



CONTRA COSTA

HEALTH SERVICES

Contra Costa Behavioral Health Services

Community Program Planning Process

for the Mental Health Services Act

Three Year Program and Expenditure Plan Update

for

Fiscal Year 2019-20

DRAFT

The Community Program Planning Process

Each year CCBHS utilizes a community program planning process to 1) identify issues related to mental illness that result from a lack of mental health services and supports, 2) analyze mental health needs, and 3) identify priorities and strategies to meet these mental health needs.

CPAW. CCBHS continues to seek counsel from its ongoing stakeholder body, entitled the Consolidated Planning Advisory Workgroup (CPAW). Over the years CPAW members, consisting of consumers, family members, service providers and representative community members, have provided input to the Behavioral Health Services Director as each Three Year Plan and yearly Plan Update has been developed and implemented. CPAW has recommended that the Three Year Plan provide a comprehensive approach that links MHSA funded services and supports to prioritized needs, evaluates their effectiveness and fidelity to the intent of the Act, and informs future use of MHSA funds. CPAW has also recommended that each year's Community Program Planning Process build upon and further what was learned in previous years. Thus, the Three Year Plan can provide direction for continually improving not only MHSA funded services, but also influencing the County's entire Behavioral Health Services Division. In addition, CPAW utilizes part of its monthly meeting time to be the planning and implementation resource for fielding each year's Community Forums.

Community Forums for Fiscal Year 2019-20

Three community forums were held, with stakeholders choosing a separate theme for each event:

- June 21 (Concord – Central County) – Supporting Family Members
- November 13 (Antioch – East County) – Supporting Mental Health in Youth
- January 16 (Richmond – West County) – Serving Immigrant Communities

Approximately 283 individuals attended these forums, and participants self-identified as the following:

20% - a consumer of mental health services
27% - a family member of a consumer of services
40% - a provider of mental health services
13% - an interested member of the community

14% - under 25
55% - age 26 – 59
31% - over 60

- 40% - white or Caucasian
- 29% - Hispanic or Latina/o
- 14% - black or African American
- 13% - Asian/Pacific Islander
- 3% - Native American
- 1% - other

Small Group Discussions. Participants actively discussed via small groups topical issues that were developed by CPAW representatives and an electronic survey prior to the three forums. Highlights of small group input include:

Supporting Family Members - Concord

- **What should support look like for family members who are struggling with loved ones who are experiencing mental health challenges?**
 - Communication is a problem. We don't hear about events, resources or group activities that will help us; especially in East County. Suggest calendars should be posted in every doctor's office; the NAMI newsletter should be more widely distributed to non-members.
 - Too many of the public services are geared toward people in crisis and not people who have a mental illness but are stable.
 - We as parents and caregivers need peer support for better self-care.
 - We have to wait too long to receive clinic services.
 - We need help applying for benefits, as it is too difficult, and we need help navigating the different resources needed for our loved ones. Suggest case managers for families.
 - More peer specialists and family partners are needed.
 - Fund education programs for families, such as what NAMI offers.
- **What outreach and engagement activities should happen to better care for underserved populations and communities?**
 - Our service providers need to go to where underserved people are located and engage them in their own community.
 - Families are afraid to call 911 because they don't want their loved ones hurt or killed.
 - Remove the stigma by providing more education on what mental health is and how to help. Train doctors, police, firemen, hospitals.
 - People with developmental disabilities have no services that address their problems that co-occur with mental illness.
 - Mental health needs are not appropriately addressed when receiving services for drug and alcohol abuse.
 - People need help to function on their own but are not considered seriously disabled enough to be made eligible for services.

- People are jailed instead of treated.
- People are dropped off at Psychiatric Emergency Services, but no follow-up services are coordinated.
- Youth who are developing a psychosis need early intervention before they turn to drugs and alcohol.
- **What should housing and homeless services look like for persons with serious mental illness?**
 - Permanent funding is needed to subsidize the cost of renting versus what someone with a serious mental illness can afford.
 - Mental health services need to be co-located or nearby to where persons with serious mental illness live to assist them maintain their residences.
 - Needs to be a better understanding on how to access and be considered for housing services and rent subsidies.
 - Those leaving a locked treatment facility need a safe place to live in the community that has supports available. Right now they have no place to go.
 - People in room and boards need more and better attention by our mental health providers.
 - There needs to be a more coordinated plan to enable people to move from higher levels of care (locked treatment facilities) to lower levels of care (permanent supportive housing).
 - Provide more beds for the seriously mentally ill.

Supporting Mental Health in Youth – Antioch

Small group discussions began with sharing community resources with each other that pertained to supporting mental health in youth. The following topics were then discussed:

- **How can resources in East Contra Costa County be strengthened or better utilized to support youth?**
 - Educate our youth on how to access services and make them more user friendly to youth.
 - Need trained youth peer support workers to help navigate.
 - There needs to be more psychiatry time out here in East County.
 - Need more funding for teams to wrap around youth in trouble.
 - Services brochure geared to youth would help.
 - Minorities are at an increased disadvantage to obtain needed services.
 - Homeless families are becoming a big problem. Schools need to have basic necessities available, and facilitate confidential dialogue regarding shelter, food, clothing needs and how to access these basic necessities.
 - Educate parents of young children regarding resources so that they are aware and able to use when needed.
 - We just need more resources out here.

- **How can we better support youth and families dealing with suicide and better support awareness in the community?**
 - Provide better education on recognizing warning signs and what to do.
 - Can there be a better protocol around the use of a 5150 so that it is not so traumatizing to everyone.
 - We need more therapeutic supports on campus.
 - Care is incident driven and does not follow up on individual and family for long term treatment and recovery.
 - Issues impacting youth today are different than 20-30 years ago, such as cyberbullying.
 - Racially disparate treatment impacts how issues are addressed and how care is provided.
 - Inadequate responses to past events impacts a family/youth's willingness to seek resources in the future.
 - Have more peer providers in the 18-25 age range. Need more peers to share their story. Lived experience is very important.
 - Provide more multi-lingual suicide prevention services, especially in Spanish
- **What are some barriers for youth in accessing mental health?**
 - We have not done a good job of addressing non-English speaking language needs.
 - Youth often do not feel comfortable confiding to family, healthcare providers.
 - Minority youth do not feel there is parity in opportunity and education; this compounds other general youth pressures.
 - There needs to be more extensive services on weekends and evenings.
 - Cultural pressures often do not help mental health issues.
 - Family values and bad communication within the family often interfere with getting help. Need to understand what "help" means to a youth.
 - Self-medication (drugs, alcohol) affects everybody and complicates treatment.
 - Bring more services to the campus, where the students are.
 - School staff should be better prepared to know and promote mental health resources that are off campus.
 - Youth are afraid that if they share they will be stigmatized or bullied.
- **How can we better support schools to make them a safer place?**
 - Make sure every school has a system in place and are trained on how to respond appropriately to early warning signs.
 - Ask students for their input, listen, and incorporate.
 - Include the parents via groups to discuss current issues and environmental stressors.
 - Plan themed, regularly scheduled events with available resources on-site. Provide parent and youth only areas within these events.
 - Provide severe consequences for bullying, including social media.
 - Provide trauma informed training for teachers. Ensure that it is required and on their paid time.
 - Teachers are often not familiar with issues in the community; can escalate without awareness.
 - Need to consider emotional safety as well as physical safety.

- More and better training for the police on appropriate responses to mental health issues that students may exhibit.
- **How do we better reach and engage those who are underserved to provide more culturally respectful and embracive services (For example; youth, people of color, services in other languages, supporting immigrant communities, multi-generational families, LGBTQ.)?**
 - Better inclusion is facilitated through language diversity in event announcements and information dissemination.
 - Better inclusion of culture through culture-focused events that celebrate diversity.
 - Honest, appointed representatives of diverse cultural communities drive appropriate responses and consideration of program funding.
 - Youth in underserved populations need availability of emotional support resources at school to address home stressors.
 - Faith based outreach.
 - Normalize mental health issues for everyone by empowering voices to be heard and react with compassion.
 - Providers need to be continually culturally humble and learn from the diverse groups they serve.
 - Encourage parents of diverse backgrounds to participate in the Parent Teacher Association (PTA).

