

MHSA Monthly Budget Report

Fiscal Year 2014-15

July 2014 through June 2015

Summary

	<u>Approved MHSAs Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• CSS	\$ 30,068,631	\$ 24,382,538	\$ 24,382,538
• PEI	8,037,572	7,862,174	7,862,174
• INN	2,019,495	1,072,994	1,072,994
• WET	638,871	566,621	566,621
• CF/TN	849,936	1,667,119	1,667,119
Total	\$ 41,614,505	\$ 35,551,446	\$ 35,551,446

- Approved MHSAs Budget means the funds set aside, or budgeted, for a particular line item prior to the start of the fiscal year.
- Expenditures means the funds actually spent in the fiscal year by the end of the month for which the report was made.
- Projected Expenditures means the funds that are estimated to be spent by the end of the fiscal year.

Disclosures:

1) Cost centers are used to track expenditures. MHSAs cost centers are: 5714, 5715, 5721, 5722, 5723, 5724, 5725, 5727, 5735, 5753, 5764, 5868, 5899, and 5957. MHSAs program plan elements include expenditures from multiple MHSAs cost centers. Therefore, expenditures reported in the County's Expenditure Detail Report may not tie exactly to the MHSAs program plan elements.

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Full Service Partnerships			
– Children	\$ 2,885,820	\$ 2,900,662	\$ 2,900,662
– Transition Age Youth	2,065,642	2,011,255	2,011,255
– Adults	2,935,514	1,896,595	1,896,595
– Adult Clinic FSP Support	1,794,059	1,760,264	1,760,264
– Recovery Centers	875,000	772,246	772,246
– Hope House	2,017,019	2,010,927	2,010,927
– Housing Services	4,886,309	4,420,797	4,420,797
Full Service Partnerships Sub-Total	\$ 17,459,363	\$ 15,772,746	\$ 15,772,746
• General System Development			
– Older Adults	\$ 3,560,079	\$ 3,279,291	\$ 3,279,291
– Children’s Wraparound	2,161,972	1,449,036	1,603,634
– Assessment and Recovery Center - Miller Wellness Center	1,250,000	-	0
– Liaison Staff	513,693	107,257	(70,277)
– Clinic Support	1,201,638	734,802	734,802
– Forensic Team	493,973	292,912	292,912
– Quality Assurance	1,176,674	854,995	877,931
– Administrative Support	2,251,240	1,891,499	1,891,499
General System Development Sub-Total	\$ 12,609,269	\$ 8,609,792	\$ 8,609,792
Total	\$ 30,068,632	\$ 24,382,538	\$ 24,382,538

Note:

1) The Mental Health portion of the Miller Wellness Center opened in January 2015.

CSS - FSP Children's

- Personal Service Coordinators - Seneca
- Multi-dimensional Family Therapy – Lincoln Center
- Multi-systemic Therapy – COFY
- Children's Clinic Staff – County Staff

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 562,915	\$ 464,560 ³	\$ 464,560
	874,417	897,136 ^{1,3}	897,136
	650,000	748,162 ^{2,3}	748,162
	798,488	790,804	790,804
Total	\$ 2,885,820	\$ 2,900,662	\$ 2,900,662

Note:

- 1) Increased contract limit to serve additional clients.
- 2) Approved MHSA Budget amount was based on historical usage.
- 3) Contracts were adjusted during FY14-15 to reflect correct apportioning.

CSS - FSP Transition Age Youth

- Fred Finch Youth Center
- Youth Homes
- TAY Residential – Vendor TBD

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,400,642	\$ 1,373,726	\$ 1,373,726
	665,000	637,530	637,530
	-	-	-
Total	\$ 2,065,642	\$ 2,011,255	\$ 2,011,255

CSS - FSP Adults – Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Rubicon	\$ 928,813	\$ 761,558	\$ 761,558
• Community Health for Asian Americans (CHAA)	123,422	-	-
• Anka	768,690	356,010	356,010
• Familias Unidas (Desarrollo Familiar)	207,096	207,096	207,096
• Hume Center	907,493	521,620	521,620
• Crestwood Behavioral Hlth	-	50,310	50,310
	Total	Total	Total
	\$ 2,935,514	\$ 1,896,595	\$ 1,896,595

Note:

- 1) This organization will not be renewing their FY 14-15 contract.
- 2) Crestwood Behavioral Health expenditures for Augmented Board and Care to be included in MHSA funded Housing Services in future reports.

CSS - Supporting FSPs

- Adult Clinic Support -
FSP support, rapid access, wellness nurses
- Recovery Centers – Recovery Innovations
- Hope House – Telecare

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,794,059	\$ 1,760,264	\$ 1,760,264
	875,000	772,246	772,246
	2,017,019	2,010,927	2,010,927
Total	\$ 4,686,078	\$ 4,543,436	\$ 4,543,436

CSS - Supporting FSPs Housing Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supportive Housing – Shelter, Inc	\$ 1,663,668	\$ 1,084,882	\$ 1,084,882
• Supportive Housing – Bonita House (proposed)	190,000	-	-
• Augmented Board & Care – Crestwood	411,653	644,271	644,271
• Augmented Board & Care – Divines	4,850	5,333	5,333
• Augmented Board & Care – Modesto Residential	120,000	40,150	40,150
• Augmented Board & Care – Oak Hills	21,120	20,020	20,020
• Augmented Board & Care – Pleasant Hill Manor	30,000	56,181	56,181
• Augmented Board & Care – United Family Care	271,560	332,778	332,778
• Augmented Board & Care – Williams	30,000	30,530	30,530
• Augmented Board & Care – Woodhaven	13,500	12,025	12,025
• Shelter Beds – County Operated	1,672,000	1,691,254	1,691,254
• Housing Coordination Team – County Staff	457,958	503,374	503,374
Total	\$ 4,886,309	\$ 4,420,797	\$ 4,420,797

Note:

1) Bonita House is still in planning phase.

