

Stakeholder Sharing

(CPAW Meeting – January 9, 2020)

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

Adult Committee (No meeting in December)

Aging and Older Adult Committee (December 19th)

- Update will be provided at the CPAW meeting.

Alcohol and Other Drugs (AOD) Advisory Board (December 18th)

- Update will be provided at the CPAW meeting.

Behavioral Health Care Partnership (BHCP) (December 17th)

- BHCP Co-Sponsors Jaspreet Benepal and Suzanne Tavano introduced Ngozi Emenalom, Nurse Manager at Psych Emergency Services (PES) as a member of the BHCP Co-Chairs team working as a liaison with PES the CCRMC Leadership team, BHCP and the improvement ideas generated by the partnership participants.
- Presented the BHCP PES Improvement Tracking Document to participants. Explained that the document is fluid and will continue to reflect the projects that are pending, ongoing and completed.
- Participated in a site visit/walk through led by Jaspreet Benepal of the exterior parts of PES at CCRMC Hospital. Participants on the walk-through provided input on the current improvements as well as additional improvement ideas.
- A small ad-hoc committee was formed to work on the BHCP brochure and the orientation packet to welcome new partners.
- The BHCP meets monthly on the 3rd Tuesday. The next BHCP meeting will be Tuesday, January 21, 2020 from 1:30 – 3:00 p.m. Location to be determined.

Children, Teens and Young Adults Committee (December 12th)

- Update will be provided at the CPAW meeting.

Health, Housing and Homeless Services (H3) (No Meeting in December)

Innovation Committee (December 23rd)

- The Center for Recovery and Empowerment (CORE) recently reported the following: two youth that are currently enrolled in the project have leveled up to phase two, an additional teacher will be added to the education component, and credentialing packets are being completed for all staff working for the project.
- The Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board & Cares staff discussed the learning goals assigned to the project and decided that they will be updating them for the next fiscal year.
- Warren Hayes, Program Chief, attended and discussed Program Certification and Medi-Cal billing.
- The next meeting is scheduled for Monday, January 27th from 2:30pm to 4:00pm at Morello Avenue, Suite #100, Martinez.

[Mental Health Commission \(MHC\)](#) (December 4th)

- SB 439 was signed into the law. The bill excludes kids under the age of 12 getting under the jurisdiction of juvenile court system (unless serious crimes such as serious bodily harm, rape, or murder are committed).
- There is a new State law to mandate Counties to create Family Urgent Response System. State will create the hotline for children in the foster care system (or who were in the foster care system).
- County's school districts need to work more with BHS to provide more and better mental health support to their students.
- BHS is applying for as much money as possible under the 'No Place Like Home' initiative. There are four projects that BHS would like to implement with that money – BHS is a lead on one of them and helps out with three others.
- The new West County Mental Health Clinic's grand opening is planned for February 28th.

[Quality of Care Committee \(QC\)](#) (Joint Meeting with MHSA Finance) (December 19th)

- The new policy and procedures for the grievance process for Hope House is nearly finished.
- The community PES report is starting to take shape - B. Serwin and D. Dunn met with BHS and CCCRMC leadership teams to discuss the report.
- There is a concern over the rising costs of inpatient psychiatric hospitalizations – BHC overspent on both IMD, specifically MHRC and adult hospitalization.
- BHS would like to put more money into community based treatment programs and supportive housing solutions.
- MHSA funds are under threat from CSAC, who wants to transfer a lot of MHSA money to tackle homelessness in California.

[Reducing Health Disparities \(RHD\)](#) (No meeting in December)

- Next meeting will be Monday, January 27th at 1340 Arnold Drive, Suite 126, QI/QA Conference Room, Martinez.

[Social Inclusion](#) (December 12th)

- The committee participated in an end-of-year potluck during which attendees gathered together to socialize and enjoy refreshments.
- The committee reviewed progress in 2019 of the Social Inclusion public advocacy campaign, "Hope Starts with Us."
- Members of the WREACH Speakers' Bureau shared stories of lived experience focusing on recovery and social inclusion.
- Attendees participated in composing cards of encouragement addressed to persons of their choosing.
- The next Social Inclusion meeting will take place on Thursday, January 9th at a special time of 12:30 to 2:30 PM followed by the rescheduled CPAW meeting from 3 PM to 5 PM. For more information, email Roberto.Roman@cchealth.org or call (925) 957-5105.

[Suicide Prevention](#) (No meeting in December)

- Next meeting will be Friday, January 24th from 9:00 am to 10:30 am at 1220 Morello Ave, Suite 100, Martinez.

[System of Care Committee](#) (December 11th)

- Update will be provided at the CPAW meeting.

[Training Advisory Workgroup \(TAW\)](#) (No meeting in December)

- Next meeting will be Monday, January 27th from 3:00 pm to 4:30 pm at 1340 Arnold, Suite 200, Large Conference Room, Martinez.



MHSA Budget Report

Fiscal Year 2018-19

Summary

	<u>Approved Budget</u>	<u>Expenditures</u>
CSS	36,772,145	34,514,656
PEI	8,926,161	9,496,080
INN	2,200,628	1,386,941
WET	2,602,956	2,198,265
CF/TN	<u>52,299</u>	<u>153,790</u>
TOTALS	\$50,513,394	\$47,749,772

CSS - Full Service Partnerships

	<u>Budget</u>	<u>Expenditures</u>
Children	3,290,427	2,308,027
Transition Age Youth	2,472,339	1,517,812
Adults	2,983,385	3,295,227
AOT	2,464,008	2,121,419
Adult Clinic FSP Support	1,825,273	812,862
Recovery Centers	928,288	1,035,033
Hope House	2,139,856	2,148,594
Housing Services	<u>6,492,477</u>	<u>8,607,864</u>
TOTAL	\$22,598,053	\$21,846,837

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CSS – General System Development

	<u>Budget</u>	<u>Expenditures</u>
Older Adults	3,489,711	3,925,731
Child Wraparound, EPSDT	4,154,519	1,903,908
Miller Wellness Center	329,414	338,790
Concord Health Center	273,023	310,096
PES Liaison Staff	143,313	144,282
Clinic Support	1,327,638	1,515,300
Forensics, Crisis Team	995,213	1,049,012
Quality Assurance	1,324,009	1,124,058
Administrative Support	<u>2,139,252</u>	<u>2,356,642</u>
TOTAL	\$14,176,092	\$12,667,819

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PEI – Outreach for Recognizing Early Signs of Mental Illness

	<u>Budget</u>	<u>Expenditures</u>
Asian Family Resource Ctr	142,055	131,004
Counseling Options Parent Ed	245,864	252,258
First Five	81,955	71,801
CC Interfaith Housing	80,340	65,705
Jewish Family Services	174,485	158,473
Native American Health Ctr	238,555	232,462
Latina Center	<u>111,822</u>	<u>111,545</u>
TOTAL	\$1,075,076	\$1,023,248

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PEI - Prevention

	<u>Budget</u>	<u>Expenditures</u>
Building Blocks for Kids	216,897	204,215
Vicente Continuation	185,764	184,209
People Who Care	223,102	205,208
Putnam Clubhouse	582,859	543,265
RYSE	<u>503,019</u>	<u>697,360</u> *
TOTAL	\$1,705,143	\$1,834,257

* Includes \$209,000 expended in FY 17/18

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PEI – Early Intervention

	<u>Budget</u>	<u>Expenditures</u>
Project First Hope	\$2,651,791	\$3,571,233*

*First Hope's First Break component added after FY 18-19 budget was established.

