsh is a lone voice in supporting group homes and multi-unit facilities. She risks being publicly pilloried for daring to say that some people may not be able to live independently and do better in a group home or a multi-housing unit.

Fear and politics triumph.

Mental Health Services Act (MHSA)

Program and Fiscal Review

I. Name of Program/Plan Element:

Center for Human Development
901 Sun Valley Blvd., Suite 220
Concord, CA 94520

- 1) African American Wellness Program
- 2) Youth Empowerment Program

II. Date of On-site Review: May 11 and 15, 2018

Date of Exit Meeting: July 5, 2018

III. Review Team: Jennifer Bruggeman, Golnaz Fortune

IV. Program Description. Center for Human Development (CHD) is a community-based organization that offers a spectrum of prevention and wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1978 CHD has provided programs and supports that are aimed at empowering individuals and promoting positive change within communities. The two programs funded under MHSA are the African American Wellness Program and the Youth Empowerment Program. Both programs improve timely access to mental health services for underserved populations.

MHSA funds the following programs within Center for Human Development:

- 1) African American Wellness Program. The African American Wellness program provides mental health outreach and engagement at community events and *Mind, Body and Soul* weekly wellness groups to individuals in Bay Point, Pittsburg, and surrounding communities. Its intent is to increase clients' emotional wellness, reduce stress and isolation, and link clients to community resources in a culturally appropriate manner.
- 2) Youth Empowerment Program. The Youth Empowerment Program provides services for LGBTQ youth and allies by offering strength-based educational supports and creating more inclusive & supportive environments in schools, families and communities. Services are

located in Antioch, Pittsburg and surrounding East County communities. Key activities include weekly education groups and leadership groups. The program is intended to reduce isolation, increase emotional well-being, and reduce the risk of developing a serious mental illness.

- V. Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services, we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and to plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumers indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Program serves agreed upon population at risk for developing a serious mental illness.
3. Provide the services for which funding was allocated.	Met	Services provided are consistent with the Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services are consistent with MHSA Three Year Plan.
5. Serve the number of individuals that have been agreed upon.	Met	Numbers served in both programs meet or exceed goals.
6. Achieve the outcomes that have been agreed upon.	Met	Pre- and post- surveys indicate participants report increases in mental health and well-being.
7. Quality Assurance	Met	CHD reports continuous quality improvement

		processes are in place.
8. Ensure protection of confidentiality of protected health information.	Met	Notices of HIPAA and privacy policies are in place.
9. Staffing sufficient for the program	Met	Success of programs has generated need for additional staff capacity.
10. Annual independent fiscal audit	Met	CHD has hired a fiscal sponsor, and most recent audit indicates no material weaknesses.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Resources appear sufficient.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Sound check and balance system is in place. Onsite bookkeeping tracks monthly expenditures and works collaboratively with accountant.
13. Documentation sufficient to support invoices	Met	Improved – fiscal sponsor and internal bookkeeper are able to supply all appropriate documentation.
14. Documentation sufficient to support allowable expenditures	Met	Actual costs may exceed current contract payment limit.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings for previous fiscal year expenses noted after close of fiscal year.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect budgeted at 15%.
17. Insurance policies sufficient to comply with contract	Met	Appropriate to the level of service provided.
18. Effective communication between contract manager and contractor	Met	Communication is regular and appropriate to the level of need of the program.

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

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards).
Does the program collaborate with the community, provide an integrated service

experience, promote wellness, recovery and resilience, is it culturally competent, and client and family driven.

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

Results. The program delivers services according to the values of MHSA.

Questions :	Youth Empowerment Responses:				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	n=21				
	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know N/A
1. Help me improve my health and wellness	Average Score: 3.50 (n=20)				
2. Allow me to decide what my own strengths and needs	Average Score: 3.58 (n=19)				
3. Work with me to determine the services that are most helpful	Average Score: 3.80 (n=20)				
4. Provide services that are sensitive to my cultural background.	Average Score: 3.81 (n=16)				
5. Provide services that are in my preferred language	Average Score: 3.90 (n=21)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average Score: 3.74 (n=19)				
7. Are open to my opinions as to how services should be provided	Average Score: 3.81 (n=21)				
Your response to the following questions is appreciated:					
8. What does this program do well?	<ul style="list-style-type: none">• Everything• Help clarify life• Gives me space to talk• Welcomes people and helps youth• Inclusive, educational, safe• Allows me to let out what I bottle up• Help be open with my sexuality• Communication• It's all around great• Everything, helps express ourselves• Discussions• Helps me to see who I am• Helps with stress and conflict• Provides support for mental health• Keeping the environment welcoming and open to different ideas				

	<ul style="list-style-type: none"> • Able to speak freely, no judgement • Provides a safe a loving community 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Nothing • Outreaching for new people • More people • A co-ed group would be nice • Can't think of anything 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • None • More help with job stuff and volunteer 			
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: 3.67 (n=21)			
12. Any additional comments?	<ul style="list-style-type: none"> • This group is wholesome 			

Questions :	African American Wellness Responses:				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	n=50				
	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know N/A
1. Help me improve my health and wellness	Average Score: 3.80 (n=50)				
2. Allow me to decide what my own strengths and needs	Average Score: 3.74 (n=50)				
3. Work with me to determine the services that are most helpful	Average Score: 3.66 (n=50)				
4. Provide services that are sensitive to my cultural background.	Average Score: 3.86 (n=50)				
5. Provide services that are in my preferred language	Average Score: 3.97 (n=49)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average Score: 3.67 (n=49)				
7. Are open to my opinions as to how services should be provided	Average Score: 3.76 (n=50)				
Your response to the following questions is appreciated:					

