

Stakeholder Sharing

(CPAW Meeting – February 6, 2020)

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

Adult Committee (January 28th)

Update to be provided at CPAW Committee meeting.

Aging and Older Adult Committee

(December 19th)

- Kelly Nielsen and Rey Javier presented on the housing services provided by Shelter Inc.
- Several useful resources were shared, and ideas were discussed regarding ways to decrease housing barriers for older adults.
- Kelly and Rey discussed the numerous ways that they work to get people housed and help them stay in their housing.
- The next Committee meeting will be February 26th.

(January 22nd)

- Shelby Ferguson, MSW, from Health, Housing and Homeless Services presented on Coordinated Entry.
- Several resources were shared, including a discussion of the Destination Home Program and the APS Home Safe Program.
- Continued discussion of ways to reduce housing barriers for older adults.
- Discussed ways to manage difficult housing situations, including domestic violence and elder abuse, which involve efforts to remove the abuser from the home.

Alcohol and Other Drugs (AOD) Advisory Board (January 25th)

- Evaluated 2019 Action Plan and Identify Success, Challenges and Opportunities for Modifications
- Clarified the Board's role and individual responsibilities
- Gained understanding of AODS's internal operations and 2020 Priorities
- Restructure of the Board's Committees (Programs & Services and Community Awareness) and realign
- Determined AODAB priorities that align with AOD's priorities for 2020
- Created outline for 2020 Action Plan's Goals and Objectives
- Agreed to finalize the Action Plan by February 2020.

Behavioral Health Care Partnership (BHCP) (January 21st)

- BHCP Co-Sponsor Dr. Suzanne Tavano reported that a workgroup is looking at Psychiatric Emergency Services (PES) and discussing different approaches and options to better serve youth and adults.
- Presented the BHCP PES Improvement Tracking Document and introduced the latest version which compiled various community input broken and into themes and ideas.
- Introduced the idea of planning and hosting a BHCP Retreat. The feedback received from partners in attendance was to focus on appreciating that Contra Costa has a Psychiatric Emergency Services Department, to develop a strategic plan including purpose and scope and to host listening sessions for our community.

- The BHCP Brochure Workgroup presented the changes that had been made in the small workgroup sessions and requested input for future revisions

Children, Teens and Young Adults Committee (January 9th)

Update to be provided at the CPAW Committee meeting.

Health, Housing and Homeless Services (H3)

Update to be provided at the CPAW Committee meeting.

Innovation Committee (January 27th)

- The Center for Recovery and Empowerment (CORE) recently reported that there has recently been some staff turnover. Project will work on filling positions quickly.
- The Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board & Cares discussed the project billing Medi-Cal. Project staff stated that they are still working out the billing flow, but hope to have everything resolved before the next team starts.
- Personnel attended and discussed hiring, recruitment and processes for the department.
- The next meeting is scheduled for Monday, February 24 from 2:30 pm to 4:00 pm at Morello Avenue, Suite #100, Martinez.

Mental Health Commission (MHC) (January 8th)

- Seneca's Mobile Response Team, which serves Children, presented about their services and how they operate;
- There was a lot of discussion about behavioral and mental health services working together with law enforcement agencies throughout the county, including increasing awareness, responding to challenging situations, and diversion programs
- Peer support certification is back on the table in Sacramento via SB 803;
- W. Hayes presented the Director's Report, the product he and the Ad Hoc Data Committee have produced. The report shows how BHS is doing based on certain performance indicators, which include finance, access to services, and staffing capacity among them. The report is still a work in progress as some of the data's validity and reliability need to be checked and verified. The report will be eventually automated and will be a great tool to gain insights in BHS performance;
- The Commission approved the Orientation and Training Curriculum – the Orientation sessions will take place an hour before the main meeting starting in February.

Quality of Care Committee (QC) (No Meeting in January)

Reducing Health Disparities (RHD) (January 27th)

- The RHD Committee reviewed and held a discussion about the Cultural Competence Plan, the focus areas for 2019-2020 and the importance of continued group involvement.
- The group also discussed and is planning a survey to be released to identified focus groups that will help identify methods to support underserved populations.
- At the next meeting, RHD will hear from the African American Health Conductors and Promoters and will continue to develop the survey as well as future plans.
- The next RHD meeting will be February 24th, 2020 from 1:00 pm to 2:30 pm at 1340 Arnold Drive, Suite 126 in Martinez.

Social Inclusion (January 9th)

- The committee engaged in a conversation around planning for this year's phase of the Social Inclusion public advocacy campaign, "Hope Starts with Us." Participants discussed possible meeting rotations across the three regions of the county, culturally relevant observances to incorporate into various months' meetings, and potential events and venues for tabling by Social Inclusion campaign ambassadors.
- Participants also developed affirmation boxes intended to promote self-care and wellness.
- The next Social Inclusion meeting will take place on Thursday, February 13th from 1:30 to 3:30 PM at 2425 Bisso Lane, 1st Fl. Conf. Rm, in Concord. For more information, email Roberto.Roman@cchealth.org or call (925) 957-5105.

Suicide Prevention (January 24th)

- Continued work on strategic plan including mission statement and resource/asset mapping.
- Also identified speakers/presentation topics for 2020 and
- Discussed legislative updates with Gordon Doughty from American Foundation for Suicide Prevention (AFSP).
- The next Suicide Prevention Committee meeting will be February 28th.

System of Care Committee (January 8th)

- The SOC Committee continues to receive updates on the Oak Grove project progression and other No Place Like Home (NPLH) projects. NPLH applications have been submitted to the State and the County anticipates notification sometime in June. Behavioral Health Services (BHS) continues to explore sites and plans a Short-Term Residential Treatment Program (STRTP) for youth.
- The Committee also discussed career progression opportunities for peer providers/ family partners both within the County and partner Community Based Organizations (CBOs). Discussions to formulate a plan will continue at the next meeting.
- The next SOC Committee meeting will be February 12th, 2020 from 10 am to 11:30 am at 1220 Morello Avenue, Suite 100 in Martinez.

Training Advisory Workgroup (TAW) (January 27th)

Update to be provided at CPAW Committee meeting.



MHSA Three Year Program and Expenditure Plan

Proposed New Programming and
Budget for FY 2020-23

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Supportive Housing

- Provide Full Service Partnerships (FSPs) with flexible housing funds
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units
- Increase on site permanent supportive housing services and supports
- Retain and recruit additional augmented board and care beds

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Assertive Community Treatment

Add multi-disciplinary adult and transition age youth FSP staffing to enable provision of Assertive Community Treatment (ACT) to fidelity.

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Short Term Residential Treatment

Provide Capital Facility funds to enable existing STRTP facility to serve the highest acuity children within the County rather than out of county placement.

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Early Childhood

Provide outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders.

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Suicide Prevention

Field staff to provide countywide suicide prevention education and training.

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Mental Health Career Pathway Program

- Financially support County and contract peer and family support providers with lived experience via the MHSA Loan Repayment Program to pursue higher education leading to career advancement in the behavioral health field and retention in the workforce.
- Add County Mental Health Specialist positions to augment case management capacity in the adult mental health clinics.

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Internship Program

Add funding to the MHSA graduate level internship program to increase the capacity of Behavioral Health to provide treatment providers who are proficient in languages other than English.

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Capital Facilities

Re-purpose the Oak Grove site to house and treat transition age youth.

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Information Technology

Build Behavioral Health electronic data management capacity to enable better analysis, decision-making, communication and oversight of services.

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Proposed FY 20-23 Budget

- Increase FY 19-20 budget from \$54.8m to \$62m annually for FY 20-23.
- Annual increased budget of \$7.2m to be used for new and additional services, one time capital facility and information technology projects, and increase in cost of doing business.
- With projected \$53.8m in annual MHPA revenue plus interest, leaves an annual estimated \$8.2m reduction in unspent funds.

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Fund Ledger

Estimated fund balance as of July 1, 2020	51.6m
Estimated revenue for FY 20-21	+ <u>53.8m</u>
Revenue available for FY 20-21	105.4m
Proposed budget for FY 20-21	- <u>62.0m</u>
Estimated fund balance as of July 1, 2021	43.4m
Estimated revenue for FY 21-22	+ <u>53.8m</u>
Revenue available for FY 21-22	97.2m
Proposed budget for FY 21-22	- <u>62.0m</u>
Estimated fund balance as of July 1, 2022	35.2m
Estimated revenue for FY 22-23	+ <u>53.8m</u>
Revenue available for FY 22-23	89.0m
Proposed budget for FY 22-23	- <u>62.0m</u>
Estimated fund balance as of July 1, 2023	27.0m ¹²

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Assumptions

- Projected revenue from State MHSA Trust Fund remains flat for the next three years.
- Legislative initiatives do not compromise MHSA funds under County control.
- Annual cost of doing business allowance remains at 3%.
- Any emerging capital facility projects or new services will be addressed via upcoming annual Three Year Plan Updates, and will impact the MHSA unspent fund balance.

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Point of Contact

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

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Senate Bill No. 389

CHAPTER 209

An act to amend Section 5813.5 of the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

[Approved by Governor August 30, 2019. Filed with Secretary of State August 30, 2019.]

LEGISLATIVE COUNSEL'S DIGEST

SB 389, Hertzberg. Mental Health Services Act.

Existing law, the Mental Health Services Act (MHSA), an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. Existing law prohibits MHSA moneys from being used to pay for persons incarcerated in state prison or parolees from state prisons.

Existing law authorizes the act to be amended by a $\frac{2}{3}$ vote of the Legislature if the amendments are consistent with, and further the intent of, the act. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the act by majority vote.

This bill would amend the act to authorize the counties to use MHSA moneys to provide services to persons who are participating in a presentencing or postsentencing diversion program or who are on parole, probation, postrelease community supervision, or mandatory supervision. By authorizing a new use of continuously appropriated moneys, this bill would make an appropriation. The bill would state the finding of the Legislature that this act is consistent with, and furthers the intent of, the Mental Health Services Act.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 5813.5 of the Welfare and Institutions Code is amended to read:

5813.5. Subject to the availability of funds from the Mental Health Services Fund, the state shall distribute funds for the provision of services under Sections 5801, 5802, and 5806 to county mental health programs. Services shall be available to adults and seniors with severe illnesses who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3. For purposes of this act, "seniors" means older adult persons identified in Part 3 (commencing with Section 5800) of this division.

(a) Funding shall be provided at sufficient levels to ensure that counties can provide each adult and senior served pursuant to this part with the medically necessary mental health services, medications, and supportive services set forth in the applicable treatment plan.