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PEI – Access and Linkage to Treatment

	<u>Budget</u>	<u>Expenditures</u>
James Morehouse Project	102,897	102,900
STAND Against Violence	134,113	121,317
Experiencing Juvenile Justice	<u>695,855</u>	<u>438,143</u>
TOTAL	\$932,865	\$662,360

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PEI – Timely Access for Underserved Populations

	<u>Budget</u>	<u>Expenditures</u>
Child Abuse Prevention Cncl.	125,109	94,412
Ctr. for Human Development	146,393	145,548
La Clinica de la Raza	280,558	259,298
Lao Family Community Dev.	190,416	211,225
Lifelong Medical Care	130,786	118,352
Rainbow Community Center	<u>759,362</u>	<u>758,958</u>
TOTAL	\$1,632,624	\$1,587,793

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PEI – Stigma and Discrimination Reduction

	<u>Budget</u>	<u>Expenditures</u>
OCE	270,628	213,439
- PhotoVoice		
- WREACH		
- WRAP		
- Social Inclusion		
CalMHSA – Each Mind Matters	<u>78,000</u>	- *
TOTAL	\$348,628	\$213,439

*Expenditure recorded after FY ended.

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PEI - Suicide Prevention

	<u>Budget</u>	<u>Expenditures</u>
Contra Costa Crisis Center	310,685	310,685
County Clinician	<u>133,742</u>	<u>131,116</u>
TOTAL	\$444,427	\$441,801

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PEI – Administrative Support

	<u>Budget</u>	<u>Expenditures</u>
Admin, Evaluation Support	\$135,607	\$161,949

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Innovation

	<u>Budget</u>	<u>Expenditures</u>
Coaching to Wellness	474,089	317,972
Partners in Aging	181,067	114,461
Overcoming Trans. Barriers	241,450	136,326
CBSST	200,000	151,769
CORE	600,000	191,520
Administrative Support	<u>463,227</u>	<u>474,893</u>
TOTAL	\$2,159,833	\$1,386,941

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Workforce Education and Training (1)

	<u>Budget</u>	<u>Expenditures</u>
1. Workforce Staffing Support		
- NAMI – Family Support	600,000	662,917
- Senior Peer Counseling	287,914	130,536
- WET Coordination	341,026	256,949
2. Training, Tech Assistance	230,000	145,102
- NAMI Basics, Familia		
- Crisis Intervention Trng		
- MH First Aid		
- Staff Trainings		

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Workforce Education and Training (2)

	<u>Budget</u>	<u>Expenditures</u>
3. MH Career Pathway		
- SPIRIT	499,016	331,559
4. Internship Programs		
- County Graduate Level	245,000	318,294
- CBO Graduate Level	100,000	52,908
5. Loan Repayment Program	<u>300,000</u>	<u>300,000</u>
TOTAL	\$2,602,956	\$2,198,265

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Capital Facilities/Information Technology

	<u>Budget</u>	<u>Expenditures</u>
Electronic MH Records System	\$52,299	\$153,790

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Fund Ledger

Fund Balance as of July 1, 2018	51,550,522
Revenue Received for FY 18-19	+ 44,920,731
Interest Earned for FY 18-19	+ 3,435,925
Funds Available for FY 18-19	99,907,178
FY 18-19 Expenditures	- 47,749,772
Fund Balance as of July 1, 2019	52,157,406
Prudent Reserve	+ <u>7,125,000</u>
Total unspent funds plus prudent reserve	\$59,282,406

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Point of Contact

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Martinez, CA
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925-957-2616

All comments, questions, input and guidance are most welcome!

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Community Program Planning Process (CPPP)

2020-2023 Three Year Plan

CPPP Chapter - Draft Summary

12/5/19

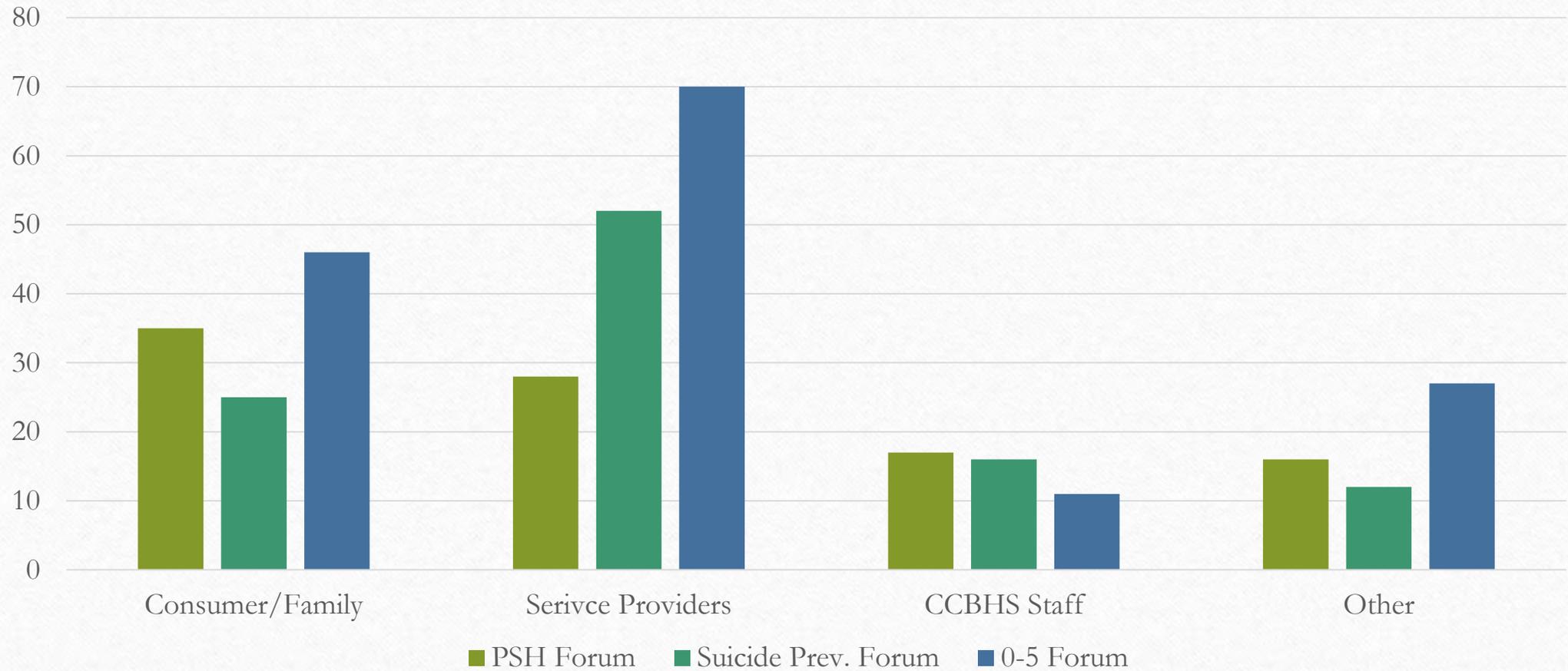
Community Forums to inform Fiscal Year 2020-21

Since 2018, Community Forums have each focused on a unique theme, identified by stakeholders, and developed in collaboration with our CBO partners.

