

➔ Since going live with Tapestry on 4/11/16, the Mental Health Access Line and Care Management Unit has been able to:

- Find the member's information in a centralized record in ccLink, including insurance coverage, demographic information, mental health acuity level, and member chart

The screenshot displays the 'Hyperspace - BHS CMU - Production' interface. The patient information is as follows:

- Demographics:**
 - Name: Baby Test
 - DOB: 02/16/2011
 - Age: 5 y.o.
 - Sex: Female
 - SSN: 000-00-0001
 - Preferred language: English
 - Ethnic group: [Blank]
 - Employment status: [Blank]
 - Marital status: [Blank]
 - Maiden name: [Blank]
 - Chart location: [Blank]
 - Patient status: Alive
 - Medicare number: [Blank]
 - Registration status: [Blank]
 - Registration date: [Blank]
- Address:**
 - Address: 1275 Elm
 - City: Antioch
 - State: California
 - ZIP: 94531
 - Country: United States of America
 - Home Phone: 510-465-2222
 - Work Phone: [Blank]
 - Mobile: [Blank]
 - E-mail: [Blank]
- Insurance:**
 - Plan: BEHAVIORAL HE* (BHS M/C FULL*)
- Other Information:**
 - Screen Language: English
 - Written Language: [Blank]
 - PCP: None
 - MyStatus: Inactive
 - Acuity: Mild - Moderate

- Replace paper phone logs with electronic documentation of contacts with the consumer, called "CRMs" (Customer Relationship Management), to more efficiently review the history of calls, referrals and dispositions

The screenshot displays the 'CRM' (Customer Relationship Management) history for the patient 'Baby Test'. The table shows 16 CRM(s) with the following columns: CRM #, Source Type, Source, Topic, Resolution Date, and Subject Type.

CRM #	Source Type	Source	Topic	Resolution Date	Subject Type
466845	Patient	Test, Babyone [300119556]	BHS MH Clinic Request - BHS West County Adult Clinic	8/4/2016	
466176	Patient	Test, Babyone [300119556]	BHS MH Referral - BHS Medi-Cal Network Psychiatrist/Therapist	8/3/2016	
451918	Patient	Test, Babyone [300119556]	BHS MH Referral - BHS Medi-Cal Clinic	7/15/2016	
445560	Patient	Test, Babyone [300119556]	BHS MH Clinic Request - BHS Central County Adult Clinic	6/22/2016	
443666	Patient	Test, Babyone [300119556]	BHS CSW Outreach Call - BHS Follow Up	7/12/2016	
434987	Patient	Test, Babyone [300119556]	BHS Care Management Unit - BHS Reauthorization Request	6/22/2016	
434982	Patient	Test, Babyone [300119556]	BHS Care Management Unit - BHS Reauthorization Request	5/20/2016	
430927	Patient	Test, Babyone [300119556]	BHS Other	9/12/2016	
427734	Patient	Test, Babyone [300119556]	BHS Financial Counselor Review - BHS Requested by Access Clinician	5/5/2016	
426273	Patient	Test, Babyone [300119556]	BHS Care Management Unit - BHS Reauthorization Request	5/16/2016	
424571	Patient	Test, Babyone [300119556]	BHS MH Referral - BHS SAR OOC Foster/Adopted Network Therapist Only	4/29/2016	
424335	Patient	Test, Babyone [300119556]	BHS Other	4/28/2016	
421225	Patient	Test, Babyone [300119556]	BHS MH Referral - BHS SAR OOC Foster/Adopted Network Therapist Only	5/5/2016	
421676	Patient	Test, Babyone [300119556]	BHS Other	4/27/2016	
419430	Patient	Test, Babyone [300119556]	BHS Provider Services - BHS New Provider Inquiry	4/18/2016	
415388	Patient	Test, Babyone [300119556]	BHS Care Management Unit - BHS General Info/Clinical Consultation	4/20/2016	Provider

CRM # 424578
 Owner: Paolo Gargantiel, LCSW
 Status: Resolved
 Created on: 04/28/2016 03:29 PM
 By: Paolo Gargantiel, LCSW

Primary Information

Source	Subject	Topic
Test, Babyone (Patient)		BHS MH Referral - BHS SAR OOC Foster/Adopted Network Therapist Only

Summary: Req therapy re: Depression/Trauma
 Foster child with Alameda County M/C. Foster parent req therapy re: defiant bx, hx of physical abuse and severe neglect, inability, fighting in school, tantruming behaviors, I/O SHH, but feels hopeless, intermittent crying episodes.

- Facilitate better capture of information via CRMs for required call log requirements, as well as define/streamline internal workflow procedures for staff as CRM Tasks

The screenshot displays the Hyperspace CRM interface for a patient named 'Test, Baby'. The interface includes a sidebar with navigation options like Demographics, Coverages, and Claims. The main content area shows patient information, including a summary of the patient's history and a list of tasks. The tasks section is highlighted, showing a list of tasks with columns for Status, Task, Task Owner, Started On, and Due On. The tasks are related to the patient's history and the need for a follow-up visit.

Status	Task	Task Owner	Started On	Due On
✓	BHS Review Previous CRM documenting verbal with & confirm eligibility if no verbal	CRM Owner	04/28/2016 03:29 PM	04/28/2016 03:29 PM
✓	Review & verify (Specialist) CRM refer to clinician	CRM Owner	04/28/2016 10:57 AM (Time to resolution: 19h 28m)	04/28/2016 10:57 AM
✓	BHS Complete Referral (Task Owner CRM Owner)	CRM Owner	04/28/2016 10:57 AM	04/28/2016 10:57 AM
✓	Referred by Paolo Gargantini, LCSW on 04/28/2016 10:57 AM (Time to resolution: 0h 00m)	CRM Owner	04/28/2016 10:57 AM	04/28/2016 10:57 AM
✓	BHS Review Referral (Verify Authorized Status & Attach to CRM)	CRM Owner	04/28/2016 10:57 AM (Time to resolution: 0h 00m)	04/28/2016 10:57 AM
✓	BHS Change CRM Owner & Close/Resolve CRM	CRM Owner	04/28/2016 10:57 AM	04/28/2016 10:57 AM

- Utilize “Pools” for automated routing of CRMs and more effective work management/tracking

The screenshot displays the Hyperspace CRM interface showing a list of CRM tasks in a pool. The tasks are organized by priority and status, with columns for CRM #, Type/Subtype, Created By, Acuity Level, Comment, Due Date, and Portal Group. The tasks are related to the patient's history and the need for a follow-up visit.

CRM #	Type/Subtype	Created By	Acuity Level	Comment	Due Date	Portal Group
477292	BHS Requires Return Call	Blanca Cabrera	Moderate - Severe	Referral to therapy and psychiatry Can leave a message	Due Date	Portal Group
477441	BHS Requires Return Call	Angel Blue	Acuity Level	Referral to therapy to PPSOK to leave message	Due Date	Portal Group
477476	BHS Requires Return Call	Angel Blue	Acuity Level	Referral to therapy OK to leave message	Due Date	Portal Group
477481	BHS Requires Return Call	Julie Moody	Acuity Level	Referrals for therapy Client states who would like a therapist that has evening appts. NO PPS Medical ok	Due Date	Portal Group
477480	BHS Requires Return Call	Blanca Cabrera	Acuity Level	Staff - Spanish Grandmother requesting a MH evaluation	Due Date	Portal Group
476984	BHS Requires Return Call	Blanca Cabrera	Acuity Level	Staff - Spanish Referral to therapy Can leave a message	Due Date	Portal Group
477177	BHS Requires Return Call	Julie Moody	Acuity Level	Reschedule calling with client for referral to Older Adult Mental Health Services. Please ask for daughter Roderic at the above #.	Due Date	Portal Group
477154	BHS Requires Return Call	Blanca Cabrera	Acuity Level	Therapy and psychiatry referral Can leave a message	Due Date	Portal Group
477050	BHS Requires Return Call	Julie Moody	Acuity Level	Will only left name and phone #	Due Date	Portal Group
477380	BHS Requires Return Call	Julie Moody	Acuity Level	Will calling for out patient services for husband for anxiety and depression. Client currently open to Link Marie Slater.	Due Date	Portal Group

- Replace the old Net Pro program for more reliable Referral authorization and care management
- Share access to the consumer's history of mental health/medical Referrals for better care coordination with Primary Care Providers

Hyperspace - BHS CMU - Production - Contra Costa Health Services PRD - PAOLO G

Member Inquiry | View CRM | CRM Search | Referral Entry | PDP Central | Chart | Batch Print | Professional List | Provider | Patient of Service | Employee Contact

Member: 301119346 | Referral Entry | Date: 02/15/2011 | Plan: BEHAVIORAL HE* | BHS MHC FULL* | System Language: English | PCP Name: | MyLink: Inactive | MHS: Moderate

Test, Baby

Referrals

Demographics | Coverages | Life/Net Status

Collaps referral groups

ID	Status	By Provider	To Vendor	To Location/POS	To Provider	Start Date	Exp Date	To	First Procedure
1204093	AUTH	GARGANIEL, PAOLO		ALLIED MED & CONSULT SVC - AN	SANJ, AMRT	8/25/2016	11/25/2016	90791	PR PSYCHIATRIC DIAGNOSTIC EVAL
1206093	PEND			JOHN MUIR PHYSICIAN NETWORK		8/22/2016	8/22/2016	90779	INT ADVISE NURSE REFERRAL JM
1179526	AUTH	ZHALKOVSKY, BORIS		ZHALKOVSKY, BORIS - SAN LEAN	ZHALKOVSKY, BORIS	5/21/2016	5/23/2016	90722	PR SSSQ HOSPITAL CARE DAY 25
1174022	AUTH	GARGANIEL, PAOLO				7/26/2016	7/26/2017	90806	PR OFFICE OUTPATIENT NEW 60 MI
1164092	CLOSED	GARGANIEL, PAOLO				7/15/2016	7/15/2017	90806	PR OFFICE OUTPATIENT NEW 60 MI
1164011	CLOSED	GARGANIEL, PAOLO				7/15/2016	7/15/2017	90806	PR OFFICE OUTPATIENT NEW 60 MI
1151557	AUTH	WHITE, KATY		SMITH, ALLISON - BRENTWOOD	SMITH, ALLISON B	7/1/2016	6/30/2017	90806	PR OFFICE OUTPATIENT NEW 60 MI
1151548	AUTH	WHITE, KATY		SMITH, ALLISON - BRENTWOOD	SMITH, ALLISON B	7/1/2016	6/30/2017	90806	PR OFFICE OUTPATIENT NEW 60 MI
1151538	AUTH	WHITE, KATY		SMITH, ALLISON - 2225 BUCHANAN	SMITH, ALLISON B	7/1/2016	6/30/2017	90806	PR OFFICE OUTPATIENT NEW 60 MI
1143351	AUTH	ZZZHS BHS ACCESS LINE		SMITH, ALLISON - 2225 LONE TREE	SMITH, ALLISON B	6/23/2016	6/24/2016	90806	PR OFFICE OUTPATIENT NEW 60 MI
1142031	CLOSED	GARGANIEL, PAOLO		SMITH, ALLISON - BRENTWOOD	SMITH, ALLISON B	6/22/2016	6/22/2016	90806	PR OFFICE OUTPATIENT NEW 60 MI
1141496	CLOSED	GARGANIEL, PAOLO		ALLIED MED & CONSULT SVC - AN	SANJ, AMRT	6/22/2016	6/22/2016	90791	PR PSYCHIATRIC DIAGNOSTIC EVAL
1141419	CLOSED	GARGANIEL, PAOLO		BAY AREA DOCTORS INC - PITTSB	SANJ, AMRT	6/22/2016	6/22/2016	90791	PR PSYCHIATRIC DIAGNOSTIC EVAL
1125296	AUTH	GILSON, GWYNNE		ASSAF, HEFTSI - SAN PABLO	ASSAF, HEFTSI	6/9/2016	6/9/2016	90806	PR OFFICE OUTPATIENT NEW 60 MI
1120853	AUTH	GILSON, GWYNNE		ASSAF, HEFTSI - SAN PABLO	ASSAF, HEFTSI	6/9/2016	6/9/2016	90806	PR OFFICE OUTPATIENT NEW 60 MI
1120846	AUTH	GILSON, GWYNNE		ASSAF, HEFTSI - SAN PABLO	ASSAF, HEFTSI	6/9/2016	6/9/2016	90806	PR OFFICE OUTPATIENT NEW 60 MI
1120458	PEND					6/22/2016	6/22/2016	90806	PR OFFICE OUTPATIENT NEW 60 MI
1105066	CLOSED	GARGANIEL, PAOLO		CHILD THERAPY INSTITUTE - AUTO	CHILD THERAPY INSTI	6/20/2017	6/20/2017	90844	PR FAMILY PSYCHOTHERAPY WITH
1076848	CLOSED	GARGANIEL, PAOLO		ASSAF, HEFTSI - SAN PABLO	ASSAF, HEFTSI	4/19/2016	4/19/2016	90832	PR PSYCHOTHERAPY PATIENT A/F
1074533	AUTH	GARGANIEL, PAOLO		ALLIED MED & CONSULT SVC - AN	SANJ, AMRT	4/19/2016	4/19/2016	90791	PR PSYCHIATRIC DIAGNOSTIC EVAL
1074763	CLOSED	GARGANIEL, PAOLO		BESIA JR, JOHN - WALNUT CREEK	BESIA, JOHN C	4/19/2016	4/19/2016	90847	PR FAMILY PSYCHOTHERAPY WITH
1074745	CLOSED	GARGANIEL, PAOLO		ALLIED MED & CONSULT SVC - AN	SANJ, AMRT	4/19/2016	4/19/2016	90792	PR PSYCHIATRIC DIAGNOSTIC EVAL
858020	PEND	KURUVILLA, PRAMITA				3/22/2016	3/22/2017	90782	PR PSYCHIATRIC DIAGNOSTIC EVAL
858020	PEND	MADONNA, ROSA		JOHN MUIR PHYSICIAN NETWORK		8/10/2016	8/10/2016	90782	PR ADVISE NURSE REFERRAL JM

Displaying 24 referral(s). Refresh loading

Accept Cancel

- Leverage use of electronic records for care management purposes, including reviewing scanned assessments or electronic claims from Network Providers instead of mailed or faxed paper forms

Aug.22.2016 02:00 PM Allison Smith, MFT 9254820655 PAGE. 2 / 7

Contra Costa Mental Health Plan
Care Management Unit
30 Douglas Drive, Suite 234
Martinez, CA 94553
Ph (925) 372-4400
Fax (925) 372-4410

474721

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Date info collected (MANDATORY): 06/27/2016

Was the Beneficiary Guide Given during the first face-to-face visit? ☒

CFS Case? Yes ☐ No ☒

Smith, Allison 10000 Walnut Creek 2860

Provider Last Name, First Name (and Group name, if applicable) CCMHP Provider # Provider Location Provider Staff ID #

Beneficiary Last Name First Name Middle Name Gen (Sr., Jr.)