(b) The funding shall only cover the portions of those costs of services that cannot be paid for with other funds, including other mental health funds, public and private insurance, and other local, state, and federal funds.

(c) Each county mental health program’s plan shall provide for services in accordance with the system of care for adults and seniors who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3.

(d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

(1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

(2) To promote consumer-operated services as a way to support recovery.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.

(4) To plan for each consumer’s individual needs.

(e) The plan for each county mental health program shall indicate, subject to the availability of funds as determined by Part 4.5 (commencing with Section 5890) of this division, and other funds available for mental health services, adults and seniors with a severe mental illness being served by this program are either receiving services from this program or have a mental illness that is not sufficiently severe to require the level of services required of this program.

(f) Each county plan and annual update pursuant to Section 5847 shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison. Funds may be used to provide services to persons who are participating in a presentencing or postsentencing diversion program or who are on parole, probation, postrelease community supervision, or mandatory supervision. When included in county plans pursuant to Section 5847, funds may be used for the provision of mental health services under Sections 5347 and 5348 in counties that elect to participate in the Assisted Outpatient Treatment Demonstration Project Act of 2002 (Article 9 (commencing with Section 5345) of Chapter 2 of Part 1).

(g) The department shall contract for services with county mental health programs pursuant to Section 5897. After November 2, 2004, the term “grants,” as used in Sections 5814 and 5814.5, shall refer to those contracts.

SEC. 2. The Legislature finds and declares that this act is consistent with, and furthers the intent of, the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.

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NAMI California Response to Governor Newsom's 2020-2021 Budget

NAMI California Response To Governor Newsom's 2020-2021 Budget

Governor Gavin Newsom has released his most ambitious budget (<http://www.ebudget.ca.gov/budget/2020-21/#/Home>) to date, showing that he and his Administration aim to make sweeping improvements to behavioral health across the state.

"We are happy to see a solid priority on mental health that focuses on a multi-pronged approach to solving a complex issue," says CEO Jessica Cruz. "It is clear the Governor and his Administration are prioritizing mental health, from plans to establish a new 'Behavioral Health Task Force' and improve the enforcement of behavioral health parity laws, to investing in state hospitals and establishing a new 'Healthcare Rights and Access Section' at the California Department of Justice."

Several new behavioral health initiatives outlined in the budget include:

- Establishing a new "Behavioral Health Task Force" at the California Health and Human Services Agency
- Establishing a new "Behavioral Health Quality Improvement Program"
- Strengthening and updating the California Department of Managed Health Care enforcement of behavioral health parity laws
- Establishing a new "Healthcare Rights and Access Section" at the California Department of Justice

- Proposing reforms to the Mental Health Services Act (MHSA) to address spending for substance use disorder treatment, people with mental illness who are also experiencing homelessness or are involved in the criminal justice, and early intervention for youth

Also in the works, investments are being made available for:

- State mental health hospitals
- The Medi-Cal “Healthier California for All” Initiative [formerly named the California Advancing and Innovating Medi-Cal initiative (CalAIM)]
- New “Access to Housing and Services Fund” to tackle homelessness
- State prison supports for behavioral health
- Early childhood, student well-being, and addressing adverse childhood experiences
- Making health care more affordable
- Increases to the In-Home Supportive Services (IHSS) Program for aged, blind, and disabled individuals to remain safely in their homes rather than institutions
- Nursing home reimbursement reform
- Small increases to Supplemental Security Income (SSI)/State Supplementary Payment (SSP) benefits
- Addressing individuals with both behavioral health and developmental disability needs
- New State Department of Youth and Community Restoration

We are looking forward to continuing to advocate for the family and individual’s voice in the development and implementation of these policies. We will work with the legislature, department of finance and state departments, including the Governor’s office, on being a part of the solution that is best for families across California.

NAMI CALIFORNIA BUDGET REVIEW

Our more comprehensive summary of the budget is below.

The Big Picture

The Governor's Budget describes California's economy as the strongest in the nation, which has contributed to fueling the nation's economy. Despite the strong economy, low unemployment rate (3.9%) and healthy projected reserves (\$18 billion in the Rainy Day Fund in 2020-21), Governor Newsom wants to ensure the state can weather a recession. In the immediate future, the Budget projects state revenue growth will slow over the next four years.

Behavioral Health is Prioritized in New Initiatives

Governor Newsom and his Administration aim to improve behavioral health in California through varying complimentary approaches. The Governor's Budget proposes the following *new* behavioral health initiatives:

- Establish a new "Behavioral Health Task Force" at the California Health and Human Services Agency comprised of state agencies, counties, consumers, health plans, providers, and other stakeholders. According to the Governor's Budget, the task force will "review existing policies and programs to improve the quality of care, and coordinate system transformation efforts to better prevent and respond to the impacts of mental illness and substance use disorders in California's communities."
- Establish a new "Behavioral Health Quality Improvement Program" with \$45.1 million General Fund in FY 2020-21 and \$42 million General Fund in FY 2021-22. This would fund county-operated community mental health and substance use disorder systems to "incentivize system changes and process improvements that will help counties prepare for opportunities through the Medi-Cal Healthier California for All initiative. Improvements include enhanced data-sharing capability for care coordination and establishing the foundational elements of value-based payment such as data collection, performance measurement, and reporting. These core investments build off the \$70 million in the 2019 Budget Act to provide value-based provider payments for services and projects focused on behavioral health integration.
- Strengthen and update the California Department of Managed Health Care enforcement of behavioral health parity laws by working with health plans, providers, patient representatives, and others to address timely access to

treatment, network adequacy, benefit design, and plan policies. The May Revise will include updates to this proposal.

- Establish a new “Healthcare Rights and Access Section” at the California Department of Justice to consolidate and centralize and managing the increasing volume of healthcare litigation regarding the opioid crisis, drug price-fixing, antitrust cases, and defenses of the Affordable Care Act.
- Propose reforms to the Mental Health Services Act (MHSA) to address spending for substance use disorder treatment, people with mental illness who are also experiencing homelessness or are involved in the criminal justice, and early intervention for youth. The Budget reports that counties currently have slightly more than \$500 million in local MHSA reserves, of which \$161 million must be shifted to prevention and community services and supports by June 30, 2020. The May Revise will include a proposal for proposed reforms.

The Medi-Cal “Healthier California for All” Initiative

The Governor’s Budget provides new information and announcements about the “Medi-Cal Healthier California for All” initiative (formerly CalAIM, the California Advancing and Innovating Medi-Cal initiative). The Medi-Cal Healthier California for All initiative is intended to improve Medi-Cal beneficiaries’ clinical outcomes, assist beneficiaries with navigating the complex health system, and better coordinate between and integrate delivery systems. The initiative also builds upon recent Medi-Cal demonstration programs, including Whole Person Care pilots, the Coordinated Care Initiative, the Health Homes program, and public hospital system delivery transformation.

To implement the Medi-Cal Healthier California for All initiative starting January 1, 2021, the Budget provides \$348 million General Fund. The investment would grow to \$695 million in FYs 2021-22 and 2022-23. These funds would be used for enhanced care management, in lieu of services, necessary infrastructure to expand whole person care approaches statewide, and to build upon various dental initiatives. Beginning in FY 2023-24, the Administration projects ongoing annual costs of \$395 million. For additional information, please see my November 6, 2019 memo describing CalAIM components pertaining to behavioral health.

State Mental Health Hospitals

The Department of State Hospitals (DSH) are proposed to receive \$2 billion in 2020-21 and the patient population is expected to reach 6,761 by the end of 2020-21. Select state hospital investments of interest proposed in the Budget include:

- Establish a Community Care Collaborative Pilot Program to address the growing number of incompetent to stand trial (IST) commitments awaiting admission to the state hospital system. The number of ISTs with felony criminal charges awaiting state hospital admission was approximately 800 individuals in December 2019. The pilot program would receive \$24.6 million General Fund in FY 2020-21 for a six-year pilot to incentivize three counties to treat and serve individuals deemed IST in the community. Over six years, the cost of the pilot program is estimated to be \$364.2 million General Fund;
- Expand the existing Jail-Based Competency Treatment program to eight additional counties with \$8.9 million General Fund in 2020-21 and \$11.2 million General Fund annually thereafter; and
- Improve clinical care through \$32 million General Fund and 80 positions for the first year of a five-year effort to standardize clinician-to-patient ratios, improve patient outcomes, shorten lengths of stay, reduce patient violence and staff injuries, implement trauma-informed care, and develop of a comprehensive discharge planning program.

New “Access to Housing and Services Fund” to Tackle Homelessness

According to the Budget, the Administration proposes a “radical shift in the state’s involvement to augment local governments’ efforts to shelter the many unsheltered persons living in California, by

launching a new state fund for developing additional affordable housing units, supplementing and augmenting rental and operating subsidies, and stabilizing board and care homes.

The Budget would establish a new “Access to Housing and Services Fund” (administered by the California Department of Social Services) with \$750 million General Fund to move individuals and families into stable housing, and to increase

the number of units available as a stable housing option for individuals and families who are homeless or at risk of becoming homeless. The funds would be provided under contract with regional administrators and would be used to:

- Provide short- and long-term rental subsidies;
- Make small and medium-sized contributions to encourage development of new units in exchange for a rental credit;
- Stabilize board and care facilities by funding capital projects and/or operating subsidies;
- Engage with landlords to secure units and negotiate individual client leases;
- Provide tenancy support services;
- Coordinate case management with counties for those receiving rental subsidies to ensure they are enrolled in eligible public assistance programs; and
- Enable regional partners to pool federal, state, local, and private funds to stabilize the housing circumstances of the state's most vulnerable populations.

State Prison Supports for Behavioral Health

The Budget provides resource to the California Department of Corrections and Rehabilitation (CDCR) for a variety of efforts to address behavioral health needs of individuals in its care. The average daily adult inmate population is now projected to be 124,655 in 2019-20, and an average daily adult parolee population of 50,442.

