

# CPAW AGENDA ITEM

## READINESS WORKSHEET

**CPAW Meeting Date:** April 6, 2017

**Name of Committee:** Steering

1. **Agenda Item Name:** Presenting CPAW's upcoming schedule for dialogue with invited guests.
2. **Desired Outcome:** Finalized list of invitees to future CPAW meetings.
3. **Background:** The April through July 2017 CPAW meetings will provide opportunities for CPAW to better familiarize with programs and issues before starting the planning for the Community Program Planning Process in the Fall. The Steering Committee received input and prioritization from the full CPAW membership in January, and was asked by the membership to finalize the topics, guests and preferred scheduling from April through July of 2017.
4. **Brief Summary:** CPAW's Steering Committee recommends the following schedule:
  - April 6. Contra Costa Behavioral Health Service's Forensics Program, to include the Mental Health Evaluation Team (MHET), and any plans on implementing a mobile crisis response team.
  - May 4. Law enforcement representatives to discuss Crisis Intervention Training, and community organizations acting as trauma first responders to discuss Mental Health First Aid Training.
  - June 8. Children and youth representatives to discuss plans for a transition age youth transitional residential facility, Project First Hope's expansion to include youth experiencing a first psychotic break, and the status of children's in-patient beds.
  - July 6. Health, Housing and Homeless Services representatives to discuss the status of the Coordinated Entry System, Special Needs Housing Program and No Place Like Home Initiative.
  - August 3. Substance Use Disorder Service representatives to discuss the implementation of the Drug Medi-Cal Waiver Program.
5. **Specific Recommendation:** CPAW accept the above tentative schedule for topics and guests.
6. **Anticipated Time Needed on Agenda:** 10 minutes
7. **Who will report on this item?** Warren Hayes and Steering Committee members.

### Consolidated Planning Advisory Workgroup (CPAW) Membership – March 2017

<b>Designated Affiliation</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email</b>	<b>Term Expires</b>
Alcohol & Other Drug	Antwan Cloird	510-776-9620	antwon.cloird@yahoo.com	SEP 2020
CBO Service Provider	Molly Hamaker	925-708-6488	molly@putnamclubhouse.org	FEB 2019
CBO Service Provider	Tom Gilbert	510-837-9386	tgbert55@yahoo.com	MAR 2019
CBO Service Provider	Sara Marsh	925-944-2248	sara@ccinterfaithhousing.org	NOV 2020
CCBHS Service Provider	Kristi Abbott	925-288-3918	kristi.abbott@hsd.cccounty.us	MAR 2021
Consumer	Lisa Bruce	925-956-2242	lisalaiolobruce@gmail.com	MAY 2020
Consumer	Matt Wilson	925-207-5979	mattanthonyw@gmail.com	APR 2020
Consumer	Karen Smith	925-752-5613	klurbancic@aol.com	NOV 2019
Consumer	Connie Steers	925-682-9629	conste925@astound.net	MAY 2019
Consumer	Candace Collier	925-957-5145	candace.collier@hsd.cccounty.us	JAN 2021
Consumer	Gina Swirsding	510-304-6162	gdm2win@aol.com	JAN 2020
Criminal Justice	<b>VACANT</b>			
Education	Kathi McLaughlin	925-372-6886	kathimclaughlin@att.net	OCT 2018
Faith Based Leadership	Will McGarvey	925-597-9797	eye4cee@gmail.com	SEP 2019
Family Member	Sam Yoshioka	925-682-8889	samsyoshi@comcast.net	NOV 2018
Family Member	Ryan Nestman	925-726-9000	rnestman79@att.net	DEC 2018
Family Member	David Kahler	925-676-5771	dk122932@aol.com	JUN 2020

Family Member	Jackie Lerman	925-497-0128	Jackie_lerman@yahoo.com	AUG 2020
Family Member	Doug Dunn	925-706-2453	douglaswilldunn@sbcglobal.net	JUL 2019
Family Member	<b>VACANT</b>			
Family Partner - Juvenile	Jennifer Tuipulotu	925-521-5722	jennifer.tuipulotu@hsd.cccounty.us	MAR 2020
Family Partner - Adult	Kimberly Krisch	925-313-7940	kimberly.krisch@hsd.cccounty.us	AUG 2019
Homeless Programs	Steve Blum	925-313-7713	steve.blum@hsd.cccounty.us	SEP 2020
Mental Health Commission	Lauren Rettagliata	925-683-3299	rettagliata@sbcglobal.net	DEC 2018
Mental Health Commission	Duane Chapman	510-375-7257	duane.chapman@att.net	FEB 2018
Peer Provider - CCBHS	Lucy Espinoza	925-957-5110	lucy.espinoza@hsd.cccounty.us	FEB 2018
Peer Provider - CCBHS	Roberto Roman	925-957-5105	roberto.roman@hsd.cccounty.us	MAY 2021
Underserved Population	Courtney Cummings	510-672-9877	ccummings1102@yahoo.com	DEC 2019
Underserved Population	<b>VACANT</b>			
Underserved Population	Sheri Richards	925-825-4519	sheririchards@comcast.net	JUN 2020
Veterans Services	Maude DeVictor	510-222-5834	brown.lotus@att.net	JUN 2019

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Name of Program:** Asian Family Resource Center (AFRC)  
12240 San Pablo Avenue  
Richmond, CA 94805
- II. **Review Team:** Michelle Rodriguez-Ziemer, Warren Hayes
- III. **Date of On-site Review:** September 8, 2016  
**Date of Exit Meeting:** November 18, 2016
- IV. **Program Description.** Asian Family Resource Center (AFRC) is a satellite site of Asian Community Mental Health Services (ACMHS). This site, located in Richmond, provides comprehensive, culturally-sensitive, appropriate education and access to Mental Health Services for Asian and Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asians and Chinese population of West and Central Contra Costa County. AFRC employs multilingual and multidisciplinary staff from the communities which they serve, including bilingual/bicultural peer navigators. Services are provided in Vietnamese, Mien, Lao, Khmu, and Chinese.