- July 18, 2019 (San Pablo – West County) – Permanent Supportive Housing (PSH)
- September 12, 2019 (San Ramon - South County) – Suicide Prevention
- November 2, 2019 (Pittsburg – East County) – Early Childhood (0-5) Mental Health

2019 Forum Attendees

Total=371



Highlights – Participant Feedback

Housing Forum:

- More \$ for housing (all types), including on-site services
- Cultural Humility/Awareness Training
- CM's with lived experience/training
- Life Skills Training – including money management, nutrition

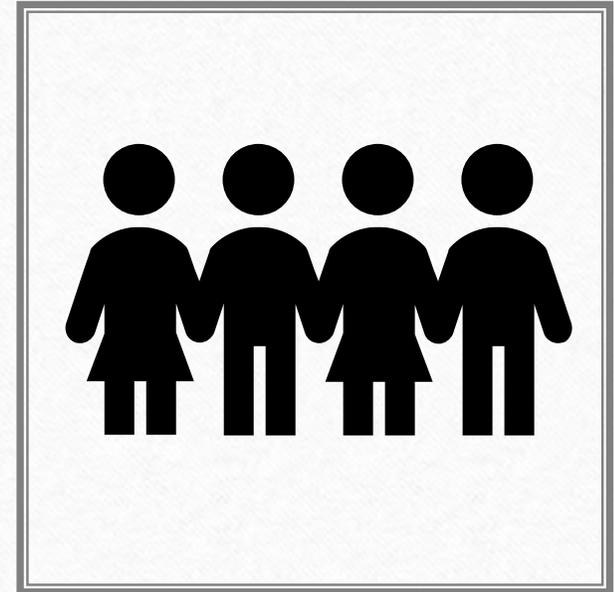
Suicide Prevention Forum:

- More SP Training / Education / Events– for schools, law enforcement, community
- Greater language access – resources, materials
- More to combat MH stigma
- Wellness=spirituality, nature, inclusivity

Highlights – Participant Feedback (Continued)

- **Early Childhood MH Forum:**

- Increase public awareness / education
- Increase Trauma Informed Practices / Training ;
Inequity Issues
- Improve marketing / targeted campaigns



Prioritizing Service Needs

Topics identified prior to the 2017-2020 3-Yr Plan

1. More Housing/Homeless Services
2. Support for family members
3. Support for peer / family partners
4. Outreach to the underserved
5. Improve trauma/crisis response
6. Connecting to right service when you need it
7. Better coord. between providers
8. Child/youth inpatient/res beds
9. Intervening in early psychosis
7. Transportation
8. Serve those who need it most
9. Care for homebound elderly
10. Increased psychiatry time
11. Assistance w/ meaningful activity

9 CCR § 3200.070

§ 3200.070. Community Program Planning Process.

“Community Program Planning” means the process to be used by the County to develop Three-Year Program and Expenditure Plans, and updates in partnership with stakeholders to:

1. Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act.
2. Analyze the mental health needs in the community.
3. Identify and re-evaluate priorities and strategies to meet those mental health needs.

Peer /
Recovery
Focus

Suicide
Prevention

Cultural
Responsiveness

Others?

Future Forum Ideas

Contra Costa Behavioral Health Stakeholder Calendar

January 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	<p>6</p>	<p>7</p>	<p>1</p> <p>8</p> <p>Mental Health Commission: 4:30 – 6:30 pm 550 Ellinwood Way, Pleasant Hill</p> <p>System of Care: 10:00–12:00 pm 1220 Morello Av, Ste 100, Martinez</p>	<p>2</p> <p>9</p> <p>Children's: 11:00 am–1:00 pm 1340 Arnold Dr, Ste 200, Martinez</p> <p>Social Inclusion: 1:30–3:30 pm and CPAW: 3:00–5:00 pm 2425 Bisso Ln, Concord</p>	<p>3</p> <p>10</p>	<p>4</p> <p>11</p>
<p>12</p>	<p>13</p> <p>CPAW Membership: 3:00–4:30 pm 1220 Morrello Ave, Ste 100, Martinez</p>	<p>14</p>	<p>15</p>	<p>16</p> <p>CPAW Steering: 2:00 – 3:30 pm 1220 Morello Av, Suite 100, Martinez</p> <p>Quality of Care Committee: 3:30 – 5:00 pm 1220 Morello Av, Suite 100, Martinez</p>	<p>17</p>	
<p>19</p>	<p>Martin Luther King Day</p> 	<p>21</p> <p>Behavioral Health Care Partnership (BHCP): 1:30–3:00 pm (Location TBA)</p>	<p>22</p> <p>Aging /Older Adults: 2:00–4:30 pm 2425 Bisso Lane Concord</p> <p>AOD Advisory Board: 4:00 – 6:00 pm 1220 Morello , Martinez</p>	<p>23</p>	<p>24</p> <p>Suicide Prevention Committee 9:00 –1 0:30 am 1220 Morello Av, Suite 100, Martinez</p>	<p>25</p>
<p>27 (Monday)</p> <p>Training Advisory Workgroup (TAW): 3:00 – 4:30 pm 1340 Arnold Drive, Suite 200, Martinez</p>	<p>27 (Monday)</p> <p>Reducing Health Disparities (RHD): 1:00 – 2:30 pm 1340 Arnold Drive, Suite 126, Martinez</p> <p>Innovation: 2:30 – 4:00 pm 1220 Morello Av, Suite 100, Martinez</p>	<p>28</p> <p>Adult: 3:00 – 4:30 pm 1340 Arnold Dr, Ste 200, Martinez</p>	<p>29</p>		<p>31</p>	<p>Continuum of Care Learning Hub (H3) (Jan Date TBA) 1:00–3:00 pm 2425 Bisso Lane Concord</p>

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** Jan 25, 2019
Date of Exit Meeting: May 2, 2019

- II. **Review Team:** Jennifer Bruggeman, Genoveva Zesati, Warren Hayes

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

Office for Consumer Empowerment (OCE)
1330 Arnold Dr., Ste. 140, Martinez CA 94553

- IV. **Program Description.** Office for Consumer Empowerment (OCE) is a county operated program that supports the entire Behavioral Health System and offers a range of trainings and supports by and for individuals who have experience receiving mental health services. The goals are to increase access to wellness and empowerment knowledge for consumers of the Behavioral Health System. The program fields several projects that fall under Prevention and Early Intervention, Workforce Education & Training, and Innovation. These projects include:
 - PhotoVoice Empowerment Project – Under the PEI component, PhotoVoice is a 10 week program for individuals with lived experience that uses photography and narrative to explore themes around internal and external stigma and overcoming prejudice and discrimination in the community.
 - Wellness and Recovery Education for Acceptance Choice and Hope (WREACH) Speakers' Bureau – Under the PEI component, WREACH develops individuals with lived mental health and co-occurring experiences to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, academic faculty & students, law enforcement, and other community groups.
 - Committee for Social Inclusion – Under the PEI component, this is an alliance of community members and organizations that meet regularly to promote social inclusion of persons who use behavioral health services. The committee promotes dialogue and guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.

