

**Mental Health Commission  
MHSA-Finance Committee Meeting  
Wednesday, October 14, 2020, 3:00-4:30 PM**

**Via: Zoom Teleconference:**

**<https://cchealth.zoom.us/j/6094136195>**

**Meeting number: 609 413 6195**

**Join by phone:**

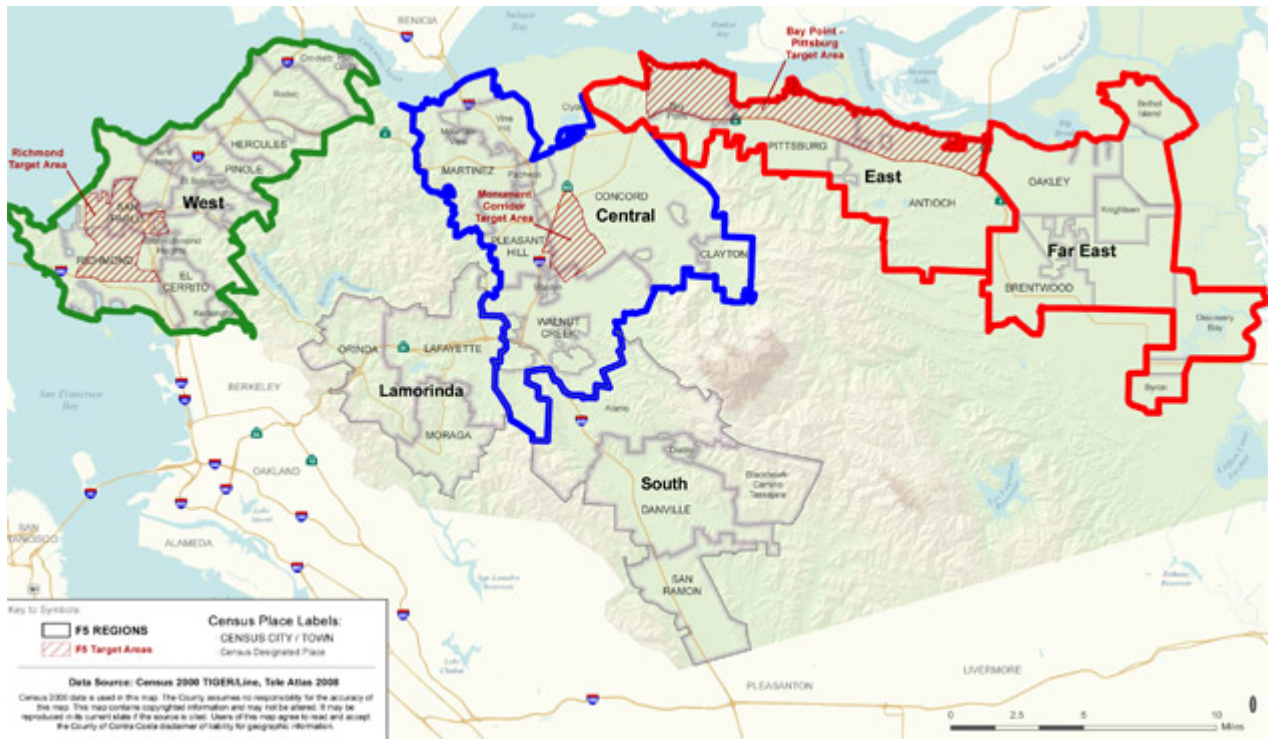
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**AGENDA**

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. APPROVE minutes from September 16, 2020 MHSA-Finance meeting**
- V. Discuss Grayed out Service areas of District 2 and a Motion about how Behavioral Health Services can be brought to them.**
- VI. Discuss Program and Fiscal Review for Youth in Juvenile Justice**
- VII. PROPOSE agenda for November Committee meeting**
- VIII. Adjourn**





# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** December 19, 2017 (Probation Liaisons)  
January 16, 2018 (Orin Allen Youth Ranch Facility)  
**Date of Exit Meeting:** February 14, 2018

II. **Review Team:** Warren Hayes, Jennifer Bruggeman

III. **Name of Program/Plan Element:** Families Experiencing Juvenile Justice

IV. **Program Description.**

The *Probation Liaisons* and *Clinicians at the Orin Allen Youth Ranch Facility (OAYRF)* are **Prevention** program components of *Mental Health and Probation Services (MHAPS)* at Contra Costa Behavioral Health Services (CCBHS). These components are part of the County's Prevention and Early Intervention (PEI) plan to serve *Families Experiencing Juvenile Justice*. In accordance with the community program planning process and responding to findings that establish a significant overlap between juvenile justice involvement and incidence of mental illness, the original three-year PEI plan for Contra Costa Mental Health (CCMH), approved in 2009, as well as subsequent plans, set the goal of supporting children and youth at risk of experiencing juvenile justice involvement.