<p>8. What does this program do well?</p>	<ul style="list-style-type: none"> • Fellowship • Give resources, referrals • Uplift and care about you • Keep aware of healthy choices • Provide support • Let's me be truthful and honest • Helping the community • Maintain my health • Nourishment, valuable info • I love it • Explain in detail what we offer • Provides information to the community • Enlightens me to other situations • Helps me understand my health • Connection • Self help • Positive thinking • Helps reduce stress • Gets me walking every Saturday • Fellowship, socialize • Cover health well and good food choices • Nutrition education • Communicate, educate • Helps learn about nutrition and high blood pressure • Lift up others, encouragement
<p>9. What does this program need to improve upon?</p>	<ul style="list-style-type: none"> • Nothing • Transportation • Continue to provide speakers • More outreach • Group hours • Funding • More workshops • Shelter • Have alumni to help with the program • Trips, events
<p>10. What needed services and supports are missing?</p>	<ul style="list-style-type: none"> • Housing (multiple) • Housing/mental • Affordable housing • Senior housing • Housing for homeless • Assist with housing • Transportation • Nothing • Food bags • Lack of nutrition • More work programs • Help marketing

	<ul style="list-style-type: none"> • BBQ's, outings • Childcare info 			
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: 3.94 (n=50)			
12. Any additional comments?	<ul style="list-style-type: none"> • I love the group • Able to mingle with people my age and admit I'm a senior • I love to learn • Respect each other • Love the family atmosphere • Keeps me accountable • Helps me vocalize • Program is wonderful • I'm empowered when I come to the groups • Nurturing environment 			

Discussion.

Consumer interviews were conducted separately for African American Wellness and Youth Empowerment. Approximately 17 consumers were interviewed from the African American Wellness Program at Ambrose Community Center in Bay Point. They were a very enthusiastic group consisting of men and women ranging from middle age to older adults. Most were long-time attendees who have developed deep bonds with their peers and group leaders. They reported receiving assistance with specific issues that may arise such as housing, health and nutrition, but also with emotional support and fellowship. Many are also dealing with chronic health issues such as diabetes and heart disease, as well as stress and other mental health related issues. The groups are an invaluable resource to support their physical and emotional wellbeing.

Nine young women at Pittsburg High School were interviewed from the Youth Empowerment Group. They were very clear that the group had helped them combat major stress, depression and anxiety that they experienced at school and in their communities. They all agreed the group offered them a safe space to be heard without fear of judgement. They too have developed deep bonds with their peers and with the group leader, who they feel "has their back" and advocates for them on various levels, in order to assure they receive the help and services they need. He is a trusted adult whom they feel they can confide in at any time, and who will give them honest feedback while also being supportive and caring. The

girls reported feeling less angry and impulsive since coming to group. One revealed that before she found the group, she was dealing with serious depression and suicidal thoughts, which have now decreased dramatically. They look out for each other outside of group and have become like family. They state that they've developed more confidence in themselves, and have gained skills and tools that will serve them far beyond high school. When asked what they'd like to see more of, they all reported there should be more groups like this, and increased marketing so more people know about it. Several of the girls have been referred to specialty mental health services from the group.

Surveys were completed by 21 Youth Empowerment participants and 50 African American Wellness participants. Feedback from participants in both groups was overwhelmingly positive. Members expressed feeling safe, respected, and engaged in a supportive community where they are able to learn valuable skills about health, nutrition and wellbeing, as well as connect to important resources when needed, such as mental health. Many AAW participants gave feedback that they need assistance with housing, which speaks to a larger countywide issue around lack of affordable housing particularly for seniors. Youth Empowerment is now able to offer transportation to youth participants, which has made a big difference in their ability to participate.

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. Center for Human Development is serving the agreed upon target population.

Discussion. For the African American Wellness Program the target is 150 unduplicated individuals per fiscal year. Staff supporting this program have consistently out-performed this goal by a combination of presentations at local events, and providing group activities for consumers. This model of both outreach and group support also occurs within the Youth Empowerment program, which serves at least 80 youth per year. Both programs appear to be providing outreach and engagement to the demographics as outlined.

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

Discussion. Each program has a written program description that is consistent with the agreed upon Service Work Plan. Client and staff interviews reveal program and staff activities are consistent with the goals of both the MHSA and the Center for Human Development. Staff roles have been clearly defined. Staff members may also receive clinical supervision from those overseeing the programs.

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

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

Results. The program meets the needs of the community and population. Youth Empowerment provides group services in East County at Pittsburg High School, Deer Valley High School and Rivertown Resource Center in Antioch, as well as providing at least four community service events or field trips per year. These have included an annual trip to the Castro District in San Francisco and a Youth Pride Dance. AAW also serves the East County Community by offering groups at Ambrose Center in Bay Point and Pittsburg Senior Center, as well as doing targeted outreach at East Bay community events such as events honoring Black History and community picnics, as well as places of worship.

Discussion. The services provided by The African American Wellness and Youth Empowerment Program are consistent with the Three Year Plan. The programs have been vetted through the plan update process, with positions and contract amount authorized by the Board of Supervisors. Interviews and surveys indicate existing staff are performing duties consistent with what was authorized.

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. Both programs serve the number of individuals that have been agreed upon by meeting or exceeding targets.

Discussion. The African American Wellness Program consistently exceeds its targeted goal of 150 unduplicated consumers each year. The Youth Empowerment program met their targeted goal of 80 consumers for the year. Transportation is less of a barrier since the program was able to obtain a van and offer rides for youth to attend groups and other events.

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. Participants complete pre and posttest surveys that indicate their perception of the programs' impact. Surveys help measure things like knowledge, self-awareness and behavior change. Both programs are achieving the outcomes called for in the Service Work Plan. With the assistance of two Resident Leaders, the AAW program has been able to increase capacity and far exceed the agreed upon outcomes. Both programs provide a valuable service to a unique population for which there is great demand.

