



CONTRA COSTA HEALTH SERVICES

Consolidated Planning and Advisory Workgroup (CPAW) March 7, 2019



A G E N D A

3:00pm - 5:00pm

Large Conference Room
2425 Bisso Lane, Concord CA

1. **CPAW Orientation:** Orientation will take place this month from 2:00 – 2:45 P.M.
Topic: CPAW Participation, Advocacy, and Mentoring.
2. Instructions for **public comment and stakeholder input:** CPAW welcomes and encourages public participation in its meetings. This time is reserved for members of the public to address topics that are on the agenda. Guests are asked to make their comments brief, and may be asked not to exceed two minutes. For agenda items, public comment will be invited at the time those items are addressed. Each interested party is to indicate their interest at the request of the facilitator upon conclusion of Committee discussion of each item. Time is allotted on the agenda for public comment on matters that do not pertain to a specific agenda item.
3. If you need a **reasonable accommodation** due to a special need in order to participate in this meeting please contact Audrey Montana at 925-957-2617, or audrey.montana@cchealth.org.
4. Any **disclosable public records** related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Consolidated Planning Advisory Workgroup less than 96 hours prior to that meeting are available for public inspection at 1220 Morello Avenue, Suite 100, Martinez during normal business hours.

TOPIC	PRESENTER	DESIRED OUTCOME	TIME
1. Welcome <ul style="list-style-type: none"> • Call to Order • Roll Call, Introductions • Review Working Agreement • Announcements • Finalize Meeting Notes 	Maria Pappas	<ul style="list-style-type: none"> ○ Call to Order 	10
2. Dialogue with Contra Costa Behavioral Health Services (CCBHS) Executive Staff <ul style="list-style-type: none"> • Update on General Items 	Behavioral Health Services Executive Staff	<ul style="list-style-type: none"> ○ Discussion and Listening 	15
3. Stakeholder Committee Representatives Sharing key topics from Committee Meetings <ul style="list-style-type: none"> • Membership • Systems of Care – Oak Grove Project • Social Inclusion • Children, Teens and Young Adults • Adults • Older Adults • Innovation • Mental Health Commission • Alcohol and Other Drug Services • Health, Housing and Homeless Services • Suicide Prevention 	Committee Representatives	<ul style="list-style-type: none"> ○ Information and Discussion 	20



**Consolidated Planning and Advisory Workgroup (CPAW)
March 7, 2019**

TOPIC	PRESENTER	DESIRED OUTCOME	TIME
4. FY 18-19 MHSA Budget Update	Warren Hayes	○ Information and Discussion	30
5. MHSA Community Program Planning Process: <ul style="list-style-type: none">• Thoughts on structuring all day conference for next event, versus Community Forum• Share ideas on follow up and after action	Warren Hayes	○ Information and Discussion	35
7. Public Comment, Announcements	Maria Pappas	○ Information	5
8. Review of Meeting	Maria Pappas	○ Information	5
9. Adjournment & Next CPAW Meeting	Maria Pappas	○ Next meeting: Thursday, April 4th at 3PM	

Facilitator: Maria Pappas
Staff Support: Warren Hayes
Recorder: Audrey Montana

Working Agreement

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

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

Stakeholder Sharing

(CPAW Meeting – March 7, 2019)

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

Adult Committee – February 26th

- Trisha Seastrom (AOD Program Manager- Women's & Family Services) presented on Perinatal & Women's Substance Use Disorder Services: Substance Use & Mental Health Services to recipients of CalWORKS Welfare to Work (SAMHWORKS).
- Anjuli Clopper (Deputy Director - HIV/AIDS & STD Program) and Ellen Gill (Medical Social Worker II - HIV/AIDS & STD Program) provided a program overview including Medical Case Management which helps maintain eligibility for federally funded Ryan White Services.

Aging and Older Adult Committee – February 27th

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

Alcohol and Other Drugs Advisory Board – February 27th

- The Alcohol and Other Drugs Advisory Board entertained a presentation from four (4) Community Based Coalitions that are funded through Alcohol and Other Drugs Services implementing prevention strategies. The coalition staff members shared information about the community that they work in and gave examples of the work they are doing such as: changing policies, working with store owners to remove excess alcohol advertising, and working with statewide groups to prevent bars and restaurants from staying open and serving alcohol until 4 am in select cities. The Board also reviewed the notes, and draft goals and objectives from the retreat that took place on January 26, 2019.