2) Augmented Board and Care bed days are negotiated as a daily rate. Expenditures are based upon beds filled per day. Approved MHSA Budget amounts for individual providers are based on historical usage.

3) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Older Adult Clinic - Intensive Care Mgmt , IMPACT	\$ 3,560,079	\$ 3,279,291	\$ 3,279,291
• Wraparound Support – Children’s Clinic	2,161,972	1,449,036 ²	1,603,634
• Assessment and Recovery Center (MWC) – staff TBD	1,250,000	- ¹	0
• Liaison Staff - Regional Medical Center	513,693	107,257 ²	(70,277)
• Money Management – Adult Clinics	617,465	269,418 ²	269,418
• Transportation Support – Adult Clinics	213,693	59,728 ²	59,728
• Evidence Based Practices – Children’s Clinics	370,479	405,656 ²	405,656
• Forensic Team – County Operated	493,973	292,912 ²	292,912
Total	\$ 9,181,355	\$ 5,863,297	\$ 5,840,362

Note:

- 1) The Mental Health portion of the Miller Wellness Center opened in January 2015.
- 2) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

CSS - General System Development Administrative Support

	<u>Approved MHS A Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Quality Assurance			
– Utilization Review - TBD	\$ 370,473	\$ 92,023	\$ 114,958
– Medication Monitoring	89,843	132,679	132,679
– Clinical Quality Management	370,474	441,576	441,576
– Clerical Support	345,884	188,718	188,718
Quality Assurance Total	\$ 1,176,674	\$ 854,995	\$ 877,931
• Administrative Support			
– Project and Program Managers	\$ 757,210	\$ 957,375	\$ 957,375
– Clinical Coordinators	213,902	197,926	197,926
– Planner/Evaluators – TBD	260,400	1,520	1,520
– Family Service Coordinator – TBD	105,206	-	-
– Administrative/Fiscal Analysts	327,336	288,558	288,558
– Clerical Supervisor	96,876	32,231	32,231
– Clerical Support	390,310	395,516	395,516
– Community Planning Process – Consultant Contracts	100,000	18,373	18,373
Administrative Support Total	\$ 2,251,240	\$ 1,891,499	\$ 1,891,499
Total	\$ 3,427,914	\$ 2,746,495	\$ 2,769,430

Note:

1) Certain County-operated MHS A programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHS A-related program costs.

PEI Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Prevention – Outreach and Engagement			
– Reducing Risk of Developing a Serious Mental Illness			
• Underserved Communities	\$ 1,481,361	\$ 1,455,744	\$ 1,455,744
• Supporting Youth	1,600,726	1,590,358	1,590,366
• Supporting Families	585,434	568,970	568,970
• Supporting Adults , Older Adults	736,435	434,570	416,036
– Preventing Relapse of Individuals in Recovery	468,440	515,149	515,149
– Reducing Stigma and Discrimination	692,988	408,203	437,021
– Preventing Suicide	416,343	416,681	416,681
Prevention Sub-Total	\$ 5,981,727	\$ 5,389,676	\$ 5,399,968
• Early Intervention – Project First Hope	\$ 1,685,366	\$ 1,604,858	\$ 1,604,858
• Administrative Support	370,479	867,640	857,348
Total	\$ 8,037,572	\$ 7,862,174	\$ 7,862,174

Note:

1) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

PEI – Outreach and Engagement Underserved Communities

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Asian Community Mental Health	\$ 130,000	\$ 130,000	\$ 130,000
• Center for Human Development	133,000	125,685	125,685
• Jewish Family & Children’s Services	159,699	159,679	159,679
• La Clinica de la Raza	256,750	244,675	244,675
• Lao Family Community Development	169,926	168,884	168,884
• Native American Health Center	213,422	213,422	213,422
• Rainbow Community Center	220,507	220,506	220,506
• Building Blocks for Kids (West Contra Costa YMCA)	198,057	192,894	192,894
Total	\$ 1,481,361	\$ 1,455,744	\$ 1,455,744

PEI – Outreach and Engagement Supporting Youth

	<u>Approved MHS A Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• James Morehouse Project (West CC YMCA)	\$ 94,200	\$ 94,200	\$ 94,200
• Project New Leaf (Martinez USD)	220,079	189,207	189,207
• People Who Care	203,594	203,594	203,594
• RYSE	460,119	460,389	460,389
• STAND! Against Domestic Violence	122,734	122,733	122,733
• Families Experiencing Juvenile Justice System	500,000	520,235 ¹	520,243
Total	\$ 1,600,726	\$ 1,590,358	\$ 1,590,366

Note:

1) Certain County-operated MHS A programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHS A-related program costs.

PEI – Outreach and Engagement Supporting Families

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Child Abuse Prevention Council	\$ 118,828	\$ 104,407	\$ 104,407
• Contra Costa Interfaith Housing	64,526	64,526	64,526
• Counseling Options Parenting Education (Triple P)	225,000	225,000	225,000
• First Five	75,000	75,000	75,000
• Latina Center	102,080	100,038	100,038
Total	\$ 585,434	\$ 568,970	\$ 568,970

PEI – Outreach and Engagement Supporting Adults and Older Adults

- MH Clinicians in Concord Health Center
- Lifelong Medical Care
- Senior Peer Counseling Program

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 246,986	\$ 54,119 ¹	\$ 35,585
	118,970	118,969	118,969
	370,479	261,483 ¹	261,483
Total	\$ 736,435	\$ 434,570	\$ 416,036

Note:

1) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

PEI

	<u>Approved MHSa Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Preventing Relapse – Putnam Clubhouse	\$ 468,440	\$ 515,149 ²	\$ 515,149
• Reducing Stigma – Office of Consumer Empowerment	692,988	408,203 ¹	437,021
• Preventing Suicide – Contra Costa Crisis Center	292,850	292,848	292,848
– MH Clinician Supporting PES, Adult Clinics	123,493	123,833 ¹	123,833
	<u>\$ 416,343</u>	<u>\$ 416,681</u>	<u>\$ 416,681</u>
• Early Intervention – Project First Hope	\$ 1,685,366	\$ 1,604,858	\$ 1,604,858
• Administrative Support	370,479	867,640 ¹	857,348
Total	\$ 3,633,616	\$ 2,944,890	\$ 2,973,708

Note:

1) Certain County-operated MHSa programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSa-related program costs.