The PEI program components at MHAPS consist of five Mental Health Clinical Specialist positions. These include: three Mental Health Probation Liaisons and two clinicians at the Orin Allen Youth Ranch Facility (OAYRF).

The **Probation Liaisons** provide a broad range of mental health services for juveniles on probation, including mental health screenings and assessments, short term treatment, consultation to the probation department, family support, and linkage to mental health, behavioral health, and other supports for juveniles on probation. A liaison is located in probation offices in East, Central and West County.

The **Clinicians at OAYRF** provide mental health assessment and treatment to youth (ages 13-21) who have been placed at the ranch. Treatment ranges from

supportive therapy to family interventions and specialized treatment for trauma related symptoms and traumatic grief. The clinicians work closely with the probation liaisons in helping their clients access further supports once they exit the ranch.

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

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Staff interviews, consumer surveys and interviews indicate program meets the values of MHSA, including being integrative and promoting wellness and resilience.
2. Serve the agreed upon target population.	Met	The program provides access and linkage to treatment for youth at risk of developing a serious mental illness.
3. Provide the services for which funding was allocated.	Met	Services are aimed at preventing development of severe mental illness and facilitating access and linkage to appropriate services.
4. Meet the needs of the community and/or population.	Met	Program is consistent with community program

		planning process.
5. Serve the number of individuals that have been agreed upon.	Partially Met	There have been some challenges in getting accurate consumer counts, especially for Probation Liaisons.
6. Achieve the outcomes that have been agreed upon.	Partially Met	Agreed upon success indicators are not fully tracked.
7. Quality Assurance	Met	Programmatic and clinical oversight by county.
8. Ensure protection of confidentiality of protected health information.	Met	Program complies with HIPAA regulations, program separates probation and mental health records.
9. Staffing sufficient for the program	Met	Staffing is sufficient with two FTE clinicians at OAYRF, and three FTE clinicians stationed in probation offices across the county. The five allocated positions are filled.
10. Annual independent fiscal audit	N/A	Not Applicable
11. Fiscal resources sufficient to deliver and sustain the services	Met	Sufficient funds are allocated
12. Oversight sufficient to comply with generally accepted accounting principles	N/A	Not Applicable
13. Documentation sufficient to support invoices	Met	Documentation supports the amount charged to the program
14. Documentation sufficient to support allowable expenditures	Met	The process has sufficient quality control to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are expended in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the	N/A	The program does not receive an allocation for

total cost of the program		County indirect costs
17. Insurance policies sufficient to comply with contract	N/A	County Program
18. Effective communication between contract manager and contractor	Met	Regular communication, as needed, between PEI coordinator and Program Manager

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

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

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

Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery & resilience, is it culturally competent, and client & family driven?

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

**Discussion.**

Interviews were conducted with eight consumers, five line staff (the two clinicians at OAYRF and the three mental health probation liaisons), the program director, and collaborative partners from probation, truancy court and CBO's.

Questions	Responses:				
<b>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:</b> <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>I don't know</b>
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
	1. Help me improve my health and wellness Average score: 3.25 (n=4) "n" denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored "I don't know."				
2. Allow me to decide	Average score: 3.50 (n=4)				

what my own strengths and needs					
3. Work with me to determine the services that are most helpful	Average score: 3.25 (n=4)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.25 (n=4)				
5. Provide services that are in my preferred language	Average score: 3.75 (n=4)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.25 (n=4)				
7. Are open to my opinions as to how services should be provided	Average score: 3.33 (n=3)				
8. What does this program do well?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> <li>• It actually makes you think about your life in the future</li> <li>• Helps get a plan for when I'm released</li> <li>• I don't need help but I do in fact enjoy discussing multiple topics with the instructor</li> <li>• It helps me realize things because you really have to think, and when you think you can't believe you're away from your family</li> </ul>				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>• Nothing really; everything (clinician) did helped me really think about a lot of things</li> <li>• More therapy sessions</li> <li>• Having more time to work with us than once a week</li> </ul>				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>• Family therapy</li> <li>• Actually talking about life and future goals because most people don't believe their goals will be good enough in life</li> </ul>				
11. How important is this program in	<table border="1"> <tr> <td>Very Important</td> <td>Important</td> <td>Somewhat Important</td> <td>Not Important</td> </tr> </table>	Very Important	Important	Somewhat Important	Not Important
Very Important	Important	Somewhat Important	Not Important		

	4	3	2	1
helping you improve your health and wellness, live a self-directed life, and reach your full potential? <i>(Options: Very important, Important, Somewhat important, Not Important.)</i>	Average score: 4.00 (n=3)			
12. Any additional comments?	N/A			

Consumer Interview/Surveys:

A 12-question survey was given to clients. The first seven questions addressed the MHSA general standards and the remaining five questions asked about the overall quality and importance of the program. Surveys were received from four program participants at OAYRF, a relatively small sample. A group interview was conducted with eight youth at OAYRF. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the mental health program; and that the program adheres to MHSA values.