In addition to small group discussion participants prioritized areas relevant to youth where mental health service needs were indicated. These areas were developed and submitted via a survey that was conducted prior to the community forum:

1. Suicide
2. Understanding mental health/illness
3. Resources in East Contra Costa County to support mental health in youth
4. Culturally competent services available to youth
5. Support of youth and their families experiencing homelessness or who are at risk of homelessness
6. Housing
7. Bullying
8. What is helpful in time of crisis
9. Issues affecting immigrant communities
10. Barriers to mental health
11. School safety
12. Social media/electronic addiction
13. Sexual harassment/dating violence
14. Services that are relevant and appropriate for you and your child's needs
15. Performance expectations

Serving Immigrant Communities – Richmond

Small group discussions began with sharing community resources with each other that pertain to immigrant communities. The following topics were then discussed:

- **What are some strategies to build power, safety and sustainability for immigrant communities?**
 - Ask community members what they need versus assuming.
 - Facilitate family networks that can share information and support each other.
 - Increase funding to organizations dedicated to serve these populations and make it sustainable.
 - Increase staff capacity to communicate in the preferred language of immigrant communities – in person is best.
 - Assist these communities develop English language proficiency.
 - Involve these communities in the development of resources and develop leadership.
 - Engage law enforcement.
 - Challenge service providers to integrate inclusive practices that reflect what the community needs.
 - Build safe places for those in fear where services can be provided.
 - Build relationships with foreign consulates.
- **Explore the role of peer support workers in this community. How may they assist with system navigation?**
 - Peer support workers build rapport with the target community. Their experience is more relatable and can better motivate others.
 - Don't have to explain a lot, they understand.
 - Their stories of lived experience can provide hope.
 - Older youth can be powerful mentors to younger youth.
 - Can be supportive and make productive time when people are waiting for treatment.
 - Ensure the value of establishing trust is practiced throughout service provision.
 - Facilitate immigrant communities to develop their own to become peer support workers.
 - Ensure peer support workers from these communities are valued and respected.
 - Encourage volunteering from these communities.
 - Facilitate groups where family members can share experiences and information.
 - Be sure that staff are well trained, so they don't provide wrong information.
 - Can assist with transportation needs.

- **How to better understand and access existing legal services?**
 - Very hard to find, even online.
 - Provide more free information and consultation and provide after hours.
 - There is a real fear of calling the police when they are needed.
 - Need to be transparent and honest about how accessing services may affect them.
 - Promote and give information to churches, adult education classes.
 - Need to understand that existing legal resources are at capacity.
 - The problem is language capacity. If the language is not spoken, then they don't get served.
 - Require lawyers to do pro bono work as part of their credentialing process.
 - Suggest establishing an immigrant empowerment center that is a one stop shop.
 - Locally we have the Family Justice Center and the East Bay Community Law Center. Legal Aid is at the West County Health Center on Thursday afternoons.
- **What can be done to address misconceptions around “safe” services that do not count when federal immigration authorities determine whether a person wanting to live in the U.S. will be a financial liability, or public charge?**
 - Provide information in diverse languages in community open areas.
 - Provide public service information campaigns. More flyers in multiple languages.
 - Provide one stop shop services that are safe and tailored to immigrant communities.
 - All service providers need correct and accurate training that they can share; especially knowing “safe places” they can refer a person.
 - Educate persons who are in positions of power.
 - Educate everyone about public charge and the proposed new rule making.

In addition to small group discussion participants prioritized areas relevant to immigrant communities where mental health service needs were indicated. These areas were both prioritized via a survey conducted prior to the community forum, as well as during the forum via dot markers. Combining both exercises produced the following in priority order:

1. Strategies for offsetting fear/mistrust in the community
2. Peer support for immigrants
3. Need for more interpreters/translation services
4. Better understanding of existing mental health services
5. Better understanding of existing legal services
6. Re-building trust in the community
7. Understanding “sanctuary” cities and school districts in Contra Costa County

8. Addressing misconceptions around safe services – improving messaging
9. Local law enforcement versus ICE – understanding differences
10. The decrease in number of people accessing “low risk” benefits, such as healthcare, food stamps, WIC

Prioritizing Identified Unmet Needs. As part of each community forum participants were then asked to prioritize via applying dot markers to the following identified unmet needs from previous years’ community program planning processes. This provides a means for evaluating perceived impact over time of implemented strategies to meet prioritized needs. Thus, service needs determined to be unmet in previous years can drop in ranking as the system successfully addresses these needs. Unmet needs are listed in order of priority as determined by forum participants, with last year’s Three Year Plan rankings provided for comparison.

This Year’s Rank	Last Year’s Rank
1. More housing and homeless services	1
2. More support for family members and loved ones of consumers	3
3. Support for peer and family partner providers	11
4. Improved response to crisis and trauma	4
5. Connecting with the right service providers in your community when you need it	5
6. Outreach to the underserved – provide care in my community, in my culture, in my language	2
7. Increased psychiatry time	12
8. Intervening early in psychosis	8
9. Children and youth in-patient and residential beds	9
10. Getting to and from services	7
11. Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care	6
12. Care for the homebound frail and elderly	13
13. Assistance with meaningful activity	14
14. Serve those who need it the most	10

Summary. The community program planning process identifies current and ongoing mental health service needs and provides direction for MHSA funded programs to address these needs. It also informs planning and evaluation efforts that can influence how and where MHSA resources can be directed in the future.

The full complement of MHSA funded programs and plan elements are the result of current as well as previous community program planning processes. Thus, this year’s planning process builds upon previous ones. It is important to note that stakeholders did not restrict their input to only MHSA funded services but addressed the entire health and behavioral health system. The MHSA Three Year Program and Expenditure Plan

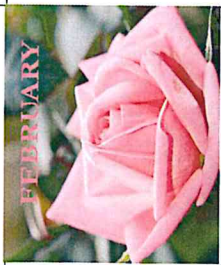

operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Three Year Plan does not address all of the prioritized needs identified in the community program planning process, but does provide a framework for improving existing services and implementing additional programs as funding permits.

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Contra Costa Behavioral Health Stakeholder Calendar February 2019



Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>10</p> 	<p>4</p>	<p>5</p> <p>H3 Community Housing: 1:00 – 3:00 pm 2425 Bisso Lane, Concord</p>	<p>6</p>	<p>7</p> <p>CPAW: 3:00 – 5:00 pm 2425 Bisso Lane Concord</p>	<p>1</p>	<p>2</p>
<p>11</p>	<p>12</p>	<p>13</p> <p>System of Care: 10:00–11:30 am 1220 Morello Av, Suite 100, Martinez</p> <p>Mental Health Commission: 4:30 – 6:30 pm 550 Ellinwood Way, Pleasant Hill</p>	<p>14</p> <p>Children's: 11:00 am–1:00 pm 1340 Arnold Dr, Suite 200, Martinez</p> <p>Social Inclusion: 1:30–3:30 pm 2425 Bisso Lane Concord</p>	<p>15</p>	<p>1</p>	<p>9</p>
<p>17</p>  <p>Memberships: Rescheduled TBA</p>	<p>19</p>	<p>20</p>	<p>21</p> <p>CPAW steering: 2:30 – 3:30 pm 1220 Morello Av, Suite 100, Martinez</p> <p>Quality of Care: 3:00 – 4:30 pm 1220 Morello Av, Suite 100, Martinez</p>	<p>22</p> <p>Suicide Prevention: 9:00 am – 10:30 am 1220 Morello Av, Suite 100, Martinez</p>	<p>23</p>	<p>23</p>
<p>24</p>	<p>25</p> <p>CPAW Innovation: 2:30 – 4:00 pm 1220 Morello Ave, Suite 100, Martinez</p>	<p>26</p> <p>Adults: 3:00 – 4:30 pm 1340 Arnold Dr, Ste 200, Martinez</p>	<p>27</p> <p>Aging /Older Adults: 2:00–3:30 pm 2425 Bisso Lane Concord</p> <p>AOD Advisory Board: 4:00 – 6:15 pm 1220 Morello , Martinez</p>	<p>28</p>	<p>28</p>	<p>28</p>

Stakeholder Sharing

(CPAW Meeting – February 7, 2019)

Highlights of news to share and areas discussed at recent CCBHS supported stakeholder meetings:

Adult Committee – January 22nd

- The summary will be provided at the CPAW Committee meeting.

Aging and Older Adult Committee – January 23

- The summary will be provided at the CPAW Committee meeting.