- Service Provider Individualized Recovery Intensive Training (SPIRIT) – Under WET in the area of Mental Health Career Pathway Program, this is a recovery-oriented peer led classroom and experientially based 9-unit college accredited program (facilitated at Contra Costa College). This certification prepares individuals with lived experience to become service providers as Community Support Workers within Contra Costa County’s Behavioral Health Services or other settings. Program participants are placed in an internship that allows them to implement the skills they’ve been taught through the SPIRIT class. OCE staff co-facilitate instruction, provide administrative support, and ongoing assistance to graduates who are employed by the county, including vocational placement.
- Overcoming Transportation Barriers – Under Innovation, this is a systematic approach to develop an effective consumer-driven transportation infrastructure that supports the entire mental health system of care. The goals of the program are to improve access to mental health services, improve public transit navigation, and improve independent living and self-management skills among consumers. The program targets consumers throughout the behavioral health system of care.

V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of Office for Consumer Empowerment (OCE). 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.**

The County operated *Office for Consumer Empowerment (OCE)* provides leadership and staff support to a number of initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from OCE support the following activities designed to educate the community in order to raise awareness of the stigma that can accompany mental illness: 1) PhotoVoice Empowerment Project – enables consumers to produce

artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face; 2) Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau – forms connections between people in the community and people with lived mental health and co-occurring experiences through telling stories of recovery and resiliency; 3) Wellness Recovery Action Plan (WRAP) Groups – certified leaders conduct classes throughout the county; 4) Committee for Social Inclusion – an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services through organized monthly meetings, sub-committee activities and other events; 5) SPIRIT – 9-unit college-accredited course at Contra Costa College that prepares people with lived experience for careers as service providers; 6) SPIRIT Vocational Program – assists SPIRIT graduates with job retention activities and career development assistance; and 7) Overcoming Transportation Barriers – an initiative that promotes access to mental health services, improves public transit navigation, as well as independent living skills among consumers.

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

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

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

Discussion. Staff were interviewed individually on separate occasions. OCE staff are all graduates of the SPIRIT program, who continue the work of peer advocacy by leading various OCE sponsored initiatives throughout the public behavioral health system, including presentations, classes, group facilitation and other project leadership responsibilities. During our discussion with the program manager, she discussed OCE's plans for expansion by training trainers (for PhotoVoice and WRAP) so the work can reach a broader audience. Other goals include: developing SPIRIT curriculum to comply with upcoming Peer Specialist Certification state mandates, updating marketing materials, and developing a program report that can tell the OCE story through both quantitative and qualitative means (data and personal stories). Line staff reported they feel supported by their manager. Staff each have project areas to which they are assigned. Suggested areas for improvement by staff include: a designated staff person to manage data, wish to expand to different regions of the county in order

to broaden their scope, and having greater bandwidth to offer more hands-on peer support. Other input received was the desire and capacity to be able to offer SPIRIT in a more central location; such as Diablo Valley College (DVC). Staff also voiced the cost of living difficulties with the pay provided in this county to Community Support Workers and suggested a higher classification would benefit all CSW's.

In addition to speaking to management and line staff, the review process included attending a PhotoVoice Social Inclusion Sub-Committee meeting. Members were asked to complete a survey. Eleven surveys were received, and the results are discussed below. Survey responses suggest that members feel their voices are heard, they are made to feel welcome and that they are part of a movement to end stigma and discrimination around mental health related issues. **Results.** OCE is delivering services according to the values of MHSA. Services are community and consumer driven, integrated throughout the public behavioral health system, and focused on wellness and recovery.

Questions	Responses: 11				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness	N = 11 3.27				
2. Allow me to decide my own strengths and needs	N = 11 3.36				
3. Work with me to determine the services that are most helpful	N = 9 3.11				
4. Provide services that are sensitive to my cultural background.	N = 6 3.0				
5. Provide services that are in my preferred language	N = 9 3.33				
6. Help me in getting needed health, employment, education and other benefits and services.	N = 9 2.89				
7. Are open to my opinions as to how services should be provided	N = 8 3.38				
8. What does this program do well?	<ul style="list-style-type: none"> It helps people realize that there is hope after being mentally challenged 				

	<ul style="list-style-type: none"> • Everything • Helps me learn about mental health, stigma, how to deal with it, how to understand it better • They treat us all equally and fairly with respect. Provide a safe place to come and voice our concerns or issues • Photovoice • They do everything well • Gives everyone a voice and help us be more active in our community • They hear our opinions and try to help • It's very professional; interesting topics • Advocate 								
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Learning different things in the mental health system, learn more tools and strategies • To lead us to actual programs that help us with our health and livelihood • Nothing • Making up groups to meet more needs 								
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • They are all provided in a good supportive and assertive abstract way • Maybe more activities or different new services and groups • Direct link to health services, jobs, living arrangements • Fiscal or financial support • Money and education 								
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.)	<table border="1"> <tr> <td>Very Important</td> <td>Important</td> <td>Somewhat Important</td> <td>Not Important</td> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Very Important	Important	Somewhat Important	Not Important	4	3	2	1
	Very Important	Important	Somewhat Important	Not Important					
4	3	2	1						
	N = 11 3.55								
12. Any additional comments?	<ul style="list-style-type: none"> • This is one of the most important and greatest accomplishments and achievements I have experienced in my life, and it is one of the greatest experiences I've had. • Keep up the good work and know you are much appreciated • Thank you for keeping me safe • Great program and I'm looking forward to watching it grow more 								

2. **Serve the agreed upon target population.** 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)? Is the program in accordance with regulations?

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

Discussion. The program serves consumers and family members throughout the behavioral health system. Services are delivered under multiple components including Prevention and Early Intervention, Workforce Education and Training and Innovation. The projects fielded by OCE strive to be culturally responsive, reduce stigma and discrimination, reduce disparities in service, and promote inclusion by elevating the voices of community members with lived experience through advocacy, education and vocational pathways.

Results. The program is serving the agreed upon target population which is consumers and family members with lived experience throughout the county.

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. OCE is a county operated administrative program. Based on feedback from consumers and service providers, the program promotes recovery, inclusion and self-empowerment by lifting up community members with lived experience through the above mentioned targeted projects.

Results. OCE is providing services for which funding was allocated.

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

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

Discussion. OCE supports the Stigma & Discrimination Reduction component under Prevention and Early Intervention and is listed as such in the MHSA Three Year Program and Expenditure Plan. Activities promoted under this category are designed to increase acceptance, dignity, inclusion and equity for individuals living with mental illness and their families. OCE fields a number of different

initiatives that support these concepts, including developing leadership and advocacy skills among consumers of behavioral health services and supporting the role of peers as providers.

