

Stakeholder Sharing

(CPAW Meeting – May 2, 2019)

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

Adult Committee – April 23rd

- Dan McClelland, LCSW for Forensic Mental Health, presented on CoCo Lead Plus, Prop 47 funded program contracted out to HealthRight 360, a service provider. CoCo Lead Plus, a diversion program, is designed to divert low level chronic offenders out of the law enforcement system into our Behavioral Health System
- Program eligibility requirements include - someone has to be arrested multiple times in Antioch and underlying behavioral health issues
- Michael Fischer, CORE Program Manager presented on Coordinated Outreach Referral and Engagement (CORE) outreach teams and adult shelters. CORE Program works to engage and stabilize homeless individuals through consistent outreach, delivering health and basic need services and secure permanent housing. Multiple CORE teams partner with Contra Costa Behavioral Health, law enforcement, faith based organizations, consumer engagement. Outreach as an effective intervention using a consumer centered approach through compassion, being nonjudgmental, empowering people to make their own choices
- The next meeting will take place on May 28th from 3:00 pm to 4:30 pm at 1340 Arnold Drive, Suite 200, Martinez

Aging and Older Adult Committee - April 24th

- Discussion on ways to improve access to healthcare for older adults. Beth Gaines, RN, Public Health Nurse Program Manager, joined the meeting to discuss Healthcare for the Homeless
- Continued discussion regarding planning two trainings to take place in 2019 that provide insight into the needs of older adult consumers. One of these trainings will be focused on Suicide Prevention. The second topic will likely focus more on clinical tools to assist with difficult older adult consumers. The group is open to suggestions for training topics
- The next meeting will take place on May 22nd, 2019 from 2:00 pm to 3:30 pm at Older Adult Mental Health (2425 Bisso Lane, Suite 100, Concord). All are welcome!

Alcohol and Other Drugs (AOD) Advisory Board – April 24th

- Update to be provided at the CPAW Committee meeting

Children, Teens and Young Adults Committee – April 11th

- The Foster & Homeless Youth Symposium event is scheduled to take place Friday May 31, 2019, from 9:00 am to 3:00 pm at Los Medanos College
- The Children's Chief, Gerold Loenicker, provided an update regarding the education component involved within the Oak Grove Project
- Updates from the Ad Hoc Committee and PES workgroup were presented. Further discussion regarding next steps will take place during next meeting
- Special Education is a topic of interest and will be on the May agenda
- Our CTYA meeting will be Thursday, May 9th from 11:00 am -1:00 pm, located at 1340 Arnold Dr., Suite 200 in the Large Conference room

H3 Housing Committee - No Meeting in April

- Next meeting will be May 7th at 2425 Bisso Lane, First Floor Conference Room from 1:00 pm to 3:00 pm

Innovation Committee - April 22nd

- Discussion on the implementation phase of the Center for Recovery and Empowerment (CORE) has noted that the project's site is still currently in negotiations to expand to the additional suite next door
- The Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board & Cares has expanded to serve a total of seven Board & Cares. Project is still waiting on Community Support Worker (CSW) to officially start.
- Committee developed a timeline for all five innovation projects with start-up phases of each required element of the respective projects. Committee met with Fleet Services around vehicle ordering processes. Committee is extending an invitation to the County Administrator's Office (CAO) for the next scheduled meeting
- The next meeting is scheduled for Monday, May 20th from 2:30 pm to 4:00 pm at Morello Avenue, Suite 100, Martinez

Membership Committee – April 8th

- The CPAW Membership Committee met to discuss CPAW applications, recruitment, attendance and marketing of CPAW
- The Membership Committee is working to recruit more CPAW Members, especially those individuals that represent consumer (client) and family member voices. Any interested candidates are encouraged to attend any CPAW meetings or the sub-committee meetings.
- The Membership Committee meets quarterly or as needed on a Monday, depending on CPAW applications received. There is no date identified for the next meeting