Alcohol and Other Drugs Advisory Board – November, December 2018 and January 2019

- November 28, 2018: The AODAB finalized their annual report and approved it for submission to the Board of Supervisors. The AODAB awarded Susan Cinelli with the 2018 Recovery Champion Award for her dedication to the SUD treatment and recovery community of Contra Costa.
- December 19, 2018: The AODAB elected their new chair and vice chair for the 2019 calendar year and began preparing for their retreat in January 2019. The AODAB also voted to recommend the denial of an alcohol license application in Byron due to an over saturation of alcohol outlets already operating in the area. Their recommendation aligned with the recommendation of the Byron Municipal Advisory Council (MAC) as well as the views of one Substance Abuse Counselor with Pueblos Del Sol in Brentwood, a local Driving Under the Influence (DUI) Program.
- January 26, 2019: The AODAB held their annual retreat in which they discussed what they were able to accomplish during 2018 and what they would like to focus on during 2019. Results from the retreat will be discussed during the February Board meeting.

Children, Teens and Young Adults Committee- January 10th

- Dan Batiuchok presented an overview of probation related Mental Health services, transition process and referral options.
- Gerold Loenicker discussed updates in the Children's System of Care and the CCR; New: telepsychiatry now being offered in the Children's clinics which is reducing appointment wait times to 2-3 weeks for psychiatry appointments.
- A 16 yr old, TAY consumer, came and very eloquently reported on her experiences with George Miller Wellness Center, PES, and John Muir Behavioral Health Center during a recent crisis. The committee and administration are following up on what she shared and recommendations on how her experiences could have been better and less traumatic.

Health, Housing and Homeless (H3) Community Housing Committee – November 6th

- The last H3 Committee meeting was held in November 2018. The summary was previously provided.
- The next H3 Committee meeting will be held February 5th from 1:00 pm to 3:00 pm at 2425 Bisso Lane, Large Conference Room, Concord. These Committee meetings are held quarterly on the first Tuesday of the month.

Innovation Committee – January 24th

- Discussion on the implementation phase of the Center for Recovery and Empowerment (CORE) has noted that all staff are now hired for the project. Also, the project's site is currently in negotiations to expand to the additional suite next door.
- Training for Cognitive Behavioral Social Skills Training (CBSST) was held in January. The CBSST clinician assigned to the innovation project attended this training. Additionally, the clinician is visiting a six Board & Cares in all regions and getting to know clinical teams on site.
- Committee developed a timeline for all five innovation projects with start-up phases of each required element of the respective projects. Committee hopes to address concerns with leadership staff.

Mental Health Commission (MHC) – January 9th

- The Mental Health Commission has invited Lieutenant Brian Bonthron, Chief of Security for the Health Services Security Unit, to discuss Crisis Intervention Training efforts across the County during the upcoming February 6th meeting.
- The Mental Health Commission is discussing advocacy efforts for application submittal for a newly offered Medicaid/Medical reimbursement waiver that would allow for additional funding resources to be directed to Institutes of Mental Disease (IMD) and acute inpatient hospital beds.
- The next meeting is Wednesday, February 6th, 4:30-6:30pm at 550 Ellinwood Way, Pleasant Hill

Quality of Care Committee (QC) – January 17th

- The Mental Health Commission is discussing advocacy efforts for application submittal for a newly offered Medicaid/Medical reimbursement waiver that would allow for additional funding resources to be directed to Institutes of Mental Disease (IMD) and acute inpatient hospital beds
- A future item of discussion for the Quality of Care Committee will be to better understand the difficulties that seniors and disabled persons encounter when using Medicare.
- The next meeting is Thursday, February 21st, 3:00-4:30pm at 1220 Morello Avenue, Martinez.

Social Inclusion Committee– January 10th

- The Committee for Social Inclusion continues its "Hope Starts with Us" public advocacy campaign in 2019, with plans to convene more meetings over the course of this year in West County and East County, engaging stakeholders across all regions.
- Our February 14 meeting at Bisso from 1:30-3:30 p.m. will include a special presentation in observance of Black History Month featuring a guest speaker sharing their lived experience.
- For more information on Social Inclusion and its PhotoVoice, WREACH, and Transportation subcommittees, contact Roberto Roman at (925) 957-5105 or Roberto.Roman@cchealth.org.

Suicide Prevention Committee – January 25th

- The Committee is currently working on updating Countywide Suicide Prevention Strategic Plan for 2019, including updating local statistics.
- Presentation from planner/evaluator Ila Casselberry on current Contra Costa County data related to Suicide Prevention.
- A Brighter Day (charity foundation that fosters teen wellness by using local teenage bands in a showcase format) founder, Elliot Kallen, presented.

Systems of Care (SOC) Committee – January 9th

- The County has submitted application for No Place Like Home (NPLH) funding. Will update the System of Care Committee once word is received from state.
- The Committee is establishing Timeline for Oak Grove Project that will serve transition aged youth (TAY) population.

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review: October 1, 2018**
Date of Exit Meeting: December 18, 2018
- II. **Review Team:** Windy Taylor, Warren Hayes, Genoveva Zesati, Golnaz Fortune, Kennisha Johnson, Terry Ahad
- III. **Name of Program:** Anka Behavioral Health, Full Service Partnership Program – 2975 Treat Blvd, Suite C-5, Concord
- IV. **Program Description.**

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

Anka Behavioral Health as an organization also offers a range of other programs and has additional offices located throughout California. Programs and services that are provided include transitional residential, long-term residential and outpatient services as well as supported independent living and crisis residential treatment. Anka continues to specialize in working with people with complex service needs while helping consumers achieve and maintain their highest quality of life.

- 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 Anka Behavioral Health. 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	Met	Services provided are consumer driven, family focused, community based and culturally competent.
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for both specialty mental health services and full service partnerships
3. Provide the services for which funding was allocated.	Partially Met	Program provides most of the full spectrum of services outlined in their Service Work Plan
4. Meet the needs of the community and/or population.	Met	Program serves the intended population and community
5. Serve the number of individuals that have been agreed upon.	Met	Program is meeting the target enrollment numbers.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets most outcomes specified in the Service Work Plan
7. Quality Assurance	Met	Grievance procedures and protocols are in place for employees and consumers
8. Ensure protection of confidentiality of protected health information.	Met	The privacy of all health information is protected and secured
9. Staffing sufficient for the program	Met	The Program is fully staffed to provide services
10. Annual independent fiscal audit	Met	All fiscal audits were submitted no significant

		financial weaknesses found
11. Fiscal resources sufficient to deliver and sustain the services	Met	Revenue and expenditures are balanced
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Staff is well qualified and program has good internal controls
13. Documentation sufficient to support invoices	Met	Program has documentation to supports all invoices
14. Documentation sufficient to support allowable expenditures	Met	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are invoiced in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Organization charges indirect costs consistent with the contract
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance in place
18. Effective communication between contract manager and contractor	Met	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 are scheduled and collected.

Results. The following table summarizes the survey results. We received a total of 22 surveys. Survey responses are consistent with consumer interviews, show a positive evaluation of the program by participants, and show adherence to MHSA values.

Questions	Responses:				
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: <i>strongly agree, agree, disagree, strongly disagree, I don't know</i>)</p>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness	Average Score: 3.95 (n=22)				
2. Allow me to decide my own strengths and needs	Average Score: 3.18 (n=22)				
3. Work with me to determine the services that are most helpful	Average Score: 3.23 (n=22)				
4. Provide services that are sensitive to my cultural background.	Average Score: 3.14 (n=22)				
5. Provide services that are in my preferred language	Average Score: 3.5 (n=22)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average Score: 3.23 (n=22)				
7. Are open to my opinions as to how services should be provided	Average Score: 3.4 (n=20)				
8. What does this program do well?	<ul style="list-style-type: none"> • The program provides transportation when needed • It provides the individual care that I need • The program helps me exercise and stay active • The program has very caring staff 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Daily scheduling for appointments needs to stay consistent 				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Need better-quality housing available • Would like to request more outings • Need to have more employment opportunities 				
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: <i>Very important, Important,</i></p>	Very Important	Important	Somewhat Important	Not Important	
	4	3	2	1	

<i>Somewhat important, Not Important.</i>)	Average Score: 3.38 (n=22)
12. Any additional comments?	<ul style="list-style-type: none"> No additional comments stated

Staff Interviews:

Seven individuals attended the staff interview, to include the Personal Services Coordinators who provide peer and family support, AOD and Outreach counselors and the Housing Specialist and Administrative Support. Anka has one staff member who is bilingual in Spanish. Staff shared that the program receives referrals from the County, through the Central County Adult Clinic who screens all referral sources. Referral sources that the County receives can be sources such as inpatient, various full service partners and family members. Staff stated that housing is a huge service gap and that it takes an extreme amount of time to locate available placements. Staff also stated that there is success for clients over time who get services and that they can provide less support as further improvement is shown. When asked if any training was requested, staff stated that they receive many trainings throughout the year. Training consists of standard in-house training and they can also receive reimbursement for higher education. Staff provided further elaboration around program needs, which included housing, easier warm hand offs, and higher reimbursement for gas mileage.