- **Discussion.** The program has complied with PEI regulations and reporting requirements. They've produced biannual reports on demographic data as well as annual reports to address agreed upon outcomes. The program provides linkages to other services, including specialty mental health, which aggregate data forms should capture. It's recommended that CHD validate their methodology for completing aggregate data forms.

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

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

Results. The program has internal processes in place to be responsive to community needs and continuously improve quality of services.

Discussion. CHD conducts yearly reviews of their written policies that address quality assurance issues that may arise within the organization. On-going and annual training are provided to staff. Recent training topics have included: cultural humility and intersectionality, mindfulness, mandated reporting (annual). The program collaborates with other providers such as NAMI and Rainbow Community Center around training. Contra Costa County has not received any grievances toward this program. Since the program does not provide billable services, it is not subject to the County's utilization review process.

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. CHD maintains appropriate and necessary privacy policies.

Discussion. CHD has written privacy policies including Notice of Privacy Practices and Exceptions to Confidentiality that are shared with consumers, as well as information on how to file a grievance. The program provides all staff with on-going training throughout the year, including an annual mandated reporting training. Any files containing private consumer information are kept in a locked file cabinet and comply 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 African American Wellness Program and the Youth Empowerment Program have both been able to meet their original program objectives and outcomes with the current staff that has been allocated, however they are both stretched quite thin.

Discussion.

The program is serving two distinct populations that are both at high risk. AAW has been able to leverage other temporary funds to hire two part time Resident

Leaders that assist the coordinator with meeting planning, food preparation, case management to members, outreach and follow up phone calls. The Empowerment coordinator is currently employed at .75 FTE, which limits the number of students he's able to reach, while traveling between three different sites in East County. Both programs could benefit from more staffing support in order to help them meet the demand for services being offered.

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

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

Results. Annual independent fiscal audits for FY 14-15 and 15-16 were provided and reviewed. CHD has an in-house bookkeeper and also contracts with Briones International to establish and maintain a sound financial accounting system. There were no material or significant weaknesses found in the most recent audit.

Discussion. With 38 employees and a total operating budget of approximately \$1.7 million, CHD is a non-profit community based corporation established in 1978 to create opportunities for people to realize their full potential. Fiscal and accounting systems are currently not at risk.

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

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

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

Discussion. The organization is sustained through multiple grants and contracts, primarily with local government entities, which support the current budget. The programs funded through MHSA would benefit from additional staffing, in order to meet the current demand for services.

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 management staff.

Results. The Executive Director, contract accounting consultant, and bookkeeper were interviewed. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

Discussion. The bookkeeper and accounting consultant are well qualified, and have extensive experience working for social service non-profit organizations. Established protocols are in place to enable a check and balance to assure compliance with generally accepted accounting principles.

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

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

Results. CHD's financial system was reviewed with the Executive Director, bookkeeper and contract accountant, and their description of the system was matched with monthly invoices. The methodology and financial documentation appears sufficient to support the amount that is invoiced, with no duplicate billing.

Discussion. The program has a financial checks and balance system in place to provide sound fiscal monitoring. The bookkeeper manages accounts payable and accounts receivable, including monthly demands. The accountant is primarily responsible for tax preparation, bank reconciliation and audit preparation.

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. Method of allocation of percentage of personnel time, operating and indirect costs have been established. CHD has a cost based contract with the county and bills for actual allowable costs incurred and paid.

Discussion. Since the previous program and fiscal review in 2016, they have hired Briones International to provide accounting and fiscal oversight.

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

Discussion. A review of the county's MHSA monthly financial reports indicated no billing by this agency for expenses incurred and paid in a previous fiscal year.

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

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

Results. Administrative costs are commensurate with the benefit received by the program.

Discussion. CHD currently has budgeted 15% in indirect administrative costs, of which 10% is paid through the MHSA contract. The amount appears to be sufficient.

- 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. Insurance policies are sufficient for type of services offered.

Discussion. Insurance policy was current at the time of the review. The program carries automobile, umbrella and general liability insurance, which is sufficient for the contract 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. Effective communication is sufficient to meet the needed goals.

Discussion. There is regular communication between the MHSA PEI Program Supervisor and staff at Center for Human Development specific to issues of the MHSA funded programs. CHD staff participates regularly in provider roundtable meetings, community forums and the Suicide Prevention Committee.

VIII. Summary of Results.

The Center for Human Development (CHD) has been serving the Contra Costa County for forty years by empowering communities to adapt to adversities and help

individuals reach their full potential. They offer a range of services, the following two of which are funded through MHSA: African American Wellness Program and Youth Empowerment Program. The programs are focused on those living in Bay Point, Pittsburg and surrounding East Contra Costa communities.

The African American Wellness Program improves emotional wellness and decreases isolation and stress in underserved adult populations. Additionally, they provide linkages to mental health care and other needed resources. Key components of the program include culturally appropriate approaches to mental health care in the form of conducting support/wellness groups in communities impacted by high crime, unemployment, incarceration and violence.

The Youth Empowerment Program assists youth who identify as LGBTQ and their allies in East County by offering groups and outreach activities, and providing a safe place to address issues affecting their mental health and well-being.

Since the last review, CHD has hired an outside firm specializing in non-profits to provide accounting and fiscal oversight of the organization.

XI. Findings for Further Attention.

- CHD would benefit from assistance in updating some of their health screening tools, including those used for AAW.
- AAW and Youth Empowerment programs would both benefit from increased staff time in order to meet the demands of the program and serve the population in a timely manner.