2) Putnam Clubhouse expenditures over budgeted amount reflect costs budgeted at the beginning of the fiscal year for Reducing Stigma efforts in the Office for Consumer Empowerment line item, and both line items will be adjusted in future reports.

INN

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supporting LGBTQ Youth – Rainbow Community Center	\$ 420,187	\$ 476,728 ²	\$ 476,728
• Women Embracing Life Learning – County Operated – 1.5 FTE	194,652	162,803 ¹	162,803
• Trauma Recovery Project – County Operated – 1 FTE	123,493	201,445 ¹	146,322
• Reluctant to Rescue – Community Violence Solutions	126,000	115,090	115,090
Sub-Total	\$ 864,332	\$ 956,065	\$ 900,943
• Wellness Coaches (proposed)	\$ 222,752	\$ -	\$ -
• Vocational Services for Unserved (proposed)	277,445	-	-
• Partners in Aging (proposed)	250,000	-	-
• Overcoming Transportation Barriers (proposed)	249,803	-	-
Sub-Total	\$ 1,000,000	\$ -	\$ -
• Administrative Support - 1 FTE	155,164	116,929 ¹	172,051
Total	\$ 2,019,495	\$ 1,072,994	\$ 1,072,994

Note:

1) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.

2) Approved MHSA Budget amount was based on historical usage.

WET

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Workforce Staffing Support			
– Administrative Support	\$ 184,426	\$ 93,280 ³	\$ 93,280
• Training and Technical Assistance			
– Staff Training – Various Vendors	75,000	19,125 ⁴	19,125
– SPIRIT – TBD	11,000	23,850 ⁴	23,850
– Family to Family – NAMI Contra Costa	20,000	20,184 ⁴	20,184
– Law Enforcement – Various Vendors	5,000	- ⁴	-
• Mental Health Career Pathway Programs			
– High School Academy – Contra Costa USD	14,500	- ¹	-
• Residency, Internship Programs			
– Graduate Level Internships – County Operated	178,945	347,304 ³	347,304
– Graduate Level Internships – Contract Agencies	100,000	62,879	62,879
• Financial Incentive Programs			
– Bachelor, Masters Degree Scholarships	50,000	- ²	-
Total	\$ 638,871	\$ 566,621	\$ 566,621

Notes:

- 1) High School Academy is the planning phase.
- 2) The Bachelor, Masters Degree Scholarships is in the planning phase.
- 3) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.
- 4) Approved MHSA budget for WET Staff Training are allocated based on past spending. Programs/ Contracts change may affect the actual expenditure.

Capital Facilities/Information Technology

<ul style="list-style-type: none"> • Electronic Mental Health Records System 	<u>Approved MHSA Budget</u> 849,936 ¹	<u>Expenditures</u> 1,667,119	<u>Projected Expenditures</u> 1,667,119
Total	\$ 849,936	\$ 1,667,119	\$ 1,667,119

Note

1) FY 14/15 estimated funds available for the Electronic MH Records Project.

MHSA Community Program Planning Process for FY 2016-17

Objective: Utilizing creative venues, partner with prevention and early intervention and other programs to engage stakeholders who have normally not participated in surfacing age related and culture specific public mental health priority needs and strategies to meet those needs.

PROGRAM	EVENTS	DATE(S)/TIME(S)/PLACE(S)	SUPPORTS NEEDED
New Leaf	Transition Age Youth Advisory Council Meeting	October 8 th	
RYSE	Film Festival	October 17th	
Interfaith Housing	Evening Focus Groups	Thursdays	
Recovery Innovations	Town Hall Meetings, One at each site. East, Central and West	2 nd week of November	
Office for Consumer Empowerment	Social Inclusion Meeting	November 10 th	
PEI Providers	PEI Roundtable/Resource Fair	Ambrose Center, Bay Point. November, 2015 (East County)	
Building blocks for kids (BBK)	Invitation for CPAW to meet BBK and their clients	November 18 th or 19th	
Native American Health Center	Native Heritage Month Activities	November 20 th , (survey)	
COPE	Triple P Graduation	December, 2015	
La Clinica	Focus Groups		
Putnam Clubhouse	Annual Holiday Party	December 18th	
Contra Costa Behavioral Health Services (CCBHS) Senior Peer Counseling Program	Grandparent Cafe		
CCBHS Children's Services	Educate/Equip/Support Class		
Child Abuse Prevention Council	Nurturing Parenting Connection graduations, Brentwood and Concord	December 15 th and 17th	

NOTES:

- 1. Consolidated Planning Advisory Workgroup (CPAW), Mental Health Commission, NAMI – Contra Costa and other stakeholder bodies, Adult clinic staff, Full Service Partnership Providers and other interested individuals to be invited and RSVP requested to enable planning for number attending.
- 2. Putnam Clubhouse and CCBHS have volunteered to send out a survey monkey to all participants; CCBHS will craft the content.

- a. What services are you receiving at this time? (check all that apply)
 - Mental Health Services
 - Substance Abuse Prevention
 - Community Support
 - Homeless Support
 - Community Recreation group
 - Other: _____
- b. What services are important to you or a family member? (check all that apply)
 - Mental Health
 - Physical health
 - Local community organization
 - Non-mental health groups (please describe): _____
 - Other _____
- c. Have you or a family member **refused** to access Mental Health Services in the past? Yes__ No __
- d. If yes, Why?
 - Services not available in my community
 - Services not in my Preferred language
 - Embarrassed to ask for help
 - Did not want help
 - Other (please explain): _____
- e. Have you or a family member **tried to access** Mental Health Services? Yes ____ No ____
- f. What was the service that you tried to access? (Please circle).