Birth Date CIN # (Medi-Cal Card #) Medical Record # (MKN) Highest Grade Completed

Gender: ☐ Male ☒ Female ☐ Intersex Transgender: ☐ Male to Female ☐ Female to Male ☐ Other:

PRIMARY LANGUAGE (Please check only one)

PREFERRED LANGUAGE For Receiving MH Svs (Please check only one)

PREFERRED WRITTEN LANGUAGE (Please check only one)

RACIAL BACKGROUND/ETHNICITY (Please select up to five)

☒ A English ☒ A English ☒ A English ☒ A White/Caucasian

☐ B Spanish ☐ B Spanish ☐ B Spanish ☐ B Black/African American


☐ C Chinese Dialect ☐ C Chinese Dialect ☐ C Chinese Dialect ☐ C Amer. Indian or Alaska Native

☐ D Mexican American

- Enhance reporting capability on timely access to care for purposes of program development and evaluation, as well as for meeting State reporting requirements

BHS Timely Access (BHS3617)												
For CRMs and Referrals Created: 7/1/2016 through 7/31/2016												
Report pulls from two data sources: 1) CRMs with data in the Timely Access form 2) Referrals of Type = BHS MH Outpatient Clinic or BHS MH Outpatient Network AND Reason = BHS Initial Auth. > 9000												
CRM Entry Date	CRM Topic	CRM Outreach Dt	RFL Type	RFL Priority	Member City	Payer	Plan	Acuity	Appt Offered Date	Appt Scheduled	# Days CRM to Appt Offered	# Days CRM to Appt Scheduled
7/5/2016	BHS MH Referral	7/13/2016	BHS MH Outpatient Clinic	Routine	San Pablo	CCHP	HP MCAL/SENIORS & PERSONS	Moderate - Severe	7/12/2016	7/14/2016	7	9
7/12/2016	BHS MH Referral	7/18/2016	BHS MH Outpatient	Routine	Concord	CCHP	HP MCAL/HP MEDI-	Moderate - Severe	7/19/2016	7/19/2016	7	7
7/14/2016	BHS MH Referral	7/22/2016	BHS MH Outpatient	Routine	Antioch	CCHP	HP MCAL/KSR	Moderate - Severe	7/29/2016	7/29/2016	15	15
7/14/2016	BHS MH Referral	7/20/2016	BHS MH Outpatient	Routine	Walnut Creek	CCHP	HP MCAL/MEDI-CAL	Moderate - Severe	7/19/2016	7/19/2016	5	5
7/14/2016	BHS MH Referral	7/20/2016	BHS MH Outpatient	Routine	Concord	BEHAVIORAL	BHS M/C OHI	Moderate - Severe	7/15/2016	7/15/2016	1	1
7/15/2016	BHS MH Referral	7/25/2016	BHS MH Outpatient	Routine	Brentwood	CCHP	HP MCAL/AFDC/RMC	Moderate - Severe	7/22/2016	7/22/2016	7	7
7/15/2016	BHS MH Referral	7/21/2016	BHS MH Outpatient	Routine	Richmond	BEHAVIORAL	BHS M/C FULL SCOPE	Moderate - Severe	7/20/2016	7/20/2016	5	5
7/15/2016	BHS MH Referral	7/21/2016	BHS MH Outpatient	Routine	Bay Point	CCHP	HP MCAL/AFDC/RMC	Moderate - Severe	7/21/2016	7/22/2016	6	7
7/19/2016	BHS MH Referral	7/27/2016	BHS MH Outpatient	Routine	Richmond	CCHP	HP MCAL/MEDI-CAL	Moderate - Severe	7/25/2016	7/25/2016	6	6
7/19/2016	BHS MH Referral	7/27/2016	BHS MH Outpatient	Routine	Richmond	CCHP	HP MCAL/MEDI-CAL	Moderate - Severe	7/26/2016	8/12/2016	7	24
7/22/2016	BHS MH Referral	8/1/2016	BHS MH Outpatient	Routine	Pittsburg	BEHAVIORAL	BHS M/C FULL SCOPE	Moderate - Severe	8/1/2016	8/1/2016	10	10
7/25/2016	BHS SAR	8/2/2016	BHS MH Outpatient	Routine	Oakley			Moderate - Severe	8/12/2016	8/12/2016	18	18
7/26/2016	BHS MH Referral	8/1/2016	BHS MH Outpatient	Routine	Bay Point	BEHAVIORAL	BHS M/C MEDI-MEDI	Moderate - Severe	7/27/2016	7/27/2016	1	1
7/26/2016	BHS MH Referral	8/3/2016	BHS MH Outpatient	Routine	Discovery Bay	CCHP	HP MCAL/AFDC/RMC	Moderate - Severe	8/4/2016	8/4/2016	9	9
7/27/2016	BHS MH Referral	8/2/2016	BHS MH Outpatient	Routine	Antioch	BEHAVIORAL	BHS M/C FULL SCOPE	Moderate - Severe	7/27/2016	7/27/2016	0	0
7/27/2016	BHS MH Referral	8/3/2016	BHS MH Outpatient	Routine	Richmond	CCHP	HP MCAL/AFDC/CPN	Moderate - Severe	8/2/2016	8/2/2016	6	6
7/28/2016	BHS MH Referral	8/4/2016	BHS MH Outpatient	Routine	Richmond	CCHP	HP MCAL/AFDC/RMC	Moderate - Severe	8/2/2016	8/2/2016	5	5
7/28/2016	BHS MH Referral	8/3/2016	BHS MH Outpatient	Routine	Oakley	CCHP	HP MCAL/MEDI-CAL	Moderate - Severe	8/2/2016	8/2/2016	5	5
7/28/2016	BHS MH Referral	8/4/2016	BHS MH Outpatient	Behavioral	Antioch			Moderate - Severe	8/8/2016	8/8/2016	11	11
7/29/2016	BHS MH Referral	8/5/2016	BHS MH Outpatient	Routine	Pittsburg	CCHP	HP MCAL/MEDI-CAL	Moderate - Severe	8/5/2016	8/5/2016	7	7

- **Develop data-tracking instruments for program evaluation and for implementation of outreach efforts by the Community Support Worker, including consumer Satisfaction Survey**

 **Behavioral Health Access Line Satisfaction Survey**

Do you have 3 minutes to answer some survey questions about your experience calling the Access Line and your Mental Health appointment?

☐ Declined Survey

I want to assure you that any feedback you share will remain strictly confidential. Your name and individual response will not be shared with your service provider and will not impact the services you receive.

This is a short survey of five questions. These questions ask about your Access Line phone call and your mental health appointment. If the question doesn't apply, please say it does not apply.

1. On a scale of 1 to 4, where 1 is poor and 4 is excellent, what was your overall experience like calling the Access Line? You might consider hold time, call-back process, and ease of use.

☐ 1 - Poor ☐ 2 - Satisfactory ☐ 3 - Good ☐ 4 - Excellent ☐ Does not apply

2. After speaking with the clerk, you were transferred to or were called back by a licensed clinician. On a scale of 1 to 4, where 1 is poor and 4 is excellent, how would you rate your overall experience with this clinician?

☐ 1 - Poor ☐ 2 - Satisfactory ☐ 3 - Good ☐ 4 - Excellent ☐ Does not apply

3. Were you able to schedule an appointment that met your mental health needs?

☐ Yes ☐ No

4. On a scale of 1 to 4, where 1 is hard and 4 is very easy, how easy was it to make your mental health appointment?

☐ 1 - Hard ☐ 2 - Fair ☐ 3 - Easy ☐ 4 - Very Easy

5. On a scale of 1 to 4, where 1 is poor and 4 is excellent, how would you rate your experience with your mental health provider (therapist or psychiatrist) during your appointment?

☐ 1 - Poor ☐ 2 - Satisfactory ☐ 3 - Good ☐ 4 - Excellent ☐ Does not apply

Lastly, when thinking about your experience with the Access Line, is there anything else you would like to share with me today?

Comment(s):

(Instruction: Apply Comment(s) to the following List of Domains)

<input type="checkbox"/> Process - Positive	<input type="checkbox"/> Process - Negative	<input type="checkbox"/> General Satisfaction - Positive
<input type="checkbox"/> General Satisfaction - Negative	<input type="checkbox"/> Welcoming Tone - Positive	<input type="checkbox"/> Welcoming Tone - Negative
<input type="checkbox"/> Information and Referrals - Positive	<input type="checkbox"/> Information and Referrals - Negative	<input type="checkbox"/> Unknown/Unrelated


Thank you for participating in this survey .This information will help us to improve our care and service for you and all of our Behavioral Health Access Line callers.

Are there any other mental health, substance use, or homeless/housing needs I can assist you with?

Thank you and have a good day.

The Access line went live with Optum, our after hours answering service, on April 1st 2016. The calls roll over to Optum during holidays, weekends and after hours during the business week. Before Optum became contracted, the after hours calls rolled over to PES, which was unable to meet the consumer's needs and compliancy requirements.

During the after hours, a consumer can leave a message or choose to speak with a live clinician. If a consumer chooses to speak to a live clinician, they get transferred immediately to a licensed clinician who has a detailed script. The clinician assesses for crisis, provides county resources as needed, and provides detailed information in order for us to return the call the next business day. The following business day a report is sent to the Access Line with the name, telephone number, presenting issue and disposition with each call. The messages then get converted into a CRM (Customer Relationship Management) in Tapestry, where an Access clinician can then call the consumer back.

1 2		Contra Costa Call Statistics Report For the date range of 4/1/2016 5:00:00 PM to 4/4/2016 9:00:00 AM	Optum Public Sector Clinical Operations
4	Contra Costa County Call Volume		Total
5	(1) Total Incoming Calls		7
5	(2) Calls Answered		7
7			
3	Call Statistics 2.1 **		
3	(3) Percentage of Calls Answered Within 30 Seconds	7 divided by 7	100.00%
0	(4) Percentage of Calls Abandoned After 45 Seconds	0 divided by 7	0
1	(5) Average Handle Time in Minutes	29.5 divided by 7	4.2
2	(6) Call Back Rate	0 divided by 7	0
3	Calls Referred to Emergency Services		
4			
5	Objectives: **		
	2.1.1 - Abandonment Rate (less than 5% of calls abandoned by callers after 45 seconds.)		
	2.1.2 - Answer Time (95% of calls shall be answered within 45 seconds)		
	2.1.3 - Average seconds to answer is 30 seconds or less		
6	Calculations:		
	1. Total calls answered + Abandoned calls		
	2. Total calls answered		
	3. Number of calls answered within 30 seconds divided by the total calls answered		
	4. The number of calls abandoned after 45 seconds divided by the total number of calls		
	5. Average handle Time = Total call time / Total number of calls		
	6. Calls that were received and resulted in a call back note documented in "call back" feature divided by the total number of received calls.		
7	*** A call is considered abandoned if the caller hangs up after 10 seconds.		
8	Comments:		

The elements captured through the course of the call meet the state requirements. These elements include:

- Caller Name
- Language
- DOB/Age
- Call Back Number
- Zip Code

- Relationship to caller (if not self)
- Medi-Cal Number
- Reason for Call
- Risk Assessment
- Referrals Provided (If applicable)

Since implementing Optum after hours coverage, the Access Line has found that more calls get answered, screened, and triaged.