Mental Health Commission (MHC) – April 3rd

- Discussed continued planning process for Oak Grove Short-Term Residential Treatment Program
- Reviewed and approved 2018 Commission Annual Report
- Approved Commission letter regarding IMD Waiver to send to all county Supervisors
- Next Meeting, Wednesday, May 1st at 1875 Arnold Dr, First Floor Conference Room, Martinez

Quality of Care Committee (QC) - No Meeting in April

- The next meeting will be May 16th from 3:00 – 4:30 pm at 1220 Morello Av, Suite 100, Martinez

Social Inclusion – April 11th

- Office for Consumer Empowerment staff engaged West County stakeholders in planning the May Social Inclusion meeting and celebration of Mental Health Awareness Month
- Mental Health Services Act staff presented an introduction to CPAW.
- Standing agenda items:
 - behavioral health/community announcements
 - writing words of encouragement to residents of Discovery House (Contra Costa Behavioral Health's Alcohol and Other Drugs Services program for men) and patients of the inpatient psychiatric ward at Contra Costa Regional Medical Center
 - subcommittee report-outs
- Our next meeting will be 1:00 - 3:00 pm May 9th at the Native American Health Center, 2566 Macdonald Ave Richmond, CA 94804

Suicide Prevention - April 26th

- Presentation from Sandy Hook Promise
- Strategic Plan / Data Workgroup Sub-Committee continues to work with Each Mind Matters Learning Collaborative on developing the SP Strategic Plan Update
- Contra Costa Crisis Center would like to partner with MHSA to host a Suicide Prevention Community Forum this fall
- Next meeting date – June 28th from 9:00 am to 10:30 am at 1220 Morello Avenue, Suite 100, Martinez (No meeting in May)

System of Care (SOC) Committee – April 10th

- The SOC Committee is providing input on the Oak Grove project and its progression leading to the Short-Term Residential Treatment Program (STRTP) for youth scheduled to open next year
- Fred Finch Youth Center presented on their STRTP model and Alcohol & Other Drugs (AOD) presented on how co-occurring treatment is structured in the County
- The next meeting will aim to cover the educational, vocational and career development services that will be integrated into the STRTP and be made available to the youth that will receive the services. Mount Diablo Unified School District will join in on the conversation
- The next meeting is Wednesday, May 8th from 10:00 am to 11:30 am at 1220 Morello Avenue, Suite 100 in Martinez

CPAW AGENDA READINESS FORM

CPAW Meeting Date: May 2, 2019

Name of Committee/ Individual: Children's, Teens, and Young Adults (CTYA)
Psychiatric Emergency Services (PES) Adhoc Committee

1. Agenda Item Name: Restructure Contra Costa Regional Medical Center (CCRMC) Psychiatric Emergency Services (PES) facility.

2. Desired Outcome: To address the need of separate space for intake, services and hospitalization for children and adults requiring psychiatric emergency services. Recommend remodeling PES to provide a more client and family oriented space that allows for privacy and separation of services.

3. Brief Summary: There has been a spike in the amount of children and adults that visit Psychiatric Emergency Services (PES) and the current design does not meet the needs of children, families or adults. It is recommended that the architectural renovations that need to be done to reach the desired outcome be funded. CCRMC has three blueprint designs that may be referenced for the renovation of PES.

4. Specific Recommendation (if applicable): Renovate the CCRMC Psychiatric Emergency Services wing to better accommodate clients across all ages (children, teens, young adults, adults, and older adults) that are in crisis. Some of the recommended renovations include:

- a. Children and adults not going through the vestibule together. Each group should have a separate entrance.
- b. No triage, intake or information gathering through the call box.
- c. Wait times reduced; for example a youth who reported feeling suicidal was told to come back in 8 hours.
- d. Remove the bench out of the vestibule.
- e. Provide a separate waiting room for children and adults.
- f. Renovate the children's room in PES (currently children can see and hear adults in crisis). There is also no way to lock the door so any people, including other adults that are hospitalized in PES, are able to open the children's room.
- g. The need to address privacy and confidentiality of anyone going to PES. People waiting in the vestibule for family members are asked to provide history and current information to staff while others may be around.