Consumer Interviews:

Nine consumers participated in the interview process, three females and six males. Most of the consumers were middle to elderly age and had been with Anka for about four years; while one consumer was the newest in the group and had been with the program for about six months. The majority of consumers stated the program supported them with therapy and getting to and from psychiatric appointments. They also were given reminder calls for appointments to help them not miss their appointments. Many consumers shared that they felt genuinely listened to by Anka staff and had developed trusting relationships with the staff; while some consumers also voiced building friendships with one another. Other benefits that were stated included being linked to Anka, receiving their checks at the program, help with getting employment, providing money management support, and opportunities for social outings from time to time. They described a feeling of being listened to and cared for by Anka staff.

Some of the statements shared by consumers about the program were:

“They are doing the work of Jesus.”

“They meet us half way. We are two teams coming together; one needing help and one giving help.”

Some of the areas consumers said they would like to see Anka be able to improve on was being able to have more supportive housing and social outings as this is further assistance many consumers currently look forward to. Additionally stated was that it would be nice to have someone at Anka that could help them with vocational support, and have someone assist with their SSI, especially for consumers who are trying to enter the workforce again. Another voiced improvement was if Anka had more staff; they could have more resources. One consumer who had been housed through Anka and then had lost housing said it would have been beneficial if they had been housed with someone who had a similar diagnosis, substance use issue, and had been sober around the same length of time as them; not someone who was new to recovery and sobriety; as the consumer voiced this was the reason his housing had been affected.

One recommendation is partnering with other programs, especially RI International that is located next door to Anka. This may be helpful for some Anka consumers that are further along in recovery as they may be able to benefit from day programs.

Family Interviews:

Five family members participated in the interview process. Three were females and two males. Most of the family members had developed connections with Anka staff and their loved ones had been with the program for about four years after transitioning from Rubicon. One family member stated that there was more accountability at Anka and better dialogue with getting a hold of someone in the program; versus her prior experience with Rubicon. Other family members voiced that they had seen the program really meet their child's needs by going to their homeless encampment, delivering a check and even supporting them through the court process and being incarcerated. Another way the program had been able to support a family member was housing their child and also having a staff member that spoke the person's language.

Some of the areas that the family members voiced improvements were regarding resources on higher levels of care/locked facilities and conservatorship. Another family member stated they would like to have a way to meet with Anka staff, their child's psychiatrist, and regular doctor all together to be able to communicate and

collaborate on how to better support the family member's child; as he had additional physical illnesses that made his treatment plan challenging.

County Staff Interviews

County staff who participated in the review were interviewed subsequently and made a few notable observations. During the review, County and Anka's clinical staff discussed the supervision and support system process for all unlicensed staff. It was noted, that staff meet every morning for a daily check-in meeting, but do not discuss serious case analysis for individual clients. County staff stated that more supervision is needed for unlicensed staff to enable better strategies for recovery. County staff made three after hours test calls to the 24/7 crisis line. During the first two calls a live person was not reached and there was no identifiable voicemail. The last call that was made a live person answered, but this person did not provide any identifying information. Finally, County staff discussed communication struggles between outside agencies and Anka staff. County staff recognizes that a regular staffing event involving Anka staff and County staff should be instituted to integrate and coordinate efforts.

Results. Interviews with program participants and service providers as well as program participant survey results all support that Anka delivers programming in accordance with the values of MHSA.

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance? 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 delivered at the Central County region to adults with serious mental illness who are in need of the full spectrum of services. The FSP program undergoes regular utilization reviews conducted by the Central County Adult Mental Health Clinic's utilization review staff to ensure all clients meet the criteria for both specialty mental health services and adult full service partnerships. The most recent chart review was completed September 2018.

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. Monthly service summaries and 931, 864 and ShareCare Service Activity Reports from Contra Costa County Mental Health's billing system show that the Anka Behavioral Health Full Service Partnership program is, with a few notable exceptions, providing the number and type of services that have been agreed upon. Services include outreach and engagement, case management, individual outpatient mental health services, crisis intervention, collateral, housing and vocational support. Clients receive psychiatric services from the County Mental Health Clinic and the Phoenix Center. Both program staff and participants indicated services are available on a 24-7 basis via an after-hours crisis phone line. As an agency, Anka also uses Phoenix Enterprises as a means for vocational services to support consumers in gaining employment skills and connection to employment resources.

Results. MHSA funds directed to the agency cover expenditures associated with supporting the provision of the Anka's Full Service Partnership program. However, it would be ideal for greater utilization of Anka's various other resources for clients. This would help with the current staffing structure and budget allocation of staff time and salaries and continue to support the full spectrum of services outlined in the Service Work Plan. Interviews with staff indicated that the adults that they are working with have bigger needs and need more supported services on an ongoing basis. During contract negotiations it is recommended for FY 19/20, Anka and the County need to examine the program budget, Service Work Plan and available community resources.

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. The Adult Full Service Partnership programs were included in the original Community Services and Supports plan that was approved in May 2006. This was also included in the 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 FY 2017-2020. Interviews with

service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

Results. The program meets the needs of the community and the population for which it is designed.

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 Full Service Partnership Program has a target enrollment number of 50 clients. The program met this target in FY 17/18 with 49. In FY 18/19 the program continues to maintain around 49 clients, which meets the target enrollment per their contract.

Results. Program continues to make target enrollment and continues to keep enrollment at a steady pace.

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 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 program in FY 14/15 met its objectives in relationship to the Service Work Plan goal criteria. For FY 15/16, program did not meet expected outcomes, which had an increase in psychiatric incidents. Additionally, in FY 16/17 program met all outcomes and exceeded productive meaningful activity and homeless indicators suggesting successful improvement in client's health.

Results. Overall, program achieves its primary objectives.

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. Contra Costa County did not receive any grievances in reference to the program. The program has an internal grievance policy in place and makes sure all staff and consumers have access to grievance materials. The program undergoes regular Level 1 and Level 2 utilization reviews conducted by the County Mental Health utilization review teams. The last Level Two Centralized Utilization review occurred in 2018.

Results. The program has a quality assurance process in place.

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

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

Discussion. Anka provides direct clinical services and has all clinical records stored in compliance with specific HIPAA safeguard standards. Clients and program participants are informed about their privacy rights and rules of confidentiality. Additionally, all staff are trained and take HIPAA training once a year.

Results. The program complies with all HIPAA standards.

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 the agency to serve the targeted number of clients. Program appears to be fully staffed and providing most of the full spectrum of services specified in the contract.

Results. Current staffing has allowed the program to serve approximately 45-49 consumers concurrently during fiscal year 17/18.

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. Anka is a California nonprofit corporation with 40 years of service. Its primary purpose is to provide a system of behavioral health care facilities that assist people to live meaningful and productive lives in the community by promoting self-reliance and independence. Anka provides a range of social rehabilitation treatment services to people whose ability to work and live in the community is limited by a history of singular or multiple disabilities.

Results. Annual independent fiscal audits for Anka were provided and reviewed for the end of June FYs 2015, 16 and 17. Anka's Audit Report for FY18 will be available November 2018. 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 of the contractor. Review Board of Directors meeting minutes. Interview fiscal manager of program.

Discussion. The program 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 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 program.

Discussion. Janice Washburn, Chief Financial Officer, was interviewed. Ms. Washburn who has an Accounting Degree and over 20 years working in non-profit organizations has also been a fundamental part of the oversight of Anka's day-to-day financial operations. Ms. Washburn described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles. The program uses Paycom Financial System software for entry and aggregation to enable accurate summaries for billing and payment. Supporting documentation is kept in hard copies for retrieval.