Budget proposals of interest include:

- Expand telepsychiatry to increase inmate access to mental health care services (\$5.9 million);
- Expand inmate visitation at nine CDCR institutions to establish and maintain a continuum of social support, including parent-child relationships, which are critical for successful reentry (\$4.6 million General Fund);
- Retrofit 64 cells for inmates entering segregated housing at institutions around the state to prevent suicide (\$3.8 million);
- Maintain mental health, medical, and dental care services programs (\$3.6 billion);
- Support an electronic health care data exchange process to transfer health records to counties for inmates who are transitioning to county custody or the community (\$720,000)

Early Childhood, Student Well-Being, and Addressing Adverse Childhood Experiences

According to the Budget, “Providing children in California with a healthy start is one of the best investments the state can make. A growing body of research points to the link between early

childhood interventions and improved outcomes years or even decades into the future, including higher education levels, better health, and stronger career opportunities.” Specific investments of interest include:

- \$10 million for the development of an adverse childhood experiences (ACES) cross-sector training program that will be accredited by the Office of the Surgeon General, as well as a statewide ACES public awareness campaign;
- \$300 million for the development of innovative community school models that support student mental health in public schools;
- \$350 million to augment Educator Workforce Investment Grants for local educational agencies to train school teachers and paraprofessionals on a host of issues, including multi-tiered systems of support and mental health interventions: social-emotional learning and restorative practices; non-discrimination, anti-bullying, and affirmative supports for LGBTQ and other marginalized students.
- \$18 million for the California Collaborative for Educational Excellence to bolster awareness of available services and supports for all local educational agencies in the topics listed above.

Additionally, to improve local educational agencies’ ability to effectively support students with

Disabilities and identify best practices, the Administration and Legislature engaged with researchers and collaborated with stakeholders. Among their findings are that “Needs associated with student mental health and social-emotional issues are becoming more prevalent.” In response, the Budget proposes a three-phase, multi-year process to improve special education finance, services, and student outcomes. This process will finalize a new special education funding formula to support equity, more inclusive practices, and early intervention services; improve family and student

engagement, including whole-child and family wrap-around services; and refining funding, accountability, and service delivery for specialized services, such as out-of-home placements, non-public school placements.

Making Health Care More Affordable

Governor Newsom reports his Administration will pursue new initiatives this year to make health care more affordable. For example, he proposes to increase transparency in the price for health care, address hospitals' costs on a regional basis, increase use of technology, and expand value-based reimbursements. Additionally, the Budget seeks to reduce prescription drug costs by expanding the state's ability to consider the best prices offered by manufacturers internationally, negotiating additional supplemental rebates, and increasing the state's purchasing program to further consolidate the state's purchasing power. The Governor plans to propose a single market for drug pricing within the state and the state's own generic drug label, as well as to establish a new "Office of Health Care Affordability." Additionally, to strengthen California's public option for health plan selection, the Administration plans to "leverage" Covered California (the health care exchange) and Medi-Cal. The California Health and Human Services Agency plans to identify options that would address enrollment, affordability, and choice through Covered California, as well as utilize existing Medi-Cal managed care plans.

Increases to the In-Home Supportive Services (IHSS) Program

The IHSS program is a Medicaid entitlement that provides domestic and related services to enable aged, blind, and disabled individuals to remain safely in their homes rather than institutions. The Governor's Budget includes \$5.2 billion General Fund for IHSS in FY 2020-21, representing a 16% increase from 2019-20. The Budget estimates that over half a million (586,000) Californians will receive IHSS services in FY 2020-21. Additionally, the Budget provides \$523.8 million General Fund to provide planned minimum wage increases to IHSS works (\$13 per hour on January 1, 2020, \$14 per hour on January 1, 2021).

The Budget also provides \$1.9 million General Fund in 2020-21 to providing additional training to county social workers and managers in conducting needs assessments for IHSS recipients, with the goal of improving consistency across counties in implementing IHSS program requirements.

Nursing Home Reimbursement Reform

Currently, the state provides annual cost-based increases and quality incentive payments to all skilled nursing facilities (SNFs) that are partly funded by facilities paying a fee of 6% of their revenue. These fees are then used as state match to draw down federal Medicaid reimbursement for SNF services to Medi-Cal beneficiaries. This type of arrangement began in 2004, but sunsets July 31, 2020. The Governor proposes to reform SNF reimbursement to a cost-based methodology that could better incentivize value and quality.

It is important to note that this funding arrangement does not include SNFs that are considered Institutions for Mental Disease (IMDs), as SNF-IMDs are ineligible for federal Medicaid reimbursement. As such, county mental health departments utilize 1991 Realignment Mental Health revenues to cover the full costs of SNF-IMDs. Under current law, counties must pay SNF-IMDs an annual 3.5% rate increase.

Small Increases to Supplemental Security Income (SSI)/State Supplementary Payment (SSP) Benefits Starting Next Year

As described in the Budget, the federal SSI program “provides a monthly cash benefit to eligible aged, blind, and disabled persons who meet the program’s income and resource requirements. In California, the SSI payment is augmented with an SSP grant. These cash grants assist recipients with basic needs and living expenses...The state-only Cash Assistance Program for Immigrants (CAPI) provides monthly cash benefits to aged, blind, and disabled legal noncitizens who are ineligible for SSI/SSP due solely to their immigration status.” Due to a 1.7% increase in the Consumer Price Index, the maximum SSI/SSP monthly grant levels will increase January 1, 2021 by approximately \$13 for individuals and \$20 for couples. The Budget provides \$2.6 billion General Fund in FY 2020-21 for the SSI/SSP program (a 1.6% decrease from the current year due to lower caseload projections). Current maximum SSI/SSP grant levels are \$943 per month for individuals and \$1,583 per month for couples.

Addressing Individuals with Both Behavioral Health and Developmental Disability Needs

According to the Budget, the composition of regional center consumers living with developmental disabilities has significantly changed over the past decade. Specifically, behavioral health needs among regional center consumers have grown by 48%. The Budget includes \$2.6 million General Fund for “Systemic, Therapeutic, Assessment, Resources and Treatment Training” on person-centered, trauma-informed, and evidence-based support services for individuals with co-occurring developmental disabilities and mental health needs.

New State Department of Youth and Community Restoration

The 2019 Budget transitioned the Division of Juvenile Justice at the Department of Corrections and Rehabilitation (CDCR) to the Health and Human Services Agency as an independent department, effective July 1, 2020. The Governor’s 2020-21 Budget includes additional resources to establish the division as a new “Department of Youth and Community Restoration.” The new department will consist of over 1,400 personnel and would be supported by \$260.8 million General Fund in 2020-21. According to the budget, this transition “aligns with the rehabilitative mission and core values of the Agency by providing trauma-informed and developmentally appropriate services to youth in California’s state juvenile justice system. This transition will improve the state’s ability to provide youth in the juvenile justice system with the services necessary to return safely to the community and become responsible and successful adults.” Funds provided to the new Department of Youth and Community Restoration would be used to establish a new training academy, as well as to continue support for “therapeutic communities” for offenders under age 26 who reside in a campus-style environment. A model program will be established at Valley State Prison in Chowchilla.



PRESS RELEASE
FOR IMMEDIATE RELEASE

MARTINEZ UNIFIED SCHOOL DISTRICT OPPOSES PROPOSED LOCATION OF RETAIL
CANNABIS STORE/DISPENSARY

The Martinez Unified School District is in opposition to the location of a proposed retail cannabis store/dispensary slated for approval by the City of Martinez, City Council. On Wednesday, January 15, 2020, at 7:00 PM, the City Council is slated to approve permits for Embarc, a retail cannabis store, to be located at 3501 Alhambra Avenue, Martinez CA. This location shares property borders with Martinez Unified School District and is located only 1,000 feet from Alhambra High School which serves nearly 1,200 students.

“The District is not in opposition to the City of Martinez opening a retail cannabis store, however, the proposed location, just feet from our Adult School and in such close proximity to Alhambra High School is not the appropriate location for this business,” said CJ Cammack, Superintendent of Schools for Martinez Unified. “Although students won’t directly access the products of the dispensary due to strict industry regulations, there are concerns about having any business on a shared property border that requires extensive security provisions and multiple security guards. Additionally, the current location may limit the potential uses of the Martinez Adult School property. In prior years, the Adult School housed a preschool, and more recently overflow parking for Alhambra High School, both of which the District could not operate in good conscience if a cannabis dispensary is opened on this shared property border.”

Martinez Unified has recently provided the City of Martinez a letter of protest regarding the City Council potentially awarding a conditional certificate to Embarc. Included in that letter are key points of the District’s opposition to this location. Martinez Unified is *not* opposing the City of Martinez’s right to provide the community with a legal cannabis store/dispensary. Rather, the District’s opposition is focused on the proposed location, specifically the extreme proximity to District property, including both Martinez Adult School and Alhambra High School.

As noted in the District’s letter of protest, key points of opposition include:

- While the requirement that potential cannabis dispensaries not be located near sensitive uses, including schools, is contained in the City’s ordinance, there is no indication that such proximity was a factor in the City’s “rigorous review process” of the four cannabis dispensary proposals. The School District would expect that, even outside of the 600-foot buffer, the nearer a proposed dispensary is placed to a school in the City, that proposal’s desirability would be lessened, and this would be reflected in the scores of such proposals near school properties, but it does not appear this was a factor taken into consideration by the proposal reviewers.

- The School District feels that the City's express exclusion of Main and Ferry Streets from the siting of potential cannabis dispensaries, while not considering as possible exclusion zones the portion of Alhambra Avenue near the high school, or any other main roadway arteries for that matter, was a gross oversight by the Council. In doing so, the City is favoring the preservation of its downtown businesses over the safety of its young people.
- Finally, the City's preferred applicant, Embarc, has been chosen by the County Board of Supervisors to apply for a use permit to establish a cannabis dispensary at 3503 Pacheco Boulevard, less than two (2) miles away from their proposed location on Alhambra Avenue. It is the School District's understanding that the City, in its ordinance, sought to restrict the number of dispensaries that open in the immediate vicinity of the City, yet one vendor, Embarc, may end up with two dispensaries within two miles of Alhambra High School if the City awards the conditional certificate being considered on January 15th.

In the face of the District's opposition, and despite the Martinez City Council acknowledging, on November 20, 2019, that the School District had not been informed of the potential siting of a cannabis dispensary just 1,000 feet away from Alhambra High School and on a shared property boundary with its adult education facility and maintenance/operations facility, the Council voted 4-0 in favor of moving Embarc forward as the potential recipient of the conditional certificate. By many appearances, it seems the City Council is ignoring the concerns of the Martinez Unified School District, a valuable and significant part of the community, in favor of other interests by selecting this location. The City Council had three other qualified applicants which all could provide revenue to the City and community access for a legal retail cannabis store, without infringing on the District's property use, and without placing it in such close proximity to Alhambra High School and Martinez Adult School.