MHSA Monthly Budget Report

Fiscal Year 2015-16

July 2015 through June 2016

Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• CSS	\$ 31,568,631	\$ 28,133,015	\$ 28,133,015
• PEI	8,037,813	7,663,603	7,663,603
• INN	2,019,495	1,345,069	1,345,069
• WET	638,871	613,995	613,995
• CF/TN	849,936	1,845,151	1,845,151
Total	\$ 43,114,746	\$ 39,600,833	\$ 39,600,833

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

Disclosures:

- 1) Cost centers are used to track expenditures. MHSA cost centers are: 5713, 5714, 5715, 5721, 5722, 5723, 5724, 5725, 5727, 5735, 5753, 5764, 5868, 5899, and 5957. MHSA program plan elements include expenditures from multiple MHSA cost centers. Therefore, expenditures reported in the County's Expenditure Detail Report may not tie exactly to the MHSA program plan elements.
- 2) Various projected expenditures are based on rolling average of actual expenses.

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Full Service Partnerships			
– Children	\$ 2,885,820	\$ 3,198,237	\$ 3,198,237
– Transition Age Youth	2,085,642	1,917,416	1,917,416
– Adults	5,062,090	3,874,104	3,874,104
– Adult Clinic FSP Support	1,822,060	1,451,463	1,451,463
– Recovery Centers	875,000	845,348	845,348
– Hope House	2,078,019	1,977,176	1,977,176
– Housing Services	4,888,309	5,654,518	5,654,518
Full Service Partnerships Sub-Total	\$ 19,696,940	\$ 18,918,262	\$ 18,918,262
• General System Development			
– Older Adults	\$ 3,560,079	\$ 3,109,286	\$ 3,109,286
– Children’s Wraparound	2,003,983	1,675,163	1,675,163
– Assessment and Recovery Center - Miller Wellness Center	500,000	293,441	293,441
– Liaison Staff	513,691	124,605	124,605
– Clinic Support	1,201,637	1,112,397	1,112,397
– Forensic Team	493,973	132,582	132,582
– Quality Assurance	1,176,673	1,011,047	1,011,047
– Administrative Support	2,421,655	1,756,231	1,756,231
General System Development Sub-Total	\$ 11,871,691	\$ 9,214,752	\$ 9,214,752
Total	\$ 31,568,631	\$ 28,133,015	\$ 28,133,015

CSS - FSP Children's

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Personal Service Coordinators - Seneca	\$ 562,915	\$ 640,262	\$ 640,262
• Multi-dimensional Family Therapy – Lincoln Center	874,417	937,818	937,818
• Multi-systemic Therapy – COFY	650,000	872,574	872,574
• Children's Clinic Staff – County Staff	798,488	747,584 ¹	747,584
Total	\$ 2,885,820	\$ 3,198,237	\$ 3,198,237

Note:

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

CSS - FSP Transition Age Youth

- Fred Finch Youth Center
- Youth Homes
- Other Costs

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,400,642	\$ 1,235,283	\$ 1,235,283
	665,000	653,414	653,414
	20,000	28,719	28,719
Total	\$ 2,085,642	\$ 1,917,416	\$ 1,917,416

CSS - FSP Adults – Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Assisted Outpatient Treatment	\$ 2,250,000	\$ 1,083,962	\$ 1,083,962
• Rubicon	928,811	629,950	629,950
• Anka	768,690	675,471	675,471
• Familias Unidas (Desarrollo Familiar)	207,096	211,348	211,348
• Hume Center	907,493	1,105,423	1,105,423
• Crestwood Behavioral Hlth	-	100,620	100,620
• RDA	-	67,331	67,331
Total	\$ 5,062,090	\$ 3,874,104	\$ 3,874,104

CSS - Supporting FSPs

- Adult Clinic Support -
FSP support, rapid access, wellness nurses
- **Recovery Centers – Recovery Innovations**
- Hope House - Crisis Residential Program

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,822,060	\$ 1,451,463 ¹	\$ 1,451,463
	875,000	845,348	845,348
	2,078,019	1,977,176	1,977,176
Total	\$ 4,775,079	\$ 4,273,987	\$ 4,273,987

Note:

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

CSS - Supporting FSPs Housing Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supportive Housing – Shelter, Inc	\$ 1,663,668	\$ 2,393,943	\$ 2,393,943
• Supportive Housing – Bonita House (proposed)	220,000	- ¹	-
• Augmented Board & Care – Crestwood	411,653	550,865	550,865
• Augmented Board & Care – Divines	4,850	3,443	3,443
• Augmented Board & Care – Modesto Residential	30,000	41,470	41,470
• Augmented Board & Care – Oak Hills	21,120	16,280	16,280
• Augmented Board & Care – Pleasant Hill Manor	90,000	81,418	81,418
• Augmented Board & Care – United Family Care	271,560	368,098	368,098
• Augmented Board & Care – Williams	30,000	30,494	30,494
• Augmented Board & Care – Woodhaven	13,500	11,592	11,592
• Shelter Beds – County Operated	1,672,000	1,691,254	1,691,254
• Housing Coordination Team – County Staff	457,958	461,305 ²	461,305
• Other Costs	2,000	4,355 ²	4,355
Total	\$ 4,888,309	\$ 5,654,518	\$ 5,654,518

Note:

1) Bonita House is still in planning phase.

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

CSS - General System Development Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Older Adult Clinic - Intensive Care Mgmt , IMPACT	\$ 3,560,079	\$ 3,109,286	\$ 3,109,286
• Wraparound Support – Children’s Clinic	2,003,983	1,675,163	1,675,163
• Assessment and Recovery Center (MWC)	500,000	293,441	293,441
• Liaison Staff - Regional Medical Center	513,691	124,605	124,605
• Money Management – Adult Clinics	617,466	585,795	585,795
• Transportation Support – Adult Clinics	213,693	119,110	119,110
• Evidence Based Practices – Children’s Clinics	370,478	407,492	407,492
• Forensic Team – County Operated	493,973	132,582	132,582
Total	\$ 8,273,362	\$ 6,447,474	\$ 6,447,474

Note:

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

CSS - General System Development Administrative Support

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Quality Assurance			1
– Medication Monitoring	89,843	176,283	176,283
– Clinical Quality Management	740,946	409,737	409,737
– Clerical Support	345,885	425,027	425,027
Quality Assurance Total	\$ 1,176,673	\$ 1,011,047	\$ 1,011,047
• Administrative Support			1
– Project and Program Managers	\$ 757,210	\$ 791,575	\$ 791,575
– Clinical Coordinators	213,902	190,362	190,362
– Planner/Evaluators	260,400	195,143	195,143
– Family Service Coordinator	105,205	15,401	15,401
– Administrative/Fiscal Analysts	472,301	253,691	253,691
– Clerical Supervisor	96,875	10,729	10,729
– Clerical Support	390,310	191,719	191,719
– Community Planning Process - Consultant Contracts	125,452	107,611	107,611
Administrative Support Total	\$ 2,421,655	\$ 1,756,231	\$ 1,756,231
Total	\$ 3,598,329	\$ 2,767,278	\$ 2,767,278

Note:

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

PEI Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Prevention – Outreach and Engagement			1
– Reducing Risk of Developing a Serious Mental Illness			
• Underserved Communities	\$ 1,476,176	\$ 1,405,204	\$ 1,405,204
• Supporting Youth	1,698,352	1,632,613	1,632,613
• Supporting Families	585,434	510,855	510,855
• Supporting Adults , Older Adults	717,724	541,242	541,242
– Preventing Relapse of Individuals in Recovery	533,400	533,400	533,400
– Reducing Stigma and Discrimination	445,378	406,569	406,569
– Preventing Suicide	403,738	414,487	414,487
Prevention Sub-Total	\$ 5,860,201	\$ 5,444,371	\$ 5,444,371
• Early Intervention – Project First Hope	\$ 1,685,605	\$ 1,969,172	1
• Administrative Support	492,007	250,060	1
Total	\$ 8,037,813	\$ 7,663,603	\$ 7,663,603

Note:

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

PEI – Outreach and Engagement Underserved Communities

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Asian Community Mental Health	\$ 130,000	\$ 126,713	\$ 126,713
• Center for Human Development	133,000	125,124	125,124
• Jewish Family & Children's Services	159,679	151,606	151,606
• La Clinica de la Raza	256,750	256,750	256,750
• Lao Family Community Development	169,926	136,712	136,712
• Native American Health Center	213,422	188,152	188,152
• Rainbow Community Center	220,505	218,857	218,857
• Tides Center	192,894	198,492	198,492
• Other	-	2,799	2,799
Total	\$ 1,476,176	\$ 1,405,204	\$ 1,405,204

PEI – Outreach and Engagement

Supporting Youth

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• James Morehouse Project (West CC YMCA)	\$ 94,200	\$ 94,200	\$ 94,200
• Project New Leaf (Martinez USD)	170,000	147,132	147,132
• People Who Care	203,594	203,593	203,593
• RYSE	460,427	460,427	460,427
• STAND! Against Domestic Violence	122,733	122,733	122,733
• Families Experiencing Juvenile Justice System	647,398	604,528 ¹	604,528
Total	\$ 1,698,352	\$ 1,632,613	\$ 1,632,613

Note:

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

PEI – Outreach and Engagement Supporting Families

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Child Abuse Prevention Council	\$ 118,828	\$ 119,249	# \$ 119,249
• Contra Costa Interfaith Housing	64,526	64,526	64,526
• Counseling Options Parenting Education (Triple P)	225,000	225,000	225,000
• First Five	75,000	-	1
• Latina Center	102,080	102,080	102,080
Total	\$ 585,434	\$ 510,855	\$ 510,855

Note:

1) First Five is part of the Counseling Options Parenting Education (COPE) service delivery and will invoice once a year.

PEI – Outreach and Engagement

Supporting Adults and Older Adults

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• MH Clinicians in Concord Health Center	\$ 239,501	\$ 166,663 ¹	\$ 166,663
• Lifelong Medical Care	118,970	118,969	118,969
• Senior Peer Counseling Program	359,253	255,611 ¹	255,611
Total	\$ 717,724	\$ 541,242	\$ 541,242

Note:

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

PEI

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Preventing Relapse			
– Putnam Clubhouse	\$ 533,400	\$ 533,400	\$ 533,400
• Reducing Stigma			
– Office of Consumer Empowerment	445,378	406,569 ¹	406,569
• Preventing Suicide			
– Contra Costa Crisis Center	292,850	292,850	292,850
– MH Clinician Supporting PES, Adult Clinics	110,888	121,638 ¹	121,638
	<u>\$ 403,738</u>	<u>\$ 414,487</u>	<u>\$ 414,487</u>
• Early Intervention			
– Project First Hope	\$ 1,685,605	\$ 1,969,172 ¹	\$ 1,969,172
• Administrative Support	492,007	250,060 ¹	250,060
Total	\$ 3,560,127	\$ 3,573,688	\$ 3,573,688

Note:

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

INN

	Approved MHSA Budget	Expenditures	Projected Expenditures
• Supporting LGBTQ Youth – Rainbow Community Center	\$ 420,187	\$ 456,186	\$ 456,186
• Women Embracing Life Learning – County Operated – 1.5 FTE	290,744	283,393 ¹	283,393
• Trauma Recovery Project – County Operated – 1 FTE	123,493	23,294 ¹	23,294
• Reluctant to Rescue – Community Violence Solutions	126,000	112,855	112,855
Sub-Total	\$ 960,424	\$ 875,727	\$ 875,727
• Wellness Coaches	\$ 181,354	\$ 188,642	\$ 188,642
• Vocational Services for Unserved (proposed)	243,962	-	-
• Partners in Aging (proposed)	243,962	-	-
• Overcoming Transportation Barriers (proposed)	251,355	-	-
• Other Costs	16,667	27,227	27,227
Sub-Total	\$ 937,299	\$ 215,869 ¹	\$ 215,869
• Administrative Support - 1 FTE	121,773	253,473 ¹	253,473
Total	\$ 2,019,495	\$ 1,345,069	\$ 1,345,069

Note:

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

WET

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Workforce Staffing Support			
– Administrative Support	\$ 222,481	\$ 232,562 ³	\$ 232,562
• Training and Technical Assistance			
– Staff Training – Various Vendors	33,000	6,817	6,817
– SPIRIT – TBD	23,500	-	-
– Family to Family – NAMI Contra Costa	20,000	19,799	19,799
– Law Enforcement – Various Vendors	5,000	- ¹	-
• Mental Health Career Pathway Programs			
– High School Academy – Contra Costa USD	3,000	- ¹	-
• Residency, Internship Programs			
– Graduate Level Internships – County Operated	231,890	228,950 ³	228,950
– Graduate Level Internships – Contract Agencies	100,000	125,867	125,867
• Financial Incentive Programs		²	
Total	\$ 638,871	\$ 613,995	\$ 613,995

Notes:

1) No funds have been allocated for fiscal year.

2) Financial Incentive Programs are in the planning phase.

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

Capital Facilities/Information Technology

• Electronic Mental Health Records System	<u>Approved MHSA Budget</u>		<u>Expenditures</u>		<u>Projected Expenditures</u>	
	849,936 ¹		1,845,151		1,845,151	
	Total	\$ 849,936	\$	1,845,151	\$	1,845,151

Note

1) FY 15/16 estimated funds available for the Electronic MH Records Project.

Contra Costa County Mental Health Services Act Community Forum

Community Program Planning Process for the
Fiscal Year 2017-20 MHSA Three Year Program
and Expenditure Plan

October 6, 2016 – West Contra Costa County



Mental Health Services Act (MHSA)

- Proposition 63 voted into law in November 2004 by California's citizens.
- Taxed 1% of income over \$1 million.
- Provides additional funding to the County's existing public mental health system of care.
- Services are to be consumer driven, family focused, based in the community, culturally competent, and integrated with other appropriate health and social services.
- Requires that a three year program and expenditure plan be developed with the active participation of local stakeholders in a community program planning process.



