

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

Planning for the Fiscal Year 2016-17 MHSA  
Plan Update



# What is Required

- WIC Section 5848(a): Each three year plan and update shall be developed with local stakeholders...
- 9 CCR Section 3300: The County shall provide for a community program planning process as the basis for developing the three year plan and plan updates...
- 9 CCR Section 3200.270: Stakeholders means individuals or entities with an interest in mental health services, including, but not limited to individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services, such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

# What Does a CPPP Mean?

9 CCR Section 3200.070: The Community Program Planning Process means the process used in partnership with stakeholders to:

- Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of MHSA
- Analyze the mental health needs in the community
- Identify and re-evaluate priorities and strategies to meet those mental health needs

# What Has Been Done

- 2013 - Needs Assessment accomplished to inform the direction of the Three Year Plan.
- 2014 - Focus groups and community forums developed broad themes with which to identify priority needs and suggested strategies.
- 2015 – FEB 25 Community forum engaged stakeholders to re-evaluate priorities and strategies, identify emerging needs, and provide input on Assisted Outpatient Treatment

# FEB 25 Community Forum Agenda

**3:00** – Overview of MHSA and the Community Program Planning Process

**3:45** – Breakout Sessions

- Station A - Discuss priorities of identified service needs
- Station B - Provide input on Laura's Law program design
- Station C - Discuss emerging needs and recommended strategies

**5:15** – Break

**5:30** – Breakout session facilitators report

**6:00** – Adjourn – optional input invited

- Apply your dots to prioritize service needs
- Provide written input
- Speak with CCBHS staff

Reasonable Accommodation: Spanish translation, gift cards



# FY 16-17 MHSA Plan Update

For Fiscal Year 2016-17 the Board of Supervisors approved setting aside \$43.1 million for over 80 programs and plan elements in the following five components:

- Community Services and Supports (CSS) – \$31.6 million for children with serious emotional disturbance and adults with serious mental illness
- Prevention and Early Intervention (PEI) - \$8 million for services to prevent mental illness from becoming severe and debilitating
- Innovation (INN) - \$2 million for new or different patterns of service that can be subsequently added into the system.
- Workforce Education and Training (WET) - \$650,000 to recruit and retain CCMH County employees and contract staff.
- Capital Facilities/Information Technology (CF/TN) - \$850,000 toward implementing an electronic mental health record system.

# Emerging Issues for Consideration

- CSS - New AOT program; new FSP provider in West County
- PEI – Expanding First Hope to include youth experiencing first psychotic break; new regulations with program and strategy parameters and requiring documenting how stakeholders are involved in all phases of PEI component
- INN - Process for vetting new Innovative Project concepts
- WET – Discuss workforce needs for program funding
- CF/TN - Completion of electronic mental health records project; discussion of potential new one-time capital facility projects, such as children’s in-patient psychiatric beds

# Timeline for Completion of CPPP

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

# Planning Issues for Discussion

- How do we engage current PEI resources to participate in the CPPP?
- How do we assess needs in PEI, as well as the entire behavioral health system?
- What format(s), strategies, resources are recommended for engaging the community in the CPPP?

## Mental Health Services Act (MHSA)

### Program and Fiscal Review

- I. **Date of On-site Review: April 9, 2015 (Richmond Office), June 1, 2015 (Alameda Office)**  
**Date of Exit Meeting: July 28, 2015**
- II. **Review Team: Erin McCarty, Michelle Nobori, and Warren Hayes**
- III. **Name of Program/Plan Element: Native American Health Center**
- IV. **Program Description.**

The Native American Health Center (NAHC) serves the California Bay Area Native American population and other underserved populations. NAHC strives to deliver resources and services for the urban Native American community, to include medical, dental, behavioral health, diabetes, obesity, substance abuse prevention, HIV/HCV care coordination and prevention services.

The Native Wellness Center (NWC) in Richmond provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identifying those at risk for developing a serious mental illness, and helping them access and navigate the County's systems of care. Weekly group sessions and quarterly community events for youth, adults and elders, develop partnerships that bring consumers, families, community members and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County.