IX. Next Review Date. May 2021

X. Appendices.

Appendix A – Program Description

Appendix B – Yearly External Fiscal Audit

Appendix C – Organization Chart

XI. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. Date of On-site Review: March 2, 2018**
Date of Exit Meeting: April 13, 2018
- II. Review Team: Jennifer Bruggeman, Windy Taylor, Golnaz Fortune**
- III. Name of Program/Plan Element:**

**James Morehouse Project
at El Cerrito High School
540 Ashbury Ave.
El Cerrito, CA 94530**

IV. Program Description.

Under the fiscal sponsorship of YMCA of the East Bay, the James Morehouse Project (JMP) works to create positive change within the El Cerrito High School community by providing mental health and counseling services, academic support and health related services. Funded through Prevention and Early Intervention (PEI) funds, JMP provides outreach and engagement, as well as a range of youth development programming designed to increase access to mental health services. Per Mental Health Services Oversight and Accountability Commission (MHSOAC) regulations, a Prevention program is a “set of related activities to reduce the risk factors.” Protective factors include increased self-reliance with regard to pursuing opportunities and resources, and connection with community. In addition, the regulations emphasize the importance of providing services in a “convenient, accessible, acceptable and culturally appropriate setting.”

Key JMP activities designed to improve students’ well-being and success in school include: JMP Leadership Class (anger and violence); Arts/Spoken Word (students at risk of school failure); Bereavement Groups (loss of a loved one); Skittles (queer youth of color); Discovering the Realities of Our Communities

(DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; Alcohol and Other Drug Use/Abuse Prevention; and Immigrant Acculturation. Each of these activities aids in increasing protective factors and decreasing risk factors, as well as identifying youth requiring mental health services and linking them to those services. JMP is a campus wellness center. In addition to offering a range of mental health related services (funded by MHSA) at no cost, students may also receive medical and dental care on site. Medical services are billed to Medi-Cal.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end, the second triennial comprehensive program and fiscal review was conducted of the *James Morehouse Project (JMP)*. The results of this review are contained herein, and will assist in: a) improving the services and supports that are provided; b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan; and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services, we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	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	Yes	Agreed upon success

been agreed upon.		indicators are met
7. Quality Assurance	Yes	Grievance procedure is in place
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant
9. Staffing sufficient for the program	Yes	Staffing levels support targeted service numbers
10. Annual independent fiscal audit performed.	Yes	Independent fiscal audits did not list any findings
11. Fiscal resources sufficient to deliver and sustain the services	Yes	JMP has sufficient multiple funding sources to sustain the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	YMCA of the East Bay as fiscal agent subscribes to generally accepted accounting principles
13. Documentation sufficient to support invoices	Yes	YMCA of the East Bay fiscal practices are sound
14. Documentation sufficient to support allowable expenditures	Yes	Personnel timekeeping records justify amount invoiced to county
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Personnel-only contract enables close out in appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	N/A	No administrative costs are included in this contract
17. Insurance policies sufficient to comply with contract	Yes	Policies are sufficient and current
18. Effective communication between contract manager and contractor	Yes	Regular contact between contractor and contract manager

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

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards).
Does the program collaborate with the community, provide an integrated service

experience, promote wellness, recovery and resilience, is it culturally competent, and client and family driven?

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

Discussion. A 12-question survey was provided to students. The first seven questions addressed the MHSA general standards and the remaining five questions asked about the overall quality and importance of the program. Surveys were received from twenty-three program participants. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Results.

Questions :	Responses:				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	n=23				
	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know N/A
1. Help me improve my health and wellness	Average Score: 3.59 (n=22)				
2. Allow me to decide what my own strengths and needs	Average Score: 3.65 (n=23)				
3. Work with me to determine the services that are most helpful	Average Score: 3.57 (n=21)				
4. Provide services that are sensitive to my cultural background.	Average Score: 3.29 (n=21)				
5. Provide services that are in my preferred language	Average Score: 3.55 (n=20)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average Score: 3.43 (n=21)				
7. Are open to my opinions as to how services should be provided	Average Score: 3.57 (n=21)				
Your response to the following questions is appreciated:					
8. What does this program do well?	<ul style="list-style-type: none">Communicates and takes opinions into consideration, overall very helpful.Everything. I love the confidentiality and how strictly they enforce it.They support and help me with things that I need whether it be physical or mental health.The program makes you feel like you're at				

	<p>home. The workers welcome you with open arms and make you feel safe.</p> <ul style="list-style-type: none"> • They treat students well. • Pay attention to the students. • Being in groups and talking to my counselor. • They help us very much. • This program has many open minded people to talk to and is very welcoming. • Makes sure you are heard. • Engage with students. • There is diversity within the group of counselors. Everyone is very nice here and the rooms are welcoming because of decorations and stuff. • It helped me get through my roughest patches in my life • This program does many things well. One of my favorites would be the clinic and counseling. Most of these services aren't provided to us outside of school, so to have it here is amazing. Staff is super friendly and helpful. • It gives students a safe place to go if unwell, either mentally or physically. • Everything that they do. • Help talk about problems and real issues going on. • Gets me out of class. 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • No improvements needed. • Organization, and letting more people know about JMP. • Have a welcome mat at the front door. • Help for students who do not speak English very well. • Have more medicinal services (medicine) available, i.e. Pepto-Bismol. • I'd like to see more and new students using these services, but some kids can be shy. • More activities. • More pizza. 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • More staff to excite the students to get ahead. • Nothing missing. • More groups for students to interact. 			
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,	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
Average Score: 3.68 (n=22)				

<i>Important, Somewhat important, Not Important.)</i>	
12. Any additional comments?	<ul style="list-style-type: none"> • I'm really thankful for the JMP and don't know what I'd do without it. The people in the program are supportive and understanding and they've helped me through enough times in my life when I felt at my lowest. • Very fun and supportive group. • Thank you for the help! • They helped me (and still are) when I'm at my weakest. • I personally will tell more students to check out more services because they have helped me a lot.