The School District will consider any and all remedies available to carry out the obligations owed to the students and citizens of our community and to protect all rights and uses of School District property. The School District asks the City Council to reconsider awarding a conditional certificate to Embarc on January 15th, if their proposal continues to involve placement of a cannabis dispensary within the immediate vicinity of the School District's properties.

CJ Cammack, Superintendent
Martinez Unified School District
921 Susana Street, Martinez, CA 94553
925-335-5908

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Contra Costa Behavioral Health Stakeholder Calendar

February 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>9</p> 	<p>3</p>	<p>4</p>	<p>5</p> <p>Mental Health Commission: 4:30 – 6:30 pm 550 Ellinwood Way, Pleasant Hill</p>	<p>6</p> <p>CPAW: 3:00–5:00 pm 2425 Bisso Lane, Concord</p>	<p>7</p>	<p>8</p>
<p>10</p>	<p>11</p>	<p>18</p> <p>Behavioral Health Care Partnership: 1:30–3:00 pm (Location TBA)</p> <p>CPAW Membership 2:00 – 3:30 pm 1220 Morello Ave, Suite 100, Martinez</p>	<p>12</p> <p>System of Care: 10:00–11:30 am 1220 Morello Ave, Ste 100, Martinez</p>	<p>13</p> <p>Children's, Teens & Young Adults: 10:30 am – 12:30 pm 1340 Arnold Dr, Ste 200, Martinez</p> <p>Social Inclusion: 1:00–2:30 pm 2425 Bisso Ln, Concord</p>		<p>15</p>
<p>16</p>	<p>17</p> 	<p>25</p> <p>Adult: 3:00 – 4:30 pm 1340 Arnold Dr, Ste 200, Martinez</p>	<p>19</p>	<p>20</p> <p>CPAW Steerings: 2:00 – 3:30 pm 1220 Morello Ave, Suite 100, Martinez</p> <p>Quality of Care Committee: 3:30 – 5:00 pm 1220 Morello Ave, Suite 100, Martinez</p>	<p>21</p>	<p>22</p>
<p>23</p> <p>24 (Monday) Training Advisory Workgroup (TAW): 3:00 – 4:30 pm 1340 Arnold Drive, Suite 200, Martinez</p>	<p>24</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>26</p> <p>Aging /Older Adults: 2:00–3:30 pm 2425 Bisso Lane Concord</p> <p>AOD Advisory Board: 4:00 – 6:15 pm 1220 Morello , Walker Conference Room, Martinez</p>	<p>27</p>	<p>28</p> <p>Suicide Prevention Committee 9:00 – 10:30 am 1220 Morello Ave, Suite 100, Martinez</p> 		

CPAW Meeting Dates for 2020

Please visit our CPAW Meeting Schedule for any changes:

<http://www.cchealth.org/groups/cpaw/schedule.php>

First Thursday of every month – 3:00 pm – 5:00 pm
2425 Bisso Ln, 1st Floor Conference Room, Concord, CA 94520

Thursday, January 9th, 2020

Thursday, February 6th, 2020

Thursday, March 5th, 2020

Thursday, April 2nd, 2020

Thursday, May 7th, 2020

Thursday, June 4th, 2020

Thursday, July 2nd, 2020

Thursday, August 6th, 2020

Thursday, September 3rd, 2020

Thursday, October 1st, 2020

Thursday, November 5th, 2020

Thursday, December 3rd, 2020

CPAW Committees – Standing Meeting Dates

**** CPAW Innovation Committee:**

Fourth Monday of the month – 2:30 pm to 4:00 pm – 1220 Morello Avenue,
Suite 100, Martinez, CA 94553

**** CPAW Membership Committee:**

Third Monday of the month – 3:00 pm to 4:30 pm – 1220 Morello Avenue,
Suite 100, Martinez, CA 94553

**** CPAW Steering Committee:**

Third Thursday of the month – 2:00 pm to 3:00 pm – 1220 Morello Avenue,
Suite 100, Martinez, CA 94553

**** CPAW Systems of Care Committee:**

Second Wednesday of the month – 10:00 am to 11:30 am – 1220 Morello Avenue, Suite 100, Martinez, CA 94553

Stakeholder Meetings

Adult Committee:

Fourth Tuesday of the month – 3:00 pm to 4:30 pm – 1340 Arnold Drive, Suite 200, Large Conference Room, Martinez, CA 94553

Aging and Older Adult Committee:

Fourth Wednesday of the month – 2:00 pm to 3:30 pm – 2425 Bisso Lane, Suite 100, Concord, CA 94520

AOD Advisory Board:

Fourth Wednesday of the month – 4:00 pm to 6:15 pm – 1220 Morello Avenue, Second Floor Large Conference Room, Martinez, CA 94553

Behavioral Health Care Partnership (BHCP):

Third Tuesday of the month – 1:30 pm to 3:00 pm – (Locations Vary – To Be Announced)

Children’s, Teens, and Young Adults Committee:

Second Thursday of the month – 10:30 am to 12:30 pm – 1340 Arnold Drive, Suite 200, Large Conference Room, Martinez, CA 94553

Continuum of Care – Learning Hub (Health, Housing and Homeless Services):

(Meeting Schedule To Be Announced) - 1:00 pm to 3:00 pm - 2425 Bisso Lane, Large Conference Room, Concord, CA 94520

Reducing Health Disparities:

Fourth Monday of the month – 1:00 pm to 2:30 pm – 1340 Arnold Drive, Suite 126, Martinez, CA 94553

Social Inclusion Committee:

Second Thursday of the month – 1:30 pm to 3:30 pm – 2425 Bisso Lane, Large Conference Room, Concord, CA 94520

Suicide Prevention:

Fourth Friday of the month – 9:00 am to 10:30 am – 1220 Morello Avenue, Suite 100, Martinez, CA 94553

Training Advisory Workgroup (TAW):

Fourth Monday of the month – 3:00 pm to 4:30 pm (Locations Vary – To Be Announced)

*****Please note that the meeting dates/times/locations are subject to change. Please be advised that though these are standing meetings, they may change throughout the year. We will send out email reminders of any and all changes to meeting schedules.***

*****If you would like to be notified of meetings please contact us MHSA@cchealth.org***



2020 Orientation Schedule
Mental Health Services Act (MHSA)
Consolidated Planning Advisory Workgroup (CPAW)



The following topics will be presented to CPAW members and interested community members (stakeholders) as an orientation in efforts to inform on topics in relation to the Mental Health Services Act (MHSA), as well as the MHSA in relation to Contra Costa County Behavioral Health Services (BHS).

Each topic is covered prior to the start of the monthly CPAW Meeting every first Thursday of the month, unless noted otherwise on the CPAW Agenda. The setting is an informal conversation and exchange of information with time allotted for questions. Handouts are provided, as appropriate. BHS staff is responsible to conduct the session or coordinate for a qualified individual to present the topic. Orientation topics have been developed through input from orientation attendees.

Orientation Day and Time: First Thursday of Every Month from 2pm to 2:45pm (unless noted otherwise on the CPAW Agenda)
Orientation Location: 2425 Bisso Lane, Large Conference Room
Concord, CA 94520

1. What is CPAW, its sub-committees and other meeting groups? What is the role of a CPAW member?
 - Purpose of CPAW and sub-committees: Membership Committee, Systems of Care (SOC) Committee, Social Inclusion, Innovation (INN), and Steering Committee.
 - Other BHS Meeting Groups: Children, Teens and Young Adults (CTYA), Adults, Older Adults, Suicide Prevention, Training Advisory Workgroup (TAW), Reducing Health Disparities (RHD), Alcohol and Other Drug (AOD) Services Advisory Board, and Mental Health Commission (MHC)
 - Behavioral Health Services related Meeting Groups: Health, Housing and Homeless Services (H3) and Behavioral Health Care Partnership (BHCP)
 - What are all these meetings about and where can meeting information be found?
 - Roles and responsibilities; members, non-members, staff support and importance of being involved in CPAW
2. CPAW Participation, Advocacy, and Mentoring.
 - Working Agreement for committee participation
 - Culture of inclusion and accommodation (language translation, transportation resources, gift cards)
 - Beneficial methods of providing input and advocating
 - CPAW Peer to Peer Sponsor
 - Brown Act in relation to CPAW
3. How are Mental Health and Alcohol and Other Drugs (AOD) structured under Behavioral Health Services (BHS)?
 - How are services directed for clients?
 - How is funding divided up between Mental Health and Alcohol and Other Drug Services?
 - Additional Resources – Mental Health Services Oversight and Accountability Commission (MHSOAC), Department of Health Care Services (DHCS), Office of Statewide Health Planning and Development (OSHPD), County Behavioral Health Directors Association (CBHDA), California



2020 Orientation Schedule
Mental Health Services Act (MHSA)
Consolidated Planning Advisory Workgroup (CPAW)



Institute for Behavioral Health Solutions (CIBHS), California Mental Health Services Authority (CalMHSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS) and National Alliance on Mental Illness (NAMI)

4. How Does Budgeting and the Money Work?
 - Where does the money come from (federal, state, county, city, private sources)?
 - The budget process
 - Contra Costa County **MHSA's budget** - where is it found and how it is tracked?
 - How the Board of Supervisors, Health Services and BHS make decisions and who makes them?
5. How does BHS work to integrate services and funding with other departments/ divisions?
 - Department of Health Services and divisions in relation to BHS:
 - Contra Costa Health Plan (CCHP)
 - Emergency Medical Services (EMS)
 - Health, Housing, and Homeless Services (H3)
 - Contra Costa Regional Medical Center (CCRMC) and Health Centers and Clinics
 - Public Health
 - Other Departments in relation to BHS:
 - Department of Employment and Human Services Department (EHSD)
 - Department of Conservation and Development (DCD)
 - Department of Information Technology (IT)
 - Contra Costa County Courts
 - Contra Costa County Probation Office
6. How are we using and how can we strengthen MHSA programs to be more Culturally Responsive?
 - Review of culturally responsive MHSA programs
 - RHD Committee in relation to BHS
 - Annual Cultural Competence Plan Update
7. Who are we serving and who do we need to serve in Contra Costa County?
 - Where to find data about numbers of clients/ consumers/ peers served by BHS and partner Community Based Organization (CBOs)?
 - Resources: External Quality Review Report. Needs Assessment, Cultural Competence Plan and Prevention and Early Intervention Plan
8. How can training for BHS Staff, including partner CBOs be advocated for?
9. What Are Other Topics That Need to be Added to the CPAW Orientation?
 - Current topics of interest that have not been previously covered or revisiting topics
 - How to better understand these topics – gathering and analyzing information and data