Results. OCE is meeting the needs of the population and community for which is was 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. Under Workforce Education and Training (WET), the number of individuals to be served is 40. In 2018, there were 50 SPIRIT graduates. Attendance is tracked by the instructor. Monthly Committee for Social Inclusion meetings were held, as well as monthly sub-committee meetings for PhotoVoice and WREACH. WRAP facilitator trainings and meetings were held throughout the county at various locations including in detention facilities and clinics.

Results. OCE is serving the number of agreed upon individuals.

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. In 2017 (the most recent year where complete outcomes reports are available), OCE completed the following: 9 Wellness and Recovery Action Plan (WRAP) groups were held throughout the county, along with one WRAP facilitator training; 34 people graduated from the SPIRIT program and were placed into vocational internships; The Committee for Social Inclusion held 12 monthly meetings during the year; WREACH held 11 monthly meetings, and participated in Crisis Intervention Training (CIT); PhotoVoice expanded to the TAY population by collaborating with Vicente Martinez High School and offering a

class series to students there, in addition to offering facilitator training to CBO partner the Hume Center, and also held 12 monthly meetings; Overcoming Transportation Barriers assisted 46 clients with linkage to resources, mapping bus routes, referrals, fare information and travel training. In 2018, 50 people graduated from SPIRIT, which indicates an upward trend.

Results. OCE is achieving the outcomes that have been agreed upon. OCE has started to do deeper data analysis for their evidenced based practice initiatives, including WRAP and SPIRIT, where participants complete pre and post surveys.

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. OCE does not participate in Medi-Cal billing and is not subject to the county's utilization review process. They do participate in the annual BHS Quality Improvement Workplan. Results of those efforts have been included in this review.

Results. Quality of service is measured annually through the Quality Improvement Workplan process.

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

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

Discussion. OCE does not provide specialty mental health or traditional direct services. Participants are involved in groups and projects on a voluntary basis. Any client information that may be obtained (i.e. through SPIRIT applications) is stored in a locked cabinet.

Results. OCE is in compliance with confidentiality protocols around protected health information.

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

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

Discussion. OCE generally operates with a staff of ten. Through the staff interview process, it appears everyone has a clearly defined role and is supported in performing their job.

Results. There has been some staff turnover in recent months (as staff have moved on to other career opportunities within the county), but plans are well underway to fill vacant positions. Staffing is sufficient to deliver the program's services.

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. As a county operated program, OCE is not subject to an annual independent fiscal audit.

Results. NA

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

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

Discussion. OCE is a county operated program. All funding comes from MHSA.

Results. NA

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. NA

Results. NA

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. As a county-operated program, OCE is not subject to monthly invoicing.

Results. NA

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. As a county-operated program, OCE is not subject to monthly invoicing.

Results. NA

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. NA

Results. NA

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. NA

Results. NA

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. NA

Results. OCE is covered under county insurance.

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. OCE staff is in regular contact with MHSA around program activities. OCE staff provides support to and involvement with various MHSA related efforts, such as community forums, the Consolidated Planning & Advisory Workgroup (CPAW) and the Suicide Prevention Committee.

Results. Effective communication exists between the program manager and MHSA staff.

VIII. Summary of Results.

Contra Costa County has a strong history of advocacy for those living with mental health challenges, and the Office for Consumer Empowerment has been leading this effort locally for over a decade. The initiatives supported by this program are largely evidence-based, and are designed to reduce stigma and discrimination, while promoting peer led activities focused on wellness and resiliency. Consumer feedback supports the notion that the services being offered are of great value, and have had impact on many levels throughout the community.

IX. Findings for Further Attention.

During the upcoming three-year cycle, OCE may wish to further develop plans around:

- Capturing and reporting on more in-depth data
- Expanding services to reach a broader region throughout the county
- Peer Certification Program compliance
- Updating materials and brochures

X. Next Review Date: 2022

XI. Appendices.

Appendix A – Program Description

XII. Working Documents that Support Findings.

Consumer, Family Member Surveys

County MHSA Monthly Financial Report
Quality Improvement Work Plan 2017, 2018
MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** March 27 & 29, 2019, April 4, 2019
Date of Exit Meeting: August 16, 2019

- II. **Review Team:** Warren Hayes, Jennifer Bruggeman, Jan Cobaleda-Kegler

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

Suicide Prevention Pilot Program

- IV. **Program Description.** The Suicide Prevention Pilot is currently housed within MHSA and provides countywide targeted clinical support at the three adult behavioral health clinics, as well as the West County Children's Clinic. A Mental Health Clinical Specialist has this assignment and receives referrals from clinic managers/supervisors, psychiatry and intake clinicians. Participants are referred if they are identified as being at high risk for suicide, either due to a recent hospitalization for suicidal ideation or attempt, or other behaviors and conditions that may put them at high risk. These factors may be related to various mental health conditions, complex trauma, and/or environmental circumstances. Included in the screening is the administration of the Columbia Suicide Severity Rating Scale (SAFE-T with C-SSRS). Services provided may include assessment, care coordination, short term therapy, intervention and linkage to community resources as appropriate. The clinician also participates in countywide suicide prevention efforts, including the Suicide Prevention Coalition, Each Mind Matters workgroups and related events and activities.

- 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. 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	Interviews with program staff and managers indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	The program serves consumers at risk of suicide, as well as providing consultation to staff.
3. Provide the services for which funding was allocated.	Met	The program is providing suicide prevention related services throughout the county.
4. Meet the needs of the community and/or population.	Met	The program is serving individual clients from within the county clinics who are at high risk for suicide.
5. Serve the number of individuals that have been agreed upon.	Met	The program has served 68 clients in less than one year, 47% of which were transition age youth.
6. Achieve the outcomes that have been agreed upon.	Partially Met	Outcomes need to be further defined.
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	Unmet	Staffing is not sufficient to support the whole county.
10. Annual independent fiscal audit	NA	The program is county-operated and not subject to audit.
11. Fiscal resources sufficient to deliver and sustain the services	Met	The program is fully funded by MHSA.
12. Oversight sufficient to comply with generally accepted accounting principles	NA	This is a county operated program.

13. Documentation sufficient to support invoices	NA	The program is not required to submit invoices as it is a county operated program.
14. Documentation sufficient to support allowable expenditures	Met	Documentation is sufficient.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	NA	There is no invoicing as this is a county operated pilot program.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	NA	Program costs are charged to the MHSA PEI cost center.
17. Insurance policies sufficient to comply with contract	NA	The program is covered under county insurance policies.
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. The Suicide Prevention Pilot was initially conceived in 2012. At the time of the previous program review in 2016, the pilot was housed solely within the Central County Adult Behavioral Health Clinic, where it existed for approximately five years. The original clinician resigned in June 2017, and the program was dormant for nearly one year. The position was ultimately moved to MHSA and re-configured to align with the original vision of serving the entire county. Since April 2018, a new MHSA mental health clinical specialist has worked in the four clinics identified above and served nearly 70 individual clients, as well as providing triage and consultation. Additionally, she’s engaged in countywide outreach and suicide prevention efforts.

Managers from each of the clinics were interviewed and all reported that they would like to see the suicide prevention clinician provide more staff training and client groups, as this may be a better use of the limited time she has in each site. In addition, they felt the position may be better leveraged from within the adult

and child systems of care respectively. This would allow more flexibility, improved scheduling, and the clinician to become more embedded in the team culture, as well as attending staff meetings, case conferences, and UR.