Services provided include: mental health outreach and engagement, home visits to senior housing sites, medication compliance education, community integration skills, older adult care giving skills, health and safety education, mental health workshops and health and mental health systems navigation and stigma reduction. Services under MHSA Prevention and Early Intervention (PEI) are aimed at outreach for the increase recognition of early signs of mental illness.

- 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 support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity

to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumer interviews indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	AFRC provides services to Asian and Pacific Islanders immigrant and refugee communities, and provides outreach for increased recognition of early signs of 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 reports meeting and exceeding target goals as established in the Service Work Plan.
6. Achieve the outcomes that have been agreed upon.	Met	Current Outcomes met. Will need to add language to address new PEI state regulations.
7. Quality Assurance	Partially Met	Within the past six months, several long term staff members have left the agency. Current vacancies and needs for training new staff need to be addressed.
8. Ensure protection of confidentiality of protected health information.	Met	HIPAA compliant privacy policies in place.
9. Staffing sufficient for the program	Partially Met	Loss of staff and a smaller and less experienced staff pool has presented some challenges that need to be addressed.

10. Annual independent fiscal audit	Met	Audit findings for ACMHS provided.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Resources appear sufficient, although ACMHS currently operating at a loss.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Relatively new staff implementing appropriate check and balance system.
13. Documentation sufficient to support invoices	Met	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Amount billed to MHSA contract appear less than amounts actually incurred.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Not Met	Invoices for 4 months in FY 15-16 paid after fiscal year closed.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect budgeted 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	Several changes in some lead staff position have impacted the continuity of information. AFRC is working to address this.

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

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards). Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

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

**Discussion.** Seventeen immigrant older adults, primarily from Laos, participated in a focus group facilitated by the site coordinator, who acted as interpreter for three Southeast Asian dialects. All had participated in AFRC for at least several

years, and reported being referred from a variety of sources, such as mental health service providers, churches, social services, and primary care providers. Many in the group indicated that the primary reason for referral was the combination of language barriers, isolation and poverty had created precipitating events that indicated that they were at risk for experiencing serious mental illness. The focus group took place at the time of their weekly group, in which information, problem solving and support were provided to each other. In addition to the weekly group many participated in other activities taking place at the center. All very enthusiastically gave a “thumbs up” to AFRC, the critical value it had in their lives, and especially to the site coordinator and their interpreter, Sun Karnsouvong. Many could not speak, read or write English, and depended on the center for help in navigating their adopted country. They appreciated the mental health counseling that was available and utilized this service, as needed. They were grateful that the Center helped in ensuring that they were not taken advantage of due to their language barriers. When asked what could be improved upon, they cited the smallness of the facility space, difficulty in getting to and from the Center, and difficulty surviving on such small incomes. All provided assurance that they felt their input was heard by staff, and had no problem in providing such input. In conclusion, the participants were asked to rank from 1 (lowest) to 5 (highest) how important the program was in helping themselves and their families improve their health and wellness. The group’s ranking was unanimously a 5.

#### Staff interviews.

Of the six staff member interviewed, four are new to their positions. All staff presented as motivated and invested in supporting AFRC and its consumers. Included in the discussion was the impact on the program because of the recent staff turnovers. Staff indicated that the ability to serve the consumers was a priority. There were some indications that newer staff needed further training to better support their current positions. Most of the staff had a clear idea of the directions and how best to continue to meet the needs of the community. There was indication that because of the transition of staff, some information was not transferred and continuity was impacted. Most staff spoke to the needs of the consumers and the lack of public mental health access, including language and cultural barriers. This program was described as vital to the community as it at times was the only program that some consumers would access, sometimes due to a lack of trust around accessing the larger public mental health system.

**Results.** Consumer surveys and interviews indicate the program meets the values of MHSA.

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

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

**Discussion.** This program provides services to refugees and immigrants from Asian and Pacific Islanders immigrants and refugee communities in West Contra Costa. Services are offered in Vietnamese, Mien, Lao, Khmu, and Chinese. Services include mental health support, group and individual therapy, case management and system navigation.

**Results.** AFRC is serving the agreed upon target population.
  
3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon?

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

**Discussion.** AFRC works with refugees and immigrant populations, and assists in system navigation and mental health support. Their goal is to outreach and engage individuals, families, and community organizations in an effort to educate and support those who are impacted by early signs of mental illness.

**Results.** The services provided are consistent with the services outlined in the Service Work Plan. Consumers and staff interviews confirmed that the program and staff activities are consistent with both the goal of the program and MHSA's PEI component.
  
4. **Meet the needs of the community and/or population.** Is the program or plan element meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program or plan element consistent with the MHSA Three Year Program and Expenditure Plan?