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Name of Program:** The Latina Center
3701 Barrett Ave #12
Richmond, CA 94805
- II. **Review Team:** Michelle Rodriguez-Ziemer, Warren Hayes, Windy Murphy
- III. **Date of On-site Review:** February 23, 2017
Date of Exit Meeting: TBD
- IV. **Program Description.** The Latina Center provides cultural specific and linguistic support primarily to low income, immigrants and limited English proficient (LEP) Latino parents, and caregivers of high risk families in West Contra Costa County. Challenges within these communities include, but are not limited to, issues of isolation, depression, post-traumatic stress disorder (PTSD), domestic violence, and substance abuse. This program provides outreach and collaboration within the communities served. The Latina Center currently combines several grants and contracts to achieve the goal of offering a variety of support and services to the Latino communities in West Contra Costa County. One program funded by MHSA Prevention and Early Intervention (PEI) is the Primero Nuestros Ninos (Our Children First) program, which uses a 12-week parenting education and engagement program. This program uses an evidence-based curriculum, Systematic Training for Effective parenting (STEPS) or in Spanish, Padres Eficaces con Entrenamiento Sistemático (PECES). Primero Nuestros Ninos supports parents and caregivers of children and youth ages 0-15 with the goal of developing strong emotional, social, educational development, and reducing physical, mental and emotional abuse. Classes are taught by peer Parent Educators (Padres Educadores). Services include outreach for the increase recognition of mental health issue within the community. Ultimate goal is in providing support to strengthen and empower families.

V. Purpose of Review. Contra Costa Mental Health 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/plan element. 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/plan element in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumer surveys and interviews indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Improves timely access to underserved population
3. Provide the services for which funding was allocated.	Partially Met	Funds services consistent with the agreed upon Service Work Plan. A clearer understanding and link to mental health services is needed.
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 their target goal.
6. Achieve the outcomes that have been agreed upon.	Partially Met	Current outcome met. Language specific to mental health goals need to be reviewed.
7. Quality Assurance	Partially Met	Increased training is needed for staff in addressing the complexity of identification and assessing mental health needs.
8. Ensure protection of confidentiality	Met	Notice of HIPAA and

of protected health information.		Privacy Policies were in place.
9. Staffing sufficient for the program	Met	Staffing is sufficient to the program's needs. Issue of pay and retention are highlighted for discussion.
10. Annual independent fiscal audit performed.	Met	Researching whether annual financial statements are required.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Resources appear sufficient, although reserves appear small with no line of credit.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Staff implements sound check and balance system.
13. Documentation sufficient to support invoices	Met	Documentation appears to support costs in excess of invoices.
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	Not Met	Indirect charged at 5%. Suggest moving indirect expenses to Personnel and Operating Costs.
17. Insurance policies sufficient to comply with contract	Met	Policies sufficient for the services offered.
18. Effective communication between contract manager and contractor	Partially Met	Recommend better collaboration in adapting to new PEI regulations and upcoming planning for MHSA Three Year Plan.

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

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

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

Discussion. Nine parents participated in a focus group. Their length of time involved with The Latina Center ranged from six years to seven months. The parents spoke unanimously about the benefits of the program services, including parenting classes, support group and previously access to a clinician for individual support for the children and family support. Many spoke of the linkages that had occurred because of the help of staff at The Latina Center. Most participants reported an increase in well-being, coping skills and network support through their connection with the Latina Center. Many of the families report life histories complicated with exposure to trauma, loss, isolation, and limited resources to care for multiple children. The role of the Latina Center, in providing support for these multiple and at times complexity of needs was seen as a plus. Consumer surveys echoed similarly.

When consumers were asked what was missing, they identified the need for more resources in the community; a need for therapy for families and parents, follow-up resources after parenting class; and better ways to inform the community of the services available. They also suggested that the class time of two hours be increased to three hours per session. Most also reported that more individuals would take advantage of the services if there was more flexibility with the times that the classes are held. Currently most classes are held in week days. Weekend classes were suggested. Another concern express is that the recent government approach of targeting immigrant families, have led to increase distrust and therefore let to more isolation for parents, children and family, resulting in a decrease in participation in any services offered.

Staff members were interviewed. Almost all themselves had participated in the parenting class as “participants”. Many reported taking the class several times and taking advantage of other opportunities, including leadership trainings. The outcome is that now they are hired as the Parent Educators. Several reported that their lived experience, increased the effectiveness of the services they were offering. Many staff spoke to the great needs in these communities and the lack of resources to meet the needs. Others spoke to the need for more mental health support and for trainings on the complexity of issues, including those related to Substance abuse and PTSD.

Results. Based on the interview of staff and participants, it is believed that The Latina Center is involved in collaboration and the integration of service experiences, while promoting wellness, recovery and resilience. Based on these findings, it is believed that The Latina Center delivers the services in compliance 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. 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. This program provides services primarily low income, immigrants and limited English proficient (LEP) Latino parents, caregivers of high risk families in West Contra Costa County. Services include twelve weeks parent education and engagement classes. Other services include mental health education and linkage to others systems. These services are intended to help reduce disparities in service.

Results. As a Prevention and Early Intervention program, The Latina Center is serving the agreed upon target population, and helps address disparities in service.

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 Latina Center works primarily with low-income, immigrant and limited English proficiency (LWP) parents and families, who are traditionally underserved. Services are provided at schools, churches, and community centers within West Contra Costa County. Services are intended to provide timely access and are intended to increase the usage of mental health and case management support, including support with linkage and system navigation. Interviews reveal that participants felt supported and have reported improvement in several areas of their lives, including their mental health. A review of charts is

needed to clarify a clear development of mental health related goals and/or outcomes.

Results. The services provided are consistent with the services outlined in the Service Work Plan. Consumers and staff interviews confirmed that the program and staff activities are consistent with both the goal of the program and with the MHSA's PEI component. There however remains a need for clearer development of mental health related goals and outcomes, thereby aligning with the goal of the program and with the MHSA's PEI component.

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

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

Discussion. The Latina Center was authorized based on the Community Program Planning Process. Its goal has been to provide mental health education, parenting classes and linkages to mental health resources for primarily low income, immigrant and limited English proficiency parents and families. Its overall intent under PEI has resulted in increasing protective factors for those at risk and those recovering from a serious mental illness. The strategy of outreach, parent classes, support groups, system's navigation, and linkages, supports participants and their family members. This is consistent with PEI's strategy of outreach for increasing recognition of early signs of mental illness.

Results. The Latina Center program for 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, consumers and surveys support the belief 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 Latina Center is contracted to provide outreach to at least 300 parents from West Contra Costa County.

The Semi-annual reports for the last three years show that The Latina Center has consistently met and or exceeded its' agreed upon goal.

Results. The Latina Center has consistently exceeded 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. Outcomes measures are based on Strengthen Families models. They include a pre- and post-Strengthening Family Program (SFP) assessment for parenting skills, overall family strengths and program evaluation sheets. Increased knowledge of ability to understand mental health concepts and access services, along with improved family communication were reported. Program will provide an update on collecting data consistently and on the tools utilized. Satisfaction evaluations indicated that more than 90% of participants surveyed were satisfied with the services provided.

Results. Interviews with consumers and surveys received, reflect back that this program has had a positive impact in the lives of those served. The program is encouraged to continue its' efforts to use data to reflect the changes occurring in consumers life, as a result of their participation in this program.

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 current program is governed by the written policies. These policies allow both staff and consumers to report concerns/grievances. However, this program does not bill Medi-Cal and therefore is not subject to the County's utilization review process. Contra Costa Behavioral Health Services has not received any grievances regarding this program. Ongoing employee training, including substance abuse, Post-Traumatic Stress Disorder (PTSD) and domestic violence, consistent with the challenges and mental health related problems areas of this population needs further attention.

Results. The program has internal processes in place to be responsive to the needs of its staff and the community. Contra Costa Behavioral Health Services has not received any grievances regarding this program. Ongoing training specific to challenges within communities specific to mental health is recommended.

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 Latina Center has written policies and provides staff training on HIPAA requirements and safeguarding of participants' information. Program participants and parents are informed about their privacy rights and rules of confidentiality.

Results. The Latina 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. The contract details that The Latina Center will employ a minimum of 1.5 FTE to provide direct services. The Latina has been creative in attempting to provide the services in the community. Currently they employ five (5) part-time and one (1) full time parent educators. There are also two lead staff member. While staffing appears sufficient, pay rates are low, along with low to no benefits for staff.

Results. The program has been creative in its' effort to support the community, however pay rates and lack of benefits may meant impact retention of high quality staff members.

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 CCIF were reviewed for fiscal years ending 2014 and 15. CCIF Staff reported the 2016 report will be available shortly. CCIF is a non-profit corporation incorporated in 1997 to provide permanent, affordable housing and support services to homeless and at-risk families and individuals in Contra Costa County. It has continuously grown to a \$3+million organization with approximately 150 units that are funded by multiple contracts and grants in order to provide affordable housing and on-site services that prevent homelessness, support self-reliance, and assist families and their children with academics, health and wellness services. 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. CCIF has been growing steadily, with diversified resources, significant operating reserves, and a line of credit. Staff confirmed that CCIF is utilizing dollars from its fundraising efforts to offset unreimbursed expenses for this contract amount of \$64,526 for FY 2105-16. This is due to the contract amount not being increased since its inception several years ago. The contract was increased 3% for FY 2016-17; however, it is suggested that CCIF determine the actual cost to the organization for delivering this level of services in anticipation of the MHSA Three Year Plan.

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 Controller was interviewed and described the processes and staff utilized to implement generally accepted accounting principles. The Controller has been in charge of managing CCIF's fiscal operations for over five years, and has extensive experience managing accounting staff for non-profit organizations of this size. 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 were provided and analyzed. CCIF utilizes the Quickbook on line accounting software system, and matches supporting documentation, such as receipts and staff time cards to invoices submitted in order to ensure accurate and non-duplicative 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. The Controller articulated a personnel allocation process whereby it was apparent that costs exceeded total contract amount. 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. CCIF was not billing for administrative costs, although it was apparent that they were incurring administrative costs for this contract. This indirect rate appears to be one of the line items that CCIF has been subsidizing, as the financial summaries appeared to indicate significant administrative costs.

Results. Indirect costs appear to be incurred but not reimbursed. CCIF is encouraged to construct and propose an appropriate indirect cost budget line item for this contract.