Consumer surveys and interviews indicated the program does well in the following areas:

- The program staff help youth with future oriented goals and planning
- Youth are able to earn school credits (high school and community college)
- Guest speakers who have come and shared their own experiences have been very well received by youth
- Job preparation and support is vital to recovery, including resume building and job interviewing skills
- Groups and activities are helpful in building social skills, self-discipline and anger management
- The point system at OAYRF motivates youth; good behavior leads to increased privileges including off campus visits with family and other outings



These positives clearly speak to several of the MHSA values. When compared to the last Program Review conducted in November of 2014, these positives show that the program is continuing many of its established strengths. The consumers expressed that overall they were happy with the mental health services they receive. Complaints and negative comments were not related to mental health services, but more to the conditions at the Ranch, such as uncomfortable furniture, poor plumbing, spiders, and specific complaints about the food, including a desire for more food.

#### Staff Interviews:

Six individual program staff were interviewed in two sessions (all five mental health clinicians and the program manager), as well as collaborative partners from probation, the community and the courts. Staff spoke of the integral role that mental health services play in the rehabilitation process for youth involved in the juvenile justice system, due to the significance of poverty, trauma, loss, grief and violence in the lives of these individuals and their families. As the program is embedded in probation, the staff have created good relationships within that system that allow for youth to move to the appropriate level of care through warm hand offs and on-going collaboration. Mental health probation liaisons are now working very closely with the Truancy Courts (both for parents with younger children and for teens). Liaisons are present at all truancy court hearings where they are able to refer families to appropriate community services that may aid in the prevention of further involvement with the juvenile justice system. Referrals are made to Full Service Partnership (FSP) programs, and other CBO's. Liaisons serve as a feedback loop between probation and mental health programs. Community partners who were present at the staff interviews expressed that the probation liaisons are extremely important in helping youth and families navigate the system, and that they play a key role in the integration of services. When asked about gaps or areas of need, mental health liaisons spoke to the significant lack of outpatient AOD programs for youth. They indicated that approximately 90% of the population they work with have AOD related issues, so this presents a huge problem when trying to re-integrate or maintain youth in the community. Additionally, they would like to see more youth outpatient services to address anger management. Staff at OAYRF also spoke to their positive relationship with probation, and with the mental health probation liaisons, as they help coordinate the discharge planning process as youth leave the program and return to the community. They expressed a desire to receive more clinical training, particularly around trauma related care and service delivery. Clinical staff at the Ranch spoke to their physical isolation from the rest of Behavioral Health, and to some of the challenges with the physical space,

such as lack of office space, equipment and technology. They play a key role in access to mental health services, and are able to see new clients within the first seven days of arrival at the Ranch.

**Results.** The program delivers services according to the values of MHSA. Services are delivered according to community and client needs and in a manner that takes into account client feedback. Services are provided in the language(s) of the clients, from a trauma informed perspective, and with an emphasis toward providing access and linkage to appropriate, culturally relevant services.

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

**Method.** Compare the program description with a random sampling of client charts or case files.

**Discussion.** Services are provided to youth (and their families) who are involved in the juvenile justice system. This includes youth residing at the Orin Allen Youth Ranch Facility (OAYRF) in Byron, or youth recently discharging from OAYRF or those who've recently touched the juvenile justice system and are at risk of further involvement. Youth receiving services are identified as having significant mental health needs by way of carrying a diagnosis and/or undergoing a mental health assessment upon entering the program. Most youth have experienced significant trauma, including community violence and losses to violence.

**Results.** The program serves the agreed upon population.

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

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

**Discussion.** The program description, as well as client and staff interviews, show that program and staff activities are consistent with the goal of providing mental health supports to youth involved with the juvenile justice system. Roles of the staff positions are clearly defined, and located in distinct regions. The program has had some challenges around collecting and reporting accurate numbers. This is primarily due to all clinicians not yet being fully rolled into the new electronic health record (EHR) that the county implemented in fall 2017.

They expect to be trained within the next year, in the second wave of the roll out. This will improve their ability to track data and more efficiently obtain client information (such as historical information and services received). In consultation with County Provider Services, it was recently determined that once clinicians are trained in the EHR, all documentation will be done in that centralized system and Medi-Cal will be billed as appropriate. A specific reporting unit has been identified for use by the five clinicians.

**Results.** Staff activities are consistent with the goals of the program, and the agreed upon services are being provided. Pending administrative changes may make billing and documentation more efficient, and improve the program's ability to quantify services.

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

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

**Discussion.** The initial PEI three year plan includes a project for serving families experiencing juvenile justice. Subsequent plan updates and the current three year plan have continued to provide funding for probation related mental health services to pursue the goal of youth "less likely to become chronically involved in the adult justice system and/or mental health systems" (from initial PEI Three Year Plan, May 2009). As determined through client and staff interviews, services are consistent with the initial PEI Three Year Plan, subsequent plan updates, and the current 2017-2020 Three Year Plan. Positions were vetted through the plan update process and approved by the Board of Supervisors.

