

Mental Health Services Act (MHSA) Community Program Planning Process (CPPP)

Planning for the Fiscal Year 2016-17 MHSA
Plan Update



Timeline for Completion of CPPP

- CPAW input to draft CPPP Plan Done
- Draft CPPP Plan finalized SEP
- Date(s), location(s), agenda(s) finalized, communicated to stakeholders OCT
- CPPP event(s) conducted NOV/DEC
- DRAFT FY 16-17 Plan Update developed, shared for input JAN
- 30 Public Comment period, Public Hearing FEB
- Draft Plan addresses substantive recommendations for revisions MAR
- Board of Supervisors reviews and approves the final Plan Update for FY 16-17 APR

CPAW Input So Far

- Engage those stakeholders who have normally not participated before.
- Partner with Prevention and Early Intervention (PEI) programs for help in reaching out and engaging populations underserved by public mental health.
- Use creative ways to surface age related and culture specific priority needs and strategies to meet those needs.

What Do PEI Programs Do?

Prevent mental illnesses from becoming severe and debilitating by:

- Outreach and engaging underserved communities with education and training on recognizing early signs of mental illness.
- Decreasing risk factors for developing a mental illness and increasing protective factors.
- Providing linkage and timely access to mental health services.
- Reducing the stigma and discrimination that mental health challenges present.
- Preventing relapse into the debilitating effects of severe mental illness.
- Responding to those considering suicide and provide education and training on preventing suicide.

Why Involve PEI in this Year's CPPP?

- PEI programs have not been a recent focus of Contra Costa's public mental health stakeholder bodies (MHC, CPAW, NAMI).
- Planning for next MHSA Three Year Plan starts in 2016 – potential for increase in MHSA revenues.
- New draft regulations require counties to report how stakeholders have been meaningfully involved in all phases of PEI (WIC Sec. 3755(b)(2)).

Ways to Engage Stakeholders

- Resource Fairs
- Open Houses
- Training/Education Events
- Partner with existing, upcoming community events
- Focus Groups
- Community Forums
- Interviews
- Surveys
- Personal Stories
- Expressive Arts
- Other Venues?

Putting a Plan Together

- **WHO** – PEI providers, those they serve, stakeholder bodies (CPAW, MHC, NAMI, BHS), and any interested community members.
- **WHAT** – 1) Increase stakeholder body awareness of PEI programs; 2) Address priority needs and strategies to meet those needs
- **WHEN** – November – December 2015 time frame
- **WHERE** – Events/activities to be held in the communities where PEI providers and those they serve reside.
- **HOW** – Suggest venues culturally relevant and familiar to PEI providers and those they serve.
- **WHY** – 1) Facilitates PEI planning for the next MHSA Three Year Program and Expenditure Plan; 2) It is required.

Completing the Plan

- What PEI programs will participate?
- What venues will be used?
- What locations?
- What dates?
- What will happen on these dates?
- What support will be provided; e.g., food, gift cards, facilitators, note takers, other costs?
- Who will provide this support?

CPAW AGENDA ITEM READINESS WORKSHEET

CPAW Meeting Date: September 3, 2015

Name of Presenter: Warren Hayes

1. Agenda Item Name: CPAW Restructure – Review of Board of Supervisors' Recommendations

2. Desired Outcome: CPAW to review approved recommendations and provide guidance on resulting implementation issues.

3. Brief Summary: On August 16 The Board of Supervisors approved the proposed recommendations for the role and structure of the Consolidated Planning Advisory Workgroup. CPAW will follow the provisions of the Brown Act and Better Government Business Practices. 31 seat designations will assure compliance with MHSA statute and regulations. Appointed members will have 3-5 year term limits, with potential relinquishment of a seat designation due to non-participation. CPAW will continue its sub-committees of Steering, Membership, Innovation and Systems of Care, while age related committees, Housing, and Social Inclusion will be provided staff support from respective program managers, and will invite stakeholder participation on issues encompassing all of behavioral health, and not just MHSA.