**Method.** Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or



program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.

**Discussion.** AFRC has repeatedly reached out to individuals and families. Its goal has been to provide culturally and linguistically appropriate services to the Asian and Pacific Islander immigrant and refugee communities, with the overall intent to increase protective factors and reduce risk factors for those at greater risk of developing a mental illness. The strategy of offering case management, system navigation, and mental health and support group therapy is consistent with the PEI strategy of providing outreach and increasing recognition of early signs of mental illness.

**Results.** AFRC MHSAs funded program has been authorized annually by the Board of Supervisors since 2009, and is consistent with the current MHSAs Three Year Program and Expenditure Plan. Program staff and consumer interviews indicate that the program meets the goals and needs of the community.

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

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

**Discussion.** The semi-annual reports for the last three years show that AFRC has consistently exceeded the agreed upon goal of case management of 50 High risk community members. They also outreach to approximately 350 to 500 individuals within the West Contra Costa County community each year.

**Results.** AFRC has consistently exceeded the target number of consumers served.

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.

**Discussion.** AFRC provides wellness surveys to consumers who participate in case management. Of those who completed the surveys over the years, between 72 and 91% report increased knowledge of mental health resources and benefits available. More than 50% reported reduction in mental health symptoms, while most reported having less stress in their lives. It is recommended that current staff work with CCBHS to determine if current outcomes continue to meet needs while addressing new State regulation requirements.

**Results.** To date AFRC has been achieving the outcomes outlined in the Service Work Plan. It is recommended that current outcome measures meet and are consistent with new PEI regulation requirements.

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.

**Discussion.** Reports publicized in the local newspaper describe the company as undergoing internal struggles, between upper management, its board and lead staff within the organization. Also reported was that due to some of those issues and financial irregularities, Alameda County had terminated its contract with ACMHS. Executive Director of ACMHS, Phillip Sun, indicated that the contract was "not terminated", but rather "it was not renewed". CCBHS focus was on the impact on our PEI contract and the clients served. This review seems to indicate that many consumers served under the CCBHS PEI contract continue to receive services. Issues to be addressed include training staff, filling vacancies, and ensuring that continuity of services and information transfers occurs.

**Results.** CCBHS at this time believes that many of the consumers served under the PEI contract are continuing to receive quality services. Issues around staff training, filling vacancies and intra agency communication will continue to be closely monitored.

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

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

**Discussion.** ACMHS has written policies and have provided staff training on HIPAA requirements and safeguarding of client information. Program participants are informed about their privacy rights and rules of confidentiality.

**Results.** ACMHS maintains necessary privacy policies to protect the privacy of individuals served

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

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

**Discussion.** AFRC's current and proposed MHS funded budgets delineate eight (8) part time positions. Currently, more than half of the positions were held by individuals new to those positions and two positions are vacant, including one peer Navigator and one Mental Health Specialist. Staff acknowledge that there has been significant turnover over the last six months to one year. This exodus appears to have impacted the availability of information and training needed to perform the functions of the positions.

**Discussion.** There is a need for training and hiring of staff to fulfill CCBHS contract requirements, and to achieve the agreed upon number of persons served and outcomes achieved.

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

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

**Discussion.** Annual independent fiscal audits of ACMHS were provided for FY 2013, 14 and 15, with no material or significant weaknesses noted. AFRC is a satellite program of ACMHS, whose headquarters is in Alameda County. The parent organization, ACMHS, has been losing revenue since 2011, and the Finance Director reported that their \$4 million mental health services contract with Alameda County Behavioral Health Services (ACBHS) was not renewed for FY 16-17, leaving their remaining expected revenue from other contracts and grants to be approximately \$2 million. She indicated that the ACBHS contract was based upon billing for specialty mental health services, and that ACMHS had not been able to bill enough to cover their expenses for quite some time. The organization has been drawing upon their substantial operating reserve to balance the books.

**Results.** Annual independent fiscal audits for ACMHS the last three years were provided and reviewed. No significant or material weaknesses were noted.

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.

**Discussion.** The Finance Director has been an accountant for non-profit organizations for over twenty years, and came to ACMHS a year ago. She reported that ACMHS was undergoing significant program and fiscal change, due to the turbulence around their contract with ACBHS. With the termination of this contract the organization has been re-structuring to become self-sufficient. She reported that AFRC has been self-sufficient for several years, and participating staff have been reassured that staffing levels at AFRC will not be affected.

**Results.** Fiscal resources are sufficient to deliver and sustain services at AFRC.

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.

**Discussion.** The Finance Director and her three staff appear to be qualified accountants who have extensive experience working in this environment. As reported, the internal control systems by which expenses are reported, documented, and invoiced appear to have appropriate checks and balances.

**Results.** Sufficient oversight exists to enable compliance with generally accepted accounting principles

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

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

**Discussion.** ACMHS utilizes the M.I.T. payroll system, and provided documents supporting their invoices. Receipts and monthly timekeeping documentation is processed by AFRC staff, who sends feeder information to ACMHS accounting staff, who in turn prepares and submits the monthly invoice to CCBHS. The replacing of the previous Finance Director with the present staff resulted in several months of billing and payment interruption in order to reconcile budget

line items with invoices. The Finance Director reported that just recently ACMHS received payment for the remainder of their contract amount for FY 2015-16.