Per regulations proposed by the Mental Health Services Oversight and Accountability Commission (MHSOAC), a **Prevention** program is a "set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors". Many studies have pointed to the link between chronic and toxic stress related to experience of severe trauma, experiences of racism and social inequality, exposure to community violence, and family conflict as well as, negative health and mental health outcomes. Protective factors include increased access to cultural networks within the community, adequate social and emotional support, and connection with

## Attachment 1 – Program and Fiscal Review Report Template

community and resources. The proposed regulations also emphasize the importance of providing services in a “convenient, accessible, acceptable and culturally appropriate setting”.

NWC group activities include elder support groups, youth wellness groups (including suicide and violence prevention activities), traditional arts groups (beading, quilting, arts and crafts), and quarterly cultural events. Family communication activities include weekly Positive Indian Parenting sessions, talking circles that improve communication skills and address domestic violence, trauma and historical trauma, and the Gathering of Native Americans to build a sense of belonging and cohesive community. Mental Health Education/System Navigator Support includes quarterly cultural competency trainings for public officials and other agency personnel, referrals to appropriate services with follow-up, and education sessions about Contra Costa County’s service system.

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

### VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services are provided in a manner that is community based, culturally competent, and responsive to community needs
2. Serve the agreed upon target population.	Yes	Services are provided to an underserved and at-risk population
3. Provide the services for which funding was allocated.	Yes	PEI funds are directed toward approved programming

## Attachment 1 – Program and Fiscal Review Report Template

4. Meet the needs of the community and/or population.	Yes	Program is consistent with original community planning process and strategies
5. Serve the number of individuals that have been agreed upon.	Yes	Target service numbers are reached
6. Achieve the outcomes that have been agreed upon.	Yes	Agreed upon success indicators are met, but could be better refined to capture linkages and referrals to mental health services
7. Quality Assurance	Partially met	Grievance procedures are in place for employees, but not for program related concerns
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant
9. Staffing sufficient for the program	Yes	Staffing level support targeted service numbers
10. Annual independent fiscal audit	Yes	Independent fiscal audits did not list any findings
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Agency appears to have diversified revenue sources, adequate cash flow, and sufficient coverage of liabilities
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Staff is well qualified and program has good internal controls and review processes
13. Documentation sufficient to support invoices	Yes	Organization provided documentation and explanations that support monthly invoices
14. Documentation sufficient to support allowable expenditures	Yes	The process has sufficient quality control to support expenditures
15. Documentation sufficient to	Yes	Documentation supports that funds are invoiced in

## Attachment 1 – Program and Fiscal Review Report Template

support expenditures invoiced in appropriate fiscal year		the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Yes	The program uses an appropriate allocation approach for indirect costs
17. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
18. Effective communication between contract manager and contractor	Yes	Regular contact between contractor and contract manager

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

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

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

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

**Results.** Only one consumer survey was received so the results of the survey are included in the information below. The single response was consistent with the consumer interviews, in that they show a positive evaluation of the program, and show adherence to MHSA values.

#### Consumer Interview:

The consumer interview was attended by 2 females, and 2 males. Both couples expressed that they had been coming to the Native Wellness Center since “the beginning”, and report being active at many of the activities provided at both the Native American Health Center sites in Richmond and Oakland. One couple had originally been referred to the NWC as they had attended the Intertribal meetings every Thursday at the Friendship House in Oakland and were referred to the center closer to home.

The four individuals were very appreciative of the services and resources provided and have developed a deep sense of community with a small subset of participants who attend groups and events on a regular basis. Annual events such as the wrapping of sage, group and one-on-one counseling with the medicine man, and Talking Circles, are examples of the events that uphold

## Attachment 1 – Program and Fiscal Review Report Template

native ceremonies and traditions that have been known to promote resiliency and positive mental health outcomes for a community traditionally unrecognized and underserved.