MHSA Three Year Program and Expenditure Plan

- Contra Costa's current Three Year Plan was approved by the Board of Supervisors for FY 2014-17.
- Preceded by a comprehensive community program planning process
- Over 500 consumers, family members, service providers and other interested individuals participated in 52 focus groups and community forums that identified service needs, and offered strategies for meeting these needs.
- **We are asking for your input as we prepare for the upcoming Three Year Plan starting July 2017.**



Current MHSA Three Year Plan

For Fiscal Year 2016-17 the Three Year Plan set aside \$43.1 million for over 80 programs and plan elements in the following five components:

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

The full Three Year Plan and FY 16-17 Plan Update is on the MHSA web page.

What Input do We Need From You Today?

We would like input from you in three areas:

1. Discuss current mental health issues in the community, and strategies to address these issues
2. Identify new and/or emerging public mental health needs and recommended strategies for meeting these needs.
3. Prioritize previously identified service needs

1. Current Mental Health Issues

Issues identified by Consumers:

- TBD
- TBD
- TBD

1. Current Mental Health Issues(contd)

Issues identified by Family Members:

- TBD
- TBD
- TBD

1. Current Mental Health Issues(contd)

Issues identified by Service Providers:

- TBD
- TBD
- TBD

2. New and/or Emerging Needs

- What community mental health issues and/or needs would you like to discuss that have not been mentioned?
- What strategies would you recommend for meeting these needs?

3. Identified Service Needs

Previously stakeholders identified the following needs:

ACCESS

- Finding the right services
- Getting services when you need it
- Getting care in my community, in my culture, in my language
- Getting to and from services

3. Identified Service Needs (contd)

CAPACITY

- Serve those who need it the most
- Improved response to crisis and trauma
- More housing and homeless services
- Assistance with meaningful activity
- Children and youth in-patient and residential beds
- More support for family members and loved ones of consumers
- Support for peer and family partner providers
- Care for the homebound frail and elderly
- Intervening early in psychosis

3. Identified Service Needs (contd)

Integration

- Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care
- Help with moving to a lower level of care as people get better
- More transparent program and fiscal accountability
- Better communication to enable stakeholder trust and participation

How You Can Provide Input

- Participate in today's community forum
- Provide verbal and/or written input to Contra Costa Behavioral Health Service representatives
- Participate in CCBHS sponsored stakeholder committees and workgroups
- Send email to mhsa@hsd.cccounty.us
 - Input received before December 31 will be considered in the development of the DRAFT MHSA Three Year Plan.
 - Input received after December 31 will be considered comments on the draft plan.



What Happens After Today

- Draft MHSA Plan for FY 17-20 developed FEB
- Draft Plan posted and circulated for stakeholder and 30 day public comment MAR
- Mental Health Commission hosts a public hearing APR
- Draft Plan summarizes, analyzes and responds to any substantive written recommendations for revisions MAY
- Mental Health Commission reviews the Three Year Plan and makes recommendations MAY
- Board of Supervisors reviews and approves the final Plan for FY 17-20 JUN

Today's Agenda

3:00 – Welcome, overview of MHSA and the Community Planning Process

3:30 - Introduction to CCBHS stakeholder committees

3:45 - Introduction of small group discussion topics

4:00 – Break

4:15 – Small group discussions

5:45 – Summary and next steps

6:00 – Optional input invited

- Provide public comment
- Apply your dots to prioritize service needs
- Provide written input
- Speak with CCBHS staff
- Evaluate today's event

Reasonable Accommodations: Spanish translation, gift cards available upon request





Contra Costa County Behavioral Health Services invites you to participate in planning for the:

***Mental Health Services Act Three Year Program
and Expenditure Plan for Fiscal Year 2017-20***

Consumers and their family members, providers of mental health services, and all interested community members are most welcome to attend this community forum and provide input on improving public mental health services in Contra Costa County.

Date:	Thursday, October 6th
Time:	3:00 P.M. – 6:00 P.M.
Location:	Maple Hall Community Center 13831 San Pablo Avenue, San Pablo, CA 94806

Please Join Us!

Meeting Objectives:

- ❖ *Review the purpose of the Mental Health Services Act*
- ❖ *Prioritize service needs*
- ❖ *Propose new and emerging service needs and strategies*
- ❖ *Meet mental health service providers in your community*

Please RSVP to this event by email or telephone:

mhsa@hsd.cccounty.us

925-957-5150

Please let us know if you would like assistance with the following:

- ❖ *Language translation, such as a Spanish speaking interpreter*
- ❖ *Directions and/or how to access public transportation*
- ❖ *Gift card to offset cost of participation*
- ❖ *Any other reasonable accommodation*





Contra Costa County Behavioral Health Services invites you to participate in planning for the:

***Mental Health Services Act Three Year Program
and Expenditure Plan for Fiscal Year 2017-20***

Consumers and their family members, providers of mental health services, and all interested community members are most welcome to attend this community forum and provide input on improving public mental health services in Contra Costa County.

Date:	Thursday, November 3rd
Time:	3:00 P.M. – 6:00 P.M.
Location:	Pleasant Hill Community Center 320 Civic Drive, Pleasant Hill CA 94523

Please Join Us!

Meeting Objectives:

- ❖ *Review the purpose of the Mental Health Services Act*
- ❖ *Prioritize service needs*
- ❖ *Propose new and emerging service needs and strategies*
- ❖ *Meet mental health service providers in your community*

Please RSVP to this event by email or telephone:

mhsa@hsd.cccounty.us

925-957-5150

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- ❖ *Directions and/or how to access public transportation*
- ❖ *Gift card to offset cost of participation*
- ❖ *Any other reasonable accommodation*





Contra Costa County Behavioral Health Services invites you to participate in planning for the:

***Mental Health Services Act Three Year Program
and Expenditure Plan for Fiscal Year 2017-20***

Consumers and their family members, providers of mental health services, and all interested community members are most welcome to attend this community forum and provide input on improving public mental health services in Contra Costa County.

Date:	Thursday, December 1st
Time:	3:00 P.M. – 6:00 P.M.
Location:	Ambrose Community Center 3105 Willow Pass Road, Bay Point CA 94565

Please Join Us!

Meeting Objectives:

- ❖ *Review the purpose of the Mental Health Services Act*
- ❖ *Prioritize service needs*
- ❖ *Propose new and emerging service needs and strategies*
- ❖ *Meet mental health service providers in your community*

Please RSVP to this event by email or telephone:

mhsa@hsd.cccounty.us

925-957-5150

Please let us know if you would like assistance with the following:

- ❖ *Language translation, such as a Spanish speaking interpreter*
- ❖ *Directions and/or how to access public transportation*
- ❖ *Gift card to offset cost of participation*
- ❖ *Any other reasonable accommodation*



Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Name of Program:** STAND! For Families Free of Violence
1410 Danzig Plaza #220
Concord, CA 94520
- II. **Review Team:** Michelle Rodriguez-Ziemer, Warren Hayes, Stephanie Chenard
- III. **Date of DeAnza High School Visit:** January 28, 2016
Date of STAND! On-site Review: February 8, 2016
Date of Exit Meeting: July 19, 2016.
- IV. **Program Description.** STAND! For Families Free of Violence is a provider of comprehensive domestic violence and child abuse services in Contra Costa County. STAND! is a founding member of the "Zero Tolerance for Domestic Violence Initiative", a cross-sector organization working for fifteen years to help end domestic violence, sexual assault and children's exposure to violence.

Two programs are funded under the MHSA Prevention and Early Intervention Component (PEI): "**You Never Win With Violence**" and "**Expect Respect**". These programs are intended to address the effects of teen dating /domestic violence and help maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! utilizes these two successful evidence-based practices to directly affect the behaviors of youth to prevent future violence and enhance positive mental health outcomes for students already experiencing teen dating or domestic violence. Prevention activities include educating middle and high school youth through the 'You Never Win with Violence' curriculum, providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of domestic/dating violence, and "Expect Respect" which is a gender-based 15-week support groups to support youths at-risk for or experiencing domestic or teen dating violence.

In addition, STAND! offers a support group for young men called Promoting Gender Respect (PGR), a promising practice that is offered in many of the schools where Expect Respect is offered. In FY 15-16 STAND! served 186 male youth through PGR. While MHSA only funds Expect Respect and You Never Win With Violence, STAND! does serve male clients through PGR in similar capacities as Expect Respect groups.

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. Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently supporting the County's MHSA Three Year Program and Expenditure Plan, and, c) ensuring 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	Students indicated program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Serves students at risk of developing a serious mental illness.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services consistent with MHSA Three Year Plan.
5. Serve the number of individuals that have been agreed upon.	Met	Consistently serves more individuals than listed in the Service Work Plan.
6. Achieve the outcomes that have been agreed upon.	Met	Students report in pre- and post-tests decreased involvement in violent relationships, and an increased sense of well-being.
7. Quality Assurance	Met	No reported grievances.
8. Ensure protection of confidentiality of protected health information.	Met	HIPAA compliant privacy policies in place.
9. Staffing sufficient for the program	Not Met	1FTE direct services staff not sufficient to meet needs generated by the program as currently designed.

10. Annual independent fiscal audit	Met	No findings noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Resources appear sufficient.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Experienced staff implement sound check and balance system.
13. Documentation sufficient to support invoices	Met	Uses established software program with appropriate filing storage system.
14. Documentation sufficient to support allowable expenditures	Unclear	Contract payment limit may not accurately reflect current actual costs.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect charged at 10%.
17. Insurance policies sufficient to comply with contract	Met	Appropriate to level of service offered.
18. Effective communication between contract manager and contractor	Partially Met	Sufficient communication to conduct contract business. Recommend better collaboration in adapting to new PEI regulations and upcoming planning for MHSA Three Year Plan.

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

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards).
Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.
Method. Consumer, family member and service provider interviewed and consumer surveys.
Results. The program appears to incorporate required MHSA values in their program.

Discussion.

Consumer Interviews.

Thirteen De Anza high school students participated in a focus group. These students were about to graduate from the 15 week “Expect Respect” support group. They all reported that the group had significantly changed their lives and their ways of interacting with friends and family. All had entered the group because of experiencing or participating in violence within relationships, either family or dating relationships. Almost all reported an increase in coping skills and ability to participate in safe relationships and end harmful ones. When asked what they felt were unmet needs and/or areas for improvement group participants cited a need for longer and more sessions. Some spoke of the difficulty of opening up and being “raw” in group, and then having to return to class with all their emotions stirred up. Some members did not feel supported by the teachers whose class they had missed in order to attend the group session. These points led to some consumers suggesting that groups should happen at lunch time or at the end of the day. Despite some of the challenges, most consumers reported that they were able to open up about their personal experiences and find support within the group.

Staff interviews.

Staff members interviewed included the MHSA funded staff member providing direct services and the Community Education Manager. The current direct service staff member was the only STAND! staff conducting the “Expect Respect” curriculum. She reported that the curriculum was focused on skill building around assertive communication, recognizing violence in relationships, and conflict resolution. Pre- and post-surveys were conducted that measured views on abuse and level of stress. Staff reported that outcomes indicated positive change in behavior. Another reported outcome of the group included number of referrals for further services. However, lack of adequate mental health services, other resources, and limited knowledge about the County Behavioral Health System were reported as issues. Also included was the lack of follow-up after the group sessions, due to program constraints.

The Community Education Manager reported providing “You Never Win with Violence” presentations to schools, and supervising the “Expect Respect” Program. She also reported that she participates on school health teams, and supervises several other non-MHSA funded programs.

Both staff members reported that what they are doing is effectively preventing violence in relationships. They also reported that they are struggling with a significant waiting list of students signing up for their programs.

2. **Serve the agreed upon target population.** 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. Stand! is serving the agreed upon target population.

Discussion. This PEI program educates middle school and high school youth regarding relationship violence, and then engages at-risk youth in group sessions with the intent to affect the behavior of teen violence related to teen dating and domestic violence. Part of the program also includes educating school personnel, parents and service providers about the issue of violence, to include bullying and sexual harassment. Services are meant to reduce risk factors for developing mental illness by increasing protective factors.

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

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

Results. The services provided by STAND! are consistent with the services outlined in the Service Work Plan. Student and staff interviews confirm that program and staff activities are consistent with both the goals of STAND! as an organization, and MHSA's PEI component.

Discussion. Stand! programming addresses the effects of teen dating violence/domestic violence, and helps maintain healthy relationships for at-risk youths. The program focusses on educating both youths and adults who interact with at-risk youths. The intent is to increase awareness on the issue of bullying, sexual harassment and dating violence. It is also meant to increase resiliency, protective factors, and improve students' well-being and success in school, and decrease risk factors. STAND! also has reported on its Youth Leadership program. This program is currently not included in the Service Work Plan, although it is consistent with PEI goals and objectives. STAND! would need to adjust the Service Work Plan in order to include this program in their reporting to CCBHS, to include the curriculum, referral process and tracking system.

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 been authorized by the Board of Supervisors as a result of a community program planning process. Is the program included in the current 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. STAND!'s PEI funded programs have been authorized annually by the Board of Supervisors since 2009, and is consistent with the current MHSA Three-Year Program and Expenditure Plan. Interviews with program staff and participants support the notion that the program meets its goals and the needs of the community it serves.