4. Background: The March 9th Internal Operations Committee (IOC) meeting and discussion was shared with CPAW membership at their March 26 meeting. The May 7th CPAW meeting utilized small group discussions and members provided input regarding four CPAW structure and function issues:

- CPAW size, membership representation, attendance policy.
- Maximizing stakeholder representation and coordination with other stakeholder bodies.
- How to best identify and address which stakeholder group(s) a CPAW member represents, or is part of, as well as any personal and/or financial interests they may have.
- What current sub-committees should stay under CPAW's jurisdiction, and which ones, if any, should be shared with or managed by some other entity.

Draft recommendations were developed, and CPAW reviewed and discussed these at their July 9th meeting. The recommendations were then considered by the IOC at their July 27th meeting. The draft recommendations shared with CPAW on July 9th are essentially the same recommendations that were approved by the Board of Supervisors (see attached final recommendations).

5. Specific Recommendations: Attached is a resulting listing of current CPAW members, their designated affiliation, and term limit. In addition, two implementation governance issues were surfaced at the August 20th CPAW Steering Committee:

- Should CPAW sub-committees have designated membership, and only sub-committee members be allowed to vote? It was pointed out that the integrity of a vote taken at a sub-committee meeting could be compromised by individuals coming to a sub-committee meeting just to vote on a particular issue.
- During Committee reports should CPAW members be allowed to dialogue with representatives of non-CPAW bodies, such as the Housing and Social Inclusion Committee?

6. Anticipated Time Needed on Agenda: 30 minutes

7. Who will report on this item? Warren Hayes

Attachments:

- Approved recommendations for the Role and Structure of the Consolidated Planning Advisory Workgroup (CPAW)
- CPAW Designated Affiliations and Term Limits.



Contra
Costa
County

To: Board of Supervisors
From: INTERNAL OPERATIONS COMMITTEE
Date: August 18, 2015

Subject: RESTRUCTURING OF THE BEHAVIORAL HEALTH DIVISION'S CONSOLIDATED PLANNING AND ADVISORY WORKGROUP (CPAW)

RECOMMENDATION(S):

1. AFFIRM that the primary role of the Behavioral Health Division's Consolidated Planning and Advisory Workgroup (CPAW) is to assist Contra Costa Behavioral Health Services (CCBHS) in complying with statutory and regulatory requirements by (1) advising and assisting the CCBHS Director to obtain inclusive and diverse stakeholder participation in the Community Program Planning Process, (2) providing input on priority needs that affect the entire public mental health system, and (3) recommending strategies to meet these needs (California Code of Regulations 9 CA ADC Sections 3300 and 3200.070).
2. AFFIRM that the CPAW's role does not include making funding decisions or recommendations.
3. AFFIRM that the County's Better Government Ordinance applies to the CPAW and that the CPAW shall observe the open meeting, agenda, public noticing, and other requirements of the Ordinance.
4. REQUEST that the CPAW membership be increased and reconstituted from the

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/18/2015** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II
Supervisor
Mary N. Piepho, District III
Supervisor
Karen Mitchoff, District IV
Supervisor

ABSENT: Federal D. Glover, District V
Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: August 18, 2015

, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Julie DiMaggio Enea
925.335.1077

cc:

current 25 members to 31 members as shown in Table 1, 'REVISED CPAW CONFIGURATION'.

5. REQUEST the CCBHS Director to conduct outreach to encourage more participation of people of Hispanic and African American descent or of any other group that is underrepresented on the CPAW.
6. ENDORSE the CCBHS Director's operating principles and plan for CPAW.

RECOMMENDATION(S): (CONT'D)

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FISCAL IMPACT:

Additional staff time will be necessary to conduct training, set up procedures, and maintain compliance with the County's Better Government Ordinance.

BACKGROUND:

In January 2015, the Board of Supervisors referred to the Internal Operations Committee (IOC) a review of the roles of the Mental Health Commission and the Consolidated Planning Advisory Workgroup (CPAW) with respect to making recommendations, reviewing and monitoring the Mental Health Services Act (MHSA) budget, and to examine any potential conflicts of interest for the members of CPAW who are contractors receiving funding through the MHSA budget.