- i. Mental Health
 - ii. Physical/Medical Health
 - iii. Community organization
 - iv. Recreation Program
 - v. Prevention
 - vi. Other: _____
- g. In general, were you able to access services in a timely manner? (Please circle).
- i. Yes, with a short Wait time (less than two weeks)
 - ii. Yes, with a long wait time (more than two weeks)
 - iii. No, Services were not provided in my language
 - iv. No, transportation was a barrier in accessing services.
 - v. Other: _____
- h. What are some things that are working well in the programs where you receive support?
- i. Short wait time for services.
 - ii. Services in my language
 - iii. Level of service matches my need.
 - iv. I feel that what I say matters to my service provider.
 - v. Other: _____
- i. What do you feel are the needs in your community? (check all that apply)
- i. Housing and homeless services.
 - ii. Assistance with meaningful activities.
 - iii. Information on services in the community
 - iv. Communication between service providers.
 - v. Services in my language
 - vi. Cultural supportive services
 - vii. Transportation
 - viii. Other...

Please provide any additional comments or input here:

3. Point of Contact updating this matrix: Michelle Rodriguez-Ziemer

PEI Program Supervisor
925-957-7548
michelle.rodriguez-zeimer@hsd.cccounty.us

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Dates of On-site Review:** August 7 and 17, 2015
Date of Exit Meeting: September 24, 2015

- II. **Review Team:** Warren Hayes
Michelle Rodriguez-Zeimer

- III. **Name of Program:** NAMI – Contra Costa
550 Patterson Boulevard
Pleasant Hill, CA 94523

- IV. **Program Description.** The National Alliance on Mental Illness (NAMI) is a non-profit corporation dedicated to building better lives for Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research, and is committed to raising awareness and building a community for hope for all of those in need. NAMI is the foundation for NAMI – California and its local chapter, NAMI – Contra Costa. NAMI – Contra Costa members volunteer their time and effort to raise awareness and provide essential and free education, advocacy and support group programs. In particular, NAMI – Contra Costa conducts free twelve week Family-to-Family courses that are offered at several locations throughout the county. The course covers the symptoms and treatment of major mental illnesses, as well as skills and support to help family members communicate with and advocate for their loved ones more effectively.

Contra Costa Behavioral Health Services (CCBHS) recognizes the need to better support family members from the Spanish speaking community in accessible locations, and has contracted with NAMI – Contra Costa to provide a Spanish speaking version of Family to Family classes and support groups.

- V. **Purpose of Review.** CCBHS is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of 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 appreciate this opportunity to collaborate together with the staff and individuals participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	All clients are Spanish speaking family members of persons with mental illness.
3. Provide the services for which funding was allocated.	Yes	Classes are provided as per agreement.
4. Meet the needs of the community and/or population.	Yes	Program addresses a priority need of underserved family members.
5. Serve the number of individuals that have been agreed upon.	Yes	Number of completed groups and participants are as per agreement
6. Achieve the outcomes that have been agreed upon.	Yes	Participants verify program goals are achieved.
7. Quality Assurance	Yes	Quality assurance processes are in place.
8. Ensure protection of confidentiality of protected health information.	Yes	The program protects personal information of participants.
9. Staffing sufficient for the program	Yes	The program struggles to provide additional volunteer support to the lead trainer.
10. Annual independent fiscal audit	N/A	Independent fiscal audit not required.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization has sufficient liquid assets to overcome interrupted revenues.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to	Yes	Documentation sufficient.

support invoices		
14. Documentation sufficient to support allowable expenditures	Yes	Documentation sufficient.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Expenditures invoiced in the appropriate fiscal year.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	N/A	NAMI does not charge an indirect rate.
17. Insurance policies sufficient to comply with contract	Yes	Policies are current and appropriate.
18. Effective communication between contract manager and contractor	Yes	Contract has not yet been renewed for FY 15-16.

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. Family member and service provider interviews and family member surveys.

Results. A De Familia a Familia support group was visited to obtain feedback from participating family members. Additional input was obtained by reviewing written surveys of the class.

Twelve support group members participated in the discussion. Interpreter assistance was provided, as Spanish was the primary language of all participants. All spoke to the important positive impact that the Family to Family class has had in their lives. This includes increased awareness on how to help family members with mental illness, as well as help themselves in the process. They felt more informed and supported as to mental health resources and their rights, and as a consequence almost all of the families were connected to some type of mental health program. They felt NAMI’s classes and support group were culturally appropriate, and the instructor and curriculum demonstrated an understanding of the cultural implications and stigma associated with diagnoses and medications.

Their concerns included the following: 1) educational, social service, law enforcement and other professionals need more and better training regarding mental health issues, and the training and education should be specifically

relevant to the Spanish speaking community, 2) county mental health staff should do a better job of referring Spanish speaking family members to this resource (NAMI Family to Family), 3) mental health services need to be in Spanish and the wait time should be shorter, 4) space to conduct these classes and support groups is too small and hard to find; suggest space at the County mental health clinic, 5) there should be more supports for family members, 6) mental health programs need to be more flexible about payment for services that are not Medi-Cal covered.

Overall, all of the consumers agreed that this class and subsequent support groups have played a very important role in their lives and their family members' recovery. Review of written input via class evaluations and consumer surveys were consistent with the above input.

Discussion. NAMI Contra Costa's Spanish speaking Family to Family classes and subsequent support groups appear to implement services to family members according to the values of the Mental Health Services Act.

2. **Serve the agreed upon target population.** Does the program serve the agreed upon target population as stipulated in the service agreement.

Method. Compare the program description and/or service work plan with the individuals actually served.

Results. All clients served by NAMI under this MHSA funded contract are Spanish speaking, and most seem to be monolingual. This was verified by discussions with instructors and participants and matching supporting documentation that was provided by NAMI.

Discussion. NAMI's Spanish speaking Family to Family classes and support groups serve the 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 participant service provider interviews.