Discussion. Stand!'s program strategies increase protective factors and decreases the risk factors associated with bullying, sexual harassment and dating violence among youth. These PEI strategies are consistent with the MHSA community program planning process that has identified at-risk youth as a priority need in prevention of mental illness due to trauma.

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 and semi-annual reports, and verify with supporting documentation, such as logs, sign-in sheets and case files.

Results. STAND! exceeds serving the number of youths agreed upon in both the "You Never Win With Violence" and the "Expect Respect" program.

Discussion. The Semi-annual reports for the last three years show that the "You Never Win With Violence" program has consistently exceeded its agreed upon goal of 500 students, having reached over 1500 high school and middle school students annually. The "Expect Respect" program reported serving 385 students last fiscal year, and reports that it is on target to exceed its goal for FY 16/17. In addition, STAND! exceeded its contract goal of 100 for FY 14/15 by providing 120 school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence, including bullying and sexual harassment.

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

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

Results. Both MHSA funded programs utilize and report results of student completed pre- and post-intervention surveys to determine the outcomes of their service delivery. Both programs approximate the percentage improvement goals listed in their Service Work Plan.

Discussion. The programs working in tandem appear to be effectively de-stigmatizing mental health conditions related to trauma, as significant numbers of students sign up for the ensuing “Expect Respect” groups. Participating students in the “Expect Respect” groups report in pre- and post-tests a decrease in isolation, decrease in involvement in violent relationships, and an increase in a sense of well-being.

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 Behavioral Health Services has not received any grievances regarding this program.

Discussion. STAND! staff and administrators were quite aware and open regarding the success and limitations of this program. As MHSA funding limits the amount of staff time devoted to this program, the population reached is also necessarily significantly less than the need. This leads to waiting lists. Also, only a limited number of schools in West and East County participate. Finally, the number of males participating in the “Expect Respect” groups is significantly less than demographics would indicate. These factors would suggest that STAND! engage in a qualitative strategic planning process to ensure staff and funding are maximized and are applied to those students most at risk for developing the debilitating effects of a mental illness.

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. Stand! maintains the necessary policies and procedures to protect the privacy of individuals served.

Discussion. The program does not provide direct clinical services and thus does not keep clinical documentation onsite. However, STAND! has written policies in place to ensure compliance with the intent of the HIPAA Business Associate Attachment to the contract with CCBHS.

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. There is sufficient dedicated staff to fulfill CCBHS contract requirements, and to achieve the agreed upon number of persons served and outcomes achieved. However, staff report significant waiting lists for their services. Also, staffing is not sufficient to equitably serve all three Contra Costa regions, student gender, and race/ethnicity. For example, central county high schools and males are underrepresented, and Hispanic/Latina/os are overrepresented based upon county demographics.

Discussion. STAND!'s current and proposed MHSA funded budgets delineate one full-time direct service staff person. This person appears to be most effective in meeting contract numbers and outcomes, as it is currently structured. However, it is clear that this staff capacity is unable to serve the entire county with this model of service. It is recommended that STAND! take advantage of the MHSA's new PEI regulations with required strategies and categories in order to better apply staff to those youth who are at risk for developing the debilitating effects of mental illness.

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

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

Results. Annual independent fiscal audits for the last three years were provided and reviewed. No findings or concerns were issued for any of the three years reviewed.

Discussion. STAND! Is a California non-profit community based corporation established in 1977 to positively impact families and relationships. With a total operating budget of \$4.8 million the fiscal audits indicate STAND! to be a low-risk auditee.

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

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

Results. Fiscal resources are sufficient to deliver and sustain services.

Discussion. The organization has had a fairly stable operating annual budget with diversified funding sources, to include approximately \$1.2 million in fundraising activities. They have an invested endowment and line of credit that they have not used in the last year for operating expenses.

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.

Results. The fiscal manager and senior accountants were interviewed. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

Discussion. The fiscal manager and senior staff are qualified accountants who have extensive experience working for large non-profit organizations. Sufficient staff are in place with established protocols to enable multiple checks and balances to assure compliance with generally accepted accounting principles.

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

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

Results. STAND!'s financial system was reviewed with the financial manager and senior accountants, and their review of the system was matched with monthly invoices. The methodology and financial documentation appears sufficient to support the invoices, with no duplicate billing.

Discussion. The organization has been utilizing the Sage/MIT accounting software program as their means for entering receipts of income and expenditures, allocating appropriate amounts to correct cost centers, and calculating amounts for billings to funding sources. STAND! maintains hard copies of originating documents that are entered into their electronic record system.

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

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

Results. Method of allocation of percentage of personnel time, operating and indirect costs appear to be outdated and in need of review for accuracy.

Discussion. STAND! has had a cost based contract with the county for several years, and should be billing for actual allowable costs incurred and paid. They have been billing the county for the maximum allowable contract limit each year, and indicate that this is because their actual costs for delivering contract services have exceeded what they have been allowed to charge. A review of their budget line items and supporting documentation do not provide sufficient clarity as to whether this is actually the case. It is recommended that STAND! work with the county to update allocation formulas that result in an accurate reflection of how much it costs to deliver the agreed upon services.

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

Discussion. Report from fiscal manager affirmed STAND's billing practices, whereby their year-end closing entries supported that expenditures were invoiced

in the appropriate fiscal years. A review of the county's MHSA monthly financial reports indicated no billing by this agency for expenses incurred and paid in a previous fiscal year.

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

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

Results. Administrative costs are commensurate with the benefit received by the program.

Discussion. STAND! has been budgeting and billing indirect costs at 10%, which is below industry standard for this size of organization. The fiscal manager's explanation is that this was artificially set low in order to fit all of the budget line items within the contract limit provided by the county.

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

Method. Review insurance policies.

Results. The program complies with the contract insurance requirements

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

- 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. Verbal and written required reporting enable communications to routinely and clearly conduct business. However, more active communication and collaborative planning is needed in order to assist STAND!'s compliance with the new PEI regulatory requirements, and to support a program direction that is consistent with supporting at-risk youth from suffering from the debilitating effects of mental illness.

Discussion. STAND! is encouraged to actively participate in the quarterly PEI Roundtable meetings for PEI providers, and to work with the CCBHS PEI Contract Manager in the upcoming year to plan and adapt, as appropriate, their Service Work Plan to fully meet PEI goals, applicable category, required strategies, and new reporting requirements.

VIII. Summary of Results.

- STAND! For Families Free of Violence's mission and practices are consistent with the principles of the Prevention and Early Intervention component of the MHSA.
- STAND! For Families Free of Violence effectively provides services to address teen dating and domestic violence for at-risk youth and their families. Services include providing early detection, and support, including training and education to those impacted by violence. Within the evidence based programs, "You Never Win With Violence" and Expect Respect", staff provide training and support to at-risk youths, school personnel and service providers.
- Participating students fully endorse the positive impact the programs have on their health, mental health and overall well-being.
- As currently designed the program is not funded by MHSA such that staff can fully meet the needs of the County; this results in schools that are not served, male gender "Expect Respect" underutilization, and by student waiting lists for its "Expect Respect" program.
- It appears that the total payment limit for this contract may not accurately reflect current actual personnel, operating and indirect costs.
- All PEI programs are in the process of adapting to new program and reporting requirements, as well as planning for consideration in the upcoming MHSA FY 2017-20 Three Year Plan. STAND! is encouraged to participate in PEI Roundtable meetings and opportunities for technical assistance from County MHSA staff.

IX. Findings for Further Attention.

- It is recommended that STAND! review its current program design in order to better meet new PEI regulations, as well as inclusion in the MHSA FY 17-20 Three Year Plan.
- It is recommended that STAND! update its budget allocation formulas that result in an accurate reflection of the personnel, operating and indirect costs for delivering agreed upon services. The results of this process should inform upcoming contract renewals.

X. Next Review Date. February 2019

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)

SERVICE WORK PLAN

Agency: STAND! For Families Free of Violence
Name of Project: Expect Respect
Fiscal Year: July 1, 2015– June 30, 2016

Number: 74-362

I. Scope of Services

STAND! For Families Free of Violence will provide services to address the effects of teen dating violence/domestic violence and help maintain healthy relationships to at-risk youth throughout Contra Costa County. *STAND!* will use two evidence-based, best-practice programs: *Expect Respect* and *You Never Win with Violence* to directly affect the behaviors of youth (preventing future violence) and enhance mental health outcomes for students already experiencing teen dating violence.

Primary prevention activities include:

- Educating 500 middle and high school youth about teen dating violence prevention through the ‘You Never Win with Violence’ curriculum
- Providing 100 school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence, including bullying and sexual harassment and increase knowledge as well as awareness of the tenets of a healthy dating relationship.

Secondary prevention activities include:

- Supporting youths experiencing or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups.
- A referral and tracking system will also be set up at each of twenty sites for referring youth to the support groups.

As a result of these service activities, youth experiencing or who are at-risk for teen dating violence will demonstrate increased knowledge about the difference between healthy and unhealthy teen dating relationships; an increased sense of belonging to positive peer groups; an enhanced understanding that violence doesn’t have to be “normal” and an increased knowledge of their rights and responsibilities in a dating relationship.

STAND! will also complete and submit a logic model and theory of change that identifies short, intermediate, and long term outcomes based on statewide PEI measures.

II. Types of Mental Health Services/Other Service-Related Activities

During the term of this contract, the STAND! For Families Free of Violence will assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA), by providing Prevention and Early Intervention services for Project #9, Youth Development, with its *Expect Respect* and *You Never Win with Violence* program.

III. Program Facilities/Hours of Operation /Staffing

A. Program Facilities Location

1410 Danzig Plaza, Second Floor
Concord, CA 94520

Most services will be provided at off-site school locations in the following school districts:

- Antioch Unified School District
- West Contra Costa Unified School District
- Mt. Diablo Unified School District)

B. Contact Person, Phone Number, and Email

Sharon Turner, Regional Director
(925) 603-0197 sharont@standffov.org

Initials: _____
County / Contractor

SERVICE WORK PLAN

Agency: STAND! For Families Free of Violence
Name of Project: Expect Respect
Fiscal Year: July 1, 2015– June 30, 2016

Number: 74-362

C. Program Hours of Operation

STAND! For Families Free of Violence will provide services between the hours of 8:00 a.m.–6:00 p.m., Monday thru Friday. Some evening hours may be arranged once or twice a month for services at the Boys Ranch or other youth serving organizations, and some weekend trainings by arrangement.

D. Program Staffing (including staffing pattern)

Contractor will employ a minimum of 2.17 FTE to provide direct services.

IV. Volume of Services to be Provided

Contractor will provide primary activities for 500 middle and high school youths, and secondary prevention activities for 250 unduplicated youths on an annual basis. Contractor shall attach to the billing a Monthly Contract Service /Expenditure Summary (Form: MHP029) with the total number of services provided for the month and the additional unduplicated (for the year) number of clients served during the month.

V. Billing Procedure

Contractor shall submit a Demand for Payment (Form: D15.19) for services rendered to Contra Costa Mental Health. Contractor shall attach to the billing a Monthly Contract Service/Expenditure Summary (Form: MHP029) with actual expenditure information for the billing period.

Demands for payment should be submitted by mail to:

Gerold Loenicker, LMFT
Contra Costa Mental Health
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Telephone: (925) 957-5118
Fax: (925) 957-5156

VI. Outcome Statements

- A. Reduce the incidence of teen-dating violence by educating and engaging youth.
- B. Increase mental health outcomes for youth experiencing or at-risk for, teen dating violence and help speak out against teen dating violence through positive peer group interactions; ensuring boys are provided with enhanced opportunities to get involved as change-makers.
- C. Partnering school districts and schools will demonstrate teen dating violence- and mental health-awareness by establishing and/or monitoring implementation of methods of referral for teens experiencing teen dating and domestic violence and other mental health challenges (anxiety, depression, suicidal thoughts). STAND will establish a method of tracking results of referrals by STAND personnel

VII. Measures of Success

Contractor will track the following MHSA outcome measures:

Initials: _____
County / Contractor

SERVICE WORK PLAN

Agency: STAND! For Families Free of Violence

Number: 74-362

Name of Project: Expect Respect

Fiscal Year: July 1, 2015– June 30, 2016

- A. 80% of 500 students completing the “*You Never Win With Violence*” two-day curriculum will demonstrate increased knowledge about the difference between healthy and unhealthy teen dating relationships, as evidenced by pre- and post-surveys.
- B. 100% of 20 target schools and community based organizations will create an established method of referrals for teens experiencing teen dating violence, domestic violence, or who are experiencing high levels of mental health issues including anxiety, depression and suicidal thoughts as evidenced by referral protocols at each site. STAND! will track the number of youth who are referred to our clinical program as well as the number of clients who are referred out to other community based organizations.
- C. 80% of 250 participants in *Expect Respect* support groups will demonstrate one or more of the following: knowledge about the difference between healthy and unhealthy teen dating relationships; an increased sense of belonging to positive peer groups; an enhanced understanding that violence doesn’t have to be “normal”; and increased knowledge of their rights and responsibilities in a dating relationship by June 30, 2016 as evidenced by pre and post surveys..
- D. 80% of 250 participants in *Expect Respect* support groups will report one or more of the following: increased self-esteem resulting in being able to establish relationships that are healthy, increased communication skills that identify needs in a relationships and use of conflict resolution skills by June 30, 2016.
- E. 75% of boys engaged in *Expect Respect* support groups will demonstrate alternative ways to think about stereotypical gender-roles and ways they can be advocates for change within their schools by June 30, 2016.
- F. 75% of 250 participants in *Expect Respect* support groups will report an increase in self-esteem, experiencing lower levels of anxiety, depression, or stress by June 30, 2016.
- G. 85%% of 100 adults participating in project trainings will increase their knowledge of teen dating violence and be better able to identify it, how to be an advocate for youth experiencing any type of violence, how to refer youth experiencing violence and/or mental health problems (including suicide contemplation) to appropriate supportive services by June 30, 2016.