5. Background: The Children's, Teens and Young Adults (CTYA) PES Adhoc Committee met Tuesday, March 19th, 2019 to further discuss concerns after hearing a 15-year-old PES patient share their PES experience at a previous CTYA meeting. The teen reported that the experience began with voluntarily asking for help at the doors of PES and Miller Wellness. The teen was brought inside to PES and then taken to John Muir for further hospitalization. Teen and parent attended the CTYA meeting and described their experience with hopes that the system and continuum of care could make some improvements, so others will not have to experience what they went through. The details are not shared in this document. However, CTYA members did

take notes and have a record of the negative and positive experience of teen. Through the adhoc meetings long time child advocates, parents/caregivers and providers stated that the need for PES to be restructured is long overdue and needs to be addressed to better serve children, youth, their families, and adults across the board. The committee decided to settle their focus on describing some concerns and ideas, gather data and be part of discussions with Behavioral Health Services (BHS) and PES to gain a better understanding, work toward a shared vision, and resolve this matter.

6. CPAW Role: To discuss and come to a consensus to approve this recommendation.

Choose from the following¹:

- Receive-** Increase understanding
- Reality Check-** Tell us if we're hot, warm, cold
- For Future Approval-** Information to prepare for a future decision
- Advising-** Deliberate, weigh the pros and cons and get back to us when redirection or revision is necessary
- Approval-** Simple yes or no, go or no go

7. Other Important Factors:

Who else is influencing this item? The Children's, Teens, and Young Adults Committee, (CTYA), Children's System of Care, Adult System of Care, and Contra Costa Regional Medical Center (CCRMC) Psychiatric Emergency Services (PES) Leadership.

Is there an upcoming deadline? Ultimately a plan approval time. This is an on-going process to be determined by subject matter experts.

Is this a funding recommendation that requires some specifics including amount and funding source? Where is funding coming from? What is the total available funding from that source? MHSA Capital Facilities unspent funds are a possible funding source.

What specific services will these funds be used for? To renovate Psychiatric Emergency Services to provide the proper care for clients.

Is "Conflict of Interest" a factor that should be acknowledged with this item? Not aware of a conflict of interest at this time.

8. Anticipated Time Needed on Agenda: 30 minutes

9. Who will report on this item? Kathi McLaughlin and Jennifer Tuipulotu

¹ Please note that the levels of engagement are in ascending order- from lesser to greater levels -of engagement. The greater the level of engagement, the more background and context should be provided by the committee.

Contra Costa Behavioral Health Stakeholder Calendar May 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Mental Health Commission: 4:30 — 6:30 pm 1875 Arnold Dr, First Floor, Martinez	2 CPAW: 3:00 — 5:00 pm 2425 Bisso Lane Concord	3	
	6 	7 H3 Housing Committee 1:00 — 3:00 pm 2425 Bisso Lane, First Floor, Large Conference Room, Concord	8 Systems of Care: 10:00 — 11:30 am 1220 Morello Ave, Ste 100, Martinez	9 Children's: 11:00 am — 1:00 pm 1340 Arnold Dr, Ste 200, Martinez Social Inclusion: 1:00 — 3:00 pm 2566 MacDonald Av, Richmond	10	11
12	13	14	15	16 CPAW Steering: 1:00pm — 2:00 pm 1220 Morello Ave, Ste 100, Martinez Quality of Care: 3:00 — 4:30 pm 1220 Morello Ave, Ste 100, Martinez	17	
19	20 Innovation: 2:30 — 4:00 pm 1220 Morello Ave, Ste 100, Martinez	21	22 Aging / Older Adults: 2:00—3:30 pm 2425 Bisso Lane Concord AOD Advisory Board: 4:00 — 6:00 pm 1220 Morello Ave, Martinez	23	24 Suicide Prevention: (May Meeting Cancelled — Next Meeting June 28th) 9:00 am — 10:30 am 1220 Morello Av, Suite 100, Martinez	25
26	28  Adults: 3:00 — 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	29	30	31		