Welfare and Institutions Code Section 5898 states that each Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan and annual Plan Update is to be developed in partnership with stakeholders to:

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

California Code of Regulations Title 9, Division 1 section 3200.270 defines stakeholders as individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement and any other organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

In order to comply with the above statute and regulation, Contra Costa County Behavioral Health Services (CCBHS) commissioned in 2009 the CPAW, to assist and advise the Behavioral Health Services Director in implementing the required community program planning process that is part of development of the MHSA Three Year Program Plan and annual Plan Update. The Membership Committee of CPAW accepts and reviews applications from the public, and makes recommendations to the Behavioral Health Services Director for appointment to CPAW. The Membership Committee also analyzes stakeholder characteristics and affiliations, and assists in recruitment of individuals from stakeholder groups who are underrepresented.

In 2011, Contra Costa Mental Health (now part of Behavioral Health Services) reported to the IOC on: 1) the status of its compliance with statute and regulations pertaining to MHSA stakeholder participation, 2) a plan to ensure broad representation, 3) the necessity of service providers to be involved, and 4) the requirements for CPAW members to declare any potential conflict of interest, and to refrain from being involved in any decision-making or recommendations that might present a conflict of interest to them and/or their agency.

In 2012, the Office of the County Counsel provided a legal opinion for all County Boards, Commissions and their Administrative Officers and Secretaries pertaining to compliance with selected Brown Act and Better Government Ordinance provisions. The Mental Health Commission is subject to the provisions of the Brown Act, while CPAW is not. However, County Counsel stated that County bodies that are not subject to the Brown Act nevertheless must comply with comparable provisions under the Better Government Ordinance. CPAW has been operating under the intent of the Brown Act by holding all meetings open for public attendance and participation, and by publicly advertising and providing advance notice for meetings at fixed times and places.

In 2013, CPAW revisited its governance and membership provisions in order to more closely align its role as an advisory body for ensuring representative stakeholder input regarding priority mental health needs, strategies to meet those needs, and active ongoing participation in the MHSA-prescribed community program planning process. It was clarified that CPAW's role does not include providing funding recommendations to the Behavioral Health Services Director or approval authority for MHSA programs, plan elements, categories, components or the MHSA budget in total. CPAW does not make recommendations on contract awards. A revised working agreement stipulates that any individual, whether a CPAW member or not, must identify to the group any perspective, affiliation or potential conflict of interest in discussions that lead to group positions or recommendations. All current members completed a revised membership application that updated their characteristics and affiliations. Analysis of these applications indicate that over 50% of CPAW members identify as consumers and/or family members, with five of the 22 members employed by a County contract provider, three employed by Contra Costa County, two serving on the NAMI board, and four serving on the Mental Health Commission (including the current chairperson).

In 2014, the MHSA Three Year Program and Expenditure Plan included a new chapter, entitled Evaluating the Plan. In partnership with the Mental Health Commission's MHSA/Finance Committee, staff developed and implemented a comprehensive program and fiscal review process of each MHSA funded program and plan element in order to evaluate the effective use of funds provided by the MHSA. In addition, a monthly Finance Report was developed and generated to depict funds budgeted versus spent for each program and plan element. This enables fiscal transparency and accountability, as well as provides information with which to engage in sound planning. The results of both program reviews and monthly Finance Reports are shared with both CPAW in its planning and evaluation advisory role to the Behavioral Health Services Director, and the

Mental Health Commission in its monitoring role to the Board of Supervisors. Neither entity recommends or approves MHSA budgets, as this is the purview of the County and the Board of Supervisors.

Given the preceding, the IOC had asked for a review of the County’s process for recommendation, review, and monitoring of the MHSA budget, the roles of the CPAW and the Mental Health Commission in this process, and the protocol for identification and mitigation of any potential financial conflicts of interests by individuals who serve on either body. The Health Services Department reported to the IOC on this referral on March 9, 2015 at which time, after substantial discussion and public comment, the IOC requested staff to report back in 60 days with its findings and recommendations for alternate stakeholder body models. The CCBHS Director indicated that she was open to reconstituting CPAW and reviewing other models; and that it was an opportune time to make other kinds of changes to improve how CPAW functions. The Internal Operations Committee requested the CCBHS Director to provide recommendations regarding the role, governance and structure of the CPAW. Input was invited and considered from CPAW, the Mental Health Commission, and NAMI – Contra Costa. In addition, analysis was conducted of other counties of similar size as to how they addressed the statutory and regulatory requirements for active stakeholder participation in planning, evaluation and oversight of the public mental health system.