**Results.** The fiscal reporting system, to include monthly invoices and supporting documentation was reviewed. The methodology and financial documentation now appears sufficient to support the invoices, with no duplicate billing.

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

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

**Discussion.** ACMHS has had a cost based contract for PEI services as well as a units of mental health services contract with CCBHS for several years, and has been billing for actual allowable costs incurred and paid on the PEI contract, and units of service on their specialty mental health contract. Supporting documentation for both contracts was reviewed. In aggregate it does not appear that AFRC is invoicing for more than actual expenses incurred in total at the AFRC site. A review of actual expenses incurred in the operating and indirect expenses appear to be less than what is incurred.

**Results.** Amount billed to the MHSA contract appear less than costs actually incurred. Method of allocation of percentage of personnel time and operating costs appear to be supported.

15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows).

**Method.** Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program.

**Discussion.** A review of the county's MHSA monthly financial reports indicated that almost half of their FY 2015-16 expenditures were paid by CCBHS after the fiscal year had ended, and the books closed out. This expense now is charged against the FY 2016-17 MHSA budget.

**Results.** Invoices for four months in FY 15-16 were paid after fiscal year closed.

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

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

**Discussion.** The Finance Director indicated that their federally approved indirect cost to be at 20%. This is supported by their independent financial audits, which reports indirect costs approximating 20%. However, their PEI contract budgets 10%. ACMHS is advised to re-calculate their indirect as a result of their significantly reduced revenue and staff as a part of their preparation for upcoming contract negotiations.

**Results.** ACMHS budgets Indirect Costs at 10%. This is below industry standard.

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.

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

**Results.** The program complies with contract insurance requirements.

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

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

**Discussion.** Written and verbal required reporting enables communications to routinely occur to conduct business. The program has historically had good communication with the contract manager. However, several changes in some lead staff members had led to some challenges, including repeated requests for the same information, not providing timely monthly reports, and staff not regularly attending PEI round table meetings, therefore not having the most current information available. New PEI regulatory requirements require that this program be in greater communication with CCBHS staff.

**Results.** In the past several months, there has been greater communication occurring between ACMH and the contract manager 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.**

AFRC provides services to immigrants and refugees within West Contra Costa County. Services include linkage and navigation of systems and individual, group and mental health support classes. The communities served are bi-lingual and bi-

cultural. Staff adequately represents the cultural diversity of the consumers served. Interviews and surveys indicate that consumers are receiving appropriate services, consistent with the current Service Work Plan, that results in increased general well-being, less isolation and increased knowledge on system navigation. AFRC has consistently served more immigrants within their communities than stipulated in their Service Work Plan. However, staff turnover, including two vacant positions had led to some gaps in information, services and trainings..

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

- ACMHS is encouraged to keep current with appropriate CCBHS billing requirements so that invoices can be paid by CCBHS in a timely manner, and charged to the correct fiscal year.
- ACMHS is encouraged to meet with the contract manager to discuss PEI regulations, and reporting requirements related to their Service Work Plan.
- ACMHS is further encouraged to address new staff requirements, including training and vetting for appropriateness of roles.
- ACMHS is encouraged to fill the two vacant positions to bring their program to full capacity.
- ACMHS is encouraged to explore linkages between multi-lingual mental health staff (already in place), and consumers in the MHSA-PEI program.

**X. Next Review Date.** November, 2019

#### **XI. Appendices.**

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

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 Indirect Cost Allocation  
Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)



## **Asian Community Mental Health Services (ACMHS)**

Point of Contact: Pysay Phinith

Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Ave,  
Richmond, Ca. (510) 604-6200

[Pysayp@acmhs.org](mailto:Pysayp@acmhs.org)

### **1. General Description of the Organization**

ACMHS provides multicultural and multilingual services, empowering the most vulnerable members of our community to lead healthy, productive and contributing lives.

### **2. Program: Building Connections (Asian Family Resource Center) - PEI**

- a. Scope of Services: Asian Family Resource Center (AFRC) in Richmond provides comprehensive, culturally-sensitive and appropriate education and access to Mental Health Services to Asian and Pacific Islanders immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC employs multilingual and multidisciplinary staff from the communities in which they serve, including bilingual/bicultural peer navigators for mental health outreach, engagement, system navigation, and stigma reduction. Staff provides the following Prevention and Early Intervention activities: community outreach, home visits to senior housing sites, medication compliance education, community integration skills, older adult care giving skills, basic financial management, survival English communication skills, travel training, health and safety education, computer education, mental health workshops, structured group activities on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services, and health and mental health system navigation. Services are aimed at assisting consumers in actively managing their own recovery process.
- b. Target Population: Asian and Pacific Islanders immigrants and refugees (especially Chinese and Southeast Asian population) in Contra Costa County
- c. Payment Limit: \$130,000
- d. Number served: In FY 14/15: 69. To be served: 50 high risk and underserved community members.
- e. Outcomes:
  - All of the 69 program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits. 36 of 69 clients responded to the wellness survey.
  - 91% of the 36 survey respondents increased their knowledge of mental health resources and benefits available.
  - 89% of the 36 survey respondents reported better linkage to community resources.

- 86% of 36 respondents reported a reduction in mental health symptoms, while 92% reported having less stress in their life after completion of the program.