Children, Teens and Young Adults Committee- February 14th

- Updates on Children's System of Care by Gerold Loenicker, Children's Chief
- Presentation by Gerold Loenicker, Children's Chief, and Nancy Fernandez and Hannah Slade from CFS - Children and Family Services, on CCR Community Care Reform/Transition Planning
 - Children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults.
- Committee members discussion on children who need to go to Psych Emergency Services (PES). The Next meeting to be held on March 14, 2019.

Health, Housing and Homeless (H3) Community Housing Committee – February 5th

- We now have 8 CORE teams, including a new team funded by BART. The BART CORE team works from 11:00 pm to 7am, particularly at end of line stations. We should have a new Richmond/San Pablo team up and running in March.
- Kyle Dunson from Berkeley Food and Housing described some of their services designed to house veterans. Their programs match veterans with landlords in Contra Costa and other nearby counties. They also assist veteran clients with transportation, child care, and employment services.

- Natalie Siva, H3 Coordinated Entry Manager, described the new "diversion" program which is designed divert appropriate shelter clients to housing with family or friends. The program provides coaching on conflict resolution and other potential obstacles to finding and maintaining housing.
- All of the H3 housing programs that require funding have been renewed. We were awarded approximately \$15 million.
- We were also awarded \$742,000 for the "APS Home Safe Grant," which will help eligible clients pay taxes or utility bills that are in arrears. This is designed as a prevention program to help people stay in their homes.
- Along with Behavioral Health and Healthcare for the Homeless we are planning the rollout of "Homeless Mentally Ill Outreach & Treatment (HMIOT) which will be a collaborative effort to provide mental health services and assist with housing efforts for those diagnosed with a severe mental illness.
- The next H3 Committee quarterly meeting will be May 7th from 1:00 pm to 3:00 pm at 2425 Bisso Lane, Concord.

Innovation Committee – February 25th

- Discussion on the implementation phase of the Center for Recovery and Empowerment (CORE) noted that the project's site is currently in negotiations to expand to the additional suite next door. Also, an additional staff member will be hired to help with administrative functions for the project.
- The Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board & Cares has hired a Community Support Worker. Position will start once background check has cleared.
- Committee developed a timeline for all five Innovation projects with start-up phases of each required element of the respective projects. Committee is having ongoing discussions and addressing concerns with leadership staff.
- The next meeting is scheduled for Monday, March 25th from 2:30 pm to 4:00 pm at Morello Avenue, Suite #100, Martinez

Membership Committee

- No Membership Committee meeting in February.

Mental Health Commission (MHC) – February 6th

- The Committee reviewed the process for selecting a new County Behavioral Health Director. The County is in the process of hiring a new Director. Stakeholders will be involved in the interview process. Dr. Matthew White will continue in the capacity of Medical Director that oversees hospital and clinic psychiatric services.
- Presentation on County Crisis Intervention Training. Discussed protocols for intervention when there exists a threat of violence. Discussed situations when individuals are detained under 5150 and are under the influence of alcohol or drugs. Discussed the use of 211 and CORE program. Described models of Crisis Intervention Training (CIT) used by the County. Discussed situations, new forms and information family members should have in the event of a crisis.
- Behavioral Health Services Report presented by Dr. Matthew White. Discussed diversion programs and AB 1810 and SB 215. CCBHS is currently participating in an annual External Quality Review Organization independent review.
- Discussion – Seriously Emotionally Disturbed/Serious Mental Illness Demonstration Waiver and the Mental Health Commission's advocacy efforts to encourage the State to apply for the waiver.

Quality of Care Committee (QC)

- No Quality of Care Committee meeting in February.

Social Inclusion Committee– February 14th

- The Committee for Social Inclusion continues its "Hope Starts with Us" public advocacy campaign to reduce stigma and discrimination towards behavioral health clients and family members, engaging stakeholders across all regions of Contra Costa County.
- Our meeting on Thursday, March 14 will be at Native American Health Center at 2566 MacDonald Ave. in Richmond from 1:00-3:00 p.m. Staff will present an overview of the committee and the campaign to West County stakeholders and facilitate roleplaying exercises for participants to practice advocating Social Inclusion to fellow community members.
- For the months of March, April and May 2019, the Committee will meet as follows: 1:00 pm to 3:00 pm at 2566 MacDonald Avenue, Richmond (Native American Health Center).
- 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 – February 22nd

- The Committee had a Q & A session with Captain Kristi Butterfield of the Coroner's Office.
- Next meeting will be March 22nd at 1220 Morello, Suite 100 at 9:00 am. .
- Presenters will include (1) Christina Wade, Suicide Prevention Coordinator with the VA Northern California and (2) Vicente High School students will present their short film created for the annual Directing Change competition.