Results. Feedback from staff and consumers indicate that the type of services provided were consistent with the services stipulated in the service agreement.

Discussion. NAMI provides quality instructional and support services to Spanish speaking families of persons who are experiencing mental illnesses.

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 been authorized by the Board of Supervisors (or County Administrator's Office) as a

result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

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

Results. This contract has been authorized by the County Administrator's Office after a community program planning process identifying family instruction and support services as a priority need, and the Family to Family instructional program as a strategy to meet this priority need. Consumer interviews and surveys indicate that NAMI is meeting their needs.

Discussion. NAMI 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 reporting and verify with supporting documentation.

Results. NAMI submitted a multi-year proposal to the County in 2012 to provide two twelve week classes per year starting in fiscal year 2013-14. Data was provided that indicate that NAMI has provided two Family to Family classes the last two fiscal years, with number of attendees exceeding the minimum of eight per class as stipulated. For FY 14-15, 51 class participants were served, with many community events, such as workshops, presentations and tabling events attended as a means for heightened public awareness of mental health issues and recruitment for class participation.

Discussion. The program exceeds the number of class participants that have been agreed upon. In addition, many more in the Spanish speaking community have been made aware of NAMI's De Familia A Familia classes as a resource.

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 service agreement, and verify validity of outcomes with supporting documentation. 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. Outcome goals are reported in terms of the number of individuals who complete the twelve week curriculum and “graduate”. NAMI’s end of year report for FY 14-15 indicate that twelve individuals graduated from the classes held in Pittsburg, and twelve from the classes held in Richmond.

Discussion. It appears that these classes exceed outcomes agreed upon. However, the outcomes of number of individuals successfully completing the classes were not spelled out in the previous Service Agreement. Should a new agreement be reached for FY 15-16 it is suggested that the number of individuals successfully completing the classes be included along with number of classes and total number of individuals attending.

7. **Quality Assurance.** How does the program assure quality of service provision.

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

Results. De Familia A Familia family education program follows the national Spanish speaking version of the evidence based Family to Family course, to include the use of a standardized participant survey instrument. This instrument enables a quantification of a participant’s perceived satisfaction with the course and their perceived impact in dealing with a family member who has a mental illness. The survey asks the open ended questions of how the course could be improved, as well as solicits input on the teaching-support team leading the class. A sampling of these surveys indicate very positive comments about the classes and the instructor.

Discussion. The program has appropriate quality assurance tools in place. It is suggested that NAMI – Contra Costa and the County’s Contract Administrator regularly review survey summaries in order to effect a local continuous improvement process.

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

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

Results. HIPAA standards are not required, as education, and not treatment, takes place. However, discussions with staff indicate that proper safeguards are in place to protect participants’ personal information, and that this information is not shared without their permission.

Discussion. The program safeguards the sharing of participant personal information. It is suggested that NAMI utilize unique identifiers when reporting participant information to NAMI - California.

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. NAMI – Contra Costa is a non-profit organization that relies heavily on volunteer contributions of time and expense to further their mission of mental health education, family supports, and advocacy on selected mental health issues. De Familia A Familia received MHSA funding, as it was recognized that volunteer contributions alone would not sufficiently reach and engage the Spanish speaking community. This has proved the case, as the lead instructor, Veronica McManus, reports participating in extensive community engagement efforts in order to encourage class participation. In addition, she reports difficulty in recruiting and maintaining Spanish speaking instructors. This has left the sustainability of this valuable service at risk, as it is reliant on one person for continuance, and for this person to continue volunteering significantly more time than is financially compensated.

Discussion. Currently there appears to be sufficient qualified staff to carry out the functions specified in the program. However, it is suggested that the funding level and staff structure be re-visited next year in anticipation of MHSA's next Three Year Plan.

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 are not required for the size of this contract and organization.

Discussion. Not applicable.

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

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

Results. The organization relies heavily on contributions and fund raisers to maintain a non-restricted cash balance sufficient to honor its commitments, to include supporting its Family to Family classes. Sufficient cash reserves exist to maintain funding of this program should there be a temporary cash flow interruption.

Discussion. Fiscal resources are sufficient to deliver and sustain services. However, staff report difficulties in maintaining cost free space with which to conduct classes. It is suggested that NAMI – Contra Costa establish relationships with MHSA funded Prevention and Early Intervention programs who may have available meeting space, and have a similar mission of outreach and engagement to the Spanish speaking community.

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; review financial ledgers.

Results. NAMI – Contra Costa pays for the services of an established certified public accountant to oversee financial transactions and perform a yearly reconciliation of revenues and expenditures. During the year income, payroll and operating costs are manually recorded and maintained with supporting documentation. The modest size and complexity of operations warrants this more simple level of accounting.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls appear to support 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. 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. The full cost of De Familia A Familia's classes and support groups are partially funded by MHSA, with the rest supplied by volunteer time, in-kind contributions, and NAMI – Contra Costa funds. The invoices to the County as per contract agreement appear to be fully supported by the documentation provided.

Discussion. NAMI – Contra Costa's documentation was 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.

Results. NAMI – Contra Costa maintained a multi-year contract with the County that called for a contract limit not to exceed \$40,000 for the last two fiscal years - \$20,000 for FY 13-14 and \$20,000 for FY 2014-15. Invoice history indicates \$18,999 was billed and paid for in FY 13-14, and \$20,184 for FY 14-15. NAMI – Contra Costa's closing entries appear to support this invoicing level.

Discussion. Documentation appears sufficient to support expenditures invoiced in the appropriate fiscal year. It is suggested that NAMI – Contra Costa not exceed the yearly contract limit as stipulated for each fiscal year.

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

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

Results. As a volunteer organization, NAMI – Contra Costa has not been charging administrative costs.

Discussion. NAMI – Contra Costa does not charge an indirect rate.