## SERVICE WORK PLAN

Agency: Asian Community Mental Health Services  
Name of Program: Building Connections (Asian Family Resource Center)  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-398

### **I. Scope of Services**

Asian Family Resource Center (AFRC), a satellite site of Asian Community Mental Health Services (ACMHS) will provide comprehensive and culturally-sensitive, appropriate education and access to Mental Health Services for Asian and Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asians and Chinese population of Contra Costa County. ACMHS will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services.

Outreach and Engagement Services: individual and/or community outreach and engagement to promote mental health awareness, educate community member on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community member in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. ACMHS, in collaboration with community based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to API immigrants and refugees in the Contra Costa County.

Individual Mental Health Consultation: will also be provided to those who are exhibiting signs of mental illness early in its manifestation, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals or assist in navigating them into the mental health system in culturally responsive manner without stigma, and provide wellness support groups to prevent escalations in mental health symptoms or stressors, accessing essential community resources, and linkages/referral to mental health services. Peer Navigators will be utilized to support participants to access services in a cultural sensitive manner. These services will be provided for a period of less than one year unless psychosis is present. ACMHS will serve a minimum of 75 high risk and underserved Southeast Asian community members within a 12 month period 25 of which will reside in East County with the balance in West and Central County.

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

During the term of this contract Asian Community Mental Health will assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA) by providing Outreach Services for increasing recognition of early signs of mental illness for Program, Building Connections in Underserved API Communities, with its AFRC System Navigator Program.

### **III. Program Facilities/Hours of Operation /Staffing**

#### **A. Program Facilities Location**

Asian Family Resource Center (AFRC)  
12240 San Pablo Avenue  
Richmond, CA

The AFRC Building is compliant with the ADA accessibility to the adult with disabilities population.

#### **B. Contact Person, Phone Number, and Email**

Pollie Bith-Melander, PhD, MSW, Associate Director

Initials: \_\_\_\_\_  
County / Contractor

## SERVICE WORK PLAN

Agency: Asian Community Mental Health Services  
Name of Program: Building Connections (Asian Family Resource Center)  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-398

Phone: (510) 869-6005

Fax: (510) 268-0202

pollieb@acmhs.org

C. Program Hours of Operation

Asian Community Mental Health will provide services between the hours of 9:00 a.m., and 5:00p.m., 5 days per week, with regularly scheduled evening and weekend events. A weekly schedule will be posted in advance to encourage consumer participation.

Evening or weekend hours may be arranged for groups that are or may be scheduled during evening hours: Monday – Friday: 5:30pm – 8:00pm or during the weekend (Sat. or Sun.) between 1-5pm

D. Program Staffing (including staffing pattern)

ACMHS will employ a minimum of 6.20 F.T.E from the Mien, Lao/Khmu, Vietnamese, Filipino and Chinese communities to provide direct services.

#### IV. Volume of Services to be Provided

Outreach & Engagement:

1. Community Events: 3-5 events, 700 individuals
2. Mental Health Workshops: 4
3. One-to-one outreach & engagement: 250 individuals

Mental Health Consultation:

1. Individual MH Consultation: 75 unduplicated clients
2. Wellness Support Groups: 5 ongoing support groups with at least 4 individuals each in the following API ethnic groups - Chinese, Mien, Vietnamese (Central & West), and Lao/Khmu.

#### 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:

Michelle Rodriguez-Ziemer, LCSW  
Mental Health Services Act Program Supervisor  
Prevention and Early Intervention  
Contra Costa County Health Services  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553  
Ph. 925-957-7548  
Michelle.Rodriguez-Ziemer@hsd.cccounty.us

#### VI. Outcome Statements

Initials: \_\_\_\_\_  
County / Contractor

## SERVICE WORK PLAN

Agency: Asian Community Mental Health Services  
Name of Program: Building Connections (Asian Family Resource Center)  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-398

- A. Increase participation by identifying and engaging individuals and families in the underserved API communities by:
  - 1. Identifying high risk un-served and underserved API community participants whose condition will deteriorate without intervention and providing mental health education and wellness promotion to prevent them from needing mental health services or to provide support for accessing services when necessary.
  - 2. Increasing awareness of and access to mental health and other community and public resources such as unemployment benefits, MediCal, food stamps, General Assistance, CalWORKs, SSI, etc. by providing information and education about health, mental health and other community and public resources in a culturally competent manner.
- B. Reduce stigma surrounding mental health and promote wellness of un-served or underserved API community participants by:
  - 1. Increasing constructive coping skills and providing psycho-education on wellness.
  - 2. Increasing knowledge of common mental health concerns and recognition of risk factors and reduced feelings of stigma surrounding seeking services for emotional, psychological, and family problems.
  - 3. Improving adjustment to life in the United States and reducing isolation/increasing social support by building connections with other community members.
- C. Develop peer-supported, self-managed, culturally relevant approaches to recovery by:
  - 1. Retaining the number of peer mentors that come from the same ethnic community via recruitment and training and matching them with participants with similar experiences.
  - 2. Sustaining culturally relevant activities by providing resources, support, and technical assistance.
  - 3. Sustaining culturally appropriate peer support models and encouraging application in different situations.