**Results.** The program meets the needs of the community and population.

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, and how has the number served been trending the last three years?

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

**Discussion.** The previous triennial program evaluation in November 2014 suggested that an expected annual number of individuals served should be established against which the actual number is compared. The current Three

Year Program and Expenditure Plan (2017-2020) indicates that the program will seek to serve 300 youth per year. While the program is likely meeting this target, there are challenges in their ability to accurately report on this.

**Results.** The program is likely serving the target number of individuals, but has had challenges with reporting actual numbers. The annual goal for 2017-2018 is 300 clients. The program is currently fully staffed with an experienced and consistent team.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how have the outcomes been trending?

**Method.** Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of psychiatric crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.

**Discussion.** During the last triennial program review in November 2014, it was noted that there were no outcome reports available. The program continues to face challenges in this area. Barriers are at least partially due to issues with the county's infrastructure and lack of electronic record keeping system (until very recently), which will allow clinicians to more accurately track client's movement through the system and progress, as well as numbers of clients served. This is expected to improve with the implementation of Epic. Once fully rolled out, all clinicians will chart in Epic. An appropriate reporting unit has been identified.

**Results.** Clinicians to be trained in Epic. All charting to be done in the new EHR. Clear method for reporting outcomes to be established.

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

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

**Discussion.** No grievances were filed regarding this program in the past three years. Program staff will be trained in use of the county's new electronic health record (EHR) within the next year. All billable services will be documented according to county standards and subject to the county's utilization review process. Quality review and monitoring is provided by Children's Behavioral Health program management.

**Results.** Quality of services is monitored and meets the standard.

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 requirements with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information.

**Discussion.** Staff observe HIPAA requirements, and the program has put adequate measures in place to keep mental health and probation records separate. Staff are required to complete annual HIPAA training. The County also has a privacy officer in charge of protecting client information.

**Results.** The program protects client health information.

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

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

**Discussion.** All positions for which funding was allocated are currently filled.

**Results.** There is sufficient staffing for the program.

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

**Method.** Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

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

**Results.** Not applicable.

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

**Method.** Review financial reports.

**Discussion.** The program has been authorized by the Board of Supervisors. The current Three Year Plan allocates sufficient funding to field the five positions

authorized to support the behavioral health services that are offered by this program.

**Results.** Sufficient funds are allocated to fully support the five positions assigned to this program.

**12. Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

**Method.** Interview with fiscal manager of program.

**Discussion.** This is a county operated program, and complies with generally accepted accounting principles.

**Results.** Not applicable.

**13. Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.

**Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program.

**Discussion.** Fiscal documents are maintained by the County.

**Results.** Documentation maintained by the County supports the amount charged to the program.

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

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

**Discussion.** Documentation shows that five behavioral health positions are charged to the correct MHSA cost center.

**Results.** Documentation maintained by the County supports the personnel costs charged to the program.

**15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do 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.

**Discussion.** The program is part of the County's accounting system, and complies with the accrual basis of accounting.

**Results.** There is sufficient documentation to support expenditures charged to the appropriate year.

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

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

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

**Results.** No indirect costs have been charged to the program.

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

**Method.** Review insurance policies.

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

**Results.** Not applicable.

18. **Effective communication between program manager and community organizations participating in the program.** Do the program manager and MHSA Program Manager communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise?

**Method.** Interview program manager.

**Discussion.** MHAPS Program Manager and PEI coordinator communicate on a regular basis regarding program activities or other matters, as appropriate. PEI coordinator provides a link to MHSA Program Manager.

**Results.** PEI coordinator and MHAPS Program Manager will continue to communicate on a regular basis, as needed.

## VIII. **Summary of Results.**

The *Probation Liaisons* and *Clinicians at OAYRF* at Mental Health and Probation Services (MHAPS) provide Prevention services as outlined in the original PEI Three Year Plan (2009), subsequent plan updates, and the current Three Year Plan. The program components are fully staffed and its mission and practices are consistent with the PEI regulations and core values of MHSA. Consumers and program partners fully endorsed the positive impact the clinicians have on

the system and the lives of the consumers. Since the last triennial review, the program has created a program description that outlines the components of the program. The program has also been successful in integrating mental health services into the probation system, thereby enhancing access and linkage for consumers and family members and improving their overall experience with the juvenile justice system.

**IX. Findings for Further Attention.**

- The program should seek to train all staff in Epic. At that point, all charting should be done in Epic for probation liaisons and clinicians at OAYRF to allow for appropriate Medi-Cal billing. The designated reporting unit shall be used.
- The program needs to identify and define performance measures so as to continually improve and maintain fidelity to the values of MHSA.
- The program needs to construct a system that allows for appropriate data collection.