Consumer Interview:

The consumer interview was attended by seven youth – two males and five females (two sophomores, four juniors, and one senior). Most of the students indicated that they first came to JMP for medical care or first aid (i.e. to get ice for an injury), but continued to come back after learning of all the youth programming that the center provides. They described JMP as a “trusting place” where they can get help with anything, from mental health, to academic, leadership opportunities or vocational assistance. Five of the seven youth are part of the Culture Keepers group, and described their peers within this group as “like family” to them. They are all long time participants at JMP and said it was a safe space or a “second home” where they could form positive relationships with trusted adults. They like that the center is a place where “all cultures interact” and that they see “people of color who are not in trouble.” Participants, referred to as “young folk”, said that they appreciate opportunities to develop friendships with people they might not associate with in the larger school campus. When asked if there was anything the program could improve upon, they suggested JMP might do more marketing so that more people know about it.

Staff Interview:

The staff interview was attended by four of the six permanent staff members (in addition, there are eight interns this year). They all described the center environment as a “sanctuary” and a safe, collaborative environment. They like that the program has the feel of a youth center rather than a health clinic, although it serves that purpose as well. All participants have worked here for some time, and enjoy the fact that as a small team, they are not limited to their job descriptions and get to move beyond the walls of the center into the larger school community. Staff roles on the team are reflective of their individual

strengths. They've created a family-friendly environment and have close, supportive relationships with their peers, which is modeled for the youth. When asked what supports could improve the program, they responded that they could use more resources to provide healthy snacks for youth.

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

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

Discussion. The school population at El Cerrito High School is approximately 1600 and is generally an equal mix of African American, Asian, Latino/Hispanic and Caucasian. Any student is welcome to the center. Last year, JMP provided individual counseling, crisis intervention or group counseling to over 400 students (far surpassing their goal of 300). In addition, they offered light touch and outreach to many more.

Results. The program serves the agreed upon population.

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

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

Discussion. Semi-annual reports show that the program is consistently engaging students at El Cerrito High School, and is providing a wide range of youth development programs and services for students. JMP programming is meant to increase resiliency and protective factors, improve students' well-being and success in school, and decrease risk factors. Programming includes: JMP Leadership Class (anger and violence), Alcohol and Other Drug Use/Abuse Prevention, Arts/Spoken Word (students at risk of school failure), Bereavement Groups (loss of a loved one), Skittles (queer youth of color), Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse), Peer Conflict Mediation, and Immigrant Acculturation.

The clinical services provided by JMP take guidance from the ideas and practices of Narrative Therapy, a modality that views problems as separate from people and assumes individuals as having many skills, values, beliefs and competencies that will assist them and reduce the influence that problems have

on their lives. JMP staff are trained in the practice of Narrative Therapy and offer a unique intern training program that draws candidates from around the Bay Area and the county. JMP staff have established relationships with West County Children's Clinic, and may refer youth to mental health and substance abuse treatment services, as appropriate.

Results. MHSA funds are directed by the agency to cover expenditures associated with supporting the provision of the James Morehouse Project program.

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 consistent with the MHSA Three Year Program and Expenditure Plan?

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

Discussion. Programming for the James Morehouse Project was included in the original PEI plan that was approved in May 2009, and 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. The services provided at JMP are flexible enough to address the wide array of issues that youth may face while at school, and reinforce themselves as a prevention program by reducing potential risk factors such as poverty, lack of opportunity and exposure to community violence, as they relate to negative health and mental health outcomes. Interviews with program participants support the notion that the program meets its goals and the needs of the community it serves by increasing protective factors, such as connectedness with the community, increased self-reliance in pursuing opportunities and resources, and providing linkage to needed mental health services and supports. The program collaborates with other service providers to host community events and trainings throughout the year.

Results. 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.

Discussion. The program provides very detailed semi-annual accounts of its service activities. With additional clinical intern/trainees each year, JMP has increased capacity to serve more youth. In the 16-17 school year, the program served 407 youth and provided 19 different therapeutic groups including support for trauma impacted young men, young women of color, students working with grief and loss, queer identified young people of color and many others. The JMP director has become a T2 (T Squared) trainer and continues to support school communities and school linked providers to build trauma sensitive disciplinary, community building and instructional practices. At ECHS, she has led staff trainings, teacher-student restorative conferences and on-going coaching around trauma sensitive instructional strategies, as well as a highly regarded year-long professional development group with 23 ECHS teachers on race and equity. She continues these efforts into the current 17-18 school year.

Results. The program exceeds the agreed upon number of people served.

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

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

Discussion. JMP has been consistently successful in meeting (and often exceeding) their outcome goals. They partner with youth to build their capacity and connect them with opportunities for meaningful participation in the school community and to build positive relationships with trusted adults. The range of supports and opportunities at JMP help mitigate stigma around mental health, while also challenging the pervasive narrative that sees underserved youth as problems that need fixing.

Results. Agreed upon success indicators are met.

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

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

Discussion. No grievances have been received by the county about JMP in the last three years. The program currently has an internal process for filing a grievance which is included in their written Notice of Privacy Practices (revised 7/21/17), which was provided to us at the time of the review.

Results. The program has internal processes in place to be responsive to community needs and continuously improve quality of services to the students and parents of El Cerrito High School.

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 implementation of a protocol for safeguarding protected patient health information.

Discussion. JMP has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Client charts are kept in locked file cabinets and comply with HIPAA standards. Program participants and parents/guardians are informed about their privacy rights and rules of confidentiality. Confidential information collected within the program is not shared with the larger school administration.

Results. JMP maintains necessary privacy policies, and also follows their fiscal agent's (YMCA of the East Bay) privacy practices.