Systems of Care (SOC) Committee – February 13th

- The SOC Committee is providing input on the Oak Grove Project and its progression leading to the Short Term Residential Therapeutic Program (STRTP) that will be located on the facility. A timeline has been developed to keep in line with the project's expected opening date.
- The next meeting is Wednesday, March 13th from 10 am to 11:30 am at 1220 Morello Avenue, Suite 100 in Martinez.

MHSA Quarterly Budget Report
Fiscal Year 2018-19
July 2018 through December 2018

Summary

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
CSS	36,772,145	32,044,121	12,070,386
PEI	8,926,161	8,204,393	3,565,729
INN	2,159,833	2,912,770	1,884,737
WET	2,602,956	2,404,927	945,422
CF/ TN	52,299	54,537	1,625
TOTAL	<u>50,513,393</u>	<u>45,620,747</u>	<u>18,467,899</u>

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

Projected Expenditures means the funds that are estimated to be spent by the end of the fiscal year.

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

Disclosures:

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

2) Various projected expenditures are based on rolling average of actual expenses.

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Full Service Partnerships			
Children	3,290,427	2,508,969	369,944
Transition Age Youth	2,472,339	1,932,123	274,461
Adults	5,447,356	5,213,806	2,004,693
Adult Clinic FSP Support	1,825,309	1,299,580	495,838
Recovery Center	928,288	969,189	403,829
Hope House	2,139,856	2,077,864	707,187
Housing Services	6,492,477	6,328,301	3,130,395
Full Service Partnership Sub-Total	22,596,053	20,329,832	7,386,347
General System Development			
Older Adults	3,489,711	3,698,676	1,741,503
Children's Wraparound	1,493,429	1,331,169	618,596
Assessment and Recovery Center - Miller Wellness Center	329,414	339,114	84,778
Clinic Support	1,691,114	1,244,473	501,867
Forensic Team	377,359	266,436	100,686
Mobile Response Team	523,714	711,706	61,428
MH Clinicians in Concord Health Center	288,681	287,863	109,000
EPSDT Expansion	2,375,000	791,667	-
Liaison Staffs	144,408	147,092	73,174
Quality Assurance	1,194,835	1,186,932	550,850
Administrative Support	2,268,426	2,355,400	1,478,601
General System Development Sub-Total	14,176,092	12,360,526	5,320,484
	36,772,145	32,690,358	12,706,831

CSS- FSP Children

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>	
Personal Service Coordinators- Seneca	1,000,203	665,615	188,878	1,2
Multi-dimensional Family Therapy- Lincoln Center	874,417	573,682	-	1,2
Multi-systemic Therapy- COFY	650,000	710,274	-	1,2
Children's Clinic Staff- County Staff	765,807	559,399	181,066	3
Total	3,290,427	2,508,969	369,944	

Notes:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Contract expenditures are capped at MHSA contract funding. Expenditures above the MHSA funding will be transferred out of MHSA cost center at year-end.
- 3) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

CSS- FSP Transition Age Youth

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Fred Finch Youth Center	1,485,941	1,199,232	225,297 ¹
Youth Homes	705,499	630,851	40,661 ¹
Residential Treatment for Youth	250,000	83,333	- ²
Misc. Costs	30,900	18,706	8,503 ³
Total	2,472,339	1,932,123	274,461

Notes:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Planning and start-up funds have been set aside to address residential treatment facility needs for youth ages 18-26.
- 3) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

CSS- FSP Adults- Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Assisted Outpatient Treatment	2,464,008	1,853,939	695,182
Anka	815,504	938,305	390,960 1
Familias Unidas (Desarrollo)	219,708	343,029	96,974 1
Hume Center	1,948,137	1,971,785	821,577
Crestwood Behavioral Health	-	106,748	- 1
Total	5,447,356	5,213,806	2,004,693

Note:
 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

CSS- Supporting FSPs

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Adult Clinic Support			
FSP Support, Rapid Access, Wellness Nurses	1,825,309	1,299,580	495,838 ¹
Recovery Centers- Recovery Innovation	928,288	969,189	403,829
Hope House- Crisis Residential Program	2,139,856	2,077,864	707,187 ²
Total	4,893,453	4,346,633	1,606,854

Notes:

- 1) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.
- 2) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