The program review process also included an interview with the mental health clinical specialist assigned to the program. She described the strengths and challenges of the pilot. Her documentation is done in Epic according to clinic standards and she's adapted to utilization review practices and various emergency protocols (including 5150 activation) in each site. The paperwork is cumbersome, given the short-term nature of the work, and spanning multiple locations. Other duties have included providing suicide prevention community outreach, and she is beginning to offer related trainings to staff. There seems to be consensus that the work has made an impact on a very vulnerable and high risk population.

Results. The program is delivering services according to the values of the Mental Health Services Act (MHSA).

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

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

Discussion. The current target population is existing county clients who are at high risk for suicide. The specific referral criteria have been adapted somewhat during the past year but are generally geared toward individuals that have had a recent suicide attempt or ideation and are able to engage in therapy, with the goal of providing short-term therapeutic intervention and treatment. Nearly half of the clients served by this program in the past year have been Transition Age Youth (15-25), indicating there is high risk and need among this population.

Results. The program is serving the target population as designed, but staffing could be expanded to provide more comprehensive suicide prevention support to each clinic. Should funding not be available for additional staffing it is suggested that a target population from a single source could be identified, such as high-risk clients leaving Psychiatric Emergency Services who are not connected to the clinics.

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. The original intent of the program, as conceived in 2012, was to offer support to clients with suicidal intent who are returning to the community from Psychiatric Emergency Services (PES), and then supporting these clients in all of the clinics. At the 2016 Program Review the program had evolved such that the Suicide Prevention Counselor was serving only clients referred from staff at the Central County Mental Health Clinic. Through both iterations, it seems clear that this is a large task for one individual to manage. Currently, the pilot does not focus on PES discharges unless they have been referred to the clinic via Rapid Access. Under this model, there may be high risk individuals leaving PES who are not being referred to the clinics and are being released with little or no mental health hands-on support.

Results. It is recommended that the scope of this pilot be clarified to determine where the priority population could best be served by the single Suicide Prevention Counselor position.

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 MHS A Three Year Program and Expenditure Plan?

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process.

Discussion. The program has been authorized by the Board of Supervisors as a result of a community program planning process to reduce suicide in Contra Costa County. The position was authorized to accept county-wide referrals and provide system-wide education and consultation on suicidality and effective preventive measures. The position has currently been devised to attempt to meet this goal. The clinician has participated in multiple suicide prevention related trainings, including QPR, and is preparing to offer such trainings moving forward. She's also working across the county, providing individual client support in the clinics. Areas of need that have been suggested to consider going forward are co-leading groups (i.e. CBT for Depression), more direct support to suicidal clients leaving PES who are not connected to the clinics, and training and technical assistance on suicide prevention to community service providers and first responders.

Results. Although much effort has been made to meet the needs of this high-risk population, the scope of the position is currently quite broad, thus

comprehensive support is consequently lacking in some key areas, based on the current capacity of one mental health clinical specialist. Program managers of the current four participating clinics have prioritized their clinic needs in terms of the Suicide Prevention Counselor providing groups and staff training on suicidology.

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. Since the program was re-established 11 months ago, there have been 68 clients served. Referral sources initially included the Access Line and the Miller Wellness Center, but now include West County Children's Clinic, and the three Adult Behavioral Health Clinics. Of the clients served, 47% have been transition aged youth (TAY).

Results. The program has been serving in more of a countywide capacity, and total number of clients served has increased. The clinician currently has more overall referrals than she's able to effectively manage. Some clinics are utilizing these services more than others for various reasons, including availability. In cases where the suicide prevention clinician is not available, cases may be assigned to other existing staff. Adult clinics generally have clinicians specializing in intake and rapid access, who may also support such clients.

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. Outcomes initially intended for this pilot included: reducing suicides within the county, increasing awareness of suicide prevention, and increasing access for those who utilize psychiatric emergency services (PES). The

assigned clinician has been active in the Suicide Prevention Committee (a countywide inter-agency coalition), has engaged in multiple outreach efforts, participated in several related trainings (including QPR train-the-trainer), and is ready to offer more staff trainings throughout the community. Of the clients referred to the pilot for suicidal behaviors and ideation, no completed suicides have occurred.

Results. Evaluation and measurement guidelines for the pilot could be better defined. It is suggested that how best to support and engage suicidal PES clients not connected to mental health care might be further explored.

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

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

Discussion. The program is part of the county behavioral health system of care, and subject to the county's utilization review process. Documentation is done in Epic (the county's electronic health record) and is in alignment with existing clinic protocols. The pilot clinician is currently not subject to productivity standards, as the position is not solely clinical and includes MHSA related duties including consultation with CBO's and other tasks that are not billable.

Results. The program has internal processes in place that allow it to be responsive to quality assurance issues.

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

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

Discussion. The program adheres to the rules and regulations as set forth by HIPAA. Documentation is done in the county's electronic health record and consumers are provided with both written and verbal information on privacy and HIPAA policies. There have been no reports received against this program for HIPAA violations.

Results. The program follows appropriate privacy protocols and is HIPAA compliant.

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

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

Discussion. When the pilot was re-established in April 2018, some time was spent determining scope and workflow. The clinician currently sees clients in four clinics and is subject to UR in each of those respective sites. She spends up to one day/week in clinic. There have been logistical challenges in getting fully embedded in each site, and she is not able to attend staff meetings or other team events, due to broad scope and limited time in each place. Supervision has been another area of complexity. Supervision toward PsyD licensure is done by the West County Children's Clinic manager and other general supervision is provided by MHSA. In addition, the clinician also works with managers and supervisors in each adult clinic and reports to them on direct client and clinic issues.

Results. Staffing appears to be insufficient for the current model of serving multiple county clinics, as well as providing training and technical expertise on suicide prevention. In addition, the suicide prevention counselor could benefit from a simpler supervisory structure.

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. NA

Results. NA

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

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

Discussion. The program is authorized by the county, and the program budget in the current MHSA Three Year Plan is enough to sustain the program as originally designed.

Results. Fiscal resources are sufficient to deliver and sustain services as a one counselor pilot 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. This is a county operated program that complies with generally accepted accounting principles.
Results. Fiscal oversight is sufficient.
- 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.
Discussion. NA
Results. NA
- 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 invoiced to the county.
Discussion. Documentation shows that one mental health clinical specialist position is charged against the PEI cost center.
Results. Documentation maintained by the county supports the personnel costs charged to the program.
- 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. This is a county operated program and complies with the accrual basis of accounting.
Results. NA
- 16. Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs

to the program or plan element commensurate with the benefit received by the program or plan element?

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

Discussion. NA

Results. NA

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. NA

Results. The program is covered by existing county insurance policies.

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. During the past year, MHSA supervisory staff has visited each clinic site at least once to engage with management on how best to approach this role and is in communication with staff on a regular and as needed basis. Communication has been key, as the geographic and supervisory duties have been segregated and complex.

Results. Clinic program managers and MHSA supervisor effectively communicate and address issues as they arise.