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

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

Discussion. The program is currently fully staffed with the following positions: Director, Clinical Director, Training Director, Youth Development Coordinator, Youth Development Counselor, Counselor, in addition to 8 clinical graduate student interns. This staffing model is reflected in the most recent organizational chart provided by the program. In addition, the program works with partner agencies, consultants and volunteers. During the consumer interview, students indicated that they feel the program is adequately staffed and that there is always someone available when needed. They also noted how valuable the interns are

to the program. Both the youth and staff shared that having a male staff person as the first one students encounter at JMP, whether they are there for first aid or counseling, helps immensely with outreach, reducing stigma and building rapport with hard to engage youth, particularly male students.

Results. 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.

Discussion. YMCA of the East Bay is a California nonprofit corporation founded in 1879. YMCA is a cause-driven organization committed to strengthening communities through youth development, healthy living and social responsibility. YMCA is the fiduciary agent for the MHSA funded contract for the James Morehouse Project.

Results. Annual independent fiscal audits of the YMCA for FY 2014-15, 15-16 and 16-17 were provided and reviewed. No material or significant findings were noted.

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

Method. Review audited financial statements. Review Board of Directors meeting minutes. Interview fiscal manager of the program.

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

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

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

Method. Interview with fiscal manager of the program.

Discussion. The Vice President of Finance, Mr. Larry B. Gayden and Anita Retizenger, are responsible for oversight of the James Morehouse Project's financial processes. Mr. Gayden has over 25 years of experience in finance and administration with more than 15 of those years in nonprofit management. He is

an active CPA with a bachelor's degree in accounting and a Master of Business Administration. The supporting documentation to monthly invoicing illustrates appropriate time keeping documents for tracking staff time and segregation of duties.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

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

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

Discussion. Supporting documentation for a randomly selected monthly invoice for each of the last three years was provided and analyzed. The software system that is currently being utilized by YMCA to track expenses for the James Morehouse Project is called Adaptive Insights for Budgeting. This software system allows for performing allocation tracking, managing financials across funds and projects, and performs balance sheet and cash flow planning.

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

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

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

Discussion. This is a personnel-only cost based contract in which MHSA funds are a portion of total expenses. YMCA has a satisfactory system in place to ensure staff time billed to MHSA does not exceed costs allotted in the contract and subsequently billed to the County.

Results. Documentation was sufficient to support expenditures invoiced to the County.

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

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

Discussion. Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year.

Results. The James Morehouse Project appears to be implementing an appropriate year end closing system.

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

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

Discussion. There are no administrative/indirect costs included in the contract.

Results. Not applicable.

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

Method. Review insurance policies.

Discussion. The program provided current proof of commercial general liability, automobile liability, and umbrella liability insurance at the time of the program review.

Results. The program is in compliance with contractual insurance requirements.

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

Method. Interview contract manager and contractor staff.

Discussion. Program staff and county communicate regularly, as needed.

Results. The program has historically had good communication with the contract manager and is willing to address any concerns that may arise.

VIII. Summary of Results.

The James Morehouse Project (JMP) at El Cerrito High School plays an integral role in creating and fostering a welcoming and inclusive space within the larger school environment. Students feel an immense connection and sense of respect when interacting with the staff at JMP, who are committed to providing a trauma informed and culturally sensitive environment. Staff work with individuals through whatever challenges they may be facing – personal, school, goals for the future.

Students are encouraged to provide on-going feedback regarding the services that have been provided.

JMP strives to provide a wide array of services through various partnerships, and has been successful in providing connections to Contra Costa Public Health, including dental services and medical services provided on site within the clinic, as well as building a sense of community. JMP has also established connections with county behavioral health providers, including Contra Costa County Behavioral Health's West County Children's Clinic and the West County Adolescent Substance Use Disorder Treatment Program.

IX. Findings for Further Attention / Recommendations.

- JMP is encouraged to continue its collaboration with fellow community service providers to provide appropriate treatment services to youth in West County.
- Continue to lead efforts in the advocacy and implementation of trauma informed practices, within the school and larger community.
- It is recommended that JMP seek ways to deliver more services in Spanish, as noted on feedback obtained through consumer surveys.

X. Next Review Date.

March 2021

XI. Appendices.

Appendix A – Program Description

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

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

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** April 18, 2018
Date of Exit Meeting: July 18, 2018
- II. **Review Team:** Jennifer Bruggeman, Golnaz Fortune
- III. **Name of Program:**

Native American Health Center's
Native Wellness Center
2566 Mac Donald Ave.
Richmond, CA 94804

IV. **Program Description.**

The Native American Health Center (NAHC) has served the California Bay Area Native American community and other underserved populations since 1972. NAHC strives to deliver resources and services for the urban Native American community, to include medical, dental, behavioral health, diabetes, obesity, substance abuse prevention, HIV/HCV care coordination and prevention services. They have multiple locations, including Oakland and San Francisco, which are both certified FQHC sites.

The Native Wellness Center (NWC) in Richmond is a small satellite that provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identifying those at risk for developing a serious mental illness, and helping them access and navigate the County's systems of care. Weekly group sessions and quarterly community events for youth, adults and elders, develop partnerships that bring consumers, families, community members and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County.

NWC activities include: Traditional Arts Groups (beading, quilting, drumming circles), Wellness Groups (including HIV-HEP C Testing, Health & Fitness Coaching) & Support Groups to improve communication skills and address domestic violence, trauma and historical trauma, and the Gathering of Native

Americans to build a sense of belonging and cohesive community. Mental Health Education/System Navigator Support includes referrals to appropriate services and community resources with follow-up, and education sessions about Contra Costa County's system of care.