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. Date of On-site Review:** January 31, 2019 and February 8, 2019
Date of Exit Meeting: April 9, 2019
- II. Review Team:** Windy Taylor, Warren Hayes, Marie Scannell, Genoveva Zesati
- III. Name of Program/Plan Element:** Mental Health Systems, Inc.- Contra Costa Action Team – 2280 Diamond Blvd, Concord 94520
- IV. Program Description.**

Mental Health Systems, Inc. (MHS) provides Assisted Outpatient Treatment (AOT) and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services. MHS is a non-profit organization founded in 1978 and was established to reach consumers who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits. MHS also provides the MHS ACTiOn Team which is inclusive of outreach and engagement and subsequent provision of ACT services. The MHS FSP program ACT Team is a multidisciplinary team made up of members and provides intensive community-based services to adults with serious mental illness and co-occurring substance abuse disorders.

MHS as an organization also operates more than 85 community-based programs throughout California. MHS services address a broad spectrum of prevention, early intervention, integrated treatment, diversion, and vocational programs. MHS also provides residential and home-based programs that serve children, adolescents, transitional age youth, adults, and older adults.

- 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 MHS. 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 delivered are in accordance to the MHSA values with an emphasis on culturally effective community-based services
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for Assisted Outpatient Treatment and subsequent Assertive Community Treatment
3. Provide the services for which funding was allocated.	Met	Program provides all services outlined in the contract
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 has met target enrollment outlined in the Service Work Plan
6. Achieve the outcomes that have been agreed upon.	Met	Program meets 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	Partially Met	The Program is mostly staffed to full capacity

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 support 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 35 surveys. 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: <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	Average Score: 3.3 (n=35)				
2. Allow me to decide my own strengths and needs	Average Score: 3.2 (n=35)				
3. Work with me to determine the services that are most helpful	Average Score: 3.2 (n=35)				
4. Provide services that are sensitive to my cultural background.	Average Score: 2.9 (n=35)				
5. Provide services that are in my preferred language	Average Score: 3.5 (n=35)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average Score: 3.0 (n=35)				
7. Are open to my opinions as to how services should be provided	Average Score: 2.9 (n=35)				
8. What does this program do well?	<ul style="list-style-type: none"> • Program is always here for me in my time of need • Groups that are held are very welcoming • Personal visits by staff are very appreciated • Items such as food, housing and transportation are available upon request • Staff are helpful with medication dispensing and tracking • Program helps to identify and achieve one's goals • Program teaches, encourages and promotes self-esteem 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Doesn't feel program supports higher functioning clients • Program needs more available ongoing meetings • Would like to see additional job services • Desires more outings 				

	<ul style="list-style-type: none"> • Would like to see services that are available sooner 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Would prefer additional meetings more often • Provide more social events • Assistance with scheduling appointments • Provide more housing options and job services 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Average Score: 3.7 (n=35)			
12. Any additional comments?	<ul style="list-style-type: none"> • This program is very cautious, private, confidential, friendly, politically correct and respectable 			

Consumer Interview:

Seven male consumers participated in the interview for the review of Mental Health Systems, Inc. The consumers’ extent with the program ranged from 1-3 years. There were various ways in which each client got involved with the program, but ultimately all referrals come directly from Forensics Mental Health. During the outreach and engagement period the Contra Costa ACTiOn Team supports the client by reaching them in various locations. Clients reported coming from PES, jail, and various street locations when being approached by the team. During the interview many of the participants stated that they felt that the program staff are open hearted, compassionate, charismatic, uplifting and patient. Clients went on to say how they have helped them with isolation and were responsive to their unique needs. One client stated, “Dr. G is really wonderful, caring, listens to you, and when I needed help understanding anything with my mental health he was there to explain it in full detail”. Another client stated, “The program gives me a voice”.