VIII. Summary of Results. The Suicide Prevention Pilot has served four clinics in the past year with one mental health clinical specialist providing triage & assessment, short term therapy and intervention, linkage and referral and consultation. Due to limited time in each location, she's had challenges getting fully embedded in the clinic culture and community at each site. Clinic managers provided feedback that they would like more group therapy capacity and more suicide prevention related training for staff. The key issue to address is the scope of the suicide prevention counselor's duties and where it may best be positioned to most effectively serve those at risk of suicide.

IX. Findings for Further Attention.

Consider strategies to address the following:

- Suicide prevention related staff training

- Therapy groups specific to this population
- Direct support to high risk individuals exiting PES who are not connected to mental health care
- The scope of the suicide prevention counselor's duties to fit the capacity of one mental health clinical specialist, or
- A staffing model that may better support countywide service needs for suicide prevention
- Simplified supervision support and clinic coverage

X. Next Review Date. 2022

XI. Working Documents that Support Findings.

County MHSA Monthly Financial Report

Progress Reports, Outcomes

MHSA Three Year Plan and Update(s)

Program Description

Duty Statement

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Name of Program:** Contra Costa Crisis Center
P.O. Box 3364
Walnut Creek, CA 94598
- II. **Review Team:** Jennifer Bruggeman, Golnaz Fortune
- III. **Date of On-site Review:** July 11, 2019
Date of Exit Meeting: November 9, 2019
- IV. **Program Description.** Contra Costa Crisis Center’s primary mission is to keep individuals alive, safe, help them through crises, and provide or connect them to culturally relevant resources within the community. The Crisis Center operates a nationally certified 24-hour suicide prevention hotline that serves all who live in Contra Costa County. Residents of Contra Costa County and surrounding counties have access to trained staff and volunteers who can assess for suicide and self-harm lethality and provide linkages to mental health and other options as appropriate. The Crisis Center currently combines several grants and contracts to build a comprehensive program for those in crisis. MHSA Prevention and Early Intervention (PEI) is one of the funding sources that supports the crisis hotline. The Crisis Center currently operates ten call lines. They include crisis call/text line, the National Suicide Prevention Lifeline, child abuse and elder abuse (after hours), Spanish Lifeline, 1-800 Suicide, grief hotline, 211, homeless hotline and “Help Me Grow” support. Other services provided include: answering local calls to toll-free suicide hotlines, a Spanish-language hotline, the tele-interpreter service for those whose language is not Spanish or English; lethality assessment, follow-up calls for medium and high risk lethality; grief and support groups; and training for crisis line staff, volunteers and residents.

The Crisis Center also provides professional trainings, community outreach and collaborations with other community groups, including schools, law enforcement, healthcare and faith-based organizations. The Crisis Center answered nearly 70,000 calls last year and responded to over 1200 text contacts. Services are intended to support those in crisis and those impacted by mental illness by providing timely access and linkage to mental health and other services.

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. Toward this end, a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein and will assist in: a) improving the services and supports that are provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services, we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Staff and volunteer interviews indicate the program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Improves timely access to those at risk of suicidal thoughts and behaviors.
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	Services consistent with MHSA Three Year Plan.
5. Serve the number of individuals that have been agreed upon.	Met	Consistently report meeting and exceeding target goal.
6. Achieve the outcomes that have been agreed upon.	Met	Current outcomes met.
7. Quality Assurance	Met	Procedures are in place to address and respond to quality assurance standards
8. Ensure confidentiality of protected health information.	Met	Notice of HIPAA and privacy policies are in place.
9. Staffing sufficient for the program	Met	Staffing is sufficient to meet the program's needs.

10. Annual independent fiscal audit performed.	Met	No audit findings were noted.
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 staff implements 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	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	No indirect costs are charged to the contract.
17. Insurance policies sufficient to comply with contract	Met	Policies sufficient for the services offered.
18. Effective communication between contract manager and contractor	Met	Sufficient communication to conduct contract business.

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, are services culturally appropriate and client & family driven?

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

Discussion: The Crisis Center is under new leadership with Executive Director Tom Tamura since January 2018. The review team met with the ED, Director of Finance and Director of Programs, as well as two staff members and one volunteer. The Crisis Center provides a comprehensive range of services that expand beyond the Call Center to include grief counseling groups (including in Spanish) for loss survivors, a mobile grief response team who offers post-vention services for communities (including schools, businesses, agencies) following a suicide or other sudden death, and comprehensive training for: suicide

prevention, risk assessment and intervention; grief, trauma and loss; and mental health stigma. Administrative staff expressed future goals for the agency to develop as a resource hub, to increase public education around 211 resources through expanded marketing efforts, and to increase training capacity. Crisis Center staff collaborate with the county through various public endeavors, including a Suicide Prevention Forum this year and co-facilitation of the monthly Suicide Prevention Committee.

Staff reported that the organization maintains high employee retention rates due to encouraging strong “self-care” practices and fostering a supportive work environment. Professional growth is encouraged. Their hopes for the agency include expanding the program by offering low-cost individual counseling on site and the agency becoming the go-to experts for comprehensive crisis services throughout the area.

Results. Based on interviews with administration, staff and volunteers, and it is believed that the Crisis Center is involved in collaboration and the integration of service experiences that promote wellness, recovery and resilience. Based on these findings, it is believed that the Crisis Center delivers services consistent with the values of MHSA.

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

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

Discussion. This program provides services to all residents of Contra Costa County and provides back up support to surrounding counties. Services include a 24-hour call/text line, with language capacity and follow- up calls on moderate to high risk callers. Other services, not covered by MHSA funding, are also provided, to include the 211resource call line and grief support groups. Additionally, the Crisis Center provides suicide and mental health awareness trainings and post-crisis event support to organizations within the county.

Results. As a PEI program, the Crisis Center is serving the agreed upon target population and uses its funding to leverage other support services.

- 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. Contra Costa Crisis Center provides 24-hour telephone and text response to mental health crisis calls with non-English speaking language capacity. They also train and maintain volunteers to help support the different programs within the Crisis Center. Services are intended to reduce the instances of suicidal ideation and behavior by providing education, reducing stigma, and providing 24-hour support.

Result. The services provided are consistent with the services outlined in the Service Work Plan. This program review process confirmed that the program and staff activities are consistent with both the goals of the program and the MHSA PEI component.

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. Contra Costa Crisis Center was authorized based on the Community Program Planning Process and subsequent Board of Supervisor authorization. Its goal has been to provide 24-hour telephone response to mental health crises for community members, including non-English speakers. They also provide assessment and follow-up practices with moderate to high lethality callers. They provide education and training within the community and partner with many organizations to address decreasing mental health stigma with the overall goal of decreasing suicides in Contra Costa County. The strategy of offering crisis line access, follow-up calls, grief group, referrals and linkage support to participants and their family members is consistent with PEI's strategy of decreasing suicide and the stigma associated with mental illness

Results. The Crisis Center PEI funded program has been authorized annually and receives approval as part of the three-year plan sent to the Board of Supervisors. Its Service Work Plan is consistent with the current MHSA Three Year Program and Expenditure Plan. Interviews with program staff, and this program review indicate that this program meets the goals and the needs of the community.