The woman active in the traditional beading class shared how her participation in the class has helped with her depression, and allowed her some “me time”. Participation in recurring groups has been sporadic for all age groups at NWC and interview participants spent time trying to brainstorm ways in which they could help outreach to fellow natives and promote the services available on-site. All participants shared sentiments regarding the need for additional programming for the youth of the community and their families, such as afterschool activities. Participants noted the younger generations are not as interested in learning about the Native American cultures and traditions. The Tanka Warriors youth development group strived to change the perceived image that the NWC was not for young people, but the group was discontinued due to budgetary reasons.

One couple expressed gratitude to the NWC as the Peer Specialist had referred them to the Greater Richmond Interfaith Program (GRIP) when they were homeless. In being connected to the shelter, the family was able to access various resources within the community, was able to register for their Indian number, and had established rapport with a service provider, who helped them access mental health services for their daughter.

Overall, the participants of the interview thoroughly enjoyed the services at the Wellness Center and are hopeful more individuals are made aware of the services and resources available within the community.

### Staff Interview:

During the staff interview, the Program Manager, Peer Specialist and Program Assistant shared their experience in providing services at the Wellness Center. Staff shared how they have been working to provide meaningful and well planned groups and events specific to the needs of the community they serve. Programming at the center is scheduled ahead of time, on a monthly basis, and staff reports that Tuesdays through Thursdays are busier with individuals onsite for groups or the newly implemented counseling services provided by the Rainbow Community Center staff. The Peer Specialist meets individually with program participants at the center and has capacity to meet with individuals who may drop in on an as-needed basis. The Peer Specialist is also the point person to follow up within 48 hours of a referral to ensure timeliness in and efficiency of services. The Program Assistant completes the intake for those interested in

## Attachment 1 – Program and Fiscal Review Report Template

engaging in services, and has often assumed the role of contacting consumers about upcoming events and/or groups. Staff at the NWC has an extensive list of partnering agencies they have successfully worked with to best support the needs of the individuals they serve (i.e., RYSE, Forge Unity Park, Scott's Valley Tribal Assistance for Native Families (TANF), Men and Women of Valor, Neighborhood House, LEAP program, and Contra Costa Public Health).

Program staff has been working in partnership with the PEI Coordinator to develop a more comprehensive intake form, and service documentation that would better report any gaps in service, identifying an individual's risk for needing additional mental health services and supports, and capturing staff efforts in linking individuals to services on an ongoing basis.

**Discussion.** Responses from interviews with program participants and service providers support that the Native Wellness Center delivers programming in accordance with the values of MHSA.

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

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

**Results.** The Native Wellness Center strives to be an advocate of the American Indian/Alaska Native Community; however the services are available for the greater community in Richmond.

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

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

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

**Results.** In the Fiscal Year 14-15 service work plan, it states “the Native American Wellness Center, Richmond, will shift its focus from generalized outreach to a more targeted approach to reaching families of Native American

## Attachment 1 – Program and Fiscal Review Report Template

heritage in need for mental health support. The NAWC will develop culturally sensitive policies for identifying program participants who are in need for additional supports and services. NAWC will develop partnerships with community organizations and/or in-house capacity to link participants for further mental health services.” On the referral form from NAHC to RCC services it states, “NAHC will prioritize NAHC services for all of their clients whenever possible”. The NAHC Oakland site—within Alameda County—has capacity to provide mental health/behavioral health, medical, and dental services. Limiting and prioritizing linkages as intra-agency referrals creates potential service barriers, as Contra Costa County residents would need to waive their Medi-Cal to receive mental health/behavioral health services out-of-county, and also creates transportation challenges for consumers.

**Discussion.** While the Native American Wellness Center has recently initiated clinical services, in partnership with Rainbow Community Center, it is unclear as to who is currently accessing treatment. Building internal capacity at the Richmond NAHC site or expanding existing relationships with treatment providers in Contra Costa County would augment prevention efforts at the Native American Wellness Center. Individuals who have established rapport with the agency would be better situated to receive treatment in a location that is convenient for them.

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

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

**Results.** The Native American Health Center’s Wellness Center in Richmond has been authorized by the Board of Supervisors since 2009 and is consistent with the current MHSa Three-Year Program and Expenditure Plan in conducting community-building activities and providing prevention and early intervention services for youth, adults, and elders in Richmond. Interviews with program staff and participants support the notion that the program meets its goals and the needs of the community it serves.