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 program.

Discussion. Anka provides a monthly statement of revenue and expenditures summary each month. At the time of the review, sufficient supporting documentation was provided.

Results. Previous reviews of Anka indicated that supporting documentation appeared to support the amount of expenditures charged to the program.

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 charged to the cost center (county) or invoiced to the county (contractor).

Discussion. The amounts on the January invoices were reconciled with the amounts shown in the Statement of Revenue & Expenditures. The supporting documentation reconciled with the amount included on the Statement of Revenue & Expenditures. Personnel costs are charged to the program based on the actual personnel costs by position for the month multiplied by the percentage of time allocated to the program for each position as determined by the Vice President of Operations. Some costs are directly identified to the program while shared costs are generally allocated to the program based on number of staff (Full-Time Equivalents). Indirect costs are charged to the program based on the allowed amount in the budget (15 percent) multiplied by the actual personnel and operating costs.

Results. Method of allocation of percentage of personnel time and operating costs appear to be justified.

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

Results. The program invoices for expenditures in the appropriate fiscal year.

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

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

Discussion. The financial manager outlined the method in which the program identifies indirect cost. The program is currently charging the "not to exceed" amount of 15% for indirect costs that is stated in their contract.

Results. Indirect costs appear to be the amount actually incurred.

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 certificate of commercial general liability insurance, automobile liability, umbrella liability, professional liability and directors and officers liability 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. Program staff and County communicate regularly. All invoices are submitted on time and reflect accurate County standards.

Results. The program has good communication with the contract manager.

VIII. **Summary of Results.**

Anka Behavioral Health has been in business for over 40 years serving over 15,000 clients per year. Anka's philosophy is to treat the whole person by fully integrating care of both mind and body, always using clinically-proven, psychosocial models designed to promote health and wellness while containing costs. Anka should continue to utilize other services that are available within the program's current structure such as Phoenix Enterprises and Phoenix Center to help with providing the full spectrum of services.

IX. Findings for Further Attention.

- It is recommended that the program utilize more of its internal programs such as the Phoenix Clinic and Phoenix Enterprise to better address their clients who need the full spectrum of care
- It is recommended the program continue to explore ways for the clients to seamlessly step down from Anka's care, when necessary, to more appropriate levels of care
- It is recommended that the program provide more supervision to unlicensed staff once a month for serious case analysis – See Appendix A
- It is recommended that a regular staffing meeting involving Anka staff and County staff be instituted
- It is recommended that the crisis line be available to clients on a 24/7 basis with a live identifiable response. This should also include an identifiable voicemail message if a response isn't instant.
- Anka is encouraged to work with the County in planning how to better able to address supportive housing needs surfaced by their clients who are homeless or at risk of chronic homelessness

X. Next Review Date. October 1, 2021

XI. Appendices.

Appendix A – Program Response to Report

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

APPENDIX A

Service Provider's Response to Report

- It is recommended that the program provide more supervision to unlicensed staff once a month for serious case analysis- **Under the direction of the Licensed Clinician Anka FSP is conducting no less than bi-monthly serious case analysis for all staff.**

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Dates of On-site Review:** October 31, 2018, November 1, 15, 2018
Date of Exit Meeting: January 23, 2019
- II. **Review Team:** Warren Hayes, Windy Taylor, Kennisha Johnson, Terry Ahad, Golnaz Fortune, Genoveva Zesati, Cristobal Lopez, Machtel Pengel, Sarah Kennard
- III. **Name of Program/Plan Element:** Hume Center – Full Service Partnership Community Support Program West/East
- IV. **Program Description.** The Hume Center is a community mental health center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training throughout all regions of Contra Costa County. This includes promoting mental health, reducing psychological suffering, and strengthening families, communities and systems most involved in the lives of those served. The Hume Center is committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. Hume provides a continuity of care in Contra Costa that includes prevention and early intervention, comprehensive assessment services, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, partial hospitalization services, and Full Service Partnership Programs. The Adult Full Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.

The Hume Center as an organization also offers a range of other programs and has additional offices located throughout California which include Alameda, San Francisco, and Santa Clara counties. Programs and services that are provided include partial hospitalization, school based, early childhood and family services and neurobehavioral evaluation services. Hume continues to specialize in working with people with complex service needs while helping consumers achieve and maintain their highest quality of life.

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 Hume’s Full Service Partnership Programs. 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.**

This summary outlines standards met by both regions of Hume. Further details are specified under review results.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Services are culturally specific and competent, community based, and responsive to community needs
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for both specialty mental health services and full service partnerships
3. Provide the services for which funding was allocated.	Met	Program provides most of the full spectrum of services outlined in their Service Work Plan
4. Meet the needs of the community and/or population.	Met	Program is consistent with community planning process and strategies
5. Serve the number of individuals that have been agreed upon.	Partially Met	Program is close to meeting the target enrollment numbers agreed to in their Service Work Plan

6. Achieve the outcomes that have been agreed upon.	Met	Program meets most outcomes
7. Quality Assurance	Met	Grievance procedures and protocols are in place for employees and consumers
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Met	Staffing levels support targeted service numbers
10. Annual independent fiscal audit	Met	All fiscal audits were submitted no significant financial weaknesses found

11. Fiscal resources sufficient to deliver and sustain the services	Not Met	Program experiencing some cash flow issues and recent adjustments are in place for a resolution
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Fiscal staff implement check and balance system.
13. Documentation sufficient to support invoices	Met	Organization provided documentation and explanations that support monthly invoices
14. Documentation sufficient to support allowable expenditures	Met	The program has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are invoiced in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect charged at 15%
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	Communication is regular and appropriate to the level of needs of the program

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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, be culturally competent, and be client and family driven?

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

Discussion. Consumer surveys were completed. In addition, interviews were conducted with ten consumers and twelve staff members (in various positions that included Case Managers/Peer Specialists, Mental Health Clinicians, and Family Partners). However, because the programs differed significantly between the East and West county programs, the results have been tabulated separately as stand-alone programs.

Survey Results:

Hume West

Questions	Responses: n=7				
	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	4	3	2	1	n/a
1. Help me improve my health and wellness.	Average score: 3.85 (n=7)				
2. Allow me to decide what my own strengths and needs	Average score: 3.42 (n=7)				
3. Work with me to determine the services that are most helpful	Average score: 3.57 (n=7)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.00 (n=7)				
5. Provide services that are in my preferred language	Average score: 3.71 (n=7)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 2.85 (n=7)				

7. Are open to my opinions as to how services should be provided	Average score: 3.00 (n=6)			
8. What does this program do well?	<ul style="list-style-type: none"> • Listen, very welcoming and accepting • Helps with keeping medical and mental health appointments • Manages and helps organize funds 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Provide more group sessions 			
10. What needed services and supports are missing?	Nothing was stated in this section			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Average score: 3.71 (n=7)			
12. Any additional comments?	Nothing was stated in this section			

Hume East

Questions	Responses: n=14				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	n/a
1. Help me improve my health and wellness.	Average score: 3.28 (n=14)				
2. Allow me to decide what my own strengths and needs	Average score: 3.64 (n=14)				
3. Work with me to determine the services that are most helpful	Average score: 3.5 (n=14)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.00 (n=14)				
5. Provide services that are in my preferred language	Average score: 3.76 (n=13)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.64 (n=14)				
7. Are open to my opinions as to how services should be provided	Average score: 2.85 (n=14)				

8. What does this program do well?	<ul style="list-style-type: none"> • Program staff are very attentive to emotional needs • Very private and respectful of the overall mental health concerns • Listens and addresses problems promptly • Provides transportation to doctor appointments • Helps with crisis situations • Provides consistent support with reaching goals and reducing symptoms 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Provide more assistance with finances 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Provide more outings to keep engagement • Bus tickets 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Average score: 3.09 (n=11)			
12. Any additional comments?	<ul style="list-style-type: none"> • I greatly appreciate all the staff from the Pittsburg Hume Center. They have helped me reach my goals • The Center is very goal oriented, which is very appreciate 			

Consumer Interviews

- **Hume WEST**

Seven consumers participated in the interview process regarding Hume West’s Full Service Partnership program. The consumers had been receiving services from Hume for varying lengths of time ranging from three to ten years. Participants were referred to the Full Service Partnership by county providers and many participants were previously Rubicon clients who had transitioned to Hume. The participants said their experience with the Hume Center has been wonderful and that they were extremely appreciative for the services and without them they felt that they would be on the streets with no support. Several of the program participants talked about how the program assisted them with getting treatment, medications, and becoming independent.