**X. Next Review Date.** December 2020

**XI. Appendices.**

Appendix A – Program Description

Appendix B – Previous Program Review Report

**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

MHSA Three Year Plan and Update(s)





Contra Costa Mental Health  
Mental Health Services Act  
Prevention Early Intervention Services



## Appendix A

# Mental Health and Probation Services (MHAPS)

### Description of PEI Funded Program Components

The Contra Costa Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2017-18 through 2020-21) provides funding for **Probation Liaisons** and **Clinicians at the Orin Allen Youth Ranch Facility (OAYRF)**. The mission of these Prevention and Early Intervention (PEI) plan elements is to assist the Probation Department in meeting the mental health needs of youth involved in the juvenile justice system. This PEI plan elements consists of five Mental Health Clinical Specialist positions; three Mental Health Probation Liaisons and two clinicians at the Orin Allen Youth Ranch Facility (OAYRF, the Ranch). Services are provided irrespective of insurance status of the juveniles.

The **Probation Liaisons** provide a broad range of mental health services for juveniles on probation, including mental health screenings and assessments, short term treatment, consultation to the probation department, family support, linkage to behavioral health and other supports. The Liaisons are a vital link between the justice system, the larger mental health system of care, families, and the community: They educate the justice system about the mental health needs of youth and help juvenile justice involved families navigate the system. Liaisons receive requests for services from various sources: from the detention system for linkage when a juvenile is discharged into the community; from the court to provide mental health assessments and treatment recommendations; from probation officers for assessments, consultation and linkage to mental health resources. Staying abreast of resources in the community, liaisons help juvenile investigation officers make accurate recommendations to the court and link youth to the right resources. Liaisons extend their reach into the community to help at-risk youth link to resources aimed at avoiding further involvement with the justice system. Toward that end Liaisons work with schools and Student Attendance Review Boards (SARB) and Truancy Court to intervene early and preventively by identifying and meeting underlying mental health needs of at-risk youth. While Liaisons may occasionally provide short term treatment for youth, they more frequently work with care takers centrally involved with youth: the parents, probations officers, teachers, school administrators, and clinicians. In addition, liaisons are involved in mental health outreach activities, such as suicide prevention classes and parent education programs.

The **Clinicians at OAYRF** provide mental health assessment and treatment to youth placed at the youth ranch. Many youths at the Ranch have experienced community violence, traumatic loss, and dysfunctional family situations. For many, the Ranch provides an opportunity for learning basic social-emotional skills. The clinicians ensure that the Ranch provides an environment for such learning by adding a mental health perspective to the team. They assist



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Prevention Early Intervention Services



probation staff to understand and support the mental health needs of youth attending the program. Treatment provided by clinicians range from supportive therapy to family intervention and specialized treatment for trauma related symptoms and grief. The clinicians work closely with the probation liaisons in helping their clients get linked to further supports once they exit the ranch. Clinicians at the Ranch participate in additional activities, such as providing parent education classes and outreach presentations.

**Number Served**

The Liaisons will annually serve approximately 200 youth involved with, or at risk of, becoming involved with the juvenile justice system. The clinicians at the Ranch will serve approximately 100 youth per fiscal year.

In addition, liaison and Ranch clinicians provide annual demographic reports on youth served.

**Outcomes**

**Goals for Liaisons**

- Increased involvement in treatment due to liaison services

**Method of Tracking**

- Tracking youth involvement in post-release services through the Contra Costa County Electronic Medical Record System (EPIC)

**Goals for Ranch Clinicians**

- Increased mental health functioning of at-risk youth exiting Ranch program

**Method of Tracking**

- Pre- and post- Functional Impairment measures as determined by Contra Costa County (currently CALOCUS, possibly migrating to CANS).

# Appendix B

## Mental Health Services Act (MHSA)

### Program and Fiscal Review

- I. **Date of On-site Review:** November, 13 and November 14  
**Date of Exit Meeting:** January 5, 2015
- II. **Review Team:** Erin McCarty, Michelle Nobori, Louis Buckingham, Gerold Loenicker
- III. **Name of Program/Plan Element:** Families Experiencing Juvenile Justice
- IV. **Program Description.**

The *Probation Liaisons and Clinicians at the Orin Allen Youth Ranch Facility (OAYRF)* are **Prevention** program components of *Mental Health and Probation Services (MHAPS)* at Contra Costa Mental Health (CCMH). These components are part of the County's Prevention and Early Intervention (PEI) plan to serve *Families Experiencing Juvenile Justice*. Per draft regulations put forth by the Mental Health Services Oversight and Accountability Commission (MHSOAC), a **Prevention** program is a "set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors". The goals of a prevention program should include the "reduction of applicable negative outcomes listed in the Welfare and Institutions Code Section 5840, subdivision (d) for individuals and members of groups of populations whose risk of developing a serious mental illness is significantly higher than average, and, as applicable, their parents, caregivers, and other family members". The referenced list of negative outcomes includes suicide, incarcerations, school failure or drop out, unemployment, prolonged suffering, homelessness, and removal of children from their homes. The draft regulations list the creation of Access and Linkage for mentally ill individuals and severely emotionally disturbed children and youth as a core strategy for Prevention programs.

