

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review: March 23, 2015**
Date of Exit Meeting: May 18, 2015
- II. **Review Team:** Erin McCarty, Michelle Nobori, Warren Hayes
- III. **Name of Program/Plan Element: The James Morehouse Project at El Cerrito High School**

IV. Program Description.

Under the fiscal agency of YMCA East Bay, the *James Morehouse Project* (JMP) works to create positive change within El Cerrito High School through providing mental health services and counseling—with the ultimate goal of providing support to students to overcome mental health issues they may be faced with. Funded through Prevention and Early Intervention (PEI) funds, *JMP* provides outreach and engagement to at-risk youth, as well as a range of youth development programming designed to increase access to mental health services. Per regulations proposed by the Mental Health Services Oversight and Accountability Commission (MHSOAC), a **Prevention** program is a “set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors”. Many studies have pointed to the link between chronic and toxic stress related to lack of opportunity, exposure to community violence, child abuse, and family conflict as well as, negative health and mental health outcomes. Protective factors include increased self-agency with regard to pursuing opportunities and resources, and connection with community and resources. In addition, the proposed regulations emphasize the importance of providing services in a “convenient, accessible, acceptable and culturally appropriate setting”.

Key JMP activities designed to improve students’ well-being and success in school include: Alcohol and Other Drug Use/Abuse Prevention; JMP Leadership Class (anger and violence); Arts/Spoken Word (students at risk of school failure); Bereavement Groups (loss of a loved one); Skittles (queer youth of color); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Immigrant Acculturation. Each of these activities aids in increasing protective

factors and decreasing risk factors as well as identifying youth requiring mental health services and linking them to mental health services.

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 MHSAs 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 MHSAs	Yes	Services are provided in a manner that is community based, culturally competent, and responsive to community needs
2. Serve the agreed upon target population.	Yes	Services are provided to an underserved and at-risk population
3. Provide the services for which funding was allocated.	Yes	PEI funds are directed toward approved programming
4. Meet the needs of the community and/or population.	Yes	Program is consistent with community planning process and strategies
5. Serve the number of individuals that have been agreed upon.	Yes	Target service numbers are reached
6. Achieve the outcomes that have been agreed upon.	Yes	Agreed upon success indicators are met
7. Quality Assurance	Partially met	Grievance procedures are in place, but need to

		cover more than violation of privacy rights
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant
9. Staffing sufficient for the program	Yes	Staffing level support targeted service numbers
10. Annual independent fiscal audit	Yes	Independent fiscal audits did not list any findings
11. Fiscal resources sufficient to deliver and sustain the services	Yes	JMP has sufficient multiple funding sources to sustain the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	YMCA as fiscal agent subscribes to generally accepted accounting principles
13. Documentation sufficient to support invoices	Yes	YMCA fiscal system is sound
14. Documentation sufficient to support allowable expenditures	Yes	Personnel timekeeping records justify amount invoiced to county
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Personnel only contract enables close out in appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	N/A	No administrative costs are included in this contract
17. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
18. Effective communication between contract manager and contractor	Yes	Regular contact between contractor and contract manager

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

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

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

Results.

Survey Results

We received 24 responses to the survey.

Questions	Responses: n=24				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness	Average score: 3.33				
2. Allow me to decide what my own strengths and needs	Average score: 3.50				
3. Work with me to determine the services that are most helpful	Average score: 3.38				
4. Provide services that are sensitive to my cultural background.	Average score: 2.79				
5. Provide services that are in my preferred language	Average score: 3.13				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.00				
7. Are open to my opinions as to how services should be provided	Average score: 3.29				
Your response to the following questions is appreciated:					
8. What does this program do well?	<ul style="list-style-type: none"> • Having someone to talk to • Respecting people's needs. • Allows people to relax. • Make sure every student that walks through the door receives the help they need— 				

	physical/emotional health, support with school, college, or employment. <ul style="list-style-type: none"> • Provided a safe space. 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • The bathroom 				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Allergy medicine • Talk to people about substance use (specifically marijuana) without lecturing. • Music 				
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)	<table border="1"> <tr> <td>Very Important 4</td> <td>Important 3</td> <td>Somewhat Important 2</td> <td>Not Important 1</td> </tr> </table>	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Very Important 4	Important 3	Somewhat Important 2	Not Important 1	
Average score: 3.45					
12. Any additional comments?	<ul style="list-style-type: none"> • “I’ve been able to express myself with words easier, like letting people fully understand what I’m trying to say.” • “I LOVE YOU GUYS!!!” • “Keep up the good work.” • “I really enjoy being able to get stuff off my chest and the people here are great.” 				

Consumer Interview

The consumer interview was attended by six youth (4 female, 2 male) who all interact with JMP in various ways. Senior students communicated that they had been involved with JMP since their freshman year, and others’ engagement ranged from 2 months to 2 years. Some of the youth reported their involvement with JMP as meeting individually with JMP staff, coming to the health center for access to a quiet room, spending time as a Teacher Assistant (TA) or volunteering as Peer Conflict Mediators.

Overall, the young people were very appreciative of JMP’s presence on campus and spoke about the importance of JMP as a safe and welcoming space that is different than the “tense and stressful” environment within the school halls. The students feel that every JMP staff person was equally concerned about their individual well-being and that the program was seen as having a positive impact in their lives.