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. Written and verbal required reporting enables communications to routinely occur to conduct business. However, more active communication and collaborative planning is needed in order to assist The Latina Center in compliance with the new PEI regulatory requirements, and to support a program direction that continues to serve the needs of those at risk for developing a serious mental illness.

Results. The Latina Center is encouraged to work with the CCBHS PEI contract manager to plan and adapt, and implement their Service Work Plan to fully meet PEI goals, applicable category, required strategies, and new reporting requirements.

VIII. Summary of Results. The Latina Center provides cultural specific and linguistic support primarily to low income, immigrants and limited English proficient (LEP) Latino parents, and caregivers of high risk families in West Contra Costa County. The Latina Center currently combines several grants and contracts to achieve the goal of offering a variety of support and services to the Latino communities in West Contra Costa County. One program funded by MHSA Prevention and Early Intervention (PEI) is the Primero Nuestros Ninos (Our Children First) program, which uses a 12-week parenting education and engagement program. This program uses an evidence-based curriculum, Systematic Training for Effective parenting (STEPS) or in Spanish, Padres Eficaces con Entrenamiento Sistemático (PECES). Primero Nuestros Ninos supports parents and caregivers of children and youth ages 0-15 with the goal of developing strong emotional, social, educational development, and reducing physical, mental and emotional abuse. Classes are taught by peer Parent Educators (Padres Educadores). Services include outreach for the increase recognition of mental health issue within the community. Ultimate goal is in providing support to strengthen and empower families.

IX. Findings for Further Attention.

- The Latina Center is encouraged to develop clearer mental health related goals and outcomes, thereby aligning with the goal of the program and with the MHSA's PEI component.
- They are further encouraged to develop clearer structures around assessments and linkages to mental health support.
- The program is further encouraged to continue its' efforts to use and report on data to reflect the changes occurring in consumers lives, as a result of their participation in this program.
- They are also further encouraged to increase training opportunities for staff around mental health issues specific to the populations served.
- They are also further encouraged to explore pay and retention of quality staff member and succession planning for the Executive Director.

X. Next Review Date.

XI. 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

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

I. Name of Program/Plan Element:

Lifelong Medical Care
2344 6th St.
Berkeley, CA 94710

II. Review Team: Jennifer Bruggeman, Golnaz Fortune

III. Date of On-site Review: October 24, 2019

Date of Exit Meeting: December 18, 2019

IV. Program Description. Founded in 1976, Lifelong Medical Care (Lifelong) is a provider of comprehensive medical, dental, integrated behavioral health and social services to low-income individuals and families in Alameda, Contra Costa and Marin Counties. It is a Federally Qualified Health Center (FQHC) with approximately 16 locations. The program funded under the Mental Health Services Act (MHSA) is the Senior Network and Activity Program (SNAP). **SNAP** provides therapeutic drama, art, music and wellness programs to public housing residents in Richmond. Services provided include outreach to residents, wellness activities, quarterly outings, screening for depression and isolation, information and referral services, and transportation services between sites. The program encourages lifelong learning and creativity, increases protective factors and provides opportunities for reducing the depression and social isolation often associated with aging.

V. Purpose of Review. Contra Costa Mental Health 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	Consumer surveys and interviews indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Lifelong improves timely access to mental health services for underserved population at risk of developing a serious mental illness and in recovery from mental health issues.
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 reports meeting and exceeding target goals as established in the Service Work Plan.
6. Achieve the outcomes that have been agreed upon.	Met	Surveys indicate that participants benefit greatly from participation in the program.
7. Quality Assurance	Met	Quality assurance is sufficient.
8. Ensure protection of confidentiality of protected health information.	Met	Notice of HIPAA and Privacy Policies were in place.
9. Staffing sufficient for the program	Met	Staffing appears sufficient to meet the needs of the program.
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	Indirect charged at 10%.
17. Insurance policies sufficient to comply with contract	Met	Appropriate to level of services offered.
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, be culturally competent, and be client and family driven?

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

Discussion.

Eleven participants were interviewed during the program review. The group consisted of nine women and two men, most of whom are long time program participants. They described benefits of the SNAP program that include getting them more involved in the community by providing a safe space to engage in activities, meeting new people and improving mental health through social engagement and peer support. They appreciate that the program “keeps them on their toes and stimulates the mind.” Activities include bingo, art, singing, learning other languages such as Spanish. Regarding recommendations to

improve the program, suggestions included more transportation to support outings to San Francisco, museums and casinos, and more mental health support.

The SNAP program is directly staffed by one social work case manager, one activities coordinator and one support staff, all of whom are long-time agency employees. The case manager and activities coordinator are both full time employees who work 3 days with SNAP and 2 days in one of the Lifelong clinics in Oakland. All three were interviewed. SNAP program is located on-site at three different low-income and affordable housing complexes in Richmond: Nevin Plaza, Harborview, and Friendship Manor. Activities are also held at the nearby Native American Wellness Center. Staff acknowledged that working within the housing complexes requires negotiations with Housing Authority and building management. They have experienced ongoing challenges, including limited space for secure storage and limited use of the facilities. Staff described approaching their work with a focus on improving mental well-being, decreasing risk factors and increasing protective factors within these underserved populations. They demonstrate great care and compassion for the clients they serve and feel that the program is beneficial. It helps decrease loneliness and isolation often associated with older age and helps participants see themselves as valuable and productive members of the community. Staff described that many of the program participants are living with trauma histories, substance abuse issues and limited resources. The issues that surface most frequently among participants are lack of adequate food resources and grief & loss issues. They suggested additional training topics that include: Substance Use Disorder (SUD) education; Self-care/burn-out prevention; dealing with Grief & Loss. In addition, it seems that more clinical supervision for the case manager would be beneficial given the complex issues residents present with, as well as training around suicide prevention awareness, as this population (seniors dealing with loss, isolation, depression) are potentially a high-risk group.

A total of 38 surveys were received from SNAP participants. The majority are older African American residents, who range in age from late 40's – late 80's, with an average participant age of 65 years old. Over 94% of participants agree or strongly agree that SNAP helps improve their mood and makes them feel more connected to others, makes them feel like they can better handle their problems, as well as feeling that staff listens and helps them access services. Overall, participants appear very satisfied with the program. The table below further summarizes survey results:

Questions											
Please indicate how strongly you agree or disagree with the following statements:	Total Survey Responses: 38										
	<table border="1"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>No Opinion</th> <th>Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	4	3	2	1	0
	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree						
4	3	2	1	0							
1. I am very satisfied with SNAP.	<p>Average score: 3.63 (n=38)</p> <p>“n” denotes the number of respondents who scored the item between 0 and 4.</p>										
2. SNAP helps me improve my mood.	Average score: 3.40 (n=38)										
3. SNAP helps me feel like I can handle my problems.	Average score: 3.21 (n=38)										
4. SNAP helps me feel more connected to others (less isolated).	Average score: 3.42 (n=38)										
5. SNAP staff respects me and listens to my ideas.	Average score: 3.53 (n=38)										
6. Case Management has improved my ability to access services.	Average score: 3.27 (n=37)										
7. Comments from participants on how the program has helped them include:	<ul style="list-style-type: none"> • Takes the stress off and makes me feel happy • Helps me get along with other people • Forget about (my problems) • More sociable with others • Engaging me in activities • Having something to do with my neighbors • Eating better • Express myself in public • Remember I’m not alone • Not be depressed • Motivation • Teaching me crafts • Keeps us active • Having a social worker • Makes me happy 										

	<ul style="list-style-type: none"> • Helps me feel at ease • Laugh, be cheerful, have fun with others • Helps me meet new people • Problem solving • Was there for me when I thought no one was there • Helps me get out of my apartment and have someone to talk to
<p>8. Suggestions from participants on how the program could improve include the following:</p>	<ul style="list-style-type: none"> • More hot food and fruits • New games • Exercise, i.e. Zumba • Programs during the weekend • Poetry writing • Get more people involved • Programs more days per week • More funding

Results. SNAP has been in existence and funded through MHSA for the past 10 years. During that time, there have been some challenges (including lack of volunteers to support the Elders Learning Community component described in the previous review), but the program continues to thrive. Interviews with consumers and staff confirm that delivery of services are occurring and are in accordance with the values of MHSA, as they are consumer driven, focused on wellness and recovery and culturally responsive.

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. 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. This program serves isolated and underserved older adults in West Contra Costa County. Participants in the SNAP program are residents of public housing, where there are very few on-site services other than this program. These services are intended to provide timely access and linkage for a population that is traditionally underserved.

Results. Lifelong Medical Care is serving the agreed upon target population.

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

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

Discussion. Lifelong's SNAP program works with isolated and underserved older adults. The services provided are consistent with the Service Work Plan. Consumers and staff interviews confirmed that the program and staff activities are consistent with both the goal of the program and MHSA's PEI component. Highlights from activities that took place in the past year include: Excursions to Fisherman's Wharf and Hilltop Cinemas, guest speakers, a three-month nutritional series, live drumming and creative movement, Tai chi, a conversational Spanish group, Men's Club, and a grief & loss support group.

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

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

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

Discussion. Lifelong's goal has been to provide appropriate services to underserved consumers, with the overall intent of increasing protective factors and reducing risk factors for those at greater risk of developing a mental illness. The strategy of offering wellness classes, linkage to care and system navigation, is consistent with the PEI strategy of providing outreach and increasing recognition of early signs of mental illness.

Results. Lifelong Medical Care's MHSA funded program has been authorized annually by the Board of Supervisors since 2009 and is consistent with the current MHSA Three Year Program and Expenditure Plan. Program staff and consumer interviews indicate that the program meets the goals and needs of the community. The program helps older adults feel they are part of a community and decreases isolation by bringing meaningful activities into their lives.

Depression screenings are administered, and participants are monitored for

signs of higher mental health needs. When appropriate, staff may link residents to County Behavioral Health Clinics, or other appropriate resources.

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 annual reports submitted for the last three years show that Lifelong Medical Care has consistently exceeded the agreed upon goal of 115 participants. Numbers served in the most recent reports have varied annually between 138 – 154.

Results. Lifelong Medical Care has consistently exceeded the target number 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. Annual reports indicate that almost all participants screened reported high levels of satisfaction with the programs offered. Survey results demonstrate that participants feel the program offers valuable services and meaningful activities that enhance their wellbeing and decrease isolation. Program staff have created a new screening tool with participant input and focus groups, to reduce resistance and with the goal of capturing more accurate data and providing appropriate linkages when needed.