In accordance with the community program planning process and responding to findings that establish a significant overlap between juvenile justice involvement and incidence of mental illness, the original three-year PEI plan for Contra Costa Mental Health (CCMH), approved in 2009, set the goal of supporting children and youth at risk of experiencing juvenile justice involvement.

The PEI program components at MHAPS consist of five Mental Health Clinical Specialist positions, three Mental Health Probation Liaisons and two clinicians at the Orin Allen Youth Ranch Facility (OAYRF).

The **Probation Liaisons** provide a broad range of mental health services for juveniles on probation, including mental health screenings and assessments, short term treatment, consultation to the probation department, family support, and linkage to mental health, behavioral health, and other supports for juveniles on probation.

The **Clinicians at OAYRF** provide mental health assessment and treatment to youth placed at the youth ranch. Treatment ranges from supportive therapy to family interventions and specialized treatment for trauma related symptoms and traumatic grief. The clinicians work closely with the probation liaisons in helping their clients link up to further supports once they exit the ranch.

**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 plan element. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this 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 are delivered where they are needed, the type of services is dependent on consumer need
2. Serve the agreed upon target population.	yes	Services target youth involved in juvenile justice
3. Provide the services for which	yes	All services are aimed at

funding was allocated.		preventing development of severe mental illness or facilitating access to services
4. Meet the needs of the community and/or population.	yes	Program is consistent with community planning process
5. Serve the number for individuals that have been agreed upon.	yes	While there is no annual target number, the program exceeds target numbers formulated in the initial PEI Three-Year-Plan
6. Achieve the outcomes that have been agreed upon.	--	Currently, there are no outcome measures established. Measures need to be put in place.
7. Quality Assurance	yes	Programmatic and clinical oversight by county
8. Ensure protection of confidentiality of protected health information.	yes	Program complies with HIPAA regulations, programs separates probation and mental health records
9. Staffing sufficient for the program	yes	All allocated positions are filled.
10. Annual independent fiscal audit	n/a	County program
11. Fiscal resources sufficient to deliver and sustain the services	no	Program budget in current MHSA Three-Year-Plan not sufficient to fund all positions
12. Oversight sufficient to comply with generally accepted accounting principles	n/a	County program
13. Documentation sufficient to support invoices	yes	Sufficient MHSA funds are allocated
14. Documentation sufficient to support allowable expenditures	yes	County provides sufficient programmatic oversight to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	yes	Documentations supports that funds are expended in appropriate

		fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	yes	There is no allocation of indirect cost to plan element
17. Insurance policies sufficient to comply with contract	n/a	County program
18. Effective communication between contract manager and contractor	yes	Regular communication between PEI coordinator and Program Manager

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

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

Does Families Experiencing Juvenile Justice 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.** Consumer surveys were made available. At the Youth Ranch, the team interviewed program staff, including the two clinicians, the program manager, and probation supervisor. The team also spoke to seven youth placed at the Ranch, all recipients of mental health services. For the Probation Liaison program element, the team interviewed the liaisons and their program manager. The team then met with recipients of liaison services, including probation officers, clinical staff from community organizations to which clients are referred, and one parent.

The following table summarizes the survey results:

Questions	Responses: 11 (Orin Allen Youth Ranch)				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: strongly agree, agree, disagree, strongly disagree, I don't know)	Strongly Agree	Agree	Disagree	Strongly disagree	I don't know
	1. Help me improve my health and wellness	4	5	1	1
2. Allow me to decide what my own strengths and needs	3	6	1	-	1
3. Work with me to determine the services that are most helpful	7	3	-	-	1

4. Provide services that are sensitive to my cultural background.	3	4	3	-	1
5. Provide services that are in my preferred language	3	6	1	-	1
6. Help me in getting needed health, employment, education and other benefits and services.	5	3	1	-	2
7. Are open to my opinions as to how services should be provided	4	5	-	-	2
<b>Your response to the following questions is appreciated:</b>					
8. What does this program do well?	Staff always helpful and responsive, helps getting life on track, substance abuse counseling and education, provides space to share things that youth would otherwise not share, one can ask questions about personal life, helps open up, help me with my problems and solve them				
9. What does this program need to improve upon?	Help with getting sports scholarship, relate to "patients" on a more real level, more time for some people				
10. What needed services and supports are missing?	Physical proximity to other residents with whom there are conflicts, help with feeling connected to the world outside, more online help with jobs				
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	Important	Somewhat Important	Not Important	
	5	4	2	-	
12. Any additional comments?	"I like receiving help from this program, it is very helpful", "this program can help me get ahead in life", "[staff name] is a very nice lady"				