VIII. Measurement/Evaluation Tools

Contractor will provide documentation of measure outcomes using the following tools:

- A. Pre-and post-test surveys.
- B. Referral protocols at each school site.
- C. Curriculum evaluation tools.
- D. Client stories

Initials: _____
County / Contractor

SERVICE WORK PLAN

Agency: STAND! For Families Free of Violence
Name of Project: Expect Respect
Fiscal Year: July 1, 2015– June 30, 2016

Number: 74-362

IX. Reports Required

Contractor is asked to submit a Demographics and Outcomes Measure Report to document the program's plan/do/check/act quality process and to track statistical information (i.e. age, gender, ethnicity, language, and client residence) of the target population(s) actually served, as defined by the Contractor and approved by the County during contract award and negotiation process. Demographic Reports are due on 1/15/2016 and 7/15/2016. Annual Outcomes Measure Report is due on 7/15/2016.

Please submit all evaluation reports via email to:

Gerold Loenicker, LMFT
M.H. Program Supervisor / MHSA / PEI
Contra Costa Mental Health Administration
Email: Gerold.Loenicker@hsd.cccounty.us

X. Other

Promotional materials for the program should identify the funding source: "Funded by the Mental Health Services Act in partnership with Contra Costa Mental Health". Contractor must attend the Regional Roundtable meetings sponsored by Contra Costa Mental Health.

Initials: _____
County / Contractor

BUDGET OF ESTIMATED PROGRAM EXPENDITURES

Number Budget

Fiscal Year 2015 – 2016 STAND! 74-362

A. GROSS OPERATIONAL BUDGET

	<u>a</u>	<u>b</u>
1. Cost Reimbursement Categories		
a. Personnel Salaries and Benefits	\$ 97,401	
b. Operational Costs (Direct)	14,174	
c. Indirect Costs	<u>11,158</u>	
2. Total Gross Allowable Program Costs	\$122,733	

B. LESS PROJECTED NON-COUNTY PROGRAM REVENUES

(To be collected and provided by Contractor)

C. NET ALLOWABLE TOTAL COSTS **\$122,733**

TOTAL CONTRACT PAYMENT LIMIT : \$ 122,733

D. CHANGES IN COST CATEGORY AMOUNTS

Subject to the Total Payment Limit, and subject to State guidelines, each cost category Subtotal Amount set forth above:

1. May vary within each program by up to 15% without approval by County; *and*
2. May be changed in excess of 15% in any fiscal year period provided, however, that Contractor has obtained written authorization prior to April 30th that fiscal year period under this Contract from the Department's Mental Health Division Director before implementing any such budget changes.

E. PROGRAM BUDGET CHANGES

Subject to the Contract Payment Limit and subject to State guidelines, Contractor may make changes in the total amounts set forth above for the Total Gross Allowable Program Cost and the Total Projected Non-County Program Revenue, provided, however, that Contractor has obtained written authorization prior to April 30th of each fiscal year period under this Contract, from the Department's Mental Health Director, or designee, in accordance with Paragraph G, below, before implementing any such budget changes.

F. CONTRACTOR BUDGET

Contractor will submit to County, for informational purposes upon request, its total Corporation budget including: all program budgets, all revenue sources and projected revenue amounts, all cost allocations, and line item breakdown of budget categories to include salary levels listed by job classification as well as detailing of operational and administrative expenses by cost center and listing numbers of staff positions by job classification.

G. BUDGET REPORT

No later than April 30th of each fiscal year period under this Contract, Contractor shall deliver a written Budget Report to the Department's Mental Health Director, or designee stating whether or not the budgeted amounts set forth in this Budget of Estimated Program Expenditures for the Total Gross Allowable Program Cost and the Total Projected Non-County Program Revenue for the respective fiscal year period hereunder accurately reflect the actual cost for the Service Program. If any of these program budget amounts needs to be changed, Contractor shall include in its Budget Report a complete copy of the revised Budget of Estimated Program Expenditures, an explanation of the program budget and revenue changes, and a request for prior written authorization to implement the changes in accordance with Paragraph E, above, subject to Special Conditions Paragraph 2 (Cost Report).

Initials:
Contractor County Dept.

STAND! For Families Free of Violence
(A Nonprofit Corporation)

FINANCIAL REPORT

JUNE 30, 2015
(with comparative totals for 2014)

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INDEPENDENT AUDITORS' REPORT

Board of Directors
STAND! For Families Free of Violence
(A Nonprofit Corporation)
Concord, California

Report on the Financial Statements

We have audited the accompanying financial statements of **STAND! For Families Free of Violence (A Nonprofit Corporation)**, which are comprised of the statement of financial position as of June 30, 2015, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of STAND! For Families Free of Violence as of June 30, 2015 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying schedule of expenditures of federal awards, as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, is presented for purposes of additional analysis and is not a required part of the financial statements. The Schedule of California Emergency Management Agency Programs is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated November 13, 2015 on our consideration of STAND! For Families Free of Violence's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grants agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering STAND! For Families Free of Violence's internal control over financial reporting and compliance.

Report on Summarized Comparative Information

We have previously audited the STAND! For Families Free of Violence June 30, 2014 financial statements, and our report dated November 4, 2014, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Bowman & Company, LLP

Stockton, California
November 13, 2015

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

STATEMENTS OF FINANCIAL POSITION

June 30, 2015 and 2014

ASSETS	<u>2015</u>	<u>2014</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,201,634	\$ 1,488,847
Accounts receivable, net	801,495	747,320
Ground lease receivable	--	1,902
Prepaid expenses	<u>78,487</u>	<u>75,869</u>
Total current assets	2,081,616	2,313,938
PROPERTY AND EQUIPMENT, net	1,757,856	1,911,640
OTHER ASSETS		
Deposits	10,149	9,679
Investments - restricted	124,171	124,171
Investments	<u>454,463</u>	<u>452,578</u>
Total assets	<u><u>\$ 4,428,255</u></u>	<u><u>\$ 4,812,006</u></u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 119,783	\$ 78,822
Accrued vacation	167,108	176,445
Accrued payroll	--	101,831
Accrued expenses	28,456	12,479
Deferred revenue	107,595	58,387
Advance from HUD	171,093	171,093
Notes payable, current portion	<u>9,667</u>	<u>9,061</u>
Total current liabilities	<u>603,702</u>	<u>608,118</u>
LONG TERM LIABILITIES		
Notes payable, less current portion	<u>702,698</u>	<u>712,358</u>
Total liabilities	<u>1,306,400</u>	<u>1,320,476</u>
NET ASSETS		
Unrestricted	2,928,767	3,247,196
Temporarily restricted	68,917	120,163
Permanently restricted - endowment fund	<u>124,171</u>	<u>124,171</u>
Total net assets	<u>3,121,855</u>	<u>3,491,530</u>
Total liabilities and net assets	<u><u>\$ 4,428,255</u></u>	<u><u>\$ 4,812,006</u></u>

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

STATEMENT OF ACTIVITIES

For the Year Ended June 30, 2015

(With Comparative Totals for 2014)

	Year Ended June 30, 2015				2014
	Unrestricted Funds	Temporarily Restricted Funds	Permanently Restricted Funds	Total	Total
PUBLIC SUPPORT AND REVENUE					
Public support					
Contributions	\$ 796,453	\$ 62,500	\$ --	\$ 858,953	\$ 909,503
Special events	144,944	--	--	144,944	121,281
In-kind donations	341,358	--	--	341,358	261,668
Total public support	1,282,755	62,500	--	1,345,255	1,292,452
Revenue					
Government grants and support	4,425,702	--	--	4,425,702	4,298,336
Fees and sales	44,153	--	--	44,153	53,337
Rental income	17,274	--	--	17,274	46,580
Investment returns	7,576	--	--	7,576	53,869
Miscellaneous	7,805	--	--	7,805	2,847
Release of temporarily restricted net assets - Contributions	113,746	(113,746)	--	--	--
Total revenue	4,616,256	(113,746)	--	4,502,510	4,454,969
Total public support and revenue	5,899,011	(51,246)	--	5,847,765	5,747,421
EXPENSES					
Program services	4,809,291	--	--	4,809,291	4,533,868
Supporting services	1,408,149	--	--	1,408,149	1,211,760
Total expenses	6,217,440	--	--	6,217,440	5,745,628
Change in net assets	(318,429)	(51,246)	--	(369,675)	1,793
Net assets, beginning of year	3,247,196	120,163	124,171	3,491,530	3,489,737
Net assets, end of year	\$ 2,928,767	\$ 68,917	\$ 124,171	\$ 3,121,855	\$ 3,491,530

STAND! FOR FAMILIES FREE OF VIOLENCE
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STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended June 30, 2015
(With Comparative Totals for 2014)

Year ended June 30, 2015

	Total Program Services	Supporting Services		Total Supporting Services	Total Expenses	2014 Total Expenses
		Management and General	Fundraising			
Salaries	\$ 2,982,453	\$ 519,867	\$ 219,369	\$ 739,236	\$ 3,721,689	\$ 3,537,669
Payroll taxes and benefits	639,200	46,247	19,836	66,083	705,283	626,959
Inkind expense	250,325	13,848	79,045	92,893	343,218	284,008
Telephone & utilities	103,813	61,133	1,482	62,615	166,428	174,637
Depreciation	151,646	24,706	--	24,706	176,352	170,278
Other	125,911	120,951	42,782	163,733	289,644	151,622
Payments to collaborators	90,832	--	--	--	90,832	120,907
Travel	113,175	1,327	848	2,175	115,350	110,666
Rent and equipment rental	58,849	13,861	5,855	19,716	78,565	76,411
Supplies	52,078	7,331	1,470	8,801	60,879	70,867
Repairs & maintenance	96,724	10,235	47	10,282	107,006	69,890
Insurance expense	49,866	15,687	--	15,687	65,553	59,645
Dues, fees & subscriptions	3,173	31,412	17,200	48,612	51,785	52,554
Janitorial	15,860	16,183	--	16,183	32,043	38,373
Professional services	7,633	25,206	6,972	32,178	39,811	38,276
Printing	5,841	597	29,036	29,633	35,474	35,636
Special events	--	--	42,063	42,063	42,063	32,224
Interest	19,053	--	--	--	19,053	19,771
Training	5,200	4,613	120	4,733	9,933	18,021
Postage	1,412	1,270	6,155	7,425	8,837	13,077
Property taxes	6,931	5,930	59	5,989	12,920	11,337
Food	11,715	117	(4)	113	11,828	9,973
Network communications	727	9,307	--	9,307	10,034	9,061
Public relations & advertisements	4,553	4,578	1,408	5,986	10,539	7,554
Emergency assistance	12,321	--	--	--	12,321	6,212
Totals	<u>\$ 4,809,291</u>	<u>\$ 934,406</u>	<u>\$ 473,743</u>	<u>\$ 1,408,149</u>	<u>\$ 6,217,440</u>	<u>\$ 5,745,628</u>

STAND! FOR FAMILIES FREE OF VIOLENCE
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STATEMENTS OF CASH FLOWS
For the Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (369,675)	\$ 1,793
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	176,352	170,278
Provision for doubtful accounts	--	16,934
Realized and unrealized gain on investments	7,656	(43,265)
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	(56,000)	20,949
Pledges receivable	1,825	1,733
Ground lease receivable	1,902	22,340
Prepaid expenses	(2,618)	12,247
Deposits	(470)	(280)
(Decrease) increase in:		
Accounts payable	40,961	(8,858)
Accrued vacation	(9,337)	29,465
Accrued payroll	(101,831)	32,028
Accrued expenses	15,977	(12,786)
Deferred revenue	49,208	33,813
Net cash provided by (used in) operating activities	<u>(246,050)</u>	<u>276,391</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Acquisition of property, furniture and equipment	(22,568)	--
Proceeds from sale of investments	11,895	90,190
Purchases of investments	<u>(21,436)</u>	<u>(139,240)</u>
Net cash provided by (used in) investing activities	<u>(32,109)</u>	<u>(49,050)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on notes payable	<u>(9,054)</u>	<u>(8,308)</u>
Net cash provided by (used in) financing activities	<u>(9,054)</u>	<u>(8,308)</u>
Net increase (decrease) in cash and cash equivalents	(287,213)	219,033
Cash and cash equivalents, beginning of year	<u>1,488,847</u>	<u>1,269,814</u>
Cash and cash equivalents, end of year	\$ <u><u>1,201,634</u></u>	\$ <u><u>1,488,847</u></u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid for interest	\$ <u><u>19,053</u></u>	\$ <u><u>19,771</u></u>

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Organization and Significant Accounting Policies

STAND! for Families Free of Violence, a Nonprofit Corporation, (the Organization) formerly STAND! Against Domestic Violence, incorporated September 14, 1977, merged with the Family Stress Center, Inc. on July 1, 2010. The Organization operates a 24 hour crisis line; housing centers for battered women and their children; group and individual counseling; legal services; an employment assistance program; a battering abatement program; child abuse; and prevention programs.