CCBHS Director's Operating Principles and Plan for CPAW

CCBHS reported back to the IOC on July 27, 2015 and made recommendations regarding CPAW governance, membership, attendance, structure, and staffing. The IOC agrees with these operating plans and principles, except that we have suggested the following changes to the membership configuration:

Table 1: REVISED CPAW CONFIGURATION

<u>Seat Designation</u>	<u>Current Configuration</u>	<u>Recommended Configuration</u>
<i>Alcohol & Other Drug</i>	0	1
<i>CBO Service Provider</i>	3	3
<i>CCBHS Service Provider</i>	1	1
<i>Consumer</i>	6	6
<i>Criminal Justice</i>	1	1
<i>Education</i>	1	1
<i>Faith Based Leadership</i>	1	1
<i>Family Member</i>	6	6
<i>Family Partner - Juvenile</i>	1	1
<i>Family Partner-Adult</i>	0	1
<i>Homeless Programs</i>	0	1
<i>Mental Health Commission</i>	0	2
<i>Peer Provider - CCBHS</i>	2	2

<i>Underserved Population</i>	3	3
<i>Veterans Services</i>	<u>0</u>	<u>1</u>
Total:	25	31

Governance. It is recommended that CPAW meet on a monthly basis in order to build an ongoing stakeholder body of expertise in the MHSA and its components, values and provisions. Business is to be conducted under provisions of the County's Better Government Ordinance, with an emphasis on open and inviting forums for all stakeholders in the community to come and participate. **Attachment 1** represents a set of self-governance agreements that the current CPAW membership has developed and adopted for all CPAW sponsored meetings. This agreement addresses potential conflict of interest issues, and protocol for when group positions are taken. Minutes will be taken of each meeting and transmitted to the CCBHS Director, as well as posted online with accompanying handouts. These minutes will depict summaries of agenda items, discussions and any group positions taken. The results of Community Program Planning Processes will be included as part of the MHSA Three Year Program and Expenditure Plan and yearly Plan Updates.

Membership. All stakeholders are invited to attend and participate in CPAW sponsored meetings. In order to ensure compliance with WIC Section 5848(a) the CCBHS Director will seek and appoint individuals for three to five year terms who can constructively represent in a meaningful way stakeholders, as defined by statute and regulations, who participate in the public mental health system as either receivers of care, provide support to the provision of care, or providers of care. Special emphasis will be placed on appointment of individuals whose characteristics and affiliations are underrepresented. Applications for membership will be accepted on a continuous basis, and current CPAW members may be asked to assist in vetting an applicant for identification of all characteristics and affiliations that may influence their participation. **Attachment 2** provides a matrix of all of the self-reported characteristics and affiliations of individuals who were CPAW members as of May 2014.

Attendance. Appointed members who miss a third or more of meetings in a year's time will be considered for relinquishment of their appointment. This will enable an appointment of an individual who can more actively represent said affiliation. In addition, members will be expected to participate in at least one additional stakeholder body supported by CCBHS, whether CPAW-sponsored or not, and will share information from these meetings with CPAW membership.

Structure. Until now, subcommittees and ongoing workgroups under the auspices of CPAW have included Membership, Steering, Innovation, Systems of Care, Children's, Transition Age Youth, Adults (not currently active), Older Adults, Housing and Social Inclusion. These bodies have been issue-specific, open to any and all interested stakeholders, and do not designate specific individuals for

membership. Representatives from CPAW and the Mental Health Commission attend these meetings.

Membership. Membership will be a CPAW workgroup, and will meet on an as needed basis to assist in, 1) vetting an applicant for CPAW membership for identification of all characteristics and affiliations that may influence their participation, and 2) making a recommendation to the CCBHS Director for membership to CPAW. Participation in this process is open to all CPAW members, with the public invited to attend and comment.

Steering. Steering will be a CPAW workgroup, and will normally meet two weeks before the monthly CPAW meeting to, 1) construct the CPAW meeting agenda, and 2) consider any issues delegated to them from CPAW meetings. Participation in this process is open to all CPAW members, with the public invited to attend and comment.