## Attachment 1 – Program and Fiscal Review Report Template

**Discussion.** The current programming at the Native Wellness Center has met the needs of the community and the population for which they are designated. However, moving forward, further emphasis should be directed to continuing to build partnerships or expanding capacity within the larger organization to provide clinical services in Contra Costa County to individuals who may have been identified as needing additional mental health supports.

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

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

**Results.** The Native American Wellness Center provides detailed reports on the various service activities they provide, as well as, the number of participants. The program has been successful in increasing the total number of persons served within the community as their target for unduplicated participants increased from 100 to 150 between fiscal year 2012-13 and fiscal year 2013-14. Throughout the various outreach activities and services provided by the center, 171 individuals were served in FY 12-13, and 199 in FY 13-14.

**Discussion.** The program serves the number of people that have been agreed upon. Going forward, it is recommend that reporting on persons served should be clearly delineated between those served in outreach versus direct services to capture more meaningful outcomes.

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.

## Attachment 1 – Program and Fiscal Review Report Template

**Results.** The Native Wellness Center has been relatively successful in meeting their outcome goals over recent years. With a target of 65 percent, in FY 12-13 57% of engaged participants increased their social connectedness. In FY 13-14, that percentage increased to 63%. 64 percent of participants increased their family communication in FY 12-13, which decreased below the target of 60%, to 58% during FY 13-14.

The overall number of participants reporting their increased ability to navigate the mental health education/system has exceeded the target of 50%. In FY 12-13, 100% reported an increased ability; in FY 13-14, 88% reported an increased ability.

It is recommended that NWC staff review pending PEI regulations in order to ensure alignment of the goals of the program with the proposed regulations to better highlight the program's efforts in preventing serious mental illness.

**Discussion.** The program strives to meet the outcomes that have been agreed upon. However, as the goals are currently written, NWC only meets 1 out of 3 goals. Further analysis should be completed to determine whether or not the goals are no longer appropriate and relevant to service delivery and/or programming, or if the program is underperforming.

Looking forward, measures of success indicators should be refined and consolidated to highlight the program's capacity to provide (internally or by referral) clinical services. Recommended indicators for the wellness center include determining success in preventing mental illness; increasing individual protective factors/decreasing risk factors for developing mental illness, and continuously improving access to treatment.

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

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

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

**Discussion.** The program has internal processes in place to be responsive to community needs and continuously improve quality of services. It is

## Attachment 1 – Program and Fiscal Review Report Template

recommended that the program institute a grievance process for program participants in order to comply with quality assurance requirements.

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

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

**Results.** The program does not provide direct clinical services and thus does not keep clinical documentation onsite, other than referrals to services. The larger Native American Health Center agency has written policies and provides staff training on HIPAA requirements and safeguarding of patient information upon hire. Client charts are kept in locked file cabinets, behind a locked door and comply with HIPAA standards. Program participants are informed about their privacy rights and rules of confidentiality.

**Discussion.** NAHC maintains necessary privacy policies and procedures.

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

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

**Results.** The current staffing allows the Wellness Center to serve and exceed the targeted number of clients that have been outlined in the Service Work Plan. However, current staffing prevents NAHC from being able to provide in-house clinical services, making the program reliant on other community-based services.

**Discussion.** Sufficient staffing has been in place to serve the number of clients outlined in the most recent Service Work Plans. In order to align and be in compliance with the proposed PEI regulations, it is recommended that the agency evaluate the current staff structure to be able to engage individuals that may have been identified as in need of mental health services, including bolstering clinical capacity.

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

## Attachment 1 – Program and Fiscal Review Report Template

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

**Results.** The last three annual independent fiscal audits were reviewed. No findings or concerns were identified by the auditors.

**Discussion.** NAHC is a \$24 million operation with service centers in Contra Costa, Alameda and San Francisco counties. They have many and varied federal, state and local funding revenues, of which Contra Costa's \$213,422 contract enables them to maintain a satellite office in Richmond.