Staff Interview

The staff interview was attended by the Youth Development Coordinator, JMP Clinical Training Director, the JMP Associate Director, and the JMP Director.

Staff described JMP's efforts as focused on addressing the needs of students at El Cerrito High School and providing access to health and mental health related services. Presenting needs were for sexual health education, substance abuse services, and dental services for the un-insured.

Staff are committed to ensuring that all services provided are client-driven and offered in a manner that reduces stigma. Unlike other school health centers, JMP is proud that their center has equal and consistent attendance from both male and female students. Staff attributes this "measure of success" to the male lead staff who welcomes any individual who enters the health center, as well as their ability to hire and retain both male and female clinical staff.

As a result of the high numbers of youth that have experienced various forms of trauma, JMP staff reiterated multiple times, the importance of integrating trauma-informed services with their existing clinical practices. Some additional challenges that JMP has experienced within the system of care are locating alcohol and other drug (AOD) services for youth, more family support services, and ways of addressing sexual assault and stigma within the school environment.

The James Morehouse Project looks continuously to strengthen its ties to and integration with clinical mental health providers, including County public health and mental health programs, community providers, and the larger El Cerrito High School community, to increase its ability to make appropriate referrals for at risk individuals and individuals identified as presenting a mental illness. JMP has worked closely with the County PEI Coordinator to bridge connections between fellow PEI providers, as well as the larger Contra Costa County system of care in order to provide the widest array of appropriate services to the youth.

JMP staff is culturally and linguistically competent and maintains close ties to the community it serves; the program cooperates closely with other Prevention and Early Intervention services, such as STAND and First Hope and is involved in suicide prevention activities within the County, namely the Suicide Prevention Committee and QPR Instructor training. JMP also provides linkage to an array of support services, including mental health clinical supports for those who are identified as needing more intensive services.

Discussion.

The James Morehouse Project delivers services according to the values of the MHSA.

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

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

Results. The James Morehouse project serves all students at El Cerrito High School.

Discussion. 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.

Results. Semi-annual reports show that the program is consistently engaging students at El Cerrito High School, and is providing a wide range of youth development programs and services for students. JMP programming is meant to increase resiliency and protective factors, improve students' well-being and success in school, and decrease risk factors, and includes: Alcohol and Other Drug Use/Abuse Prevention; JMP Leadership Class (anger and violence); Arts/Spoken Word (students at risk of school failure); Bereavement Groups (loss of a loved one); Skittles (queer youth of color); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Immigrant Acculturation.

The clinical services provided by the James Morehouse Project take guidance from the ideas and practices of Narrative Therapy. Per the program's Parent Welcome Letter, "Narrative therapy seeks to be a respectful, non-blaming approach to counseling and community work which centers the people as experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influences of problems in their lives."

JMP staff are trained in the practice of Narrative therapy and adheres to the fidelity of the model. The program has also been able to expand their clinical capacity by offering physical space to staff from Contra Costa Mental Health West County Children's Clinic, so that youth open to the West County Children's

clinic could receive services in a place they trust, as well as without extra travel. CCMH clinicians rely heavily on the relationships and rapport that JMP staff has with the youth to do outreach and provide additional support around engagement with services.

Discussion. MHPA funds are directed by the agency to cover expenditures associated with supporting the provision of the *James Morehouse Project* program.

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 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 MHPA 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.

Results. Programming for *The James Morehouse Project* was included in the original PEI plan that was approved in May 2009 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHPA Three-Year Program and Expenditure Plan as well as the proposed PEI regulations on prevention programs, and programs/strategies pursuing Timely Access to Mental Health Services for individuals and families from underserved populations. The services provided at JMP are flexible enough to address the wide array of issues that youth may face while at school, and reinforce themselves as a **Prevention** program by reducing potential risk factors such as poverty, lack of opportunity, and exposure to community violence, as they relate to negative health and mental health outcomes.

Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves by increasing protective factors, such as connectedness with the community, increased self-reliance in pursuing opportunities and resources, and providing linkage to needed mental health services and supports.

Discussion. The program meets the needs of the community and the population for which it is designated.

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

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

Results. The program provides very detailed semi-annual accounts of its service activities. With additional clinical trainees serving as additional resources to provide clinical services, JMP has extended its capacity to serve more youth. In both 12/13 and 13/14, 19 percent of youth who participate in youth development programs also participated in substance abuse prevention classes and/or clinical mental health services, where the original goal was 15 percent. Over recent fiscal years, the percentage of students who concurrently access JMP youth development services and clinical services has remained steady between 17 and 19 percent.

Discussion. The program serves the number of people that have been agreed upon.

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.

Results. JMP has been consistently successful in meeting their outcome goals. However, it is recommended that JMP review pending PEI regulations in order to ensure alignment of the goals of the program with the proposed regulations to better highlight JMP's efforts in preventing serious mental illness. Furthermore, since the services at JMP are available to all students at El Cerrito High School, tracking of total persons served has historically been limited to those who participate in group or individual counseling. JMP's overall impact within the school setting would be better demonstrated if the outreach population was better captured and reported as persons served, as well, as more data was captured on what unmet needs still exist within the target population.