Innovation. Innovation will be a CPAW workgroup, and will meet monthly to, 1) receive, vet and recommend Innovative Concepts to the Behavioral Health Services Director for development into a proposal, 2) assist in developing an approved Innovative Concept to an Innovative Project proposal for Mental Health Services Oversight and Accountability Commission (MHSOAC) consideration and approval as per WIC Section 5830, and 3) provide oversight and input to MHSOAC approved Innovative Projects. Participation in this process is open to all CPAW members, with the public invited to attend and comment. It is recommended that CPAW members wishing to participate in the deliberations associated with Innovative Project concepts or proposals commit to participation in the entirety of each Innovative Project consideration process in order to enable this workgroup to develop efficient consistency and continuity of effort, from Innovative Concept consideration through Project approval and implementation.

Systems of Care. System of Care will be a CPAW workgroup, and will meet monthly to enable stakeholder input on MHSA funded programs and plan elements that are in development or change. Examples have included staffing the newly built Miller Wellness Center, implementation of the Electronic Mental Health Record System, and developing a common data reporting system for MHSA funded Innovation and Prevention and Intervention programs in response to pending new regulations. CPAW will delegate to this workgroup issues for stakeholder participation. Participation in this workgroup is open to all interested stakeholders, whether CPAW members or not.

County MHSA funded personnel will provide ongoing staff and administrative support to CPAW meetings, and the above four CPAW sponsored workgroups. This includes, 1) ongoing communication with CPAW members, 2) posting developed agendas and attachments, 3) reserving rooms, setting up and arranging for

audio-visual support, 4) responding to reasonable accommodation requests, such as gift cards, 5) producing agreed upon documents, such as agenda readiness forms, minutes, staff analyses and position papers, and 6) facilitating communication and problem solving between stakeholders and the CCBHS Director, Deputy Director, chiefs and managers, as appropriate.

For the remaining stakeholder bodies it is recommended that respective Behavioral Health Services managers assume sponsorship by appointing personnel within their supervision to perform the staff support and administrative duties that are listed above. These stakeholder bodies will include Children's, Transition Age Youth, Adults and Older Adults, Housing, and Social Inclusion. Issues for participation will be mutually agreed upon and topical to the entire Behavioral Health Services System; not just issues where MHSA funding is involved.

ATTACHMENTS

Attachment 1_CPAW Operating Protocols

Attachment 2_CPAW Self-Report Stakeholder Affiliations

Consolidated Planning Advisory Workgroup (CPAW) Membership – September 2015

Designated Affiliation	Name	Phone Number	Email	Term Expires
Alcohol & Other Drug	VACANT			
CBO Service Provider	Molly Hamaker	925-708-6488	molly@putnamclubhouse.org	FEB 2019
CBO Service Provider	Tom Gilbert	510-837-9386	tgbert55@yahoo.com	MAR 2019
CBO Service Provider	VACANT			
CCBHS Service Provider	John Hollender	510-691-5326	john.hollender@hsd.cccounty.us	AUG 2018
Consumer	Lisa Bruce	925-956-2242	lisalaiolobruce@gmail.com	MAY 2020
Consumer	Matt Wilson	925-457-3801	matt.anthony.wilson@gmail.com	APR 2020
Consumer	Karen Smith	925-752-5613	klurbancic@aol.com	NOV 2019
Consumer	Connie Steers	925-682-9629	conste925@astound.net	MAY 2019
Consumer	Ashley Baughman	925-812-4010	smashleybaughman14@att.net	OCT 2019
Consumer	VACANT			
Criminal Justice	Kimberly Martel	925-313-4151	kimberly.martel@prob.cccounty.us	SEP 2018
Education	Kathi McLaughlin	925-372-6886	kathimclaughlin@att.net	OCT 2018
Faith Based Leadership	Will McGarvey	925-597-9797	eye4cee@gmail.com	SEP 2019
Family Member	Sam Yoshioka	925-682-8889	samsyoshi@comcast.net	NOV 2018
Family Member	Ryan Nestman	925-726-9000	rnestman79@att.net	DEC 2018