- V. Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end, a comprehensive program and fiscal review was conducted of Native American Health Center. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided; b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan; and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	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 original 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 upon success indicators are met, but could be better refined to capture linkages and referrals to mental health

		services
7. Quality Assurance	Yes	Grievance procedures and protocols are in place for employees and consumers.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant
9. Staffing sufficient for the program	Partially Met	The program has experienced high staff turnover in the past two years.
10. Annual independent fiscal audit	Yes	Independent fiscal audits did not list any findings
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Agency appears to have diversified revenue sources, adequate cash flow, and sufficient coverage of liabilities
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Staff is well qualified and program has good internal controls and review processes
13. Documentation sufficient to support invoices	Partially Met	Organization has a sound record keeping system. Monthly expenditures should reflect accurate staffing models.
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 invoiced in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Yes	The program uses an appropriate allocation approach for indirect costs
17. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current

18. Effective communication between contract manager and contractor	Yes	Regular contact between contractor and 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 collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, is it culturally competent, and client and family driven?

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

Discussion.

A 12-question survey was provided to participants. The first seven questions addressed the MHSA general standards and the remaining five questions asked about the overall quality and importance of the program. Surveys were received from ten program participants. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values. Surveys reflected an overwhelming appreciation for the services and the safe space the program provides to the community. Suggested areas for improvement were around increasing staff size, providing more mental health services on site, and increasing membership by doing more targeted outreach/marketing.

Questions	Responses: n=10				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: strongly agree, agree, disagree, strongly disagree, I don't know)	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	NA
1. Help me improve my health and wellness	Average score: 3.8 (n=10)				
2. Allow me to decide my own strengths and needs	Average score: 3.8 (n=10)				
3. Work with me to determine the services that are most helpful	Average score: 3.8 (n=10)				
4. Provide services that are	Average score: 3.8 (n=10)				

sensitive to my cultural background.				
5. Provide services that are in my preferred language	Average score: 3.6 (n=9)			
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.6 (n=10)			
7. Are open to my opinions as to how services should be provided	Average score: 3.7 (n=9)			
8. What does this program do well?	<ul style="list-style-type: none"> Committed staff, excellent work, gives support to all participants It's good medicine being here Cultural support Provide programs and classes on cultural and medical topics and issues Doing a very good job with limited staff Native Makes me feel welcome Wonderful in keeping us alive and well Enrich my wellness by providing much needed culture Help people manage their lives 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> Keep staff stable More art classes Advertising more More awareness of services in the surrounding community More awareness (advertising) for the program Get some additional help for our leader 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> Activities for women, kids, traditional medicine activities Parenting classes One on one counseling More mental health assistance Mental health issues More music, basket weaving 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Average score: 3.7 (n=10)			
12. Any additional comments?	<ul style="list-style-type: none"> The drum group is great Keep up this good work! With little staff, 			

	<p>they're doing great!</p> <ul style="list-style-type: none"> • This is a very pleasant place to be – lots of books and movies
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Consumer Interview:

Two consumers participated in the interview process, one male and one female. Both were elders who have attended various services at NAHC for many years. They both participate in the weekly Senior Program, which involves activities including games, movies, and outings to different community events, including those held at other NAHC sites. They described a feeling of welcoming and security at the center, and commented how important this is, due to the historical trauma their people have experienced.

Staff Interview:

The program is primarily being run by one staffer. There is an additional part time case manager position that has been vacant for some time. The position has been filled, but the person has not started yet. We interviewed the primary coordinator, who has been with the organization for nine months. She is passionate about uplifting the community and creating a safe space for the urban Native population. She feels she has support from management to enhance existing services and continue to grow the program. She continues to build collaborative relationships within the organization and with other community providers, in order to provide more comprehensive and integrated services to the consumers. She recognizes a need for more mental health and substance use disorder services, and would like to bring those to the NWC site.

A theme that both the consumers and line staff echoed is that they would like to see more mental health services available on site.

Results.

Responses from interviews with program participants and service providers support that the Native Wellness Center delivers programming in accordance with the values of MHSA.

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

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

Discussion. Services are being offered in Richmond and county-wide through various outreach events and community partnerships. Programming is focused on activities that promote the preservation of Native culture, as well as mind and body wellness. Clients are linked to community resources, as needed, including connections to mental health services.

Results. The program serves the agreed upon population.

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

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

Discussion. Native Wellness Center has been reaching its target number of 150 clients per year, by providing direct services in the form of group activities focused on traditional arts, health and wellness, as well as making referrals and linkages to various community resources. Both the staff and clients have expressed a desire of offer more mental health services on site, as there is clearly a need. The program may consider achieving this by leveraging existing resources from within the organization (i.e. the Oakland FQHC). Consumers in the Native community may be more trusting of and open to receiving services from internal sources, where there may be less perceived stigma.

Results. Building internal capacity to offer mental health services at the Richmond site would augment prevention efforts at the Native American Wellness Center. The program continues to provide other prevention services on a regular basis which include targeted outreach, classes and activities that promote Native culture and are aimed at achieving optimal wellness.

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

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

Discussion. Native American Health Center's Wellness Center in Richmond has been authorized by the Board of Supervisors since 2009 and is consistent with the current MHSA Three-Year Program and Expenditure Plan (2017-2020) in conducting community-building activities and providing prevention and early

intervention services for youth, adults and elders in Richmond and throughout the county. Interviews with program staff and participants support the notion that the program meets its goals and the needs of the community it serves.

Results. It is recommended that NWC program staff regularly attend the PEI Roundtables meetings in order to create deeper connections to their fellow PEI providers. It is also recommended that the program expand their capacity to offer more mental health services on site, by leveraging existing resources within the larger organization or partnering with neighboring providers including county behavioral health clinics.