### Interviews at the Orin Allen Youth Ranch

**Youth** at the Ranch overwhelmingly testified to the importance of mental health services for their recovery. Youth participants pointed to treatment programs like "Aggression Replacement Therapy" and "Thinking for Change" as opportunities that help them with their automatic reactions, ways of thinking, and making changes in how they act in social situations. Some participants pointed out that at the Ranch, with the help of Mental Health, they learn "how to be a man" and develop an outlook to the future that did not seem possible in the past, such as applying to college or job training. The great majority of participants spoke to the role violence, loss, and lack of opportunity has played in their lives. Some valued the trusting relationship to the therapist as a new experience that allows them develop a language for feelings and develop a different self-image. Others spoke to the help they get around taking the SAT and applying for college. Some spoke about the family therapy that is available to them and that some participants experience quality time with their families for the first time at the Ranch.

Complaints and negative comments were mostly related to some of the restrictive conditions in the Ranch, such as limited phone time, grievances not being heard, shower conditions, etc. None of the negative comments or suggestions for improvements related to mental health supports.

**Staff** talked about the integral role of mental health services for the success of the Ranch as a whole, the mission of which is to help youth toward full rehabilitation. They pointed out that supports are available to everybody who screens positive for mental health risk factors and symptoms. Staff reported on the overwhelming and persistent role of poverty, loss and grief, and violence in the lives of the youth at the Ranch. Probation staff and mental health clinicians stressed that they work hand in hand, while respecting their different roles and confidentiality. Staff pointed out that all mental health supports are voluntary. All arrivals at the Ranch are screened for mental health needs and referred for further services if indicated. Referrals are also made based on behavioral incidents. Mental health staff works closely with the Probation Mental Health Liaisons to set up post release services. Asked about areas of unmet need, staff named better identification of learning disabilities, more specialized support for grief, psychiatry services, and gang intervention programming.

#### Interviews with Mental Health Probation Liaisons, Probation Officers, parent, and community partners

Probation officers emphasized how critical mental health liaisons are to quickly assess youth on probation for mental health needs and add suggestions for mental health supports during the short window of time probations officers have to formulate recommendations to the court. The presence of probation liaisons shortens the time considerably that it takes to connect youth with needed mental health supports to successfully comply with probation requirements. With probation liaison spending some of their time staying abreast of available resources and developments in the field, probation officers can confidently connect youth with the right types of services. Many of the referrals are made to Full Service Partnership (FSP) programs, specifically Multi-Systemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), and the Transition Age Youth FSPs in Contra Costa County, but also to less formal and less intensive treatment options. The two clinicians from Youth Homes (TAY FSP) and COFY (MST), respectively, reported that the probation liaisons facilitate the constant feedback loop between mental health organizations and probation re: clients, adequacy of referrals, and probation processes and requirements. The participating parent spoke to the crucial role the liaison had helping her family navigate the system and helping her child accept the need for services. When



asked about gaps and what is missing, interviewees listed homeless services and alcohol/other drug services as their first priorities.

The probation liaison reported that in addition to providing linkage and consultation to probation, they conduct court ordered assessments, brief therapy, and parent education groups. They also participate in initiatives to keep youth in school, by attending School Attendance Review Board (SARB) meetings and providing mental health consultation to SARB, and by collaborating with officers who are stationed at high schools.

**Discussion.** The program delivers services according to the values of the MHSA. Services are delivered according to community and client needs and in a manner that takes into account client feedback. Services are provided in the language(s) of the clients, from a trauma informed perspective, and with an emphasis toward linking clients to appropriate, culturally competent services

2. **Serve the agreed upon target population.** As Prevention and Early Intervention funded program components, do the *Probation Liaisons* and the *Ranch clinicians* prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service? Does the program serve the agreed upon target population?

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

**Results.** Services are provided to youth who are involved in the juvenile justice system, and their families. Youth receiving services are identified as having significant mental health needs by way of carrying a diagnosis and/or undergoing a mental health assessment upon commencement of services. Most youth have experienced significant trauma, including community violence and losses to violence.

**Discussion.** The program serves the agreed upon target population.

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

**Method.** Compare program service goals as outlined in the three-year-plan and plan updates with regular reports, client/family member interviews, and service provider interviews.

**Results.** While there is no formal program description associated with the staff positions, client and staff interviews show that program and staff activities are consistent with the goal of providing mental health supports to youth involved with juvenile justice. Roles of the staff positions are clearly defined. The program

has provided demographic data for number of individuals served on a regular basis.

**Discussion.** A formal program description should be developed.

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

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

**Results.** The initial PEI three-year-plan includes a project for serving families experiencing juvenile justice. Subsequent plan updates and the current three-year-plan have continued to provide funding for probation related mental health services to pursue the goal of youth “less likely to become chronically involved in the adult justice system and/or mental health systems” (from initial PEI Three-Year-Plan, May 2009). As determined through client and staff interviews, services are consistent with the initial PEI Three-Year-Plan, subsequent plan updates, and the current 2014-2017 Three-Year-Plan. Positions were vetted through plan update process. Two of the positions were newly created and authorized by the Board of Supervisors, and three previously authorized positions were moved into the PEI cost center.