Overall, the participants were very grateful of the services provided by Hume West's Full Service Partnership. The participants indicated more than once that they had a collective team of people helping them with achieving their goals.

During the interview, some of the specific strengths they described:

- Staff listens and their response time to a request is immediate
- Program is open to their feedback and recommendations
- Staff provides tough love and doesn't give up in extenuating circumstances
- Linkage to programs such as SPIRIT are offered regularly

During the interview the following suggestions were included:

- Housing services, supports and resources are greatly needed
- Would like to request more food shopping and money management
- Reminder that there is an available 24/7 crisis line

Hume EAST

Four consumers participated in an interview regarding Hume East's Full Service Partnership program. Most participants had been with the program for at least one to two years. Participants shared that their needs were being met and that they felt very supported by the program. Overall, the participants seem content and excited about their recovery and praised the program for supporting their goals.

During the interview, some of the things specifically identified as positives were:

- Staff support their transportation needs to and from appointments
- The participants utilized the program's 24/7 crisis line and said that they were able to instantly reach a provider
- One of the participants disclosed their relationship with the consumer council and how it has benefited and helped them with improving their communication skills
- The program provides assistance around housing, visit support for clients with children, weekly client budget reviews, and goal-setting for better independent self-care

During the interview the following suggestions were included:

- Independent housing owned by Hume like a board and care model
- Transportation services that would include a van owned by the program to transport clients specifically to group events
- Bus and Bart tickets provided as a supplemental means of transportation.
- A day center similar to Recovery International for participants to attend
- Provided therapy that is scheduled regularly

Staff Interviews:

- **Hume WEST**

Seven staff members were available for the staff interview process. Staff roles varied and included a clinician, a housing specialist, three case managers/peer specialists, and a student intern. Staff shared that the program receives referrals from the County, through the West County Adult Clinic who screens all referral sources. Referral sources that the County receives can be sources such as inpatient, various full service partners and family members. During the session staff discussed the overall needs of the clients and how they were providing overall emotional and structural support for their everyday lives. All staff are assigned specific caseloads but feel that it is important that they share knowledge about their clients with each other so that they can cover and support clients who are not on their caseloads when necessary. Overall, the staff feel that there are many things still needed for clients to succeed in the program. Some of these suggestions are as follows:

- Rehabilitation programs specific to clients with a dual diagnosis
- Physical care services readily available at Board & Cares
- Harm reductions programs available besides Alcoholics Anonymous Meetings
- Available MHSA structured Housing for clients to help with medication dispensing
- Linkage to a detox center when discharged from inpatient
- Clients need more ongoing emotional support

Hume EAST

Five staff members were available for the staff interview process. Staff roles varied and included four case managers/peer specialists and one family partner.

Staff state that currently they facilitation housing, appointments and client budgeting. They stated at times their jobs also include visiting clients in jail, working with PES and conservatorship. Staff stated that they try to provide the best services with what they have, but felt it was important to express that many things could be added to improve services. The suggestions are as follows:

- Housing provided for all clients because currently augmented room and boards don't provide housing for clients with a higher level of acuity
- Less limits on flex fund aid to support clients that need basic necessities
- A van for client transportation
- An assigned Registered Nurse for the Center
- Life skills group that would educate clients around diet and nutrition
- Bus and Bart tickets to distribute to clients to get to and from needed services
- Increase groups offered to clients
- Provide an additional level of support specific to substance abuse services

County Staff Interviews

Hume West

County staff expressed that Hume greatly advocates for their clients. Staff stated that Hume has shown to be very responsive and readily available. Challenges that were expressed specifically identified the referral process and how at times the program's reasons for not accepting the client were unclear. Additionally, follow through and having a back-up plan were lingering issues that the staff felt should be further evaluated.

Hume East

County staff stated that Hume is very responsive when they refer clients to the program. Concerns that they felt should be addressed suggested that staff receive continual documentation training. They felt that many times with new interns being hired that there is no consistency within the documentation standards. It was noted, that at times there is a delay with receiving completed paperwork on clients. Moreover, another suggestion was to develop a tracking mechanism to see how long it takes from outreach to enrollment.

Results. Interviews with program participants and service providers as well as program participant survey results all support that Hume's Full Service Partnership program delivers programming in accordance with the values of MHSA.

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. 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. Hume Center's Full Service Partnership program accepts referrals upon receiving approval from the East and West County Adult Clinics. The FSP program undergoes regular utilization reviews conducted by East County Adult Mental Health Clinic's utilization review staff to ensure all clients meet the criteria for both specialty mental health services and adult full service partnerships. The Utilization Team is scheduled to perform a level 2 compliance review in January for Hume West.

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. Monthly service summaries and 931, 864 and ShareCare Service Activity Reports from Contra Costa County Mental Health's billing system show that the Hume's Full Service Partnership program is, with a few notable exceptions, providing the number and type of services that have been agreed upon. Services include outreach and engagement, case management, individual and group outpatient mental health services, crisis intervention, collateral, housing support, family support, flexible funds, social activities and linkage to money management and primary care services. Program does not deliver the full spectrum of services and must rely on county staff for psychiatry, nursing, money management, and vocational services due to contract funding limits.

Hume West

Staff and consumers revealed that Hume West can provide much of the FSP experience for the consumers. Although, the 24/7 crisis line was stated to be

available for clients to call, during the consumer interview, consumers stated that they were not aware that there was an available crisis line. Another client stated that they knew there was a crisis line, but when they called during a crisis that they never received a return call. Additionally, the program noted that vocational services were not a service that has been recently rendered because of current caseload stability.

Hume East

Staff and consumers revealed that Hume East can provide a robust FSP experience for the consumers. Staff discussed many of the services provided by the program as well as the services provided upon referral. Services meet the criteria outlined in the service work plan. The staff provided additional information on their CBSST groups and talked about additional groups that they would like to see added pertaining to life skills, nutrition and exercise. The staff would like to see a substance abuse counselor hired on site as additional support instead of having to refer clients out to other programs. Another notable discovery was that the program has had an extended vacancy for a licensed clinical position. Although, this wasn't expressed as having an overall effect on the program it would be highly recommended to fill this position to continue to support the overall efforts of the Center.

Results. MHSA funds directed to the agency cover expenditures associated with supporting the provision of the Hume's Full Service Partnership program. However, it would be ideal for greater utilization of Hume's various other resources for clients. This would help with the current staffing structure and budget allocation of staff time and salaries and continue to support the full spectrum of services outlined in the Service Work Plan. Interviews with staff indicated that the adults that they are working with have bigger needs and need more supported services on an ongoing basis. During contract negotiations it is recommended for FY 19/20, Hume and the County need to examine the program budget and Service Work Plan.

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. The Adult Full Service Partnership programs were included in the original Community Services and Supports plan that was approved in May 2006. This was also included in the 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 FY 2017-2020. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

Results. The program meets the needs of the community and the population for which they are designated.

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

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

Discussion. The Full Service Partnership Program has a target enrollment number of 60 clients for the West region and 50 clients for the East region. In FY 17/18 Hume West's target enrollment served between 35-45 clients and Hume East's target enrollment served between 30-36 clients. In FY 18/19 both programs increased enrollment by 2-5 clients each maintaining enrollment by 70% of the program's full capacity.

Results. Annually the program has served less than the number of individuals specified in the service work plan but continues to increase enrollment each fiscal year. Hume Center and county staff may need to continue to strengthen referral relationships as well as examine the current program caseload in relation to the program target listed in the Service Work Plan.

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 program has five program objectives as part of the service work plan. The program has met three of the five primary objectives, which include reduction in incidence of psychiatric crisis, inpatient and sub-acute care, and inpatient days. During this last fiscal year 17/18 both regions of Hume had met all three objectives and managed to decrease inpatient days. Additionally, there has been no conclusive data to support the remaining objectives of improving psychological and community risk of harm, reduction of use of alcohol and drugs, and reduction in incarceration. Data provided by the County comes from (1) service data generated from the Contra Costa County claims processing system, (2) data collected by the program, and (3) the County's data system.