Clients reported that a few things could be improved upon or given to the program to help with quality of service. One suggestion included more funding for a new vehicle to get the clients to appointments. It was stated that many times the vehicles are broken down and unavailable because they are so old. Various other suggestions included more consistent staff because of staff turnover, more outings, classes, and individual therapy.

Clients overall felt that the program was remarkable. They stated that the program is always immediately responsive and knowledgeable in times of need. Clients trust the program and continue to feel that their well being is directly an outcome of the program's effectiveness and devotion towards their clients.

Staff Interview:

Seven individuals attended the staff interview – the Dual Recovery AOD Specialist, Housing Specialist, Registered Nurse, AOT Program Manager, Case Manager, Peer Specialist, and Vocational Rehabilitation Counselor. Some of the staff have been employed with the program from the inception of the program in 2016 to present day. Staff shared that the program receives referrals from the County, through the Forensics Mental Health Program. Between all seven individuals it was explained how each staff member has an integral part of a multidisciplinary team that provides intensive community-based-services. When asked how staff handle the 24/7-line staff explained that they rotate each week. They explained that every morning they meet to discuss with the team any urgent matters that happened the day before. During these meetings, they discuss overall goals of each client and provide updates. Staff state that some of their goals for the clients are to have less PES visits, improve quality of life, find employment and regularly take medication. Staff discussed challenges and stated that this was specific to onboarding new clients, needing more drivers and peer specialists, housing, resources for detox and more employees to cover, so when a lapse in coverage happens staff isn't so affected.

County Staff Interview:

As a new part of the review process, County staff were asked to participate in a short interview to provide additional feedback on the program. County staff expressed that response times when trying to reach the program have improved and the program shows great compassion for their clients. Staff felt that some of the challenges that the program faced are specific to communication with MHS and their inability to have a streamlined process when accepting referrals. When referrals have already been sent over, County staff is still having to communicate multiple times the same highly sensitive and urgent information. Staff also feel that the program needs additional training, specifically on suicide and threat assessment. Additionally, it was noted that staff take an extensive amount of time to document notes and the lapse between documentation can be detrimental towards follow up and keeping track of what is going on with the client's status. A suggestion that was made stemmed around how the program should address analyzing the period between outreach and treatment. Finally, staff made it a point to state that they feel the staff psychiatrist has been extremely beneficial in pushing mandatory injections. One staff stated, "He goes to homes and meets people wherever they are to ensure they get properly medicated. "

Results. Interviews with program participants, service providers, County staff as well as program participant survey results all support that Mental Health Systems, Inc. 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. Program serves the agreed upon target population for AOT/ACT FSP programs which includes adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services. The program undergoes regular utilization reviews conducted by the utilization review staff to ensure all clients meet criteria.

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. MHS provides Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Within the last year the program has been able to maintain close to capacity numbers all while providing types of services such as outreach and engagement, case management, outpatient, crisis intervention, etc. The ACTiOn Team is also available on a 24/7 basis by phone only after business hours.

Results. Program provides the agreed upon types of services indicated in their 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. A small subset of individuals cycling in and out of crisis, hospitals, jails, and homelessness prompted the Contra Costa County Board of Supervisors to adopt a resolution that authorized the implementation of AOT. This implementation of AOT 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 program has a target enrollment number of 75 clients. In FY 16/17 the program had 47 enrolled clients. The next FY 17/18 the program came close to meeting this target with 68 enrolled. As of current month, the program has met target enrollment with 74 clients. Concurrent monthly program enrollment has ranged between 65 and 75 enrolled this fiscal year.

Results. The program has continued to increase enrollment numbers for the duration of the contract.