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. All applicable 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 County 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. Both the County contract manager and the lead instructor for NAMI – Contra Costa indicate regular and effective communication regarding the program and its outcomes. However, a miscommunication resulted in NAMI – Contra Costa’s contract lapsing as of June 30, 2015 without a process initiated for renewal. This would appear to create a multi-month lapse in reimbursement for submitted invoices.

Discussion. It is recommended that the County and NAMI – Contra Costa develop a multi-meeting schedule of communications resulting in agreement as to whether or not to continue this contractual arrangement in its current size and format, and level of paid versus volunteer, or in-kind, contributions needed to sustain it.

VIII. Summary of Results.

NAMI – Contra Costa provides quality education classes and support groups for Spanish speaking family members of individuals experiencing mental illness. Extensive participation in community events are undertaken to offset the stigma associated with mental illness, and to encourage families to participate in De Familia A Familia. As a result significantly more participants and graduates are reported than the contract calls for. These classes adhere to the nationally recognized Family to Family curriculum, and uniformly receive standardized feedback to assist in improving the classes.

A significant portion of the costs of fielding these classes, to include engaging the Spanish speaking community, conducting classes and facilitating support groups, are in-kind and/or volunteer contributions. This creates challenges for maintaining a proper level of paid staffing, classroom space and operating costs.

It is recommended that this Spanish speaking service be strengthened in order to better involve and support family members as informed natural supports to their loved ones.

IX. Findings for Further Attention.

- It is recommended that a contract renewal process be expedited, and that upon completion negotiations ensue for contract structure, size and function that will sustain service delivery through the next MHSA Three Year Program and Expenditure Plan.

X. Next Review Date. August 2018

XI. Appendices.

Appendix A – Service Work Plan

Appendix B – Workforce Education and Training: Statement of Interest

XII. Working Documents that Support Findings.

Consumer, Family Member Surveys

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (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:** July 31, 2015
Date of Exit Meeting: September 25, 2015

- II. **Review Team:** Warren Hayes
Michelle Nobori

- III. **Name of Program:** Shelter, Inc.
1333 Willow Pass Road
Concord, CA

- IV. **Program Description.** Shelter, Inc. is a community based organization with the mission to prevent and end homelessness for low-income residents of Contra Costa County by providing resources that lead to self-sufficiency. Shelter, Inc. was founded in 1986 to alleviate the County's homeless crisis, and its work encompasses three main elements, 1) prevent the onset of homelessness, including rental assistance, case management and housing counseling services, 2) end the cycle of homelessness by providing 3 to 24 months of housing in combination with supportive services, and 3) provide affordable housing for nearly 250 low-income households, including such special needs groups as transition-age youth, people with HIV/AIDS, and those with mental health disabilities.

Shelter, Inc. provides a master leasing program through a contract with Contra Costa Behavioral Health Services (CCBHS). Adults or children and their families are provided tenancy in apartments and houses throughout the County. Shelter, Inc. acts as the lessee through a combination of self-owned units and agreements with landlords, and provides staff to support individuals and their families move in and maintain their homes independently. Housing and rental subsidy services are provided to residents of the County who are homeless, and have been certified by CCBHS as eligible. The objective is to create housing opportunities that are affordable and safe and promote housing stability among consumers of CCBHS.

V. Purpose of Review. CCBHS is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	All clients are mutually served by Shelter, Inc. and CCBHS.
3. Provide the services for which funding was allocated.	Yes	Shelter, Inc. provides quality supportive housing services that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Program meets a priority need of CCBHS consumers.
5. Serve the number of individuals that have been agreed upon.	Yes	Shelter, Inc. reports a slowdown in referrals, and has openings.
6. Achieve the outcomes that have been agreed upon.	No	Shelter, Inc. reports a decrease in consumers retaining housing due to lack of mental health and money management support.
7. Quality Assurance	Yes	Quality assurance processes 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	Recruiting to fill vacant Director of Housing Services.

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	Organization is fiscally sound and growing.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to support invoices	Yes	Documentation sufficient.
14. Documentation sufficient to support allowable expenditures	Yes	Documentation sufficient.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Expenditures invoiced in the appropriate fiscal year.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Yes	Shelter, Inc. charges 10% indirect rate.
17. Insurance policies sufficient to comply with contract	Yes	Policies are current and appropriate.
18. Effective communication between contract manager and contractor	Yes	Recommend CCBHS consolidate program and administrative point of contact.

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. As part of the site visit three consumers were interviewed, and additional input was obtained by six consumers who completed a written survey prior to the site visit.

Survey Results

Questions	Responses: n=6				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know 0

1. Allow me to decide what my own strengths and needs	Average score: 3.33			
2. Work with me to determine the services that are most helpful	Average score: 3.33			
3. Provide services that are sensitive to my cultural background.	Average score: 3.83			
4. Provide services that are in my preferred language	Average score: 3.50			
5. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.83			
6. Are open to my opinions as to how services should be provided	Average score: 3.50			
7. What does this program do well?	<ul style="list-style-type: none"> • They are helpful. • Housing 			
8. What does this program need to improve upon?	<ul style="list-style-type: none"> • “So far so good.” 			
9. What needed services and supports are missing?	<ul style="list-style-type: none"> • None. 			
10. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
	Average score: 3.83			
11. Any additional comments?	<ul style="list-style-type: none"> • “I know Shelter Inc. has helped me a lot. That is all I can say.” 			

Consumer Interview

The consumer interview was attended by 3 female individuals who all reside in various properties managed by Shelter, Inc. The individuals experience with housing services provided Shelter, Inc. varied between 5 months to 2 years. Two of the individuals were referred to Shelter, Inc. through Fred Finch Youth Center, while one individual was referred via Contra Costa County Behavioral Health Court, in partnership with County-Operated Mental Health Services Act Housing Services.