Results. Overall, the program achieves its primary objectives.

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. The Outpatient Behavioral Health Program undergoes regular Level 1 utilization reviews conducted by the East and West Adult Behavioral Health Clinics utilization review staff to ensure all clients meet the definition of serious mental illness. The review confirms that Hume serves the agreed upon target population. Additionally, Contra Costa County performs a centralized Level 2 utilization review on all programs which bill Medi-Cal, including Hume, to ensure clients meet medical necessity criteria and that assessment, treatment planning and treatment documentation all align. This is done on an annual basis. No grievances have been reported in the past three years.

Results. The program has a quality assurance process in place.

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

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

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

Results. The program complies with HIPAA requirements.

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

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

Discussion. The current staffing allows the agency to serve the targeted number of clients. However, Hume East has a vacancy for a licensed staff member and must rely on coverage for this position. Program appears to be fully staffed and providing most of the full spectrum of services specified in the contract.

Results. Current staffing has allowed the program to serve approximately 51 participants at Hume East and 76 participants at Hume West during fiscal year 17/18.

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. Portia Bell Hume Behavioral Health and Training Center (The Hume Center) is a California non-profit public benefit organization offering community-based behavioral health services in Contra Costa and Alameda County. Founded in 1993, the Hume Center is a state licensed psychology clinic facility with an operating budget of over \$5 million, and provides mental health services that includes partial hospitalization, out-patient therapy, behavioral health care, testing, training, and psychiatric and prevention services at its clinics in Richmond, Concord, Fremont, Pittsburg and Pleasanton. The available fiscal audits indicate that the Hume Center applies appropriate fiscal and accounting systems.

Results. Annual independent fiscal audits for FY 2015-16 and 16-17 were provided and reviewed. No significant or material findings were noted. The fiscal audit for FY 2018 is being finalized and will be forwarded when completed.

- 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 the program?
- Method.** Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of program.
- Discussion.** In FY 2015-16 Hume Center successfully obtained two new contracts with CCBHS, where the organization inherited the Full Service Partnership and a step down program from Rubicon Programs, Inc. The start-up costs for fielding both programs appear to have exceeded funds available for this purpose. This has exacerbated Hume's financial position, where it appears the organization has been operating at a loss for previous fiscal years. Thus, the organization appears to be spending in excess of their actual revenue. However, Board minutes notes that the direction of the company has made a significant turnaround heading the program in a successful direction. Management has acted and localized focus in determining the programs future projections for the upcoming years.
- Results.** Hume Center appears to be spending more than their revenue, with leadership addressing the issue. It is recommended that CCBHS be kept abreast of problem solving strategies and changes in fiscal practices and policies.
- 12. Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
- Method.** Interview with fiscal manager.
- Discussion.** Rose Harley, CPA and Controller, was interviewed. Ms. Harley who has been with the Hume Center since 2016 has been a fundamental part of the oversight of Hume's day-to-day financial operations. Ms. Harley described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles. The organization uses the Yanomo software program to track personnel time entry and aggregation to enable accurate summaries for billing and payment.
- 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 program.

Discussion. Hume provides a monthly statement of revenue and expenditures summary each month. At the time of the review, sufficient supporting documentation was provided.

Results. Previous reviews of Hume indicated that supporting documentation appeared to support the amount of expenditures charged to the program

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

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. Line item personnel and operating costs were reviewed for appropriateness. All line items submitted were consistent with line items that are appropriate to support the service delivery.

Results. The audit trail established between expenses and billing appears sufficient.

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.

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

Results. The Hume Center 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 or plan element?

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

Discussion. Hume produced its methodology that justifies the 17.6% indirect rate charged to the contract. The controller indicated indirect costs are allocated to the different programs based on actual personnel hours of each program.

Results. At 17.6% the indirect rate appears reasonable.

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 certificate of liability insurance, which included general liability, automobile liability, umbrella liability, workers compensation and professional liability, which was in effect at the time of the site visit.

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. The program has been submitting invoices, Monthly Service/Expenditure Summaries, and Service Activity Reports. Program staff has been active in FSP Quarterly Meetings and community forums.

Results. The program has good communication with the contract manager and is willing to address any issues and concerns as they arise.

VIII. Summary of Results.

The Hume Center provides quality, culturally sensitive and comprehensive behavioral health care services, and strives to promote mental health, reduce disparities and psychological suffering. The Center has been committed to caring for the underserved with an emphasis on reaching the most vulnerable and has provided programs with a range of comprehensive and continuity of services. The Adult Full Service Partnership in both East and West County adhere to the values of MHSA. The program staff and program participants all believe the program is valuable. The current program structure permits the agency to offer

clients the full spectrum of full service partnership services outlined in the MHSA regulations.

The Hume Center and the county will work collaboratively to continuously evaluate the programming and financial impact of the Adult Full Service Partnership program.

IX. Findings for Further Attention.

- It is recommended that the program work with the financial administrative staff to create written policies and procedures for segregation of duties and internal controls.
- It is recommended that the Hume West program have a regularly scheduled level 2 compliance utilization review to ensure documentation submissions are up to standard.
- It is recommended that the program continue to evaluate the vocational needs of clients who are exhibiting behaviors that could benefit from this underused resource.
- It is recommended that Hume East hire an additional licensed psychologist to ensure the program's staffing requirements.

X. Next Review Date. October, 2021

XI. Appendices.

Appendix A – Program Response to Report

Appendix B – Program Description/Service Work Plan

Appendix C – Service Provider Budget

Appendix D – Yearly External Fiscal Audit

Appendix E – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

County Utilization Review 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:** 11/7/18
Date of Exit Meeting: 2/1/19

- II. **Review Team:** Jennifer Bruggeman, Geni Zesati

- III. **Name of Program/Plan Element:**

People Who Care Association (PWC)
2231 Railroad Ave.
Pittsburg, CA 94565

Program Description. People Who Care Association (PWC) provides educational, vocational and employment training programs to young people ages 12 - 21 years old who are at risk of dropping out of school and/or at high risk of entering and the juvenile justice system. The mission of the organization is to empower young people to become productive citizens. This goal is achieved through promoting educational and vocational opportunities, civic engagement, and mental health counseling (including screening for mental health problems, as well as individual, group, and family therapy). The hope is to prevent mental illness from becoming severe and disabling.

- IV. **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 People Who Care (PWC). 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.

V. Summary of Findings.

VI. 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, are services culturally appropriate, and are they client and family driven?

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

Discussion. A total of nine program participants were interviewed. It was a co-ed group ranging in age from 14 – 17. Many are long time members, who chose to re-enroll in the program after their initial required community service hours were completed. The youth described the program as “one big family.” They appreciate the social-emotional support the program provides, including the mental health clinician, and the weekly groups that are offered. Vocational skills training is an important piece of the curriculum and something that is of high value to members. They described receiving assistance with resume writing, interview preparation, opportunities to work at events arranged through the program, as well as external job referrals. Participants may also be paid stipends for working authorized events organized through the program, such as the Seafood Festival and other community events. One student, a 17 year old male, reported that he’s been with the program for three years, and now has a part time job with the City of Pittsburg Parks Department. When asked what they would like to see more of, the youth asked for more activities and more work opportunities.

We were able to interview the three line staff members, including: Mental Health Clinician, Site Coordinator, and Office Manager/Financial Assistant. They have all been employed with the program for approximately two years. They each have clearly defined roles, but seem to work well together as a group. They are passionate about their work here and the students they serve, and would like to see the program grow and succeed. They value the sense of community that the program has created, and enjoy seeing at-risk youth make positive connections with trusted adults. When asked what is missing or what they’d like to see more of, they suggested specific training for staff (i.e. CPR, and non-profit sustainability), as well as the wish for a larger office space.

Consumer interviews clearly demonstrate that the program has value to this at-risk youth population, as noted in the comments and scores. Participants feel a sense of community at PWC, and it offers them a safe space to grow and gain skills in a structured and supervised environment, particularly during the critical 1:30-6pm after school time period. In addition, youth are exposed to civic engagement opportunities with local government and through involvement with community events.

Results. The program is aligned with the values of MHSA, and offers services that promote wellness and resilience. Two of the five staff members are Spanish speaking, which is very helpful in working with many of the monolingual parents and families.