Family Member	David Kahler	925-676-5771	dk122932@aol.com	JUN 2020
Family Member	VACANT			
Family Member	VACANT			
Family Member	VACANT			
Family Partner - Juvenile	Jennifer Tuipulotu	925-521-5722	jennifer.tuipulotu@hsd.cccounty.us	MAR 2020
Family Partner - Adult	Kimberly Krisch	925-313-7940	kimberly.krisch@hsd.cccounty.us	AUG 2019
Homeless Programs	VACANT			
Mental Health Commission	Lauren Rettagliata	925-683-3299	rettagliata@sbcglobal.net	APR 2019
Mental Health Commission	Gina Swirsding	510-304-6162	gdm2win@aol.com	JAN 2020
Peer Provider - CCBHS	Susan Medlin	925-899-0612	susan.medlin@hsd.cccounty.us	JAN 2019
Peer Provider - CCBHS	Stephen Boyd	925-914-0174	stephen.boyd@hsd.cccounty.us	FEB 2020
Underserved Population	Courtney Cummings	510-672-9877	ccummings1102@yahoo.com	DEC 2019
Underserved Population	VACANT			
Underserved Population	VACANT			
Veterans Services	VACANT			

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** April 29, 2015
Date of Exit Meeting: August 13, 2015

- II. **Review Team:** Sandy Rose, Jane Yoo, Warren Hayes

- III. **Name of Program:** Crestwood Healing Center (Bridge and Pathway Programs)
550 Patterson Boulevard
Pleasant Hill, CA 94523

- IV. **Program Description.** Crestwood Healing Center is a licensed Board and Care facility that provides additional staff and programming to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. The objective of Crestwood's Bridge (64 beds) and Pathway (16 beds) programming is to assist and encourage residents to develop life skills, participate in community based activities, repair or enhance primary relationships, and enjoy leisure activities. In addition, the Pathway Program provides clinical mental health specialty services for up to a year (with a possible six month extension) for those residents considered to be most compromised by mental health issues.

- 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/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	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.
3. Provide the services for which funding was allocated.	Yes	Contract language needs to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Crestwood has been operating close to capacity
6. Achieve the outcomes that have been agreed upon.	No	Contract language needs to articulate service outcomes.
7. Quality Assurance	Yes	Appropriate policies and procedures are in place.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
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	Parent organization capable of financially sustaining the program

12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Parent organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Documentation sufficient to support allowable expenditures	Yes	Daily rate charges supported. County needs to assign actual expenses to proper cost center.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Billing is timely and close out appropriate.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	N/A	Daily rate contract.
17. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
18. Effective communication between contract manager and contractor	No	County needs to expand role of contract manager to enable regular, coordinated program and contract 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, service provider interviews, and consumer surveys.
Results. As part of the site visit eleven residents were interviewed as a group. Their responses were consistent with the written consumer surveys that were received; that is, residents were most appreciative of the facility, staff, and daily

activities they had the opportunity to participate in. While living in a structured, sheltered environment they were given regular opportunities to voluntarily engage in community activities, and were able to participate in the development of the curriculum. Curriculum topics emphasized residents increasing their capacity for developing recovery, wellness and resiliency.

Survey Results

Sixteen consumer survey responses were received.

Questions	Responses: n=16				
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i></p>	<p>Strongly Agree 4</p>	<p>Agree 3</p>	<p>Disagree 2</p>	<p>Strongly Disagree 1</p>	<p>I don't know 0</p>
<p>1. Help me improve my health and wellness</p>	<p>Average score: 3.38</p>				
<p>2. Allow me to decide what my own strengths and needs</p>	<p>Average score: 3.19</p>				
<p>3. Work with me to determine the services that are most helpful</p>	<p>Average score: 3.44</p>				
<p>4. Provide services that are sensitive to my cultural background.</p>	<p>Average score: 3.13</p>				
<p>5. Provide services that are in my preferred language</p>	<p>Average score: 3.63</p>				
<p>6. Help me in getting needed health, employment, education and other benefits and services.</p>	<p>Average score: 3.25</p>				
<p>7. Are open to my opinions as to how services should be provided</p>	<p>Average score: 3.13</p>				
<p>Your response to the following questions is appreciated:</p>					
<p>8. What does this program do well?</p>	<ul style="list-style-type: none"> • Helping with coping skills. • Good groups. • Listen to your needs. • They have a great program called DBT and it teaches you mindfulness and other communication skills in life. • Medication • Provide wellness tools • Activities such as Wildcats softball tournament and day trip to Alcatraz 				

9. What does this program need to improve upon?	<ul style="list-style-type: none"> Better food Cleanliness More counseling 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> Staff supporting your decisions. More activities. 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Average score: 3.47			
12. Any additional comments?				