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

**Results.** Financial statements, meeting minutes and Grants and Contract Manager was interviewed. NAHC has an extensive and diversified financial portfolio, to include ownership of over \$11 million in real estate holdings. No line of credit is needed or utilized, and NAHC staff report 3+ months of liquid assets are on hand. The top fiscal management staff are most experienced and qualified.

**Discussion.** NAHC appears to have sufficient fiscal resources to deliver and sustain the 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.** The Grants and Contracts Manager was interviewed at the NAHC corporate headquarters regarding NAHC's fiscal staff structure, policies and procedures. The organization is sufficiently of size to employ several fiscal positions to assure internal controls and compliance with generally accepted accounting principles.

**Discussion.** NAHC appears to employ sufficient oversight to comply with generally accepted accounting principles.

## Attachment 1 – Program and Fiscal Review Report Template

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

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

**Results.** Financial reports were reviewed; from payroll entry, to monthly summary, to invoice construction. All matched. Of note is that each year NAHC has billed for 100% of the contract limit. As this is a cost reimbursement contract, special attention was paid to this issue. NAHC documented that they had incurred actual expenses for contract year 2013-14 \$53,782.77 in excess of the contract payment limit. For 2012-13 \$18,794.64 was incurred in excess of the contract payment limit. For 2011-12 \$23,567.27 was incurred in excess of the contract payment limit.

**Discussion.** NAHC appears to maintain a financial reporting system that supports the monthly amount invoiced to the County. NAHC utilizes other resources to offset expenses incurred at their Richmond Center that are not reimbursed by the County.

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 or invoiced to the county.

**Results.** May's invoice for 2012, 2013, and 2014 was matched with the respective monthly summaries, and spot checked against supporting documentation. NAHC appears to be billing actual expenses until the contract payment limit is reached.

**Discussion.** Documentation appeared sufficient to support allowable expenditures.

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.

## Attachment 1 – Program and Fiscal Review Report Template

**Results.** Year-end closing practices were reviewed with the Grants and Contracts Manager. Because the contract payment limit is reached before the end of the fiscal year NAHC is easily able to close out the contract before the fiscal year ends; i.e., capture all expenses both incurred and paid in the contract year.

**Discussion.** Expenditures appear to be 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.** NAHC includes 10% of its contract budget for administrative/indirect costs. The Contracts and Grants Manager indicated that this was below actual administrative/indirect costs. This appears likely, upon review of NAHC's audited financial statements.

**Discussion.** It appears that NAHC is subsidizing a portion of its administrative/indirect costs in order to implement this contract.

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

**Method.** Review insurance policies.

**Results.** The program provided general liability insurance policies that were in effect at the time of the site visit.

**Discussion.** The program complies with the contract insurance requirements.

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

**Method.** Interview contract manager and contractor staff.

**Results.** Program staff and county have been in regular communication and as part of the program review process, have begun initial conversations regarding program changes and needs to better serve the community, comply with regulatory requirements and meet contract obligations.

## **Attachment 1 – Program and Fiscal Review Report Template**

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

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

The Richmond Native American Wellness Center provides culturally appropriate services that are focused on community building, family communication, referrals for supplemental treatment and mental health system navigation for the American Indian/Alaskan Native and larger community of Richmond. The program adheres to the principles of MHSA, and is currently working to refine and enhance linkages and referrals to other services within the community, including specialty mental health services in Contra Costa County. The program participants and staff see the program as a valuable asset to the community, and the fiscal administration of the parent Native American Health Center agency is sound.

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

- It is recommended that NWC continue to expand its capacity to be able to recognize an individual's risk of developing a serious mental illness and provide clinical services in Contra Costa County whether on-staff or a direct referral to a partnering agency.
- It is recommended that NWC review its outcome measures, performance indicators, and evaluation tools to better capture the success and impact of the program while remaining culturally sensitive.
- It is recommended that NWC work closely with County staff to align reporting requirements with pending Prevention and Early Intervention regulations.
- Develop the program's grievance policies and procedures for any programmatic issues.

### **X. Next Review Date.** April 2018

### **XI. Appendices.**

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

## **Attachment 1 – Program and Fiscal Review Report Template**

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

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

# CPAW Meeting Calendar

## August 2015

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