**CSS- Supporting FSPs
Housing Services**

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Supporting Housing- Shelter, Inc	2,349,929	2,349,929	1,162,907
Supporting Housing- TBD	220,000	-	-
Augmented Board & Care - Crestwood	691,161	864,052	382,608
Augmented Board & Care - Divines	5,340	2,381	1,505
Augmented Board & Care - Modesto Residential	73,310	120,979	71,500
Augmented Board & Care - Oak Hills	16,804	16,315	8,158
Augmented Board & Care - Pleasant Hill Manor	95,481	89,486	38,520
Augmented Board & Care - United Family Care	467,455	389,023	168,207
Augmented Board & Care - Williams	32,846	29,231	12,180
Augmented Board & Care - Woodhaven	12,731	11,131	5,150
Shelter Beds- County Operated	1,989,235	1,989,235	1,070,105
Housing Coordination Team - County Staff	538,185	466,539	209,557
Total	6,492,477	6,328,301	3,130,395

- Notes:
- 1) Supporting Housing is in planning phase.
 - 2) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
 - 3) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

CSS- General System Development Services

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u> ¹
Older Adult Clinic - Intensive Care Management, IMPACT	3,489,711	3,698,676	1,741,503
Wraparound Support - Children's Clinic	1,493,429	1,331,169	618,596
Liaison Staffs	144,408	147,092	73,174
Assessment and Recovery Center (MWC)	329,414	339,114	84,778
Money Management - Adult Clinics	765,686	535,357	177,317
Transportation Support - Adult Clinics	139,357	148,107	74,023
Evidence Based Practices - Children's Clinics	426,172	427,603	174,431
Forensic Team - County Operated	377,359	266,436	100,686
Mobile Response Team	523,714	711,706	61,428
MH Clinicians in Concord Health Center	288,681	287,863	109,000
EPSDT Expansion	2,375,000	791,667	-
Misc. Costs	359,899	133,405	76,096
Total	10,352,932	8,818,194	3,291,033

Note:

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

CSS- General System Development Administrative Support

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Quality Assurance			
Medication Monitoring	217,840	228,744	114,372 1
Clinical Quality Management	677,098	671,280	333,590 1
Clerical Support	299,897	286,907	102,888 1
Quality Assurance Total	1,194,835	1,186,932	550,850
Administrative Support			
Projected and Program Managers	705,921	593,826	326,052 1
Clinical Coordinators	113,678	122,353	61,176 1
Planner/ Evaluators	548,799	461,313	197,580 1
Family Service Coordinator	79,692	85,070	42,535 1
Administrative/ Fiscal Analysts	402,101	531,574	255,998 1
Clerical Support	209,132	219,364	109,682 1
Community Planning Process- Consultant Contracts	112,731	109,621	356,458 1
Misc. Costs	96,372	232,281	129,119 1
Administrative Support Total	2,268,426	2,355,400	1,478,601
Total	3,463,261	3,542,331	2,029,451

Note:

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PEI Summary

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Prevention- Outreach and Engagement			
Reducing Risk of Development a Series Mental Illness			
Increasing Recognition of Early Signs of Mental Illness	1,028,761	951,635	369,142 ¹
Underserved Communities	1,525,749	1,616,451	569,619 ¹
Prevention	2,065,695	1,984,486	964,753 ¹
Stigma and Discrimination Reduction	366,037	296,178	109,802 ¹
Access and Linkage to Treatment	230,144	204,037	85,015 ¹
Suicide Prevention	402,827	414,651	169,113 ¹
Prevention Sub-Total	5,619,214	5,467,437	2,267,445
Early Intervention - Project First Hope	2,651,790	3,191,469	1,690,176 ¹
Administrative Support	655,157	148,459	220,873 ¹
Total	8,926,161	8,807,366	4,178,494

Note:

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

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

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Cc Interfaith	68,455	65,248	21,749 1
Triple P America Inc (COPE)	238,703	183,435	76,431 1
First 5 Cc Children & Fam	79,568	55,238	25,939 1
Latina Ctr, The	108,296	105,285	43,869 1
Asian Comm Mental Hlth	137,917	104,740	43,642 1
Jewish Family/Chld Svcs	169,403	139,392	58,080 1
Native American Hlth Ctr	226,420	298,296	99,432 1
Total	1,028,761	951,635	369,142

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI- Improving Timely Access to MH Svcs for Underserved Populations

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Rainbow Comm Ctr	679,709	563,571	165,723 1
La Clinica De La Raza	272,387	519,317	216,382 1
Lao Family Comm Devel	180,274	171,541	71,476
Center For Human Devel	141,100	146,217	48,739 1
Lifelong Medical Care	126,215	113,316	33,109 1
Child Abuse Preven Cncl	126,065	102,487	34,189 1
Total	1,525,749	1,616,451	569,619