A summary of significant accounting policies applied in the preparation of the financial statement follows:

Basis of Accounting:

The financial statements of the Organization have been prepared on the accrual basis of accounting.

Basis of Presentation:

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30 of the prior year, from which the summarized information was derived.

The Organization is required to report information regarding their financial position and activities according to three classes of net assets: unrestricted assets, temporarily restricted net assets and permanently restricted net assets.

Unrestricted Net Assets:

Unrestricted net assets are those net assets presently available for use by the Organization at the discretion of the Board of Directors. If the Board specifies a purpose where none has been stated by the original donor, such assets are classified as Board designated operating net assets.

Temporarily Restricted Net Assets:

Temporarily restricted net assets reflect donor contributions or grant revenue with restrictions that expire when a time restriction ends or purpose restriction is accomplished.

Permanently Restricted Net Assets – Endowment Fund:

Permanently restricted net assets-endowment fund consists of an endowment fund to be held in perpetuity, the income from which is expendable in support of a program operated by the Organization to provide services to persons impacted by family violence.

STAND! FOR FAMILIES FREE OF VIOLENCE
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NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Organization and Significant Accounting Policies (Cont.)

Cash and Cash Equivalents:

For purposes of the Statement of Cash Flows, the Organization considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Fair Value of Financial Instruments:

The Organization did not hold financial instruments for trading purposes at June 30, 2015 and 2014.

The carrying amount of financial instruments, including cash and cash equivalents, accounts receivable, accounts payable, and accrued expenses approximate their fair value due to the short-term maturities of these instruments.

The carrying amounts (which are fair value) of long-term investments are based on values provided by quoted market values.

The carrying amount of notes payable approximates fair value because those financial instruments bear interest at variable rates that approximate current market rates for notes with similar maturities and credit quality.

Investments:

The Organization carries the endowment investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair value in the Statement of Financial Position. The Organization also carries some investments in a pooled investment account at their fair value in the Statement of Financial Position. The realized and unrealized gains and losses are allocated to the individual investors on a time and dollar weighted basis for the pool. The realized and unrealized gains and losses of the investment accounts are included in the change in net assets in the accompanying Statement of Activities.

In August 2008, the Financial Accounting Standards Board issued FASB Staff Position No. FAS 117-1, "Endowments of Not-for-Profit Organization: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Organizational Funds Act (UPMIFA), and Enhances Disclosures for All Endowment Funds". FAS 117-1 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to UPMIFA. FAS 117-1 also requires additional disclosures about an organization's endowment funds.

The State of California enacted UPMIFA effective January 1, 2009, the provisions of which apply to endowment funds existing on or established after that date. The Organization has adopted FSP FAS 117-1. The Board of Directors has determined their permanently restricted net assets meet the definition of endowment funds under UPMIFA.

STAND! FOR FAMILIES FREE OF VIOLENCE
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NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Organization and Significant Accounting Policies (Cont.)

Accounts Receivable:

Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Organization provides for losses on accounts receivable using the allowance method. The allowance is based on experience, third-party contracts and other circumstances, which may affect the ability of patients to meet their obligations. Receivables are considered impaired if principal payments are not received in accordance with contractual terms. It is the Organization's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collectible. At June 30, 2015 and 2014, allowance for doubtful accounts was \$0.

Contributions and Pledges Receivable:

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at fair value, which is measured at the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discount is included in contribution revenue. Conditional promises to give are not included in support until the conditions have been substantially met.

Property and Equipment:

Property and equipment are stated at cost if purchased or at the approximate fair value at the date placed in service, if donated. Depreciation is computed on the straight-line basis over the estimated useful lives:

	<u>Years</u>
Buildings and improvements	10-30
Furniture and equipment	5-10
Leasehold improvements	15

It is the policy of the Organization to capitalize additions with costs greater than \$1,500.

Accumulated Vacation:

Accumulated unpaid employee vacation benefits are recognized as liabilities of the Organization. The amount of accumulated vacation at June 30, 2015 and 2014 was \$167,108 and \$176,445, respectively.

Accumulated Sick Leave:

Sick leave benefits are accumulated for each employee. The employees do not gain a vested right to accumulated sick leave. Accumulated employee sick leave benefits are not recognized as liabilities of the agency since payment of such benefits is not probable or estimable. Therefore, sick leave benefits are recorded as expenditures in the period sick leave is taken.

STAND! FOR FAMILIES FREE OF VIOLENCE
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NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Organization and Significant Accounting Policies (Cont.)

Notes Payable:

The Organization does not accrue interest on the note payable to Contra Costa County. The Organization expects the note to be forgiven at the maturity date.

Revenue Recognition:

A substantial portion of program revenues is derived from restricted federal and state grants. Revenues are recognized as expenses are incurred by the programs.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as satisfaction of restrictions on temporarily restricted net assets.

Donated Materials and Services:

Contributions of donated non-cash assets are recorded at fair value in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, that are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at fair value in the period received.

Income Tax Status:

The Organization has been granted tax-exempt status by the Internal Revenue Service under IRC Section 501(c)3 and the California Franchise Tax Board under Section 23701(d). The Organization is classified by the Internal Revenue Service as an other-than-private foundation. Accordingly, no provision for federal or state income taxes is made in the accompanying financial statements. The Organization's Forms 990, *Return of Organization Exempt from Income Tax*, are subject to examination by the IRS, generally for three years after they were filed.

Expense Allocation:

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statements of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses that are common to several functions are allocated based on estimates made by the Organization's management.

STAND! FOR FAMILIES FREE OF VIOLENCE
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NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Organization and Significant Accounting Policies (Cont.)

Nature of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events:

Management has evaluated subsequent events through November 13, 2015, the date on which the financial statements were available to be issued.

Note 2. Concentrations of Credit Risk

Financial instruments that subject the Organization to concentrations of credit risk at June 30, 2015 and 2014, respectively, consist principally of accounts receivable. At June 30, 2015 and 2014, 100% of accounts receivable are from government contracts and grants.

The Organization had deposits in excess of FDIC limits of \$731,407 and \$912,276 for the years ended June 30, 2015 and 2014, respectively.

The Organization had uninsured investments of \$122,552 and \$129,964 for the years ended June 30, 2015 and 2014, respectively.

Note 3. Ground Lease Receivable

The Organization leases land at \$1 per year from Contra Costa County, upon which one of its facilities has been constructed. The lease started in 1989 with an initial term of ten years with three five-year extension options. If the contract is terminated by Contra Costa County, the ownership of the building and the improvements shall become the property of the County.

The Organization has recorded the present value of the estimated future lease payments at fair market value as a contribution receivable and increase to temporarily restricted net assets at June 30, 2015 and 2014. The receivable and the related discount were reduced by \$1,902 during the year ended June 30, 2015.

Note 4. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

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NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Cont.)

The hierarchy is broken down into three levels based on the observability of inputs as follows:

Level 1—quoted prices in active markets for identical investments.

Level 2—observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted price for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3—unobservable inputs not corroborated by market data, therefore requiring the entity to use the best information available in the circumstances, including the entity's own data.

The categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. All of the cash and cash equivalents and investments invested in marketable securities are deemed to be Level 1 within the valuation hierarchy with the exception of the pooled investment account. The pooled investment account funds are valued at net asset value per unit. These pooled investment account funds are a fund of funds and are directly held funds, which in aggregate; represent a number of underlying funds with a wide range of investment strategies. These funds are deemed to be Level 2 within the valuation hierarchy. There are no Level 3 valuations.

Note 5. Investments

Investments consisted of the following at June 30, 2015:

	Investments at Fair Value			Total
	Level 1	Level 2	Level 3	
Money market	\$ 17,045	\$ --	\$ --	\$ 17,045
Mutual funds	104,851	--	--	104,851
Equity securities	267,701	--	--	267,701
Pooled investment account	--	189,037	--	189,037
Total	<u>\$ 389,597</u>	<u>\$ 189,037</u>	<u>\$ --</u>	<u>\$ 578,634</u>

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NOTES TO FINANCIAL STATEMENTS

Note 5. Investments (Cont.)

Investments consisted of the following at June 30, 2014:

	Investments at Fair Value			Total
	Level 1	Level 2	Level 3	
Money market	\$ 48,511	\$ --	\$ --	\$ 48,511
Mutual funds	78,431	--	--	78,431
Equity securities	250,098	--	--	250,098
Limited partnership	6,988	--	--	6,988
Pooled investment account	--	192,721	--	192,721
Total	<u>\$ 384,028</u>	<u>\$ 192,721</u>	<u>\$ --</u>	<u>\$ 576,749</u>

The following schedule summarizes the investment returns and its classification in the Statement of Activities for the years ended June 30:

	2015	2014
Investment income	\$ 15,232	\$ 10,604
Unrealized gains (losses), net	(22,106)	34,062
Realized gains, net	14,450	9,203
Total investment returns	<u>\$ 7,576</u>	<u>\$ 53,869</u>

Note 6. Endowment

The Organization's endowment consists of approximately one endowment fund – Rollie Mullen Endowment Fund. Its endowment includes only donor-restricted endowment funds. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the Organization has interpreted the State Prudent Management of Organizational Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, and (b) the original value of subsequent gifts to the permanent endowment. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporary restricted net assets in a manner consistent with the standard of prudence prescribed by SPMIFA. However, in accordance with the Organization's accounting policy of restricted revenue and support (see Note 1), these earnings are reflected as unrestricted activity. In accordance with SPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the endowment fund, (b) the purposes of the Organization and the donor-restricted endowment fund, (c) general economic conditions, (d) the possible effect of inflation

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NOTES TO FINANCIAL STATEMENTS

Note 6. Endowment (Cont.)

and deflation, (e) the expected total return from income and the appreciation of investments, (f) other resources of the Organization, and (g) the investment policies of the Organization.

Endowment net asset composition by type of fund consisted of the following as of June 30:

<u>2015</u>	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ <u> -- </u>	\$ <u> -- </u>	\$ <u> 124,171 </u>	\$ <u> 124,171 </u>
<u>2014</u>	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ <u> -- </u>	\$ <u> -- </u>	\$ <u> 124,171 </u>	\$ <u> 124,171 </u>

There was no change in endowment net assets for the year ended June 30, 2015 and 2014.

The Organization has adopted an investment policy for its endowment assets that attempt to provide a stream of funding for its mission supported by the endowment. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity or for a donor-specified period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk. The Organization expects its endowment funds, over time, to provide an average rate of return of approximately 5 percent annually. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The earnings on the Organization endowment assets are classified as unrestricted earnings.

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NOTES TO FINANCIAL STATEMENTS

Note 7. Property and Equipment

Property and equipment and the related accumulated depreciation consisted of the following at June 30:

	2015	2014
Buildings and improvements	\$ 3,264,373	\$ 3,800,930
Land	505,000	505,000
Furniture and equipment	958,787	936,219
Leasehold improvements	20,314	20,314
	<u>4,748,474</u>	<u>5,262,463</u>
Less accumulated depreciation	<u>(2,990,618)</u>	<u>(3,350,823)</u>
	<u>\$ 1,757,856</u>	<u>\$ 1,911,640</u>

Note 8. Notes Payable

Notes payable consisted of the following at June 30:

	2015	2014
Note payable to Contra Costa County, no annual payments, interest accrues at 3%, and the note matures in September, 2046. The intention of Contra Costa County is to forgive the loans and interest at maturity. The note is secured by a building with a net book value of \$1,374,253 and \$1,456,670 at June, 2015 and 2014. Restrictions have been imposed on the use of the building whereby the grant funds must be repaid if the building is not used permanently as housing for battered women and their children. These financial statements do not reflect an adjustment to discount this note.	\$ 412,800	\$ 412,800

Note payable to Mechanics Bank, monthly payments of \$2,397 including variable interest at 3.91% over the bank's current index; the rate was 6.25% at June 2015 and 2014. The note is secured by a building with a net book value of \$1,374,253 and \$1,456,670 at June, 2015 and 2014, respectively and matures April 2018.

	299,565	308,619
Total notes payable	712,365	721,419
Less current maturities	<u>9,667</u>	<u>9,061</u>
Totals	<u>\$ 702,698</u>	<u>\$ 712,358</u>

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

Note 8. Notes Payable (Cont.)

Maturities of notes payable are as follows at June 30:

2016	\$ 9,667
2017	10,313
2018	279,585
2019	--
2020	--
Thereafter	<u>412,800</u>
Total	<u>\$ 712,365</u>

Note 9. Line of Credit

The Organization maintains a \$250,000 operating line of credit which matures in December 2015. There was no amount outstanding at June 30, 2015 and 2014. The interest rate, currently 4.25%, is set at prime plus one percentage point.

Note 10. Advance from HUD

The Organization has an advance from HUD in the amount of \$466,616. Beginning in October, 2000, 10% of the advance was forgiven annually if the building was used for domestic violence programs. As of June 30, 2015 and 2014, \$295,523 of the advance had been forgiven.

In April 2012, the Organization sold the building and as a result, the remaining balance of \$171,093 of the advance is payable on demand. The Organization is currently working with HUD to retain the advance for other buildings used for domestic violence programs.