Discussion. The program achieves the outcomes that have been agreed upon. Success indicators can be refined and consolidated to more comprehensively reflect services provided, including referrals and linkages to mental health services. Indicators should also be more focused on determining success in preventing mental illness and improving access to treatment.

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.

Results. Contra Costa County has not received any grievances toward the program. At the time of the visit, the program did have an internal grievance process in place. Since the program does not provide billable services, it is not subject to the County's utilization review process.

Discussion. The program has internal processes in place to be responsive to community needs and continuously improve quality of services to the students and parents of El Cerrito High School.

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

Results. JMP has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Client charts are kept in locked file cabinets, behind a locked door and comply with HIPAA standards. Program participants and parents are informed about their privacy rights and rules of confidentiality. Confidential information collected within the program is not shared with the larger school administration.

Discussion. JMP maintains necessary privacy policies, and also follows their fiscal agent's (YMCA East Bay) privacy practices.

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.

Results. The James Morehouse Project staff has extended capacity to serve the youth with a robust clinical training program. In fiscal year 2013-2014, JMP was able to serve a record number of youth, 364 out of a target of 300 students, with their clinical interns as additional resources for the mental health services. The JMP Staff--Youth Development Coordinator, Clinical Training Director, Associate Director, and Director are all integral pieces to the quality of service delivery and are highly praised by the youth. Both the youth interviewed and staff also shared that having a male staff person, and more specifically as the first person to

encounter at JMP, helps immensely with outreach, reducing stigma and building rapport with hard to engage youth, namely male students.

Discussion. Sufficient staffing is in place.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings.

Method. The Single Audit Report of the Young Men's Christian Association (YMCA) of the East Bay for Fiscal Years 2012, 2013 and 2014 was obtained and reviewed. YMCA is the fiduciary agent for the MHSA funded contract for the James Morehouse Project.

Results. No findings or concerns were identified by the auditors.

Discussion. YMCA has been the fiduciary agent since 2009, and appears to be a stable and supportive resource to enable MHSA funded staff to seamlessly matriculate at El Cerrito High School.

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. Cindy Chen, YMCA Grants Accountant, was interviewed, as well as James Morehouse management.

Results. Ms. Chen appears to have the education and experience to maintain the daily fiscal management of this contract. The MHSA contract is approximately one-third of the total resources to field the program staff, indicating a diversified set of funding sources that appear to be sufficient to sustain services.

Discussion. YMCA is a \$30 million fiduciary agent for multiple non-profit efforts in the East Bay that have missions and goals consistent with YMCA's mission and goals. Both YMCA and James Morehouse management staff expressed satisfaction with their long standing relationship.

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 Ms. Chen and Ms. Rader and review of fiscal exchange of documents/information between James Morehouse staff and YMCA.

Results. Program and fiscal agent comply with generally accepted accounting principles.

Discussion. All parties comply with practices that assure sound accounting principles are in effect.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.
- Method.** Reconcile YMCA's financial system with monthly invoices.
- Results.** This is a staff cost only contract. Ms. Chen reconciled the program's financial system with monthly invoices.
- Discussion.** Documentation is sufficient to support invoices and ensure no duplicate billing occurs.
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.** Random samples of one month of supporting documentation for three fiscal years was compared to the personnel costs invoiced to the county.
- Results.** Documentation was sufficient to support expenditures invoiced to the county.
- Discussion.** This is a personnel cost only contract in which MHSA funds are a portion of total expenses. YMCA has a satisfactory system in place to ensure staff time billed to the MHSA contract do not exceed costs allotted to the contract and subsequently billed to the county.
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.
- Results.** Ms. Chen satisfactorily described year end closing entry and invoice practices that would assure expenditures are billed in the appropriate fiscal year.
- Discussion.** This is a contract for partial payment of three staff working on the James Morehouse Project, and as such, enable a routine closing out of expenditures in the appropriate fiscal year.
16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element.
- Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.
- Results.** There are no administrative/indirect costs included in the contract.

Discussion. Not applicable.

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.

Results. The program provided certificate of liability insurance for their fiscal sponsor, YMCA of the East Bay, which was in effect at the time of the site visit.

Discussion. 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.

Results. Program staff and county communicate regularly and in recent months increasingly to discuss program changes and needs to better serve the community and meet contract requirements.

Discussion. The program has historically had good communication with the contract manager and is willing to address concerns that may arise.

VIII. Summary of Results.

The James Morehouse Project at El Cerrito High School plays an integral role in creating and fostering a welcoming and inclusive space within the larger school environment. Students feel an immense connection and sense of respect when interacting with the staff at JMP. Staff at JMP work with individuals through whatever challenges they may be facing - personal, school, goals for the future. Students provide feedback regarding the services that have been provided when they come back through the site, even after graduation.

JMP strives to provide a wide array of services through various partnerships, and has been successful in providing connections to Contra Costa Public Health, including dental services, access to fresh produce through an on-site garden project, and building a sense of community. JMP has also established connections with the Contra Costa County First Hope program, as well as the County's Children's Mental Health Program, and continues to strengthen their capacity to refer youth and collaborate effectively with the rest of the County Mental Health system of care and providers. Program participants speak very highly of the staff and services at JMP and unanimously report that the James Morehouse Project has been very important in helping them improve their health and wellness.