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

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

Discussion. The Crisis Center is contracted to provide telephone services to a total of 25,000 calls, including 12,000 mental health/crisis calls and provide follow-up to 100% of those who are determined to be at moderate or high risk of suicide. Year-end reporting demonstrates they consistently exceed their goals. The Crisis Center also provided three annual comprehensive volunteer trainings last year and maintains a pool of approximately 40 volunteers at any given time.

Results. The Crisis Center has consistently exceeded its target of consumers served.

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. Outcome measures include number of crisis and suicide calls handled, 100% follow-up for medium to high risk for lethality callers, maintaining 80 hours per week or more of Spanish language coverage on the crisis line, answering calls within an average of 10 seconds, having a call abandonment rate of under 5 %, and continuous recruitment and training of volunteers. Review of documented outcomes indicate that the Crisis Center is achieving all outcome measures.

Other outcomes include:

- Continued co-chair responsibilities with MHSA for the monthly Suicide Prevention Committee (on-going)

- Worked closely with MHSA, behavioral health, and statewide suicide prevention agencies to create a plan to review and update the countywide suicide prevention strategic plan (on-going)
- Coordinated with the county Board of Supervisors and other county agencies to organize, promote and facilitate the showing of the “S Word” movie in the Board Chambers (September 2018)
- With American Foundation for Suicide Prevention (AFSP), hosted “Survivor Day” at John Muir Hospital to provide support to survivors of suicide loss and to promote suicide prevention awareness (November 2018)

Results. Interviews and outcome measures indicate that this program has a positive impact in the lives of those served through direct service, training and community outreach and public events.

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. Contra Costa Crisis Center is governed by written policies and procedures, including providing trainings on privacy and HIPAA for staff members. These policies also allow both staff and consumers to report concerns/grievances. The organization maintains a binder that is regularly updated, and addresses these policies, procedures and communicates the organization’s core values. The services provided under this PEI program are non Medi-Cal driven, and therefore not subject to the County’s utilization review process. CCBHS has not received any grievances toward this program.

Results. The program has policies and procedures in place to be responsive to the needs of its staff and the community. No grievances were reported.

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. Contra Costa Crisis Center has written policies and procedures in place and provides staff training on HIPAA requirements and safeguarding of consumer information.

Results. Contra Costa Crisis Center maintains necessary privacy policies to protect the privacy of individuals served.

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. Contra Costa Crisis Center is able to provide a variety of services by combining grants and contracts from multiple sources. MHSA funding primarily supports the call center and approximately 7 FTE employees. The Crisis Center also maintains up to 40 volunteers who assist in many areas of programming, including the hotline.

Results. Staffing appears sufficient to meet the needs of the organization.

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. Audited financial statements for the Crisis Center were reviewed for fiscal years ending 2016, 2017 and 2018. The Crisis Center is a not for profit corporation established in 1963 to keep people in Contra Costa County alive and safe, help them through crises, and connect them with culturally relevant resources in the community. Currently they receive approximately \$1.6 million in funding from over 14 funding sources for this central mission. The independent auditors did not any report any material or significant weaknesses.

Results. No audit findings were noted.

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

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

Discussion. The Crisis Center appears to benefit from sound financial planning and management in spite of variable funding sources. They own their own building, have significant operating reserves, and a line of credit.

Results. Resources appear sufficient.

- 12. Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles?
Method. Interview with fiscal manager.
Discussion. The Executive Director and Finance Officer were both interviewed and described the processes and staff utilized to implement generally accepted accounting principles. Both have extensive experience managing staff for non-profit organizations of this size. In addition, they have an active, experienced Board of Directors with a separate Finance Committee in an oversight role. Supporting documentation to monthly invoicing depict appropriate time keeping documents for tracking staff time, proper allocation of operating costs, and segregation of duties.
Results. Experienced staff implements sound check and balance system.
- 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. Supporting documentation for a randomly selected monthly invoice for each of the last three years was provided and analyzed. The Crisis Center utilizes QuickBooks Pro for their operating vouchering system. In addition, the Finance Director utilizes a Sources and Uses spreadsheet to manage incoming funds and allocations that add up to 100% so that there is no duplicate billing.
Results. Uses established software program with appropriate supporting documentation protocol.
- 14. Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program?
Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures invoiced to the county.
Discussion. Line items for this contract consist of personnel costs and supporting documentation reviewed for monthly invoices appeared to support the method of allocating appropriate costs to agreed upon budget line items.
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 organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows)?

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

Discussion. The County Auditor's expense summaries for the last three fiscal years were reviewed. Expenses were allocated to the correct fiscal year, and close out appeared timely, as no expenditures surfaced after the County's closeout date.

Results. No billings noted for previous fiscal year expenses.

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

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

Discussion. The Crisis Center does not bill CCBHS any indirect costs and utilizes other funding sources for this expense.

Results. Indirect costs are funded by another revenue source.

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 general liability insurance policies that were in effect at the time of the site visit.

Results. General liability insurance policies are in place.

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. There is regular communication between the MHSA PEI Program Supervisor and Crisis Center staff specific to issues of the program, contract compliance, and issues related to MHSA. Crisis Center staff works closely and collaboratively with MHSA staff on various projects and endeavors including an upcoming Suicide Prevention Community Forum (September 2019) and an update to the Countywide Suicide Prevention Strategic Plan.

Results. Communication is ongoing and adequate to meet the needs of the program.

VIII. Summary of Results.

Contra Costa Crisis Center operates a nationally certified 24-hour suicide prevention hotline. The hotline is intended to serve all who live in Contra Costa County and surrounding areas, as needed and at no cost. The 24-hour model offers the community access to trained staff and volunteers who can assess for suicide and self-harm lethality and can provide vital linkages to mental health and other resources as appropriate. The Crisis Center currently combines several grants and contracts to build a comprehensive program. MHSA Prevention and Early Intervention (PEI) is one source of revenue that helps fund the Crisis hotline. Other related services include suicide hotlines, 211 resource line; a Spanish-language hotline; the tele-interpreter service for those whose language is not Spanish or English; lethality assessment, follow-up calls for medium and high-risk lethality; grief support groups; and training for crisis line staff and volunteers.

The Crisis Center also provides outreach, trainings and collaboration with other community organizations including schools, law enforcement, healthcare and faith-based organizations. The organization's efforts play a crucial role in increasing public awareness around mental health issues and mitigating stigma. The Crisis Center currently responds to nearly 70,000 calls per year, and numbers continue to steadily rise. Services are intended to help provide support for those in crisis and those impacted by mental illness by providing timely access and appropriate linkage to community resources.

IX. Recommendations.

- Crisis Center is encouraged to continue their efforts to increase public education around 211 through appropriate marketing and outreach efforts
- Crisis Center is encouraged to pursue its goal of developing into a centralized "resource hub" for the county
- Crisis Center is encouraged to continue its strong partnership and collaborative efforts to identify funding to achieve the above goals

X. Next Review Date. 2022

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget

Appendix C – Organization Chart

Appendix D – Yearly External Fiscal Audit

XII. Working Documents that Support Findings.

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Annual Program Reports, Outcomes

Monthly Invoices with Supporting Documentation

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)