Results. With the development and implementation of the new screening tool, staff is able to identify mental health needs and take appropriate steps to provide support and linkage as needed. The program is achieving the agreed upon outcomes by improving wellness and increasing protective factors for an

otherwise isolated and underserved population of primarily older adults in West County.

7. **Quality Assurance.** How does the program assure quality of service provision?
Method. Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.
Discussion. The program does not participate in Medi-Cal billing and is not subject to the utilization review process. The larger Lifelong organization does operate multiple FQHC's and is able to implement appropriate quality assurance oversight for SNAP.
Results. Bi-annual aggregate data reports are submitted, as required by PEI state regulations. Additionally, an annual program report is submitted. This is the second program and fiscal review for the MHSA funded program, SNAP. The program has followed up on multiple suggestions made during the previous program review. Adequate quality assurances are in place. The county has not received any complaints or grievances regarding this program in the last three years.
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. Lifelong Medical Care has written policies on privacy and HIPAA requirements and safeguarding of participants' information. Program participants are informed about their privacy rights and rules of confidentiality.
Results. Lifelong 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. The current MHSA budget delineates 1.30 FTE, with four part time staff attached to this program. While staffing appears sufficient, the program may benefit from more direct clinical supervision to provide guidance around the

residents with high behavioral health needs and staff training on relevant topics such as Co-occurring Disorders, Grief & Loss and Suicide Prevention.

Results. Staffing appears sufficient for the program.

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 Lifelong Medical Care were reviewed for the previous three years. Lifelong is a not for profit entity begun in 1976 to provide health care to seniors, and has grown to a \$60+ million organization with 17 Federally Qualified Health Center sites, and receives over 60 contracts and grants in the East Bay area to provide health and behavioral health care to low income individuals of all ages. The independent auditors did not 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. Review Board of Directors meeting minutes. Interview fiscal manager of program.

Discussion. Lifelong has been growing steadily, with diversified resources, significant operating reserves, and a line of credit. The program has received a 3% annual increase for each of the previous three years. The current contract limit is \$134,710 for FY 19-20. The SNAP program is funded primarily through MHSA, as well as a grant from the Leshner Foundation.

Results. Resources appear sufficient.

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. Fiscal staff have extensive experience managing accounting for non-profit organizations of this size. 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 or plan element.

Discussion. Supporting documentation for a randomly selected monthly invoice for each of the last three years were provided and analyzed. Lifelong utilizes the Financial Edge software system from Blackboard, and scans all supporting documentation to enable a paperless system. In addition, the Program Manager for this contract utilizes a spreadsheet to track costs charged against budget line items, both to double check costs charged against the contract, as well as to assist in staying within budget.

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 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. 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. Lifelong has consistently budgeted administrative costs for this contract at 10%. Actual administrative costs for this large agency are closer to 20%, and they subsidize the difference.

Results. Indirect charged at 10%.

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 time of site visit. Updated insurance policies are provided annually.

Results. The program complies with 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. Effective verbal and written communication occurs regularly between staff at Lifelong and MHSA.

Results. Current level of communication is sufficient for effective administration of the contract relationship between CCBHS and Lifelong.

VIII. Summary of Results.

MHSA PEI currently funds one program at Lifelong Medical Care, Senior Network and Activity Program (SNAP). The program encourages lifelong learning and creativity and provides opportunities for reducing the depression and social isolation often associated with aging. **SNAP** provides therapeutic wellness programs to elderly public housing residents at Nevin Plaza, Harborview and Friendship Manor. Services offered include outreach, case management and wellness classes that are intended to decrease depression and isolation.

Staff showed a passion for working with this elder population, and all are long time employees with deep ties to the program and the community. They continue to face overwhelming participant needs for basic community resources such as food, as well as behavioral health support for residents dealing with mental health, substance use issues, grief and loss. Since the last program and fiscal review, staff have developed a new screening tool to assess for risk factors. They receive support from the larger agency and work with other community providers to support residents with appropriate wrap around care, as needed.

IX. Suggestions for Further Attention.

1. Lifelong is encouraged to explore linkage opportunities for clients with high mental health needs to behavioral health services, including the Older Adult Mental Health program.
2. Lifelong is encouraged to continue collaboration with community partners to offer further in-services opportunities related to behavioral health and wellness. Residents may benefit from continued support around grief & loss, co-occurring disorders, and suicide prevention, due to the high risk of the older adult population.

X. Next Review Date. 2022

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies

MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Name of Program:** Telecare – Hope House
300 Ilene Street, Martinez, CA 94553
- II. **Review Team:** Windy Taylor, Betsy Orme, Warren Hayes
- III. **Date of On-site Review:** August 22, 2019
Date of Exit Meeting: November 12, 2019
- IV. **Program Description:** Telecare Corporation operates Hope House, a voluntary, highly structured 16-bed Short-Term Crisis Residential Facility (CRF) for adults. Hope House serves individuals who require crisis support to avoid hospitalization or are discharging from the hospital or long-term locked facilities, and need step-down care to transition back to community living. The focus is client-centered and recovery-focused, and underscores the concept of personal responsibility for the resident's illness and independence. The program supports a social rehabilitation model, which is designed to enhance an individual's social connection with family and community so that they can move back into the community and prevent a hospitalization. Services are recovery based and tailored to the unique strengths of each individual resident. The program offers an environment where residents have the power to make decisions, are supported as they look at their own life experiences, set their own paths toward recovery, and work towards the fulfillment of their hopes and dreams. Telecare's program is designed to enhance client motivation to actively participate in treatment, provide clients with intensive assistance in accessing community resources, and assist clients develop strategies to maintain independent living in the community and improve their overall quality of life. The program's service design draws on evidence-based practices such as Wellness Action and Recovery Planning (WRAP), motivational interviewing, and integrated treatment for co-occurring disorders.

Telecare Corporation as an organization specializes in serving individuals with complex needs including co-occurring disorders, substance abuse issues, chronic health conditions, criminal justice system involvement, homelessness, intellectual disabilities, and complications associated with aging. Telecare is

based out of Alameda County and is a family-owned organization with more than 80 programs and 2,600 employees statewide.

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 Telecare’s Hope House Crisis Residential 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	Services are delivered to support the root and core values of the MHSA vision.
2. Serve the agreed upon target population.	Met	All current residents within the center currently meet the agreed upon target population.
3. Provide the services for which funding was allocated.	Met	This program provides all services and supports that are funded by MHSA.
4. Meet the needs of the community and/or population.	Met	All community needs are being fulfilled by the specified population.
5. Serve the number of individuals that have been agreed upon.	Partially Met	Hope House currently struggles with meeting their target monthly census goal each year.

6. Achieve the outcomes that have been agreed upon.	Met	The program has achieved the outcomes agreed upon.
7. Quality Assurance	Met	The County has set up an appropriate system in place to ensure utilization process is being completed.
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant.
9. Staffing sufficient for the program	Met	Staffing level is generally sufficient enough to support targeted service numbers.
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	Methodology supports indirect rate of 16%.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	Protocol in place that is currently providing adequate communication.

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

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

Discussion. Before the site visit a total of 96 surveys were mailed out. The criteria for the mail out consisted of any client that had been seen within the last six months.

Survey Results Pre-Mail Out:

All survey results indicated in the table below reflect surveys that were mailed out to clients prior to the Program and Fiscal Review that was scheduled on August 22, 2019. The clients that returned these surveys by mail have already been discharged from the program.

Questions	Responses: n=7				
	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	4	3	2	1	n/a
1. Help me improve my health and wellness.	Average score: 3.14 (n=7)				
2. Allow me to decide what my own strengths and needs	Average score: 3.29 (n=7)				
3. Work with me to determine the services that are most helpful	Average score: 3.43 (n=7)				
4. Provide services that are sensitive to my cultural background.	Average score: 2.29 (n=7)				
5. Provide services that are in my preferred language	Average score: 3.0 (n=7)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 2.71 (n=7)				
7. Are open to my opinions as to how services should be provided	Average score: 2.57 (n=7)				

8. What does this program do well?	<ul style="list-style-type: none"> Provides extensive care and support to those in need Embraces the uniqueness of each individual Helps provide assistance and schedules appointments as needed
9. What does this program need to improve upon?	<ul style="list-style-type: none"> Spend less time on cell phones Bathrooms to be cleaned more frequently
10. What needed services and supports are missing?	<ul style="list-style-type: none"> Counseling and access to outside providers Additional food choices such as fresh fruits & vegetables More resources needed for employment Housing

11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Average score: 3.28 (n=7)			
12. Any additional comments?	<ul style="list-style-type: none"> They did not provide urgent services requested The staff here are the absolute best anyone could hope for and were 100% professional Staff are very caring 			

Survey Results:

All survey results indicated in the table below reflect surveys that were received during the Program and Fiscal Review that was scheduled on August 22, 2019.

Questions	Responses: n=11				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know n/a
1. Help me improve my health and wellness.	Average score: 2.91 (n=11)				
2. Allow me to decide what my own strengths and needs	Average score: 2.64 (n=11)				
3. Work with me to determine the services that are most helpful	Average score: 3.18 (n=11)				

4. Provide services that are sensitive to my cultural background.	Average score: 2.27 (n=11)
5. Provide services that are in my preferred language	Average score: 3.27 (n=11)
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 2.36 (n=11)
7. Are open to my opinions as to how services should be provided	Average score: 2.82 (n=11)
8. What does this program do well?	<ul style="list-style-type: none"> • Program makes sure my needs are met • Goal planning is reviewed and supported • Listens to my opinion • Helps clients to stabilize on their medication
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Stop singling people out when something goes wrong • Advise clients on what to do if a threat is made • Need stable placement for clients in safe environments before their time has ended with the program • Have a provider that speaks Spanish • Longer stay with the program
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Housing • More one-on-one therapy sessions

11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
Average score: 3.82 (n=11)				
12. Any additional comments?	<ul style="list-style-type: none"> • Hope House is unique and has a heart for the people that it serves • Request for the library to be open all the time • Never have been disappointed attending this program 			

Consumer Interview:

The resident consumer group interview was attended by approximately six clients. Four of those clients were male and two were female. Clients were extremely happy with services provided at Hope House and had many things to say about the program and what impact it has had on their lives. Clients felt that it is a safe place that they can go to in comparison to the county shelter. They appreciated how the program is structured and feel the staff are extremely dedicated and responsive to their needs. Clients felt that improvements could be made. Suggestions included:

- Less discharge paperwork
- Provide additional links to resources within the community
- Groups on triggers
- Provide computer hardware such as thumb drives
- Ability to access the computer and printer easily

Comments that were included:

- This place is a gift especially to a homeless person that has nowhere to turn with little or no money to receive services.
- Providers here at the Hope House are brilliant and need more time dedicated to meet with clients.
- Hope House is that glimmer of hope that things can get better.