IX. Findings for Further Attention.

- It is recommended that JMP review its outcome measures and performance indicators to better capture the success and impact of the program.
- It is recommended that JMP work closely with County staff to align reporting requirements with pending Prevention and Early Intervention regulations.
- Expand the program's grievance policies and procedures beyond addressing violation of privacy rights for clients and parents.

X. Next Review Date. March 2018

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. Date of On-site Review:** March 16, 2015
Date of Exit Meeting: May 27, 2015

- II. Review Team:** Warren Hayes, Erin McCarty, Michelle Nobori and Lauren Rettagliata

- III. Name of Program/Plan Element:** Desarrollo Familiar, Inc (Familias Unidas), Full Service Partnership Program

IV. Program Description.

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

- 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.

Attachment 1 – Program and Fiscal Review Report Template

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumers and staff indicated program meets the values of MHSA
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for both specialty mental health services and full service partnerships
3. Provide the services for which funding was allocated.	Unmet	Staffing and budget constraints have made it challenging for the agency to implement the full spectrum of services outlined in the Service Work Plan
4. Meet the needs of the community and/or population.	Met	Services are consistent with Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Met	Program serves the number of clients outlined in the Service Work Plan on an annual basis
6. Achieve the outcomes that have been agreed upon.	Met	Program meets most outcomes
7. Quality Assurance	Met	Utilization review indicated program meets most quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Met	Staffing level support targeted service numbers
10. Annual independent fiscal audit	Met	No findings by

Attachment 1 – Program and Fiscal Review Report Template

		independent auditor
11. Fiscal resources sufficient to deliver and sustain the services	Met	Revenues and expenditures are balanced.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Well qualified fiscal support
13. Documentation sufficient to support invoices	Met	Appropriate financial system in place
14. Documentation sufficient to support allowable expenditures	Met	Documentation supports invoices
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Appropriate yearly reconciliation in place
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect at 10%
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Unmet	Split contract management duties at the County has led to poor communication between the program and the contract manager

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

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

Attachment 1 – Program and Fiscal Review Report Template

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

Results. The following table summarizes the survey results. We received a total of 16 surveys. Responses are consistent with consumer interviews; show a positive evaluation of the program by participants; and show adherence to MHSA values.

Questions	Responses:										
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: strongly agree, agree, disagree, strongly disagree, I don't know)</p>	<table border="1"> <tr> <td>Strongly Agree</td> <td>Agree</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>I don't know</td> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> </tr> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	4	3	2	1	0
	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know						
4	3	2	1	0							
1. Help me improve my health and wellness	Average score: 3.38 (n=16) <i>n denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored "I don't know."</i>										
2. Allow me to decide what my own strengths and needs	Average score: 3.25 (n=16)										
3. Work with me to determine the services that are most helpful	Average score: 3.50 (n=16)										
4. Provide services that are sensitive to my cultural background.	Average score: 3.13 (n=16)										
5. Provide services that are in my preferred language	Average score: 3.63 (n=16)										
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.63 (n=16)										
7. Are open to my opinions as to how services should be provided	Average score 3.25 (n=16)										
Your response to the following questions is appreciated:											
8. What does this program do well?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> Helping me with addressing all of my needs Provide housing and show genuine concern in addressing each person's needs Listen to you when you need someone to talk to 										
9. What does this program need to improve upon?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> Provide additional supports related to transportation and food (BART/bus cards or food vouchers) 										
10. What needed services and supports are missing?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> Financial support/Gift cards – Target, BART, Dollar Tree, Grocery store Transportation 										

Attachment 1 – Program and Fiscal Review Report Template

<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: <i>Very important, Important, Somewhat important, Not Important.</i>)</p>	<p>Very Important 4</p>	<p>Important 3</p>	<p>Somewhat Important 2</p>	<p>Not Important 1</p>
<p>Average score: 3.67 (n=16)</p>				
<p>12. Any additional comments?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • “Have a situation (banquet, bbq, picnic) where the clients may even supply food as well, but purpose being to come together and enlighten the clients on what their expectation are and what resources are available that some may not be aware of.” • “Without the help I got, I would have been dead a long time ago.” • “I (am) really blessed to have this program in my life.” • “(I) love my case manager.” • “I appreciate Familias Unidas and staff for all you've done for me personally. And to be honest, I wouldn't want to imagine where I might have possibly ended up had I not come to you for services.” 			

Consumer Interview:

Eight consumers participated in an interview about Familias Unidas’ Full Service Partnership program. The consumers had been receiving services from Familias Unidas for varying lengths of time, ranging from three months to several years. Participants were referred to the Full Service Partnership by friends, providers and community members. The participants said they did not know where they would be without the program; it has helped them gain self-confidence and learn skills to cope with their mental illness. Several of the program participants talked about how the Full Service Partnership program assisted them in finding housing as well as linking them to alcohol and other drug services, primary care services and other needed community resources. Staff listen to the participants and help the participants problem solve issues that arise. One client stated, “I now have a voice to ask for help”. Another said, “without [Familias Unidas’] help I would probably be dead”. The participants were aware of the program’s after-hours services. The consumers noted that whenever they need assistance the Personal Service Coordinators are available and attentive, including evenings and weekends. Participants noted services are available in Spanish.