### **VII. Measures of Success**

- A. 75 high risk un-served or underserved API community participants, 25 of which will reside in East County, identified to have difficulties accessing mental health and community and public resources will be engaged and provided mental health education/system navigation support within the fiscal year 2016-2017.
- B. 50% of the 75 individuals through mental health consultation will have increased awareness of Mental Health issues
- C. 50% of the 75 individuals through mental health consultation will have increased awareness of knowledge of available services the systems.
- D. 25% of individuals screened will be referred to different service systems including mental health system, health care system, disability programs, and other Contra Costa County social services programs within fiscal year 2016-2017.

Initials: \_\_\_\_\_  
County / Contractor

## SERVICE WORK PLAN

Agency: Asian Community Mental Health Services  
Name of Program: Building Connections (Asian Family Resource Center)  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-398

- E. Peer Navigators will continue to receive mental health, wellness, and system navigation trainings to provide ongoing support to participants (individual and group) of their ethnic communities by June 2017.
- F. At least 5 culturally relevant support groups will be provided through the support of ACMHS for the four ethnic communities (Chinese, Vietnamese, Lao, & Mien) covered through this contract by June 2017.

### **VIII. Measurement/Evaluation Tools**

- A. Tracking by ACMHS database (or County database) showing number of participants engaged and provided mental health education and system navigation support.
- B. Post survey for participants and report on:
  - Wellness activities and coping skills;
  - Awareness of the stress and issues impacting their well-being;
  - Help seeking behaviors and their social network in Contra Costa County.
- C. Training Peer Navigators of updated systems in the Contra Costa County to enable them to assist clients to access systems effectively.
- D. Report on at least 5 culturally relevant support groups for the 4 ethnic communities throughout the fiscal year 2016-2017.

### **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. outreach settings, age group, gender, race, ethnicity, primary language, sexual orientation, disability not including SMI, veteran status, average duration of reported untreated mental illness, and average length of time between referral/treatment) 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 1/15/2017 and 7/15/2017. Annual Outcomes Measure Report is due on 7/15/2017.

Please submit all evaluation reports via email to:

Michelle Rodriguez-Ziemer, LCSW  
Mental Health Services Act Program Supervisor  
Prevention and Early Intervention  
Contra Costa County Health Services  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553  
Ph. 925-957-7548  
[Michelle.Rodriguez-Ziemer@hsd.cccounty.us](mailto:Michelle.Rodriguez-Ziemer@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 2016 – 2017 ACMH 74-398*

<b>A. GROSS OPERATIONAL BUDGET</b>	<u>          a          </u>	<u>          b          </u>
1. <b>Cost Reimbursement Categories</b>		
a. Personnel Salaries and Benefits	\$100,150	
b. Operational Costs (Direct)	21,579	
c. Indirect Costs	<u>12,171</u>	
2. <b>Total Gross Allowable Program Costs</b>	<b>\$133,900</b>	

**B. LESS PROJECTED NON-COUNTY PROGRAM REVENUES**  
(To be collected and provided by Contractor)

**C. NET ALLOWABLE TOTAL COSTS** **\$133,900**  
**TOTAL CONTRACT PAYMENT LIMIT : \$ 133,900**

**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 30<sup>th</sup> 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.

---

**ASIAN COMMUNITY MENTAL HEALTH BOARD**

**FINANCIAL STATEMENTS  
AND  
INDEPENDENT AUDITOR'S REPORT**

**FOR THE YEAR ENDED JUNE 30, 2015**

---

**Tang & Lee, LLP**

*Certified Public Accountants*

---



**ASIAN COMMUNITY MENTAL HEALTH BOARD  
FOR THE YEAR ENDED JUNE 30, 2015**

**TABLE OF CONTENTS**

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS:	
Statement of Financial Position	3
Statement of Activities and Changes in Net Assets	4
Statement of Cash Flows	5
Notes to Financial Statements	6-14
SUPPLEMENTARY INFORMATION:	
Statements of Functional Expenses	15
Schedule of Expenditures of County of Alameda Grants	16
INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i>	17-18
SCHEDULE OF AUDITORS' RESULTS AND FINDINGS	19

## **INDEPENDENT AUDITOR'S REPORT**

The Board of Directors  
Asian Community Mental Health Board  
Oakland, California

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Asian Community Mental Health Board (a Nonprofit Organization), which comprise the statement of financial position as of June 30, 2015, the related statements of activities and changes in net assets, and cash flows 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 maintenances of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### **Auditor's 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 auditor's 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 Asian Community Mental Health Board as of June 30, 2015, and related statements of activities and the changes in 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**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses and other information on pages 15-16 are presented for purposes of additional analysis and are not required part of the 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 audit 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 our report dated May 31, 2016, on our consideration of Asian Community Mental Health Board's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant 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 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 Asian Community Mental Health Board's internal control over financial reporting and compliance.

*Tang & Lee, LLP*

Burlingame, California  
May 31, 2016

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
STATEMENT OF FINANCIAL POSITION  
JUNE 30, 2015**

<b>ASSETS</b>	<b>2015</b>
Cash and cash equivalents	\$ 1,720,816
Short-term investment	260,904
Grants receivable	1,314,087
Prepaid expenses	78,612
Security deposits	28,322
Property and equipment, net	354,407
Investments	<u>406,880</u>
Total assets	<u><u>\$ 4,164,028</u></u>
<b>LIABILITIES AND NET ASSETS</b>	
Liabilities:	
Accounts payable	24,226
Accrued expenses	500,630
Contingent liabilities	<u>235,087</u>
Total liabilities	<u>759,943</u>
Net assets:	
Unrestricted	3,340,722
Temporarily restricted	<u>63,363</u>
Total net assets	<u>3,404,085</u>
Total liabilities and net assets	<u><u>\$ 4,164,028</u></u>

The accompanying notes are an integral part of these financial statements.