The interview participants were very appreciative of securing a stable housing environment and reported that Shelter Inc. staff are very responsive to their needs. All of the individuals appreciate that Shelter, Inc. staff are considerate and understanding of individuals living with mental health challenges and are supportive of their individual recovery. In addition to the housing support services they have received, consumers appreciate having free resources such

as clothing, hygiene items and occasionally food available in the office lobby. Participants shared that areas for improvement would be around the timeliness and completion of maintenance requests and communication regarding the computation of monthly rent amounts. Additionally, a suggestion was made that an incentive program should be adopted for individuals who pay their rent consistently with incentives such as transportation passes (i.e., BART or bus) or even gas cards.

Overall, all of the consumers agreed that Shelter, Inc. has played a very important role in their lives and recovery. Shelter, Inc. has aided in decreasing each person's anxiety of having to worry about where they would be going each night and has allowed them to focus their attention on activities such as doing well in school, actively participating in community activities, working, and for one individual, taking care of their child.

Discussion. Shelter, Inc. staff appear to implement services according to the values of the Mental Health Services Act.

2. **Serve the agreed upon target population.** Does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population.

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

Results. All clients served by Shelter, Inc. under this MHPA funded contract are referred by CCBHS, and are verified as experiencing a serious mental illness or serious emotional disturbance, and are either homeless, or at risk of being homeless. This was verified by discussions with staff and matching supporting documentation provided by Shelter, Inc.

Discussion. Shelter, Inc.'s Master Leasing Program serves the 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. Feedback from staff and consumers indicate that the type of services provided were consistent with the services stipulated in the service agreement.

Discussion. Shelter, Inc. provides quality property management services to consumers living in master leased and owned properties. This ranges from negotiating fair market rental rates, assisting consumers move in and maintain

their homes, broker resolution of tenancy issues, and facilitate tenants moving out, as appropriate.

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 been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

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

Results. This contract has been authorized by the Board of Supervisors after a community program planning process identifying housing and homeless services as a priority need, and supportive housing as a strategy to meet this priority need. Consumer interviews and surveys indicate that Shelter, Inc. is meeting their needs.

Discussion. Shelter, Inc. 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.

Results. Data was provided that indicate that Shelter, Inc. provides housing opportunities commensurate with the target number specified in their service agreement. A contract amendment in February, 2014 increased the number of individuals to be served from 109 to 119.

Discussion. The program serves the number of individuals that have been agreed upon. However, Shelter, Inc. staff indicate that currently they have a number of openings, and that referrals have been slow. It was speculated that this may be due to Rubicon Programs phasing out of full service partnerships and the recent change of CCBHS leadership in the referral approval process.

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. Outcome goals are reported in terms of the percentage of consumers who remain stably housed for 24 months or longer in master leased housing, and 16 months or longer for Shelter, Inc. owned housing. For FY 2013-14 Shelter, Inc. reported a shortfall in percentages for both master leased housing (goal 80%; actual 68%), as well as Shelter, Inc. owned housing (goal 90%; actual 71%). This resulted in mutually agreed downward goals for FY 14-15.

Interviews with staff indicate that more consumers are being referred and accepted who do not either have a mental health case manager, or the assigned case manager does not actively participate in resolving mental health issues that ultimately result in eviction. Housing Specialists do not have the qualifications to address these mental health issues. Also, staff report a large error percentage of money managed funds that adversely affect consumer tenants' ability to pay their subsidized rent based on their monthly income.

Discussion. It appears that active case manager or personal service coordinator participation would assist more consumers maintain their supportive housing. Also, money management support for this population appears to need attention.

7. **Quality Assurance.** How does the program assure quality of service provision.

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

Results. Contra Costa County Behavioral Health Administration did not receive any grievances towards the program. The program has an internal grievance process and welcomes consumer feedback through regular administration of surveys to program participants.

Discussion. Shelter, Inc. has a quality assurance process in place, however, it is recommended that the agency post the grievance policy in their office lobby, as well as include the policy and form as part of the participant's application packet.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and

Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol.

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

Results. Client charts are kept in locked file cabinets, behind a locked door and comply with HIPAA standards. Electronic files are kept within a secure property management database, YARDI, but the software does not contain any sensitive information. Clients and program participants are informed about their privacy rights and rules of confidentiality as per the Homeless Management Information System (HMIS).

Discussion. The program complies with HIPAA requirements. It is recommended, however, that the Privacy Notice be distributed as part of the program participant's application packets for informational purposes.

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. Shelter, Inc. has an organizational structure of filled positions indicating a sufficient number and type of staff to support their supportive housing operations. The Director of Housing Services recently left, and the organization is recruiting to fill the vacant position. Though experienced in the field of property management, a number of Housing Specialists are new to their job and their tenure with Shelter, Inc. varies from six months to two years. Staff who were interviewed indicated a desire to learn more regarding identifying and addressing mental health issues.

Discussion. There appears to be sufficient qualified staff to carry out the functions specified in the program. Shelter, Inc. is encouraged to seek and provide opportunities for staff to increase their capacity to support clientele recovering from mental health issues.

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. Shelter, Inc. is a California non-profit public benefit corporation established in 1986 to positively impact homelessness. The fiscal audits indicate Shelter, Inc. to be a low-risk auditee with no indicated findings.

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.
Method. Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of program.
Results. The organization shows a diversified portfolio of revenue sources, to include \$1 million in 2014 from contributions. Very recently the Board of Directors approved doubling their secured line of credit, and the organization purchased a much larger building to accommodate their expanding operations.
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. The fiscal manager is a qualified certified public accountant with 20 years' experience working for large non-profit organizations. Sufficient dedicated accounting staff enable multiple checks and balances to assure 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. 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 Shelter, Inc. appeared sufficient to support allowable expenditures. They recently changed their electronic financial accounting system from Blackbaud Fundware to IntACCT, which is a cloud based system. A demonstration of this system indicated vastly improved automated linking of supporting documentation to cost summaries to invoicing.
- Discussion.** Shelter, Inc.'s documentation was 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.
- Results.** Report from fiscal manager affirmed Shelter Inc.'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 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.** Shelter, Inc. charges a 10% indirect rate, which is below their actual indirect costs, as they do not include the building costs associated with their owned and operated administrative headquarter facility.
- Discussion.** Administrative costs are commensurate with the benefit received by 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.** 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 Shelter, Inc. staff. This includes CCBHS management making program and referral decisions, analysts to generate and process Shelter, Inc.'s contract and sign and forward submitted invoices, case managers to interact with Shelter, Inc. staff regarding consumer/tenants, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has resulted in challenges for Shelter, Inc. 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 Shelter, Inc. with the objective of strengthening the County's contract manager role as a central program and administrative point of contact.