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

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

Discussion. The NWC provides bi-annual aggregate data reports that address demographic requirements under the new PEI Regulations. In addition, they provide annual program reports that address outcomes. NWC has undergone a great deal of staff transition in the past year, which has had an impact on programming and on their ability to submit accurate reporting on services that have been provided. During the review, future strategies for data collection and reporting were discussed.

Results. The program serves the number of people that have been agreed upon. They are serving individuals who attend on-site weekly programming, as well as doing outreach throughout the county.

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

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

Discussion. The NWC has been successful in meeting their outcome goals over the past three years, despite having a great deal of staff turn-over beginning in 2016. They have been able to serve over 150 clients per year consistently, and participants report being better able to navigate resources (including mental health resources) and feeling more connected to their culture and community. The program has offered the Mental Health First Aid training to staff and participants.

Results. The program is meeting the outcomes that have been agreed upon. Strategies for improving data collection and reporting processes were discussed and may potentially include utilizing NAHC's existing electronic health record to capture data.

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

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

Discussion. The NWC in Richmond does not provide Medi-cal billable services, so it's not subject to the county's utilization review process. The program has policies and procedures (adopted from the larger NAHC organization) in place to address consumer grievances. Copies of these procedures were provided to the reviewers. In addition, consumers are offered various venues to provide their feedback to the organization, both verbal and written.

Results. Contra Costa County has not received any grievances toward the program.

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

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

Discussion. The program does not provide direct clinical services and thus does not keep clinical records, other than basic demographic information and referrals to services, which are kept in a locked filing cabinet. The larger NAHC agency uses an electronic health record, has written policies and procedures and provides staff training on HIPAA requirements and the safeguarding of patient information upon hire. Client files at NWC are kept in a locked cabinet, behind a locked door and are in compliance with HIPAA standards. Program participants

are informed about their privacy rights and rules of confidentiality. The agency's written policy was provided during the review.

Results. NAHC maintains necessary privacy policies and procedures.

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

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

Discussion. The current staffing allows NWC to serve the agreed upon number of clients that have been outlined in the Service Work Plan. However, current staffing and staff turnover have had an impact on the services offered at NWC (including hours of operation) over the past couple of years, as noted by staff and consumers.

Results. The program may wish to evaluate current staffing patterns in order to better serve the Contra Costa community, and offer access to behavioral health services. They have a very lean staffing model at the Richmond site.

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

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

Discussion. External audits from the past three years were obtained and reviewed. No findings or concerns were identified by the auditors.

Results. NAHC is a \$28 million organization with offices in San Francisco, Alameda and Contra Costa counties. They have varied local, state and federal funding revenues. The \$234,788 contract from Contra Costa MHSA enables them to maintain the satellite office in Richmond.

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

Method. Review audited financial statements. Review Board of Directors meeting minutes. Interview fiscal manager of program.

Discussion. External fiscal audits and meeting minutes were reviewed. NAHC has an extensive and diversified portfolio. They have locations in three different counties, and receive MHSA funding in all three counties, as well as other

diverse funding streams. Fiscal management staff are experienced and appropriately credentialed.

Results. NAHC appears to have sufficient fiscal resources to deliver and sustain the services.

12. Oversight sufficient to comply with generally accepted accounting principles.

Does the organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles?

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

Discussion. The program manager and administrative analyst were interviewed during the review. Follow up communication took place with the fiscal manager. The organization is of sufficient size to employ several fiscal positions to assure internal controls and compliance with generally accepted accounting principles.

Results. NAHC appears to employ sufficient oversight to comply with generally accepted accounting principles.

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

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

Discussion. Financial reports were reviewed. The program invoices for actual personnel and operating expenditures and provides the supporting summary documentation as part of the monthly invoice. They have an internal tracking system that ensures no duplicate billing takes place. As staffing patterns change, the program should make sure that monthly invoices are updated to accurately reflect current personnel.

Results. The documentation is sufficient to support the amount of expenditures charged to the program. NAHC utilizes other resources to offset expenses incurred at their Richmond wellness center that are not reimbursed by the county, as needed.

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

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

Discussion. November's invoice for 2015, 2016 and 2017 was matched with the respective monthly summaries and spot checked against a ledger of actual spending provided by the program.

Results. Documentation and record keeping appears sufficient to support allowable expenditures.

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

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

Discussion. The program provides year end closing statements, as required. The contract limit is often reached before the end of the fiscal year, so the program is easily able to capture all expenses both incurred and paid in the contract year.

Results. Expenditures appear to be invoiced in the appropriate fiscal year.

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

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

Discussion. Indirect costs are listed at 15%, which is an increase from 10% at the time of the last program review.

Results. Indirect costs have been increased to more accurately reflect the actual costs.

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

Method. Review insurance policies.

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

Results. The program complies with the contract insurance requirements.

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

Method. Interview contract manager and contractor staff.

Discussion. New program staff and county have been in regular communication.

Results. The program has historically had good communication with the contract manager and is receptive to feedback and willing to address concerns that may arise.

VIII. Summary of Results.

The Native American Wellness Center in Richmond provides culturally appropriate services that are focused on community building, wellness, referrals and mental health system navigation for the American Indian/Alaskan Native and larger community of Richmond and Contra Costa County. The program adheres to the principles of MHSA, and continues to work on streamlining a continuum of services by leveraging health and mental health care offered within their larger organization (Native American Health Center) and within the community. The program participants and staff view the program as a valuable asset to the community. Fiscal administration of the parent NAHC agency is sound.

IX. Findings for Further Attention.

It is recommended that NWC:

- Develop methods of incorporating behavioral health services into their programming. This may be done by tapping into existing resources within the larger NAHC organization.
- Per PEI regulations, develop methods for tracking referrals to behavioral health services.
- Provide monthly expenditures that accurately reflect personnel costs.

X. Next Review Date. 2021.

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys
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MHSA Three Year Plan and Update(s)