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI - Prevention

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Martinez Usd - Project New Leaf	180,353	126,107	52,545 1
People Who Care	215,993	217,931	90,805 1
Ryse Youth Center	488,467	482,099	412,284
Tides Center- BBK	204,641	188,164	49,211 1
Contra Costa Clubhouses	565,884	536,539	144,706 1
Families Experiencing Juvenile Justice System	410,356	433,646	215,202
Total	2,065,695	1,984,486	964,753

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

PEI

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
PEI- Stigma and Discrimination Reduction			
CalMHSA PEI	78,000	78,000	-
Reducing Stigma	288,037	218,178	109,802
	<hr/> 366,037	<hr/> 296,178	<hr/> 109,802
PEI-Access and Linkage to Treatment			
West Contra Costa YMCA JMP	99,937	86,436	36,015
Stand	130,207	117,601	49,000
	<hr/> 230,144	<hr/> 204,037	<hr/> 85,015
PEI- Suicide Prevention			
C C Crisis Center	310,685	284,880	104,228
Preventing Suicide	92,142	129,770	64,885
	<hr/> 402,827	<hr/> 414,651	<hr/> 169,113
Administrative Support	655,157	148,459	220,873
Early Intervention			
Project First Hope	2,651,790	3,191,469	1,690,176
Total	<hr/> 4,305,956	<hr/> 4,254,794	<hr/> 2,274,980

- Notes:
- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
 - 2) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.
 - 3) CalMHSA bills for services annually.

INN

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>	
Reluctant to Rescue- Community Violence Solutions	100,000	-	-	1
CBSST	200,000	171,896	50,247	2
CORE	500,000	257,893	46,978	2
WELL Project	312,453	99,612	-	2
Coaching to Wellness	855,271	442,192	162,158	2
Partners in Aging	244,750	146,107	66,375	2
Administrative Support	(52,642)	465,817	229,723	2
Total	2,159,833	1,583,515	555,482	

Notes:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Certain county-operated programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA related program costs.

WET

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Staff Training and Technical Assistant			
NAMI Basics and Faith Leadership Educational Programs	63,706	40,909	18,913 ¹
Crisis Intervention Training	41,050	41,050	- ¹
Various Training and Technical Assistance Consultants	132,145	132,261	31,920 ¹
MH Career Pathway	342,548	353,155	104,328 ¹
Residency Internship Program			
Graduate Level Internships- Contract Agencies	100,000	99,899	8,367 ¹
Graduate Level Internships- County Operated	349,049	370,876	133,472 ²
Financial Incentive Program	300,000	300,000	300,000
NAMi-Contra Costa Family Support Network Volunteer Program	618,000	597,241	248,850
Workforce Staffing Support	656,459	549,579	179,617 ²
Total	<u>2,602,956</u>	<u>2,484,972</u>	<u>1,025,467</u>

Notes:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

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

Capital Facilities/ Information Technology

	<u>Approved MHSA Budget</u>	<u>Annual Projected Expenditure</u>	<u>Actual Year to Date Expenditure</u>
Electronic Mental Health Records System	52,299	54,537	1,625 ¹
Total	<u>52,299</u>	<u>54,537</u>	<u>1,625</u>

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** November 19 & 28, 2018
Date of Exit Meeting: February 22, 2019
- II. **Review Team:** Jennifer Bruggeman, Golnaz Fortune, Geni Zesati, Adam Down
- III. **Name of Program/Plan Element:**

Jewish Family and Community Services (JFCS) – East Bay
1855 Olympic Blvd., #200
Walnut Creek, CA 94596
- IV. **Program Description.** Jewish Family and Community Services (JFCS) is one of the oldest and largest family service institutions in the United States, and provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages. The JFCS – East Bay’s Community Bridges Program is funded by the MHSA Prevention and Early Intervention (PEI) component, and provides *outreach for increasing recognition of early signs of mental illness*. Services include system navigation and mental health education and support. Services are provided to refugees and immigrants from the Afghan, Iranian, Iraqi, Syrian, African and Russian Communities residing in all parts of Contra Costa County. JFCS – East Bay also provides re-settlement support to immigrants who identify as LGBTQ. Services for all groups can include parent education, support groups, educational groups for county providers, senior groups, youth groups, case management and individual therapy.
- 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 **Jewish Family and Community Services (JFCS) – East Bay**. 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	Consumer surveys and interviews indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	The program serves consumers at risk of developing a serious mental illness, and also provides access and linkage and prevention services.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	The program is meeting the needs of the community.
5. Serve the number of individuals that have been agreed upon.	Met	Consistently report meeting or exceeding target goal.
6. Achieve the outcomes that have been agreed upon.	Met	The program is currently meeting the agreed upon outcomes.
7. Quality Assurance	Met	Standards and procedures are in place to address and respond to quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	Notice of HIPAA and Privacy Policies were in place.
9. Staffing sufficient for the program	Met	Staffing appears sufficient to deliver agreed upon services. The program is now employing a Farsi speaking psychologist, as well as several case managers.