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 16/17 and 17/18 has continued to consistently provide and meet objectives in relationship to the Service Work Plan goal criteria.

For both fiscal years 16/17 and 17/18 the program managed to decrease overall incidences of restriction and psychiatric crisis while increasing productive meaningful activity. In FY 17/18, a new indicator was added to capture the number of homeless/at risk of being homeless persons. The results showed that MHS was able to have an impact on this population by decreasing the total count.

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.

On June 25, 2018, a Level Two Centralized Utilization Chart Review and a Focused Review were conducted by County Mental Health Staff. The results showed that charts generally met documentation standards, but there were a few compliance issues, including: late assessment paperwork, missing or misfiled forms (Annual Assessment, Medication Consents, Partnership Plan), other incomplete or incorrect forms that were identified in the review. There were a few other findings related to disallowances for billable notes for missing progress or treatment notes, incomplete notes, mis-categorized notes, assessments, and other related issues. Utilization Review staff provided feedback around administrative issues as well as standardized notes and weekly treatment plans.

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. MHS has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Clients and program participants are informed about their privacy rights and rules of confidentiality.

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 program is set up to have a multi-disciplinary team to provide intensive community-based services to adults. Recent evaluation of staffing patterns indicates that staffing is sufficient and that most positions that are outlined in the Service Work Plan are currently filled. For the last two years the program has had a challenge with filling the clinical supervisor position. Licensed staff have had to travel from other sites to fill in to provide supervision and oversight for clinical staff. Also, it is reported that staff retention isn't lengthy. Staff positions tend to vacate regularly and overall there is a constant flux in movement.

Results. Current staffing has allowed the program to serve approximately 70-75 consumers concurrently during this fiscal year.

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. Mental Health Systems is a non-profit California agency founded in 1978 that provides mental health, drug and alcohol rehabilitation services in an innovative and cost-effective manner.

Results. Annual independent fiscal audits for MHS were provided and reviewed for the end of June FYs 15/16, 16/17 and 17/18. 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. Lindsay Santino, Program Financial Management Controller, was interviewed. Ms. Santino, who has an Accounting Degree, is now a fundamental part of the oversight of MHS's day-to-day financial operations. Ms. Santino 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 Great Plains Accounting Software for entry and aggregation to enable accurate summaries for billing and payment. Supporting documentation is kept in hard copies for storage and 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. MHS provides a monthly contract service and expenditure summary each month. At the time of the review, sufficient supporting documentation was provided. It was discussed during the review that the program staff get additional training on ShareCare, enabling them to also include the Service Activity Report with their invoice.

Results. Previous reviews of MHS 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. Supporting documentation for three randomly selected invoices were reviewed. All were sufficient to support allowable expenses. The controller reports that personnel costs are determined by an external web-based application where multiple staff enter percentage of time spent for specific locations. The staff supervisor then reviews for accuracy before it reaches the payroll department.

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 independent fiscal agent ensures transactions are claimed in the appropriate fiscal year.

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 14.5% indirect costs.

Results. Indirect costs appear to be within industry standards.

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 certificates 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 and County staff communicate regularly. All invoices are submitted on time and reflect accurate County standards.

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

Summary of Results. Mental Health Systems, Inc. provides a much needed service to a specific population of clients that would otherwise go untreated. MHS continues to provide outreach and services that are unique and offer additional levels of support to clients with no limit on location or need. MHS adheres to the values of MHSA. MHS appears to be a financially sound organization that follows generally accepted accounting principles and maintains documentation that supports agreed upon service expenditures.

VIII. Findings for Further Attention.

It is recommended that the program hire a clinical supervisor to provide supervision and oversight to clinical staff

It is recommended that the program have a step down treatment plan in place for all clients that are no longer in need of AOT/ACT Services

It is recommended that the program follow up with training in ShareCare for invoice supporting documentation submission

It is recommended that staff get additional trainings to assist with suicide risk

IX. Next Review Date.

January, 2022

X. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

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)