Participants were very appreciative of the services they receive through the Full Service Partnership program and most said they would not change the program.

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One participant mentioned the program should offer grocery vouchers and/or bags of groceries for clients. Several clients said the program should offer more transportation support, such as Bart passes. Another participant suggested the program host an event so clients have an opportunity to socialize, learn about the program and share knowledge about community resources.

Staff Interview:

Four individuals attended the staff interview. Both Personal Service Coordinators are bilingual English/Spanish speaking providers. Treatment services are constructed around the needs of the individual client and are strength-based. Familias Unidas' staff do their best to collaborate with other services providers, including primary care, and to link clients to community resources that meet the needs of the clients. However, because of the documentation status of some of Familias Unidas' clients, it can be difficult to link them to services, particularly primary care services. The agency recognizes the importance of natural supports and works to integrate the client into the community with the assistance of family members and other natural supports. Staff provide most services in the field. As required, personal Service Coordinators offer cultural brokering when linking clients to other service providers.

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

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. 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.

Results. The Familias Unidas Full Service Partnership program undergoes regular utilization reviews conducted by the West Adult Mental Health Clinic's utilization review staff to ensure all clients meet the definitions serious mental illness and adult full service partners. The MHSA chart review confirms that Familias Unidas serves the agreed upon target population. Additionally, Contra Costa County performs a centralized utilization review on all programs which bill MediCal, including Familias Unidas. On April 18, 2011 and February 10, 2015,

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Level Two Centralized Utilization Chart Reviews were conducted by County Mental Health. For all of the charts reviewed, clients met medical necessity for specialty mental health services as specified in the Welfare and Institutions Code (WIC) Section 5600.3(b).

Discussion. The program serves the agreed upon population.

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

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

Results. Monthly service summaries and 931 and 864 Reports from Contra Costa County Mental Health's billing system, as well as annual outcome reports, show that the Full Service Partnership program is, for the most part, providing the number and type of services that have been agreed upon by Familias Unidas and Contra Costa County. Services include outreach and engagement, case management, individual and group outpatient mental health services, crisis intervention, collateral, housing support, family support, flexible funds, social activities and linkage to primary care services. Both staff and participants indicated services are available on a 24-7 basis via phone. That being said, given the current program budget, the program is unable to provide the full spectrum of Full Service Partnership services, including psychiatric services, money management, peer support, and meaningful activity such as vocational counseling. Instead, the program refers their clients to other agencies, including the County Adult Mental Health Clinics, Rubicon, Recovery Innovations and County Mental Health Vocational Services. Staff mentioned, while the County Vocational Services program is able to provide services to some of their full service partnership clients, it can be difficult to get some of their clients enrolled because of waitlists. Additionally, it can be a challenge finding primary care services for undocumented clients. Finally, staff noted that they did not receive enough flexible funds; funds often run out before the last quarter of the fiscal year.

Discussion. MHSA funds directed to the agency cover expenditures associated with supporting the provision of the Full Service Partnership program. However, staffing and budget constraints have made it challenging for the agency to implement the full spectrum of services outlined in their Service Work Plan. During contract negotiations for FY 15/16, Familias Unidas and the County should examine the program budget, Service Work Plan and available community resources to determine how best to address service gaps.

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- 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.

Results. The Adult Full Service Partnership programs were included in the original Community Services and Supports plan that was approved in May 2006 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

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

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

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

Results. The Full Service Partnership program has a target enrollment number of 30 clients. The program met this target in FY 12/13 and in FY 13/14. Concurrent monthly program enrollment has ranged between 22 and 27 clients this fiscal year.

Discussion. The program has been and continues to serve the number of individuals specified in the service work plan on an annual basis.

- 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

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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.

Results. The program has six program objectives as part of the service work plan. The program provides an annual report summarizing their progress towards meeting the six outcomes. The program has continually met or exceeded the four primary objectives (including reduction in psychiatric emergency services and inpatient psychiatric services), while falling short on two (concurrent enrollment and timely administration of the LOCUS assessment). Data comes from (1) service data generated from the Contra Costa County claims processing system, (2) data collected by the program, and (3) County's data system.

Discussion. Overall, the program achieves its primary objectives. However, success indicators should be refined based upon the program's experience and survey practices. The indicators should focus on determining success in improving mental health outcomes.

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.

Results. Contra Costa County did not receive any grievances associated with Familias Unidas' Full Service Partnership program. Familias Unidas has an internal grievance procedure in place and staff are conversant in the procedure so they are able to refer clients to the agency staff responsible for filing internal grievances when issues arise. The program undergoes regular Level 1 and Level 2 utilization reviews conducted by the County Mental Health utilization review teams to ensure that program services and documentation meet regulatory standards. Level 1 and Level 2 utilization review reports indicate that Familias Unidas is generally in compliance with documentation and quality standards. On April 18, 2011, a Level Two Centralized Utilization Chart Review was conducted by County Mental Health. The results show the charts were generally compliant; however, there were some disallowances related to billing for services that were not reimbursable. On February 10, 2015 another Level Two Centralized Utilization Chart Review was conducted by County Mental Health. The findings were relatively minor. County Utilization Review staff provided feedback about administrative issues, and suggestions about strengthening notes to provide a more clear link to the client's mental health issues. There were a few small

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disallowances associated with billing under an incorrect code and billing for services that were not reimbursable. County Mental Health has asked Familias Unidas to submit a Plan of Correction in response to the February 10, 2015 Centralized Utilization Review findings.