10. Annual independent fiscal audit	Met	Audits from the last three years provided.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Resources appear sufficient.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Experienced accounting staff implement sound check and balance system.
13. Documentation sufficient to support invoices	Met	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Documentation is sufficient to support expenditures.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Billings appropriate for fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect charged at approximately 13%.
17. Insurance policies sufficient to comply with contract	Met	Insurance policies were presented at the time of the review.
18. Effective communication between contract manager and contractor	Met	Communication occurs regularly between MHSA staff and program managers.

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

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards). Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, is it culturally responsive, and client and family driven?

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

Discussion. Twenty-eight surveys were received from current program participants. Survey responses overwhelmingly indicate that the program is providing services of high value and impact, particularly with regard to helping consumers get connected to necessary health, employment and education assistance, and providing culturally sensitive care in the preferred language of the consumers. Consumers are grateful for the navigation support, as well as

therapy, which is offered (when appropriate) by the Farsi speaking psychotherapist employed by the program. Program participants rely heavily on their case managers and program volunteers to assist them during their re-settlement phase. They identified needing more assistance with transportation.

Four line staff were interviewed during the program review, including the psychologist and three case managers. They described the work they do as a privilege, and enjoy helping people acclimate to their new lives. Several of the staff are immigrants themselves, and are able to relate to their clients on a very personal level through their own lived experience. They described their work in detail and are passionate about what they do. When asked what would make their jobs easier, they said there's an unmet need around offering more child care and transportation. The program provides some, but it's not enough. They also suggested that forms (including surveys) should be translated into Farsi and Dari, the primary languages spoken by their consumers. They described that the program provides staff with ample training, and also encourages self-care by sponsoring events like employee retreats and 15-minute massages. They would like to make mental health training more available, and it was suggested they request a Mental Health First Aid training for their site, which can be arranged through the county for free.

The consumer interview took place immediately following a JFCS sponsored Nutrition Class. Five mothers with young children were present. The class was conducted by a local nutritionist (with translation) and designed to educate parents about healthy eating habits within the context of their new environment. During the discussion, consumers echoed what was said in the surveys. They are extremely grateful for the support the program has provided during their resettlement and cannot imagine what they would do without these services. They have all received classes in cultural orientation, nutrition, housing assistance, help applying for benefits, vocational assistance. They commented that finding employment can be the most challenging part. The women also noted that access to affordable drivers training and education is difficult. Many of them come from countries where women are not permitted to drive, so they are learning this for the first time. Consumers are often connected with the program prior to arrival in the US. They may be matched with a host family initially or receive help with other housing options. The program has a robust volunteer component, which offers assistance with household items, rides to appointments, help with resume writing, to name a few.

Results. The program provides comprehensive services in accordance with MHSA values. It is culturally responsive, consumer and family driven, promotes

wellness and independence, and offers linkage to mental health services as needed.

Questions	Responses:				
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: strongly agree, agree, disagree, strongly disagree, I don't know)</p>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
N = 28	4	3	2	1	0
1. Help me improve my health and wellness	Avg.=3.54				
2. Allow me to decide my own strengths and needs	Avg.=3.54				
3. Work with me to determine the services that are most helpful	Avg.=3.54				
4. Provide services that are sensitive to my cultural background.	Avg.=3.75				
5. Provide services that are in my preferred language	Avg.=3.82				
6. Help me in getting needed health, employment, education and other benefits and services.	Avg.=3.66				
7. Are open to my opinions as to how services should be provided	Avg.=3.57				
8. What does this program do well?	<ul style="list-style-type: none"> • Program is very beneficial • Beneficial to my whole family • It makes me stronger, helps me seek help • Therapy was great • Therapy helped me – now I go to school and have a job 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • More transportation • We need transportation all the time 				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • We feel very supported by the program 				
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)</p>	Very Important	Important	Somewhat Important	Not Important	
	4	3	2	1	
	Avg.=3.61				
12. Any additional comments?	N/A				

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

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

Discussion. The program currently provides services to primarily Afghan and African communities, as well as Iranian, Iraqi, Syrian and Russian. Services include case management and system navigation, psycho-educational training and groups, as well as mental health support (individual and group therapy). JFCS – East Bay also has a specialized program serving LGBTQ immigrants, who primarily come from Uganda. Overarching political issues influence what countries refugee and immigrant populations come from, the type of case (free case, Special Immigrant Visa (SIV), etc.), as well as overall numbers entering the US on an annual basis. In the current administration, overall numbers have been low nationwide. The program has still managed to achieve its desired outcomes, serving an annual total of 200-300 clients, through direct service (case management, therapy), training and outreach events. In F17-18, they served 330, and 331 in FY16-17.