**Discussion.** The program meets the needs of the community.

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

**Method.** Match program description with history of demographic reports.

**Results.** The initial target for this plan element was to serve 250 individuals (PEI Three-Year-Plan, May 2009). In FY 11-12, 128 individual were served (program not fully staffed); in FY 12-13, 302 individuals were served; in FY 13-14, 413 individuals were served.

**Discussion.** An expected annual number of individual served should be established against which the actual number is compared.

6. **Achieve the outcomes that have been agreed upon.** Have the program components been meeting the agreed upon outcome goals, and how have the outcomes been trending?

**Method.** Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of restriction, incidence of psychiatric crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.

**Results.** While the numbers served also indicate the volume of linkages provided (one of the expected outcomes), there are no outcome reports available beyond numbers.

**Discussion.** Establish method for reporting outcomes

7. **Quality Assurance.** How do the program components assure quality of service provision?

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

**Results.** No grievances were filed related to the probation related mental health services that are subject to this review. For Probation Liaison services, billable services are documented according to County standards and are subject to the County's utilization review. At OAYR, charts are kept according to County clinical standards. Quality review and monitoring is provided by Children's Mental Health program management.

**Discussion.** Quality of services is monitored. The program provides quality services as evidenced by the above.

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.** HIPAA compliance was reviewed by observing implementation of the County's policies for safeguarding protected patient health information.

**Results.** Staff are observing HIPAA requirements. The program has put adequate measures in place to keep mental health and probation records

separate. All staff are required to complete HIPAA training annually. The County has also a Privacy Officer in charge of protecting client information.

**Discussion.** The program protects client health information.

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

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

**Results.** All positions for which funding was allocated are filled.

**Discussion.** There is sufficient staffing for the program.

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

**Method.** Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

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

**Discussion.** Not applicable.

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

**Method.** Review financial reports.

**Results.** The program is authorized by the County. However, currently, insufficient resources are authorized to maintain the program. The current Three-Year Plan allocates \$500,000 to the program. Per MHSA monthly budget report, the program expenses are projected to amount to \$643,535 in FY14-15.

**Discussion.** In the next plan update, projected program cost and allocated funds need to be matched.

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.** The program is part of the County and by definition complies with generally accepted accounting principles.

**Discussion.** Not applicable.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing?
- Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program.
- Results.** Review of fiscal documents maintained by the County.
- Discussion.** Documentation maintained by the County supports the amount charged to the program.
14. **Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program?
- Method.** Match one month of supporting documentation (MHSA Monthly Budget Report) for identification of personnel costs and operating expenditures charged to the cost center.
- Results.** Documentation shows that five probation mental health positions are charged against the PEI center.
- Discussion.** Documentation maintained by the County supports the personnel costs charged to the program.
15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows)?
- Method.** Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program or plan element.
- Results.** The program is part of the County and by definition complies with the accrual basis of accounting.
- Discussion.** There is sufficient documentation to support expenditures invoiced in the appropriate year.
16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the program's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element?
- Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.

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

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

**Method.** Review insurance policies.

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

**Discussion.** Not applicable.

18. **Effective communication between contract manager and contractor.** Do both the MHAPS program manager and the MHSA Program Manager communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise?

**Method.** Interview PEI coordinator and Mental Health and Probation (MHAPS) Program Manager.

**Results.** MHAPS Program Manager and PEI coordinator communicate on regular basis re: program activities. PEI coordinator provides a link to MHSA Program Manager.

**Discussion.** There needs to be regular communication between MHSA Program Manager and the MHAPS Manager in order to standardize program expectations and mutually agreed upon outcomes.

## VIII. **Summary of Results.**

The *Probation Liaisons* and *Clinicians at OAYRF* at Mental Health and Probation Services (MHAPS) provide Prevention services as outlined in the PEI Three-Year-Plan (2009), subsequent plan updates, and the current Three-Year-Plan. The program components are fully staffed and its mission and practices are consistent with draft PEI regulations and principles of the MHSA. Consumers and program partners fully endorsed the positive impact the clinicians on the overall system and the lives of consumers.

## IX. **Findings for Further Attention.**

- The program needs to formalize a program description that outlines the functions fulfilled by PEI funded positions
- The program needs to identify and define performance measures so as to continually improve and maintain fidelity to the values of the MHSA.

- The program needs to construct a system that allows to gather data required by PEI regulations
- In the next MHSA Plan Update, allocation of funds and expected programs expenses need to be matched.

**X. Nov 2017**

**XI. Appendices.**

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

**XII. Working Documents that Support Findings.**

Consumer Listing

Consumer, Family Member Surveys

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)