Discussion. 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/plan element's implementation of a protocol for safeguarding protected patient health information.

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

Discussion. The program complies with HIPAA requirements.

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

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

Results. The current staffing allows the agency to serve the targeted number of clients. Current staffing patterns prevent Familias Unidas from being able to provide the full spectrum of services to its Full Service Partnership clients, making the program reliant on other community-based services to provide money management, peer support and vocational services as well as medical services, including nursing and psychiatry. Additionally, both Personal Service Coordinators are relatively new to the program.

Discussion. Sufficient staffing is in place to serve the number of clients outlined in the Service Work Plan. That being said, the turnover of program staff is a potential cause for concern as it may affect the programs ability to effectively serve its clients. It takes time for service providers to learn about the various resources available through Contra Costa Behavioral Health's System of Care. Knowledge of the System of Care is critical when serving clients with complex behavioral health service needs who may need to be referred to multiple providers for care. The agency may want to examine the current staff structure

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and consider offering additional incentives to ensure qualified individuals are retained and that the full spectrum of service is available to clients.

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.
- Results.** The organization provided consolidated financial statements and single audit report with supplementary information for fiscal years 2012, 2013 and 2014. The auditors did not identify any material concerns and stated the financial statements fairly present the consolidated financial position of Desarollo Familiar.
- Discussion.** Dessarollo Familiar complied with the annual audit requirement, and there were no findings or concerns expressed by the independent auditors..
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.
- Results.** The financial statements indicate the organization has sufficient resources to sustain services. Funding for the Full Service Partnership program is approximately one fifth of the organization’s expenditures, with the remaining costs covered by other funding sources. Records indicate the organization has downsized to approximately one half its size in the last four years, with the program stabilizing in the last two years. Board minutes reflect proactive planning and fundraising efforts to increase and diversify funding.
- Discussion.** The program balances revenues with expenditures, and is assertively seeking additional funding sources consistent with its mission. It was noted that the contract line item of \$3,000 for client flexible funds has been decreasing yearly as the cost of doing business has increased, with no increase in contract amount. Staff reported that this amount is not sufficient for a full twelve months of operation. This line item should be re-visited in the next Three Year MHSA Plan for sufficient funding.
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 or plan element.

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Results. Louis Briones, President of Briones International, LLC, was interviewed. Mr. Briones has many years' experience supporting private non-profit human service organizations in general, and Desarrollo Familiar in particular. The program is reliant on Mr. Briones for the day-to-day financial operation of the organization as well as the monthly financial reconciliation and preparation for the annual independent audit.

Discussion. Desarrollo Familiar has been well served by Mr. Briones and his organization to ensure internal controls are in place to assure 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.

Results. The program invoices for actual personnel and operating expenditures. The supporting documentation reconciled with the monthly invoices.

Discussion. The documentation is sufficient to support the amount of expenditures charged to the program.

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

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

Results. Personnel costs are charged to the program based on the actual personnel costs by position for the month multiplied by the percentage of time allocated to the program in the budget for each position. Receipts for operating expenses support invoicing.

Discussion. Documentation is sufficient to support allowable expenses.

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.

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

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

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

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

Results. Indirect costs are at 10%, and appear to be less than actual costs incurred due to unchanging contract limit.

Discussion. The organization is encouraged to calculate actual administrative costs for future contract negotiations with the County.

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.

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

Discussion. 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.

Results. To date, contract management duties have been split among various Contra Costa County Behavioral Health Services staff. This has led to poor communication between Behavioral Health Services and the program regarding activities and invoicing related to MHSA as well as around programming issues. It was apparent that the process of regular review and reconciliation had not been taking place between Familias Unidas and the County. Staff noted it would be helpful to reinstate regular Full Service Partnership Network meetings as these meetings gave Full Service Partnership programs an opportunity to discuss common issues.

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Discussion. It is recommended that one county staff person be designated as the contract monitor for this contract and that regular communication occur between Familias Unidas and the county designee.

VIII. Summary of Results.

Familias Unidas has over 35 years of experience providing culturally competent mental health services in West Contra Costa County, particularly to Spanish-speaking clients. The Adult Full Service Partnership is a well-run program that adheres to the values of MHSA. The program staff and program participants all believe the program is valuable. The current program structure does not permit the agency to offer clients the full spectrum of full service partnership services outlined in the MHSA regulations; however, the agency links clients to community resources when they are unable to provide needed services. Contract management duties have been split among various Contra Costa County Behavioral Health Services staff. This has led to poor communication between Behavioral Health Services and the program regarding activities and invoicing related to MHSA.

IX. Findings for Further Attention.

- It is recommended that Familias Unidas and the County begin contract negotiations for the FY 15/16 contract as soon as possible. During contract negotiations, Familias Unidas and the County should work together to better align the staffing and program structure with the full service partnership structure outlined in the MHSA regulations.
- It is recommended the program calculate the amount of flexible funding needed on an annual basis. This figure should be brought to contract negotiations.
- It is recommended that one county staff person be designated as the contract monitor for this contract and that regular communication occur between the program and the county designee.
- It is recommended that Familias Unidas revise its outcome deliverables to focus more on improving mental health outcomes. Familias Unidas will work with County Mental Health to devise impact measures that span all program elements.