Questions	Responses:				
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i></p>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness	Avg. = 3.10				
2. Allow me to decide my own strengths and needs	Avg. = 3.00				
3. Work with me to determine the services that are most helpful	Avg. = 3.15				
4. Provide services that are sensitive to my cultural background.	Avg. = 2.94				
5. Provide services that are in my preferred language	Avg. = 3.05				
6. Help me in getting needed health, employment, education and other benefits and services.	Avg. = 3.06				
7. Are open to my opinions as to how services should be provided	Avg. = 3.06				
8. What does this program do well?	<ul style="list-style-type: none"> • It's very welcoming no matter what the circumstances • Job training 				

	<ul style="list-style-type: none"> • It's good for when people don't have anywhere to go or nothing to do • Help out events • Help get community service hours • Help students who need someone to talk to • Help students in their future • Everything • Job training • Training • Keeping kids in check • Helps the community with their services • Helps everybody • Makes everyone be in a (weekly) group • Help me succeed and determine myself • Helps with school and with our personal problems 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Not that much, nothing • Job opportunities / more jobs • More jobs at the site • Keeping everyone together • More healthy snacks • Jobs and money 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Not that much • None • Job training • More groups • Jobs and money 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? <i>(Options: Very important, Important, Somewhat important, Not Important.)</i>	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Avg. = 3.20			
12. Any additional comments?	<ul style="list-style-type: none"> • It's a very good program 			

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. People Who Care Children’s Association serves at-risk youth in East Contra Costa County who have been referred by schools and the juvenile justice system because of attendance and/or behavior problems. Staff also provide outreach and engagement to at-risk middle and high school students in Pittsburg, Bay Point and surrounding communities.

Results. The program serves the agreed upon target population.

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

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

Discussion. Since the time of the last review, PWC has hired a mental health clinician. She is contracted through HUME, which handles her clinical supervision and liability. She has been with the agency for approximately two years, and works three days per week, providing groups and individual therapy to consumers. In addition, the program provides vocational opportunities (i.e. Green Jobs Program), career direction, emotional support and a safe and structured space to spend time in during the after school hours of 1:30 – 6 pm, M – F.

Results. The program is providing services for which funding was allocated.

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. The program is serving at-risk youth who are primarily referred from the Student Attendance Review Board (SARB), local school districts, probation, courts, and from Orin Allen Youth Rehabilitation Facility, formerly known as Byron Boy’s Ranch. They help students fulfill community service requirements, as well as provide mental health services, and vocational training, including the Green Jobs Program. The program has a 15 passenger van and offers transportation home to all participants, as well as snacks and activities that promote health and wellness during the after school hours.

Results. The program has been authorized by the Board of Supervisors as a result of a community program planning process, and is consistent with the current MHSA Three Year Plan.

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. PWC reports continue to indicate they have been exceeding the target number of 200 young people per year. In FY 16-17 they served 216, and FY 17-18 they served 212. PWC has adapted to new state regulatory PEI reporting requirements, and submits a bi-annual aggregate data report as well as an annual program outcomes report.

Results. PWC is meeting or exceeding the agreed upon number of individuals served per year.

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. PWC has been able to offer consumers much more robust clinical mental health services since December 2016 when they began a collaboration with Portia Bell Hume, which resulted in the hiring of a mental health clinician who has been with the program for the past two years and offers groups and individual therapy, in alignment with MHSA prevention strategies. The program's goal is to achieve positive outcomes by increasing protective factors such as providing structured opportunities and caring relationships with adult mentors to support students' educational, school and vocational success. The program uses pre and post surveys to gauge outcomes, as well as track referrals to internal and external mental health services.

Results. PWC has consistently met the outcome measures specified in their Service Work Plan.

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. PWC is not subject to the county's utilization review process, as they do not participate in Medi-Call billing and are not certified to do so. A grievance policy is currently in place, as per the previous program review recommendation. The grievance policy is located in the employee handbook and accessible to staff. This should also be made available to program participants. It is suggested to that it be included in the intake packet or posted in plain sight.

Results. PWC has made efforts to improve quality assurance by establishing a grievance policy which was not in place at the time of the previous review.

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's implementation of a protocol for safeguarding protected patient health information.

Discussion. The program has made improvements to the storage of client files containing protected health information. Files (with intake paperwork, etc.) are now stored in a locked filing cabinet in the staff office. Clinical files are kept in a locked filing cabinet at the Hume Center, per arrangement with that program.

Results. The program has made improvements to the storage of documents with protected health information, which are now HIPAA compliant.

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. PWC has been consistently and fully staffed for the past two years and since the time of the last program review. Job descriptions match the duty statements that were provided. This is a small program with a total of five staff members, who are often required to wear multiple hats.

Results. The program has sufficient staff to deliver services that have been agreed upon.

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. Due to the small size of the program (whose total annual operating budget is less than \$300,000), the program is not required to obtain an independent external fiscal audit.

Results. NA

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 or financial reports. Review Board of Directors meeting minutes. Interview fiscal manager of program.

Discussion. While MHSA funds remain the primary source of revenue for the program, they also utilize fundraising efforts and have received recent grants, including: Community Development Block Grant, Keller Canyon Mitigation Fund, Success Through Self (STS), and a grant from Wells Fargo. The program did receive a 3% cola increase in the last county contract cycle. They provide ample supporting documentation with all invoices. The program employs a full time office manager, who assists with monthly invoice preparation and payroll, among other tasks. They also have a part-time contracted accountant on staff. The program uses Quickbooks to manage their finances.

Results. The program is primarily funded through MHSA, but does have some diversified funding sources as listed above. The 17-18 profit-loss summary shows a deficit, and the program appears to operate without significant reserves. Additional information and resources will be shared that help educate and encourage non-profit sustainability.

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.

Discussion. Per recommendation at last review, there is a clear segregation of duties around preparation of invoices and financial documents. The office manager and contracted accountant manage this piece.

Results. The program appears to comply with generally accepted accounting principles for a business of their size.

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.

Discussion. The program provides detailed supporting documentation with each monthly invoice.

Results. It appears there is no duplicate billing.

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 charged to the cost center (county) or invoiced to the county (contractor).

Discussion. The program provides supporting documentation with each monthly invoice packet.

Results. Documentation is sufficient to support expenditures for this cost-based contract.

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

Results. A review of documentation indicates 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 or plan element commensurate with the benefit received by the program or plan element?
- Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program.
- Discussion.** There are no indirect costs associated with this contract.
- Results.** All allowable costs are captured in a specific budget line item within the *Staff Expenditure* and *Operation Cost* categories.
- 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.** Current commercial general liability, workers compensation and employers' liability insurance policies were provided at the time of the review.
- Results.** The program has appropriate insurance coverage commensurate with contract requirements. The mental health clinician's services are covered through the Portia Bell Hume Center's insurance policies, per report, as she is technically contracted through that agency.
- 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.** Communication between contract manager and program staff is sufficient. Issues are addressed as they may arise.
- Results.** Routine communication takes place between contract manager and contractor.

VII. Summary of Results.

People Who Care provides educational, vocational and employment training, as well as opportunities for community service and civic engagement to youth at risk of developing a serious mental illness. It also employs (through an arrangement with the Hume Center) a mental health clinician for assessment, individual and group work, emotional support, and referral to more intensive clinical care if needed. The focus of the program is on youth in East Contra Costa communities impacted by high crime and incarceration, low employment, exposure to violence and resulting trauma. Consumer interviews and surveys demonstrate high praise

for the program, which offers a safe and structured space for youth to gain skills and connect with trusted adults.

The previous program review in April 2016 addressed significant concerns around: segregation of fiscal duties to allow oversight of transactions, and the Board of Directors not providing independent oversight. It appears these matters have both been addressed through staffing changes that include new independent appointees to the Board of Directors and sufficient accounting oversight to allow two staff to conduct all financial transactions on a day to day basis.

VIII. Findings for Further Attention.

- The Grievance Policy was created per recommendation at the last program review, and is currently included in the Employee Handbook. This policy should also be provided to consumers (youth and their families), i.e. by including in the intake packet.
- PWC staff are encouraged to take advantage of additional trainings offered within the community to address best business practices for non-profits, sustainability, including growth and fundraising strategies, in order to achieve their long term goals around sustainability.

IX. Next Review Date. 2021

X. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget

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)