Discussion. Crestwood staff appear to implement services according to the values of the Mental Health Service 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.

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

Results. As a matter of regular practice Crestwood staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was matched by verifying observation of residents participating in the consumer group meeting.

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. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. This is because Crestwood Healing Center is one of nine facilities throughout the Bay Area in a residential facilities service contract that the County utilizes; most of whom are skilled nursing facilities. A separate contract outlines Day Treatment services that funds the clinical services provided to the Pathway residents.

Discussion. Appropriate augmented Board and Care services are provided by Crestwood for Bridges and Pathways residents, and appropriate intensive mental health specialty services are provided for Pathways residents. However, the service work plan language in the two contracts needs to spell out the services that are provided, program service goals, outcomes expected, and reports to be submitted. It is recommended that Crestwood Healing Center (Bridges and Pathways) have a separate contract from its skilled nursing facilities and IMDs and delineates both augmented board and care services (Bridges and Pathways), as well as mental health specialty services (Pathways). This will clarify that MHSA dollars are not funding non-voluntary locked facilities.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population 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. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews and surveys indicate that Crestwood Healing Center is meeting their needs.

Discussion. Crestwood 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.

Results. Supporting documentation indicates that the 80 possible beds are being fully utilized, and have been at capacity for the last three years. The service work plan, however, does not capture the services that augment the board and care service in a manner that enable quantifying the services

provided, and enabling program impact on residents to be determined and reported to the County.

Discussion. It is recommended that the Crestwood augmented board and care services be separated from the Crestwood larger contract in order to provide agreement, visibility, and tracking of the services and outcomes at both the Bridges and Pathways programs.

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. Crestwood is fully meeting the prescribed outcomes in the service agreement; namely, providing board and care for County referred individuals in the number mutually agreed upon.

Discussion. See Discussion above.

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. Crestwood's Pathways Program is a Medi-Cal service provider, and as such, participates in the County's Utilization Review process. The last in-depth utilization review was conducted in 2013, with written report and corrective actions accomplished. Seventeen medical records were reviewed, with focus on quality of services provided. The County evaluated Crestwood's compliance with documentation and clinical standards. Findings consisted of lack of progress notes, missing forms, and lack of documentation of consumers receiving the Medi-Cal Consumer's Guide. These findings were corrected in Crestwood's subsequent corrective action plan. Additionally, no significant incidence reporting or grievances regarding service provision have been received by the County in the last two years.

Discussion. Crestwood participates positively with the County in prescribed quality assurance policies and procedures. It is recommended that Crestwood be scheduled for a comprehensive utilization review, since the last review was conducted over two years ago.

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 protocol for safeguarding protected patient health information.

Results. Crestwood 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.

Discussion. Crestwood 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.

Results. Crestwood staff were interviewed, to include clinical, paraprofessional, management and administrative support. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. All positions were reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. Staff recently converted to Point Click Care (PCC) as their new electronic medical record system. They reported that this enhanced the administrative support they received from their corporate and administrative headquarters in Sacramento and Stockton, respectively. Staff provided a demonstration of their new PCC system.

Discussion. There appears to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support. The new PCC system appears to be capable of supporting regular outcome reporting, should the service agreement specify the type and nature of regular outcome reporting.

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. Annual independent fiscal audits for the last three years were provided and reviewed. Crestwood is an established for-profit organization that operates 26 residential facilities, most of whom are operated as skilled nursing (SNF) or Institute of Mental Disease (IMD) facilities. Crestwood's Healing Center is an exception, being a voluntary, unlocked residential program consisting of behavioral health treatment, a wellness curriculum, and board and care services. While the Crestwood Healing Center does not appear to generate a profit, total Crestwood revenues for all of its programs appeared to generate a \$5 million profit in 2013.

Discussion. The independent fiscal audit reports did not issue any findings or concerns

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 (contractor). Interview fiscal manager of program.

Results. Crestwood has sufficient size, diversity of funding resources and adequate cash flow to support the Crestwood Healing Center staff deliver and sustain services. Their fiscal systems and Stockton Administration Center enable staff on site to focus on service delivery.

Discussion. Fiscal resources are 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.

Results. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Discussion. 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.