X. Next Review Date. March 2018

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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. **Date of On-site Review:** November 2014 – January 2015
Date of Exit Meeting: June 29, 2015
- II. **Review Team:** Gerold Loenicker, Erin McCarty, Michelle Nobori
- III. **Name of Program/Plan Element:** Children’s Mental Health Clinics – West, Central and East
- IV. **Program Description.**

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Children’s Mental Health Clinics operate within Contra Costa Mental Health’s Children’s System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services.

The following MHSA funded plan elements are within the Children’s Mental Health Clinics:

- Children’s Wraparound Support. The County’s Wraparound Program, in which children and their families receive intensive, multi-levelled treatment from the County’s three children’s mental health clinics, was augmented with family partners and mental health specialists in 2008. Family partners are individuals with lived experience as parents of children or adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing treatment to children and their families. Mental Health Specialists are non-licensed care providers who can address culture and language specific needs of families in their communities. These professionals arrange and facilitate team meetings between the family, treatment providers and allied system professionals.
- Evidence Based Practices. Clinical Specialists, one for each Children’s clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.

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- Support for full service partners. County clinical specialists and family partners serve all regions of the County, and contribute a team effort to full service partnerships. Clinical specialists provide a comprehensive assessment on all youth deemed to be most seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help facilitate families' movement through the system.

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	Consumers indicated program meets the values of MHSA
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for specialty mental health services
3. Provide the services for which funding was allocated.	Met	MHSA only funds services consistent with Three Year Plan
4. Meet the needs of the community and/or population.	Met	Services are consistent with Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Unmet	The number of individuals to be served has not been specified but should be identified for future evaluation
6. Achieve the outcomes that have been agreed upon.	Unmet	Outcomes have not been specified but

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		should be developed for future evaluation
7. Quality Assurance	Met	Utilization review indicated program meets quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Met	Staffing levels support service provision as outlined in the Three Year Plan
10. Annual independent fiscal audit	N/A	This is a County program
11. Fiscal resources sufficient to deliver and sustain the services	Met	Fiscal resources are sufficient to deliver and sustain services
12. Oversight sufficient to comply with generally accepted accounting principles	N/A	This is a County program
13. Documentation sufficient to support invoices	Met	MHSA funded share is appropriate
14. Documentation sufficient to support allowable expenditures	Met	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are expended in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	The program does not receive an allocation of County indirect costs
17. Insurance policies sufficient to comply with contract	N/A	This is a County program

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18. Effective communication between contract manager and contractor	Met	Regular communication between contract manager and Program Managers
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VII. Review Results. The review covered the following areas:

1. Deliver services according to the values of the Mental Health Services Act

(California Code of Regulations Section 3320 – MHSa General Standards).

Does the program/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.

Results. Only one family member survey was received so the results of the survey are included in the information below. The single response was consistent with family member interviews; show a positive evaluation of the program; and show adherence to MHSa values.

Family Member Interview:

Three families participated in an interview about the Children’s Clinics MHSa-funded plan elements. The families have been receiving services for varying lengths of time, ranging from one month to two years. The services provided to the families have been beneficial; family members noted they are seeing significant changes in their children’s attitudes and school performance. The family members recognized that change takes time but were thankful to see growth in their children. Services are strength-based; family members noted the program has helped them to identify positive things in their lives. The Family Partners have helped the family members to develop parenting and coping skills in order to better support their children in achieving their treatment goals. Family members said the Family Partners provide home visits, which are critical for families who do not have reliable transportation. Family members noted providers are available when needed and return phone calls within 24 hours. The program is able to serve monolingual Spanish-speaking families as several of the family partners and clinicians at each clinic are bilingual. Family members stated they are involved in the development and modification of the treatment plans.

Family members mentioned there is a long waiting list for Spanish-speaking therapists and that more bilingual staff are needed. Additionally, there are long

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wait times for appointments with the psychiatrists. The families noted there are not enough transportation services available, particularly to assist in attending appointments. Some of the families mentioned they have had difficulty finding permanent housing because housing resources and services are limited, particularly for families.

Staff Interviews

Interviews were conducted with staff at each of the three children's clinics. Staff noted the evidence-based practices, including Wraparound, make it easier to work with clients and families because the models provide structure and give the families a sense of accomplishment as they achieve their goals. Services are available in English and Spanish. Services are strength-based and client/family-focused. The Evidence-Based Practice Team Leads help staff keep model fidelity. Family Partners provide services to families in the community, assist families in navigating the system of care and empower families to advocate for themselves. The Children's System of Care has begun an initiative to create a trauma-informed system of care so the system is better able to meet the underlying needs of the families they serve. The link from the Countywide Assessment Team (support for full service partnerships) to the evidence-based practices has been essential to ensuring clients in crisis receive services.