Note 11. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following at June 30:

	2015	2014
Ground lease receivable	\$ --	\$ 1,902
Concord office building	6,417	18,261
Leshner Foundation grant	62,500	75,000
Kaiser Foundation YESS grant	<u>--</u>	<u>25,000</u>
	<u>\$ 68,917</u>	<u>\$ 120,163</u>

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

Note 12. In-kind Donations

The Organization received more than 4,325 hours of donated services for administration, fund development and for the intervention and prevention programs. The in-kind donations are recorded as both revenue and expense, in accordance with accounting principles generally accepted in the United States of America and are valued as follows:

Services – valued at fair market wage for the particular service.

Materials – valued at fair market value or estimated value per donor.

The total in-kind revenues were as follows for the year ended June 30:

	2015	2014
Services	\$ 178,174	\$ 137,666
Materials	<u>163,184</u>	<u>124,002</u>
	\$ <u>341,358</u>	\$ <u>261,668</u>

Note 13. Lease Commitments

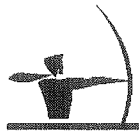
The Organization has a long-term operating lease of real property. The Organization has the option to extend the lease upon expiration. The Organization also has short-term operating leases on office equipment. Future minimum annual rental for the next five years on long-term lease commitments at June 30 are as follows:

2016	\$ 55,949
2017	41,602
2018	41,717
2019	15,485
2020	6,959

Rent expense on all leases for the year ended June 30, 2015 and 2014 was \$78,566 and \$76,411, respectively.

Note 14. Pension Plan

The Organization sponsors a salary deferral plan in accordance with the provision of the Internal Revenue Code Section 403(b). An employee is defined as any person regularly employed by the Organization. According to the Plan, each employee may defer up to the smaller of an exclusion allowance of 20% of compensation or the maximum allowed by the Internal Revenue Service. The Organization matches contributions annually up to 2% of compensation, not to exceed \$2,000. For the year ended June 30, 2015 and 2014, the Organization's matching contributions were \$23,454 and \$21,170, respectively.



B O W M A N

CERTIFIED PUBLIC ACCOUNTANTS

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

Board of Directors
STAND! For Families Free of Violence
(A Nonprofit Corporation)
Concord, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of **STAND! For Families Free of Violence (A Nonprofit Corporation)** which comprise the statement of financial position as of June 30, 2015, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 13, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Bowman & Company, LLP

Bowman & Company, LLP
Stockton, California
November 13, 2015



**INDEPENDENT AUDITORS REPORT ON COMPLIANCE FOR EACH
MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY OMB CIRCULAR A-133**

Board of Directors
STAND! For Families Free of Violence
(A Nonprofit Corporation)
Concord, California

Report on Compliance for Each Major Federal Program

We have audited **STAND! For Families Free of Violence (A Nonprofit Corporation)** compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2015. The Organization's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2015.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Bowman & Company, LLP

Bowman & Company, LLP
Stockton, California
November 13, 2015

SUPPLEMENTARY INFORMATION

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

**SCHEDULE OF THE CALIFORNIA EMERGENCY
MANAGEMENT AGENCY PROGRAMS**

For the Year Ended June 30, 2015

CalEMA Cost Category STAND! expense accounts	DVAP	
	DV 14281136	
	Total Costs	Match Costs
Personnel services	\$ 295,005	\$ 20,002
Operating expenses	114,323	--
Equipment	--	--
Total expenditures	<u>\$ 409,328</u>	<u>\$ 20,002</u>

CalEMA Cost Category STAND! expense accounts	UUVAOP	
	UV13041136/UV14051136	
Personnel services	\$ 44,217	\$ 28,296
Operating expenses	<u>50,417</u>	<u>7,840</u>
Total expenditures	<u>\$ 94,634</u>	<u>\$ 36,136</u>

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended June 30, 2015

Federal or State Grantor/ Program Title/ Pass-Through Grantor	CFDA Number	Award #/ Pass-Through Grantor 's Number	Federal Expenditures
FEDERAL:			
<u>U.S. Department of Housing and Urban Development</u>			
<u>Office of Community Planning and Development:</u>			
Supportive Housing Program	14.267	CA0188L9T051205	\$ 19,151
Supportive Housing Program	14.267	CA0188L9T051306	62,592
Emergency Solutions Grant Program			
Pass-through Contra Costa County	14.231	14-59-ESG	31,000
Pass-through Contra Costa County	14.231	N/A	15,000
Community Development Block Grants			
Pass-through City of Concord	14.218	N/A	8,936
Pass-through City of Walnut Creek	14.218	N/A	5,000
Pass-through City of Richmond	14.218	N/A	11,010
Total U.S. Department of Housing and Urban Development			152,689
<u>U.S. Department of Justice</u>			
<u>Violence Against Women Office:</u>			
Grants to Encourage Arrest Policies and Enforcement of Protection Orders			
Pass-through Contra Costa County	16.590	19-650-3/4	77,799
Pass-through Contra Costa County	16.590	19-650-5	56,483
Pass-through Contra Costa County	16.590	19-878-0	6,750
Pass-through Contra Costa County	16.590	19-813-1	1,723
Transitional Housing Assistance Program	16.736	2013-WHAX-0066	124,201
<u>Office for Victims of Crime:</u>			
Services for Trafficking Victims			
Pass-through Contra Costa County	16.320	19-935-0	48,893
Crime Victim Assistance			
Pass-through CA Emergency Management Agency	16.575	DV 14281136	209,309
Pass-through CA Emergency Management Agency	16.575	UV 13041136	28,317
Pass-through CA Emergency Management Agency	16.575	UV 13051136	66,317
Total U.S. Department of Justice			619,792
<u>U.S. Department of Homeland Security</u>			
Emergency Food and Shelter National Board Program	97.024	Phase 32	15,000
Total U.S. Department of Homeland Security			15,000

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Cont.)
For the Year Ended June 30, 2015

Federal or State Grantor/ Program Title/ Pass-Through Grantor	CFDA Number	Award #/Pass-Through Grantor's Number	Federal Expenditures
<u>U.S. Department of Health and Human Services</u>			
<u>Administration For Community Living:</u>			
National Family Caregiver Support Pass-through EMQ Families First	93.052	N/A	266,340
<u>Office of Family Assistance</u>			
Healthy Marriage Promotion and Father Grants Pass-through Rubicon Families, Inc.	93.086	N/A	71,203
<u>Administration For Children and Families:</u>			
Promoting Safe & Stable Families	93.556	19-704-2/3	15,961
Promoting Safe & Stable Families	93.556	19-914-0	53,213
<u>Centers for Medicare and Medicaid Services:</u>			
<u>Medical Assistance Program</u>			
Pass-through Contra Costa County Health Services Department	93.778	74-051-21	690,000
Total U.S. Department of Health and Human Services			1,096,717
Total Expenditures of Federal Awards			\$ 1,884,198

Note A - Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards is presented on the accrual basis of accounting. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this Schedule may differ from amounts presented in, or used in, the preparation of the basic financial statements.

Note B - Sub-recipients:

STAND! For Families Free of Violence provided federal awards to sub-recipients as follows:

Program Title	CFDA Number	Amount Provided
Community Violence Solutions	16.575	\$ 12,413
Rainbow Community Center	16.575	39,312
Bay Area Legal Aid	93.671	22,000
		\$ 73,725

STAND! FOR FAMILIES FREE OF VIOLENCE
(A Nonprofit Corporation)

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
For the Year Ended June 30, 2015

Section I - Summary of Auditors' Results

Financial Statements

Type of Auditors' report issued: unmodified
Internal control over financial report:
Material weakness(es) identified? _____ yes X no
Significant deficiencies identified that are
not considered to be material weakness(es)? _____ yes X none reported

Noncompliance material to financial
statements noted? _____ yes X no

Federal Awards

Internal control over major programs:
Material weakness(es) identified? _____ yes X no
Significant deficiencies identified that are
not considered to be material weakness(es)? _____ yes X none reported

Type of Auditors' report issued on compliance
for major programs: unmodified

Any audit findings disclosed that are required
to be reported in accordance with section 510(a)
of Circular A-133? _____ yes X no

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.778	<u>Medical Assistance Program</u>
16.575	<u>Crime Victim Assistance</u>

Dollar threshold used to distinguish
between type A and type B programs: \$ 300,000

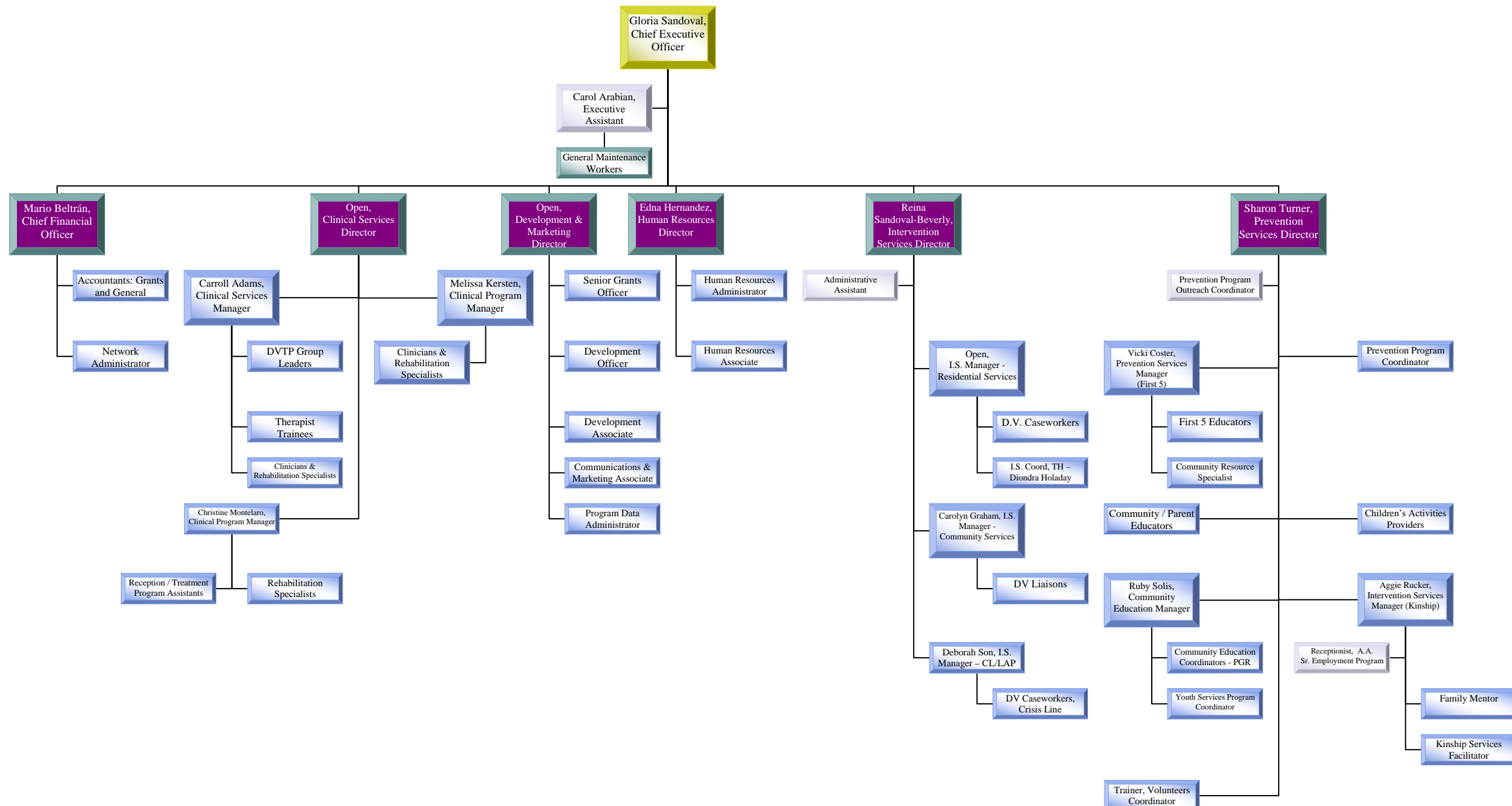
Auditee qualified as low-risk auditee? X yes _____ no

Section II - Financial Statement Findings

None


Section III - Federal Award Findings and Questioned Costs

None



Stakeholder Meeting Calendar

September 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 CPAW: 3 - 6pm 2425 Bisso Ln Concord	2	3
4	5  Labor Day	6 BH Housing 1:00 - 3:00 PM 2425 Bisso Ln, Concord, CA	7 MH Commission: 4:30 - 6:30 pm 550 Ellinwood Way Pleasant Hill	8 Children's: 11:00- 1:00pm, 1340 Arnold Dr, Ste 200, Martinez Social Inclusion: 1-3 pm Bisso Ln, Concord	9	10
11	12	13	14 Systems of Care: 10am - 12 pm 1340 Arnold Dr, Ste 200, Martinez	15 MHSA Finance: 1 - 3 pm TBA Steering: 3- 5 pm Bisso Ln, Concord	16	17
18	19 Membership: 3:00 - 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	20	21	22	23	24
25	26 Innovation: 2:30 - 4:30pm 1340 Arnold Dr, Ste 200, Martinez	27 Adult: 3:00 - 4:30pm 1340 Arnold Dr, Ste 200, Martinez	28 Aging and Older Adult: 2:00 - 3:30 pm 2425 Bisso Ln, Concord AOD Advisory Board : 4 - 6:15pm, 2nd Flr, 1220 Morello, MTZ	29	30	