Results. Invoices and supporting documentation for three selected months over the last three years were reviewed. Crestwood's financial reports support the monthly invoices, and no duplicate billing was indicated.

Discussion. Financial documentation appears sufficient to support the invoicing.

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 of the last three fiscal years for identification of personnel costs and operating expenditures charged to the cost center.

Results. Documentation from Crestwood appeared sufficient to support allowable expenditures. As per service agreement invoices were itemized and supported by client name with total days during the billing period by name and type of facility. Crestwood was correctly submitting invoices that separated out the unlocked facilities from the locked facilities. However, a review of the invoices sampled in the service agreement for board and care expenses (contract #24-933-31) indicated that the County was charging the County's Realignment Fund (cost center 5941) and the MHSA Fund (5725) by a budgeted percentage, and not by the actual days reported on Crestwood's invoices. Thus the County was administratively charging expenses to the County's MHSA cost center incorrectly.

Discussion. Crestwood's documentation was sufficient to support allowable expenses, and appropriately billed Crestwood Healing Center expenses separately from its locked facilities. It is recommended that the County administratively reassign expenses according to actual supporting documentation submitted, and not by a percentage of budgeted amount.

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. Report from local accounting manager affirmed Crestwood's billing practices, whereby their year-end closing entries supported that expenditures were invoiced in the appropriate fiscal years.

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

- 16. Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element.
- Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.
- Results.** Crestwood's agreement with the County for residential facilities is a negotiated all inclusive daily rate per person based upon patient acuity level.
- Discussion.** Delineation of administrative costs is beyond the purview of this review.
- 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.** Property, vehicle, liability insurance policies were reviewed. All were current with appropriate limits.
- Discussion.** Current insurance policies in effect are sufficient to comply with the contract.
- 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.** The County has multiple staff interacting with Crestwood staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Crestwood contracts and sign and forward submitted invoices, case managers to interact with Crestwood staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with finding and recommendations. This has resulted in challenges for Crestwood staff when issues arise needing a timely, coordinated response with follow-up toward resolution.
- Discussion.** It is recommended that the County re-visit how it communicates with Crestwood with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Crestwood Healing Center provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a voluntary service facility that is part of a large for profit organization consisting largely of locked facilities. Staff and clients alike agree that service response is based on strength based psychosocial rehabilitation principles that promote recovery, wellness and resiliency. The facility has been operating at or near capacity, and meeting Commission on Accreditation of Rehabilitation Facility (CARF) Standards. Staffing appears sufficient and qualified to meet self-prescribed service objectives. Support from Crestwood's corporate and administrative headquarters appear sufficient to enable the Healing Center to focus on service delivery.

Issues for attention pertain to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Crestwood Healing Center's contract needs to spell out the services that are provided, program service goals, outcomes expected, and reports to be submitted. It is recommended that Crestwood Healing Center (Bridges and Pathways) have a separate contract from its skilled nursing facilities and IMDs and delineate both augmented board and care services (Bridges and Pathways), as well as mental health specialty services (Pathways).
- The County administratively needs to reassign expenses according to actual supporting documentation submitted, and not by a percentage of budgeted amount.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to Crestwood, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.
- It is recommended that Crestwood's Pathways Program be scheduled for a comprehensive utilization review, as it has been over two years since the last review was conducted.

X. Next Review Date. April 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)

CPAW Meeting Calendar

September 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 CPAW: 3-6pm 2425 Bisso Ln Concord	4	5
6	7  Labor Day	8 Social Inclusion: 10am – 12pm 2425 Bisso Ln, Concord	9 Systems of Care: 10 am – 12 pm 1340 Arnold Dr, Ste 200, Martinez	10 Children's: 11:00—1:00pm, 1340 Arnold Dr, Ste 200, Martinez	11	12
13	14	15	16 Housing: 9-10:30am 1340 Arnold Dr, Martinez	17 Steering: 3-5pm 2425 Bisso Ln, Concord	18	19
20	21 Membership: 3-5pm 1340 Arnold Dr, Ste 200, Martinez	22	23 Aging & Older Adult: 2-3:30 pm 2425 Bisso Ln, Concord	24	25	26
27	28 Innovation: 2:30-4:30pm 1340 Arnold Dr, Ste 200, Martinez	29	30			