Results. The program is exceeding the target number served for the 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. JFCS – East Bay works with refugee and immigrant populations, and assists in re-settlement efforts, system navigation and mental health support. Their goal is also to outreach, engage and support those who are impacted by early signs of mental illness.

Results. The services provided are consistent with the services outlined in the Service Work Plan. Consumer and staff interviews confirmed that the program and staff activities are consistent with both the goal of the program and MHSA's PEI component.

- 4. Meet the needs of the community and/or population.** Is the program or plan element meeting the needs of the population/community for which it was designed? Has the program or plan element been authorized by the Board of

Supervisors as a result of a community program planning process? Is the program or plan element consistent with the MHSA Three Year Program and Expenditure Plan?

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

Discussion. JFCS – East Bay has consistently reached out to community partners, individuals and families. Its goal has been to provide culturally and linguistically appropriate services to immigrant and refugee communities, with the overall intent of increasing protective factors and reducing risk factors for those at greater risk of developing a mental illness. The strategy of offering case management, system navigation, individual and group therapy and support is consistent with the PEI strategy of providing outreach and increasing recognition of early signs of mental illness. Communities served are often impacted by high levels of trauma, violence and poverty.

Results. JFCS – East Bay MHSA funded program has been authorized annually by the Board of Supervisors since 2009, and is consistent with the current MHSA Three Year Program and Expenditure Plan. Program staff and consumer interviews indicate that the program meets the goals and needs of the community.

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

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

Discussion. Annual reports provided by the program indicate they have consistently been meeting and exceeding their goal of serving 200-300 clients annually through direct case management, training, outreach, and psychotherapy services.

Results. JFCS – East Bay has consistently exceeded the target number of consumers each year since the program review process started. Their overall goals may be adapted in future contract cycles depending on political issues impacting the immigrant and refugee population. The program is prepared to adapt if needed.

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 administers pre and post assessments and evaluation forms to consumers. Outcome reports provided since the last review demonstrate that all participants increased their ability to advocate for themselves, understand their rights, link themselves to mental health services, and navigate the system. Services are delivered from a strengths-based, holistic approach. Most consumers are survivors of human rights violations.
- Results.** JFCS – East Bay has consistently been achieving the outcomes listed in the Service Work Plan. The program has also provided additional bi-annual demographic reports, as required by new statewide PEI regulations.
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.** JFCS – East Bay is not subject to the County’s utilization review process, as the program is not certified for Medi-Cal billing at this time. A grievance policy is in place for staff and consumers, and posted in plain view.
- Results.** Policies and procedures are in place to address quality assurance. The county has not received any grievances regarding the program. The program has been consistently staffed and able to provide sufficient mental health related services to those in need.
8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol?
- Method.** Match the HIPAA Business Associate service contract attachment with the observed implementation of the program/plan element’s implementation of a protocol for safeguarding protected patient health information.

Discussion. Physical files are kept in a locked filing cabinet in the psychologist's office. Other documentation is done on a secure electronic health record, UniCentric. There are sufficient private meeting rooms for therapy sessions to ensure appropriate client confidentiality.

Results. The program maintains the necessary privacy policies in accordance with HIPAA.

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. Overall national numbers in the immigrant and refugee population have decreased in the current administration. JFCS – East Bay has been able to consistently meet objectives and outcomes thus far, but the agency may need to adapt in the upcoming year. Staffing is currently adequate to provide agreed upon direct services. There are five bi-lingual case managers, and one bi-lingual psychologist (who works three days per week). A portion of their time is dedicated to this project. The agency is not interested in pursuing Medi-Cal billing at the time, as discussed in the previous review.

Results. JFCS – East Bay has been able to meet and exceed its program objectives and outcomes, and is currently fully staffed. They are able to provide sufficient case management and therapy services to the consumer population.

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. The review team met with the Director of Finance, Michelle Knapick. She described that there has been some turnover in her role prior to her hiring. She has had to play catch up for the last several audits. The 17-18 audit was currently underway at the time of the program review, and no findings were reportedly expected. Her team will deliver a copy of this audit by Jan 1, 2019, per contract. She reports the financial health of the organization is trending in a positive direction. They have not had to use their line of credit in two years, and have up to approximately 120 days cash on hand.