Overall, clients felt that the stay should be longer. They felt that the program and staff have been an integral part of their transition into the community and would not know what they would do without this program. Current residents who participated in the focus group spoke very highly of the program, while survey response scores were generally lower in satisfaction levels; in particular, the statements *Provide services that are sensitive to my cultural background*, and, *Are open to my opinions as to how services should be provided*, received relatively low average scores. Hope House staff are encouraged to follow up with current residents for assistance with how to improve in these areas.

Staff Interview:

Seven program staff members were interviewed during the site visit. Staff positions consisted of Peer Support Specialists, Residential Counselors, Office Coordinators, and a Licensed Psychiatric Technician. Staff have been with Telecare ranging from 1 year to 16 years and with Hope House 2 to 4 years. All staff described their positions and explained what their day-to-day tasks look like

at the program. Staff felt they do deal with some specific challenges that involve medication inaccuracy when receiving discharges. Print outs aren't always updated and easy to read and so many times additional clarity on the medication list has to be given. Staff are also extremely concerned around changes to new length of stay restrictions through Medi-Cal approval. Staff feel that crucial time is needed for adjustment and placement. It was also mentioned that most of their time is spent completing paperwork instead of direct care. Staff feel passionate about the program and wish that they had more time to provide direct care for the clients.

County Staff Interview:

County staff feel that Hope House has shown some significant positive changes in recent months. Staff feel the program is very responsive and accommodating. They also feel that recent hires have been exceptional and easy to work with during intake processing and collaboration requirements. Medi-Cal documentation has been accurate, and paperwork has been very clear and precise. One suggestion would be to have the program provide more clarity when charting around a client's daily needs. This means to provide more details around specific situations within the documentation that will allow staff to respond accurately. Again, Hope House is continuing to provide a level of service that is critically needed and with the overall improvements the program has shown its resiliency and ability to meet the needs of the clients that it is funded to serve.

Results. Hope House staff appear to implement services according to the values of the Mental Health Services Act.

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness. 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. Clients admitted to Hope House meet medical necessity and need crisis support before reaching the community. All clients referred are over 18 and require step down care to transition back to the community.

Results. The program serves the agreed upon target population.

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

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

Discussion. A review of the monthly ShareCare Service activity reports shows that the program appears to provide the number and type of services that have been agreed upon in the Service Work plan. During the staff interview the intake process was discussed outlining the process by which clients receive a clear level of crisis stabilization services, medication support, basic living tasks, crisis mitigation techniques, and other intensive mental health services.

Results. Appropriate crisis residential services are provided by Hope House with appropriate intensive mental health specialty services for the residents.

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. These crisis residential services have been authorized by the Board of Supervisors after a community program planning process identifying crisis housing services as a priority need. Consumer interviews and surveys indicate that Hope House is meeting their needs.

Results. Hope House appears to be meeting the needs of the population for which it 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. Contract states that Hope House will operate a sixteen (16) bed Short-term Crisis Residential Facility for adults (18) and over. Due to the short-term nature of the program, the average census for each month can vary, however, the established census goal is a monthly average of 12.

In FY 16/17, Hope House achieved 11.25, FY 17/18, 12.10 and FY 18/19 between 10 to 12. Hope House works with several programs for referrals, including the County Psychiatric Emergency Services, the County hospital inpatient psychiatric unit, other psychiatric hospitals in the Bay Area, and other community referrals. County staff have also indicated a desire for more clarity and shared definitions on admission criteria for potential referrals.

Results. The program struggles to meet the target number of individuals that have been referred to their facility, and have expressed their desire to receive more referrals. It is recommended that Hope House problem solve with the County to clarify criteria acceptance and how to receive more referrals.

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 goals are reported in terms of “MHSA Mandated Objectives” and “Contra Costa County Mandated Objectives.” The MHSA-specific objectives/outcomes for Hope House center on “supporting family members and significant others” as a key part of the treatment plan. To address this, Hope House welcomes family members into the treatment whenever possible. In FY 17/18, they worked with 176 residents’ families, had 354 phone collaborations and facilitated 218 face-to-face sessions with family members at the facility. In FY 18/19, they worked with 208 residents’ families, had 385 phone collaborations and facilitated 178 face-to-face sessions with family members at the facility. They are presently on-track to meet goals for the current fiscal year.

Contra Costa Behavioral Health Services outcomes focus on 1) maintaining a monthly average census of at least 12 residents, and 2) an average length of stay of 14 days or less. Please see above discussion for the census topic. As for the average length of stay, Hope House reported for FY 16/17 an average stay of 14.7 days, FY 17/18 an average stay of 15.5 days and FY 18/19 average stay of 15.1 days. However, at the time of the review, it was reported that

determination of medical necessity has been decreased from 30 days to 14 days, which has greatly impacted placement. Staff feel that this change has made it extremely difficult for patients to have enough time to stabilize and then have a chance to be placed appropriately.

Results. Hope House appears to be meeting most of the outcomes in the service agreement. It is recommended that the program to continue to revisit referral and intake efforts to keep census outcome requirements.

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. CCBHS did not receive any grievances associated with Hope House's crisis residential program. Telecare- Hope House was given a recent recommendation to come up with a formalized complaint/grievance process that also included a system's flow when receiving a grievance. Hope House moved forward on this suggestion improving its current internal complaint/grievance procedures. Based on this process, clients are kept informed of grievance procedures and the program must respond as soon as possible. If a grievance is received staff is required to log the grievance and an investigation is required.

The program undergoes regular Level 1 utilization reviews conducted by County Mental Health Staff. This review process started in March and reflected retroactively to the beginning of the year. On May 30, 2018, a Level Two Compliance Review was conducted by County Mental Health on Hope House's charts. The results show that there were several compliance issues, including missing forms (LOCUS Form and Registration Form). There were several other findings related to disallowances for Initial Psych Assessments and Partnership Plans that were not completed correctly, illegible, or unclear on diagnosis. There were also significant disallowances based on Initial Clinical Assessments that didn't provide a clear diagnosis, therefore disallowing the entire admission. There were additional, smaller disallowances regarding a variety of issues with progress notes: incomplete notes, not documenting billable services, mis-categorized notes, and other related issues.

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. Hope House staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Hope House appears to be in compliance with HIPAA requirements.

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

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

Discussion. Telecare has an organizational structure of filled positions indicating a sufficient number and type of staff to support their operations, particularly for the Hope House program. Currently, Hope House appears to have adequate staffing but there have been a few changes over the last year. A Clinical Director was hired and some changes within the clinical team took place. As of current, the program now has a full team and full coverage to support 24-hour service to clients on site. It was discussed that recruiting has been reasonably effortless. Hope House uses a recruiting agency if a position stays vacant for too long. The program also discussed getting involved in the recruiting fair to hire clinicians.

Results. Program is sufficiently staffed to meet program requirements.

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 Telecare were reviewed for fiscal years ending 2016, 17 and 18. Telecare Corporation operates behavioral health treatment programs in ten states and several California counties under cost reimbursed and fee for service contracts, primarily with government agencies. The corporation has been steadily growing over the years, and it's totally owned subsidiary, TLC Behavioral Health and Psychology Corporation, operates in California through a management agreement. The contract for operation of the

Hope House is the only contract that Telecare has with Contra Costa County. The independent auditors did not report any material or significant weaknesses.
Results. No audit findings were noted.

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

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

Discussion. Telecare is an S Corporation that owns and issues significant stocks and stock options, has diversified resources, significant operating reserves, and a line of credit. 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 organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program.

Discussion. Shanna Taylor, Regional Operations Director, and Clearnise Bullard, Program Administrator, were both interviewed and described the processes that staff utilized to implement generally accepted accounting principles. When asked how the organization would respond to an audit both felt that they were comfortable with showing extensive supporting documentation to support all expenses including documentation to track staff time and proper allocation of operating costs.

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 or plan element.

Discussion. Supporting documentation for randomly selected monthly invoices for each of the last three years were provided and analyzed. Telecare utilizes Kronos as the database for reconciling staff payroll.

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 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. 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 closeout 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. Telecare produced its methodology that justifies the 16% indirect rate charged to the contract.

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

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

Method. Review insurance policies.

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

Results. The program complies with the contract insurance requirements.

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

Method. Interview contract manager and contractor staff.

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

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

VIII. Summary of Results.

Hope House provides a very valued service to the most compromised individuals for which it was set up to serve. It continues to provide a level of care that is required in order to prepare clients to return to the community. Hope House should continue to explore reasons for low census and referrals. It is noted that Hope House is struggling with their recent length of stay approval changing from 30 days to 14 days. This was emphasized during all of the interviews with both program and county staff and appears to be an issue that will have a significant effect on clients. Moreover, Hope House is a vital level of service that helps a person regain abilities that have been lost due to mental illness. It provides significant structure and support and continues to fill a level of service imperative to the community which it was intended to serve.

IX. Findings for Further Attention. It is recommended that:

- Behavioral Health Services program staff and Hope House work together to explore means to increase referrals to keep their beds filled.
- Explore and develop user friendly protocols that mitigate new regulatory requirements for more frequent medical necessity determinations. Residents' length of stay at Hope House should be appropriate to their treatment needs.
- County Behavioral Health quality assurance staff responsible for level 1 and 2 utilization reviews work with Telecare and Hope House staff in a proactive technical assistance capacity to streamline and reduce documentation requirements while

concurrently reducing Medi-Cal billing disallowances. Treatment staff need more time to provide direct client care which also result in more Medi-Cal billing.

- Hope House continue to work with the County to create a plan for stronger coordination of care for consumers' medication regimens.
- Enlist Hope House residents' participation in how to increase customer satisfaction in such areas as providing services that are culturally sensitive and are open to resident input as to how services can be better provided.

X. Next Review Date. August 2023

XI. Appendices.

Appendix A – Response from Program to Report

Appendix B – Program Description/Service Work Plan

Appendix C – Service Provider Budget

Appendix D – Yearly External Fiscal Audit

Appendix E – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Centralized Utilization Review Reports

Program's Response to UR Report

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