VIII. Summary of Results.

Shelter, Inc. provides quality supportive housing services to consumers living in master leased and owned properties that are integrated into communities throughout Contra Costa County. This service addresses a high priority need identified by stakeholders, and aligns with the values of the Mental Health Services Act. Shelter, Inc. staff work in partnership with both County and contract mental health care providers to assist individuals with serious mental illness obtain and maintain safe and affordable housing. Fiscal analysis indicates that Shelter, Inc. has improved its fiscal stability and upgraded its capacity for maintaining accurate and timely financial transactions.

Issues for attention pertain to strengthening the partnership with CCBHS to improve the referral process from CCBHS to Shelter, Inc., and improve the mental health and money management supports provided for consumers.

IX. Findings for Further Attention.

- It is recommended that CCBHS consolidate its program and administrative relationship with Shelter, Inc. with the objective to improve:
 - the referral process so as to increase the number of appropriate referrals to Shelter, Inc.,
 - mental health case management and money management support to consumer/tenants,
 - Cross training and teamwork between mental health providers and Shelter Inc. staff.

Shelter, Inc. has provided a response to this report, and is included herein as a part of the report.

X. Next Review Date. July 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)

SHELTER, Inc. Response to Program Review

This letter is a follow up to address the summary of finding of SHELTER Inc.'s MHSA Program and Fiscal Review. The results indicate SHELTER Inc. met 17 of the 18 areas of review. We have reviewed the findings and agree with the outcomes.

Finding/Issue Item #5: Serve the number of individuals that have been agreed upon. Met standard; It was noted that SHELTER Inc. currently has a number of openings due to limited referrals; possibly due to Rubicon phasing out of FSP and recent changes in leadership of CCBHS in the referral process.

Agency Response: SHELTER Inc. agrees with the results. SHELTER Inc. is devising a written protocol for addressing vacancies and referrals. By cultivating a new communication strategy between SI and the Full Service Partners we are confident that we can increase our referrals and meet our contractual obligations.

Corrective Action Plan and Timeframe:

- Develop written protocol for Housing Staff notifying management of any participant terminations. **To be completed by September 30, 2015.**
- Proactively sending our Openings (Vacancies) to our FSP weekly. **Implemented September 17, 2015.**
- Proactively reach out to the FSPs to engage in dialogue as to the decline in referrals. **To be completed by September 30, 2015.**

Finding/Issue Item #6: Achieve the outcomes that have been agreed upon. Not met. It was noted that SHELTER Inc. reported a decrease in consumers retaining housing due to lack of mental health and money management support.

Agency Response: SHELTER Inc. agrees with the results but wants to re-emphasize that the changes in FSP's, particularly Rubicon, has adversely affected our results. With less service and collaboration from the FSP's, there are behavioral issues that are not being addressed by the mental health service providers. Absent their involvement, it is inevitable that the housing retention success rate will go down as we face no alternative but to evict mis-behaving tenants when master landlords threaten SHELTER, Inc. with eviction.

The percentages in the review reflect data from FY 13-14. No outcome percentages were provided for FY 14-15. However, SHELTER Inc. will be implementing a new system for Housing Specialists with regard to reporting changes in participant numbers and active households in order to meet contractual outcomes for both master leased and SI owned properties. The new system will include weekly monitoring of each Housing Specialist's active participants, working with each master leased property landlord to address any ongoing behavioral issues or lease violations; individually schedule monthly meetings for each of the approved referring agencies (Anka, Hum, CC Mental Health, Familias Unidas & Fred Finch) to address program challenges, participant supportive services (money management, lapse in case management, and mental health) and other items of concern or importance.

Corrective Action Plan and Timeframe:

- Development of new monitoring system for management to track Housing Specialist activities with regard to participant lease violations, behavioral contracts, case management lapses and terminations of tenancy. **To be completed by September 30, 2015.**
- Identify current participant payee's transitioning from Rubicon to?? **To be completed by September 30, 2015.**
- Set up mandatory monthly meeting for each of the referring agencies. Purpose of these meetings would be to reinforce the relationships between agencies and to improve collaboration in order to support participant's goal of self-sufficiency. **To be completed by September 30, 2015.**

SHELTER Inc. is using the discussion points in the audit review to identify areas for staff training opportunities. One area of immediate need would be Mental Health Identifiers. We will seek assistance from Kaiser as well as other outside agencies.

We request that the County's MHSA program coordinators mandate that the FSP's meet monthly with SHELTER Inc. as a way to improve communication between agencies which will strengthen the supportive network necessary for participant success.

CPAW Meeting Calender October 2015



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 CPAW: 3-6pm 2425 Bisso Ln Concord	2	3
4	5	6	7	8 Children's: 11:00—1:00pm, 1340 Arnold Dr, Ste 200, Martinez	9	10
11	12	13 Social Inclusion: 10am – 12pm 2425 Bisso Ln, Concord	14 Systems of Care: 10 am - 12 pm 1340 Arnold Dr, Ste 200, Martinez	15 Steering: 3-5pm 2425 Bisso Ln, Concord	16	17
18	19 Membership: 3-5pm 1340 Arnold Dr, Ste 200, Martinez	20	21 Housing: 9-10:30am 1340 Arnold Dr, Martinez	22	23	24
25	26 Innovation: 2:30-4:30pm 1340 Arnold Dr, Ste 200, Martinez	27	28 Aging & Older Adult: 2-3:30 pm 2425 Bisso Ln, Concord	29	30	31 