Results. Annual independent fiscal audits for FY's 14-15, 15-16 and 16-17 were provided. Previous audits revealed significant deficiencies with internal controls, but this appears to have been corrected. The audit for 17-18 was provided upon

it's completion by 12/31/18. The most recent audit was done by a new accounting firm, and the report stayed silent on whether any material and significant weaknesses exist. The program's annual loss has, however, decreased significantly.

- 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?
Method. Review audited financial statements. Review Board of Directors meeting minutes. Interview fiscal manager of program or plan element.
Discussion. Director of Finance and Administration was interviewed. The organization appears to have diversified revenue sources, and MHSa is only one small piece of their overall budget.
Results. Fiscal resources and management appear sufficient to sustain the program.
- 12. Oversight sufficient to comply with generally accepted accounting principles.** Does the organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles?
Method. Interview with fiscal manager of program or plan element.
Discussion. There appears to be qualified accounting staff and an appropriate system of checks and balances to comply with generally accepted accounting principles.
Results. The program has sufficient accounting oversight and appears in 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 or plan element and ensure no duplicate billing?
Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.
Discussion. The program provided documents supporting their invoices. Receipts and monthly timekeeping documentation are generated and processed by the accounting staff, who prepare and submit monthly invoice packets to CCBHS.
Results. The methodology and financial documentation appear sufficient to support invoices, with 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 or plan element?

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

Discussion. The program has a cost based contract with the county, and bills for costs incurred and paid.

Results. Method of accounting for personnel time and operating costs appear to be supported.

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

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

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

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

Discussion. This line item appears commensurate with the benefit received by the program.

Results. JFCS – East Bay bills at 13% indirect costs, which is within industry standard range.

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. A valid liability insurance policy was provided at the time of the review.

Results. The organization carries sufficient insurance which is consistent with the contract requirements.

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

Method. Interview contract manager and contractor staff.

Discussion. JFCS – East Bay staff have been active participants in MHSA sponsored meetings and events including PEI Provider Roundtable meetings and Community Forums.

Results. Effective communication exists between contract manager and program staff.

VIII. Summary of Results.

JFCS – East Bay provides valuable services to the refugee and immigrant population in Central Contra Costa County. Some of these include: system navigation, linkage to community services and benefits, psycho-education, classes (including parenting and nutrition), as well as individual and family therapy. Staff are bi-lingual and adequately represent the cultural diversity of the consumers. Interviews and surveys indicate that consumers are receiving valuable services that result in improved general well-being, less isolation and increased knowledge around system navigation.

IX. Recommendations.

- JFCS – East Bay would benefit from arranging a Mental Health First Aid training for their staff. This may be done at no cost through CCBHS.
- JFCS – East Bay may need to adapt, as it has over time, to the shifting needs of the refugee and immigrant community, and to fluctuations in numbers and available funding sources during the remainder of the current administration.

X. Next Review Date. 2022.

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B - Budget

Appendix C – Organization Chart

XII. Working Documents that Support Findings.

Consumer, Family Member Surveys

Consumer Listing

Consumer, Family Member, Provider Interviews

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)

County MHSA Monthly Financial Report

Contra Costa Behavioral Health Stakeholder Calendar March 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
10 	4	5	6	7 CPAW: 3:00—5:00 pm 2425 Bisso Lane Concord	8	9
11	12	13 System of Care: 10:00—11:30 am 1220 Morello Av, Suite 100, Martinez Mental Health Commission: 4:30 — 6:30 pm 550 Ellinwood Way, Pleasant Hill	14 Children's: 11:00 am—1:00 pm 1340 Arnold Dr, Suite 200, Martinez Social Inclusion: 1:00—3:00 pm 2566 MacDonald Ave, Richmond (same time and location March, April & May)	15	16	
18 Membership: Rescheduled TBA 	19	20	21 CPAW steering: 2:30 — 3:30 pm 1220 Morello Av, Suite 100, Martinez Quality of Care: 3:00 — 4:30 pm 1220 Morello Av, Suite 100, Martinez	22 Suicide Prevention: 9:00 am — 10:30 am 1220 Morello Av, Suite 100, Martinez		30 H3 Housing Mtg May 7th, 2019 1:00—3:00 pm 2425 Bisso Lane Concord
24	25 CPAW Innovation: 2:30—4:00 pm 1220 Morello Ave, Suite 100, Martinez	26 Adults: 3:00 — 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	27 Aging /Older Adults: 2:00—3:30 pm 2425 Bisso Lane Concord AOD Advisory Board: 4:00 — 6:15 pm 1220 Morello, Martinez	28	29	
31						