Staff mentioned transportation is often a challenge for their clients; it requires a high level of commitment for families to take multiple forms of public transportation to appointments. Staff also noted it would be helpful to have a county resource guide outlining all of the services available in the county. A resource guide would make it easier to offer appropriate referrals to the families they serve. Staff said more housing resources and supports are needed for families. The Wraparound Flexible Fund process should be streamlined. Currently, it can take up to six months for approved funds to be distributed. Evidence-based practice training and certifications should be offered on a regular basis to ensure all staff are trained and supported. Additionally, staff recognized the importance of tracking outcomes, but indicated it would be helpful to have support around data collection. The transition from an evidenced-based practice to a lower level of care can be difficult for families and sometimes leads to decompensation, an intermediary step may be needed.

Discussion. The program delivers services according to 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

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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.

Results. Contra Costa County performs two levels of utilization review on all programs billing MediCal, including the children’s clinics. During utilization review, utilization review staff ensure all clients meet medical necessity for specialty mental health services as specified in the Welfare and Institutions Code (WIC) Section 5600.3(a).

Discussion. The children’s clinics are 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.

Results. Each program element has a program description. Client and staff interviews show that program and staff activities are consistent with the goals of the plan elements. Roles of the staff positions are clearly defined. Tracking reporting units have been established for the evidence-based practices and iSite Reports have been developed to allow “Evidence-Based Practices” program staff as well as administrative staff to track enrollment. Each clinic has a unique Wraparound Reporting Unit to allow services to be tracked and billed.

Discussion. 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.

Results. The services provided by the children’s clinics are consistent with the three year plan. The positions have been vetted through the plan update process, with positions authorized by the Board of Supervisors. Interviews and

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surveys indicate that existing staff are performing duties consistent with what was authorized.

Discussion. The plan elements meet 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.

Results. There are no specified numbers of individuals to be served in the children’s clinics for any of the plan elements.

Discussion. The program needs to define the number of individuals to be served by each plan element funded by MHSA.

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.

Results. To date, there are no specified outcomes in the children’s clinics for any of the plan elements. However, Program Managers are currently working with evaluation staff to identify outcome measures for the “Evidence-Base Practices” and “Wraparound” Plan elements.

Discussion. The program needs to define outcome measures.

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.

Results. No grievances were filed related to the clinic services that are the

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subject of this review. All clinic programs undergo Level One and Level Two Utilization Reviews on a regular basis. Percentage of disallowances found during Level Two Utilization Reviews of charts sampled from each County billing reporting unit are reported to the Quality Management Committee on a quarterly basis and findings are addressed at the clinic level. Additionally, staff from the Children’s System of Care participate on the Quality Management Committee. Implementation of the “Evidence-Based Practices” plan element is part of Behavioral Health Services’ annual Quality Improvement Plan.

Discussion. Quality of services is monitored. The program provides quality services as evidenced by the above. 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/plan element’s implementation of a protocol for safeguarding protected patient health information.

Results. Staff were observing HIPAA requirements. All staff are required to complete HIPAA training on an annual basis. The County also has a Privacy Officer in charge of protecting client information.

Discussion. The children’s clinics ensure the protection of confidentiality of protected health information.

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

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

Results. Positions for which funding was allocated are filled.

Discussion. There is sufficient staffing 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.

Results. The program is County operated and does not conduct an annual financial audit.

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Discussion. Not applicable.

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 (contractor) or financial reports (county). Review Board of Directors meeting minutes (contractor). Interview fiscal manager of program or plan element.
Results. The plan elements are authorized by the County with sufficient resources to maintain the program.
Discussion. Fiscal resources are 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 of program or plan element.
Results. The program is part of the County and by definition complies with generally accepted accounting principles.
Discussion. Not applicable.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.
Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.
Results. Expenses are monitored on a monthly basis to ensure appropriate staff are charged to the plan elements.
Discussion. Documentation maintained by the County supports the amount charged to the program.

14. **Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program or plan element.
Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures charged to the cost center (county) or invoiced to the county (contractor).
Results. Several random transactions were validated against supporting

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documentation for the program. The majority of the expenditures are for staffing. All staff positions are charged to the correct cost centers.

Discussion. Documentation maintained by the County supports the amount charged to the program.

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.

Results. The program is part of the County and by definition complies with the accrual basis of accounting.

Discussion. There is sufficient documentation to support expenditures invoiced in the appropriate year.

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

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

Results. The County has opted not to charge any indirect cost to the program.

Discussion. The County could have charged indirect costs to the program consistent with Office of Management and Budget Circular A-87, but has opted not to charge indirect costs to the program.

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.

Results. The program is part of the County and is not subject to maintaining separate insurance policies.

Discussion. Not applicable.

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.

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Results. There is regular communication between the project manager and the regional clinics regarding activities specific to MHSA. However, more communication is needed to establish targets and outcomes for each plan element.

Discussion. There needs to be regular communication between the project manager and the regional clinics regarding MHSA funded plan elements in order to identify targets and outcome measures.

VIII. Summary of Results.

The three regional children’s clinics provide recovery oriented support services to the Full Service Partnership contracted programs as well as General System Development services in the form of assessment services, linkage Wraparound support and evidence-based practice team leads. The program components are appropriately staffed and the program’s mission and practices are consistent with the principles of the MHSA. Family members fully endorsed the positive impact the programs have had on their families.

IX. Findings for Further Attention.

- Annual service targets are needed for each of the plan elements
- Performance measures should be identified and defined for each of the plan elements
- A system should be constructed to gather and report on agreed upon measures

X. Next Review Date. November 2017

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

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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)