**ASIAN COMMUNITY MENTAL HEALTH BOARD**  
**STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED JUNE 30, 2015**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Operating activities:			
Support and revenue:			
Grants and contracts	\$ 6,211,491	\$ -	\$ 6,211,491
Contributions	126,220	-	126,220
Program fees	87,468	-	87,468
Interest, dividends and other	24,001	-	24,001
Unrealized loss on investments	(15,316)	-	(15,316)
	<u>6,433,864</u>	-	<u>6,433,864</u>
Net assets released from restrictions	12,742	(12,742)	-
Total support and revenue	<u>6,446,606</u>	<u>(12,742)</u>	<u>6,433,864</u>
Expenses:			
Program services	5,408,235	-	5,408,235
Supporting services			
Management and general	1,238,694	-	1,238,694
Fundraising	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>
Total expenses	<u>6,646,929</u>	<u>-</u>	<u>6,646,929</u>
Change in Net Assets, before prior period adjustment	<u>(200,323)</u>	<u>(12,742)</u>	<u>(213,065)</u>
Net Assets - Beginning of year, as reported	3,111,113	76,105	3,187,218
Prior Period Adjustment	<u>429,932</u>	<u>-</u>	<u>429,932</u>
Net Assets - Beginning of year, as restated	<u>3,541,045</u>	<u>76,105</u>	<u>3,617,150</u>
Net Assets - End of year	<u>\$ 3,340,722</u>	<u>\$ 63,363</u>	<u>\$ 3,404,085</u>

The accompanying notes are an integral part of these financial statements.

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED JUNE 30, 2015**

	2015
Cash flows from operating activities:	
Change in net assets	\$ (213,065)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	
Depreciation and amortization	141,379
Unrealized loss on investments	15,316
Changes in assets and liabilities:	
Grants receivable	274,229
Prepaid expenses	(4,537)
Security deposits	(4,140)
Accounts payable	(196,849)
Accrued expenses	(147,210)
Deferred revenue	(41,673)
Contingent liabilities	(397,532)
Prior period adjustment	429,932
	(144,150)
Cash flows from investing activities:	
Redeemed portfolio income and gains	(19,276)
Reinvestment of portfolio income and gains	(898)
Purchase of property and equipment	(43,813)
	(63,987)
Change in cash and cash equivalents	(208,137)
Cash and cash equivalents:	
Beginning of year	1,928,953
End of year	\$ 1,720,816

The accompanying notes are an integral part of these financial statements.

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Purpose and Organization**

Asian Community Mental Health Board dba Asian Community Mental Health Services (the Organization) is a California not-for-profit organization formed in 1974 for the purpose of providing multicultural and multilingual mental health services and empowering the most vulnerable Asian and Pacific Islander population in the East Bay community to lead healthy, productive and contribution lives. The Organization derives its support and revenues principally from federal, state and local grants. The Organization receives less than 5% of its support and revenues from donors.

**Basis of Accounting**

The Organization prepares its financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

**Classification of Net Assets**

Accounting principles generally accepted in the United States of America requires the Organization to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Accordingly, the net assets of the Organization are classified and reported as described below:

*Unrestricted:* Those net assets and activities which represent the portion of expendable funds that are available to support the Organization's operations. A portion of these net assets may be designated by the Board of Directors for specific purposes. At June 30, 2015, no such designations exist.

*Temporarily Restricted:* Temporarily restricted net assets represent contributions and other assets received from donors that are limited in use by the Organization in accordance with temporary donor-imposed stipulations. These stipulations may expire with time or may be satisfied and removed by the actions of the Organization according to the terms of the contribution. Upon satisfaction of such stipulations, net assets are released from temporarily restricted net assets and recognized as unrestricted net assets.

*Permanently Restricted:* Permanently restricted net assets represent unconditional promises to give by a donor that specifies that the assets donated be invested to provide a permanent source of income. Permanently restricted gifts (endowments) are managed according to the Uniform Prudent Management of Institutional Funds Act (UPMIFA) of the State of California. If the donor does not restrict the allowed use of the income, the Organization classifies income as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA. As of June 30, 2015, the Organization had no permanently restricted net assets.

**Estimates**

The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

As detailed in Note 4, *Contingent Liabilities* are estimated for years going back to fiscal year 2011 through 2015 for the contract funded by Alameda County and Contra Costa County. The Organization has estimated the amounts based on the best available information.

**Cash and Cash Equivalents**

Cash and cash equivalents represent cash and short-term investments with original maturities of 90 days or less at purchase, which are not considered investments. In the regular course of business, the Organization may maintain operating cash balances at a bank in excess of federally insured limits. Management does not believe that it is exposed to any significant credit risk on uninsured amounts.

**Fair Value of Financial Instruments**

The Organization's financial instruments include cash and cash equivalents, short-term investments, receivable, investments and accounts payable. The carrying amounts of these items are a reasonable estimate of their fair value.

The Organization measures fair value in accordance with FASB Codification ASC 820. ASC 820 which applies to all financial instruments that are being measured and reported on a fair value basis at the measurement date.

ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follow:

*Level 1-* Inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities. Valuations for assets and liabilities traded in active exchange markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

*Level 2-* Inputs other than quoted prices within Level 1 that are observable, either directly or indirectly. Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

*Level 3-* Inputs are unobservable. Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discontinued cash flow models and similar techniques, and not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of the financial assets. There have been no changes in the methodologies used during the year ended June 30, 2015.



**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

The Organization's financial assets measured at fair value on a recurring basis at June 30, 2015 are classified and stated in Note 2 accordingly.

**Short-Term Investment**

Short-term investment consists of a certificate of deposit with original maturity of three months but not more than one year from date of acquisition. The certificate of deposit bears an interest rate of 0.345% during the year ended June 30, 2015, and has a term of twelve months. Short-term investment is stated at amortized cost, which approximates fair value.

**Grants Receivable**

The Organization evaluates the collectability of its government grants receivable on an ongoing basis and records a provision for potential uncollectible receivables when appropriate. At June 30, 2015, the Organization has determined that all government grants receivables are fully collectible and therefore, has not recorded an allowance for doubtful accounts.

**Investments**

Investments, which consist primarily of mutual funds, are stated at fair market value, based on quoted market prices. Unrealized gains and losses resulting from market fluctuations are recognized in the period such fluctuations occur. For purposes of determining realized gains or losses, the cost of securities sold was computed base on the weighted average method.

**Property and Equipment**

Property and equipment is recorded at cost or, if donated, at fair value on the date of donation. The Organization capitalizes assets purchased or donated with a cost or fair market value in excess of \$1,000. Depreciation is provided on the straight-line method over the estimated useful lives of the respective assets, which range from 3 to 5 years. Leasehold improvements are being amortized on a straight-line basis over the shorter of their useful lives or the remaining period of the lease.

Total depreciation and amortization expense for the year ended June 30, 2015 amount is \$141,379.

The Organization does purchase property and equipment occasionally with government funds which are subject to reversion to the governmental agencies. Management does not believe that such assets will need to revert to the governmental agencies.

**Deferred Revenue**

Deferred revenue results from the Organization recognizing grant revenue in the period in which the costs are incurred. Accordingly, cash received before the costs are incurred is reported as deferred revenue.

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Revenue Recognition**

**a. Contributions**

Contributions are recognized as revenue when received or unconditionally promised. Gifts of cash and other assets are reported as restricted support if received with donor stipulations that limit the use, either for time and/or purpose, for the donated assets. Donor-restricted contributions, whose restrictions are met in the same reporting period as the contribution is recorded, are reported as temporarily restricted contributions with a corresponding release of restriction. Conditional promises to give are not recognized as revenue until the donor conditions are substantially met. At June 30, 2015, the Organization did not have any conditional promises to give and net assets released from restrictions were \$12,742.

**b. Grants and Contracts**

Revenues from cost-reimbursement programs are recognized over the grant or contract period as costs are incurred. Revenues from government grants are recognized in the year in which all eligible requirements have been satisfied. Eligibility considerations include timing requirements, which specify the year when the resources are required to be used; matching requirements, in which the Organization must provide resources to be used for a specified purpose; and expenditure requirements, in which the sources are provided to the Organization on a reimbursement basis.

**c. Program Fees and Other Revenue**

Revenues from clients and others are recognized when services are performed. Revenues from special events, interest and other income are recognized when earned.

**d. Contributed Goods and Services**

Donated material and equipment are recorded as contributions at their estimated value on the date of receipt. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

The Organization records contribution revenue for certain services received at the fair value of those services, if the services (a) create or enhance nonfinancial assets, or (b) require specialized skills, are provided by individuals possessing those skills, and would be purchased if not donated.

For the year ended June 30, 2015, there were no contributed services that would materially impact the financial statements as presented.

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Income Taxes**

The Organization is exempt from Federal income and California Franchise taxes under 501(c) 3 of the Internal Revenue Code and 23701(d) of the Revenue and Taxation Code of California respectively. Accordingly, no tax provision has been made.

The Financial Accounting Standards Board (FASB) Interpretation No.48, *Accounting for Uncertainty in Income Taxes*, (Fin 48) which was subsequently included in the FASB Codification as ASC 740, prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The management has evaluated its uncertain tax positions and related income tax contingencies. However, management does not believe that any material uncertain tax positions exist. The Organization's tax returns are subject to examination by Federal taxing authorities for a period of three years from the date they are filed and a period of four years for California taxing authorities.

**Allocation of Functional Expenses**

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses by major programs. Expenses which apply to more than one functional category have been allocated between program services and support services based on the direct costs incurred by the projects. Indirect expenses are allocated based on the personnel costs. All other costs are charged directly to the appropriate functional category.

**Concentration of Risk**

**a. Financial Instruments**

The Organization recognizes there are inherent risks associated with publicly and non-publicly traded securities. Risk is managed through rigorous evaluation before an investment is made and quarterly monitoring of valuations. To address market risk of investments, the Organization maintains a formal investment policy that sets out performance criteria, investment guidelines and requires review of the investment managers' performances. Further, the Organization's investment policy limits investment choices to reasonably conservative investment options.

The Organization will, in the normal course of business, hold balances at their financial institutions which exceed the Federal Deposit Insurance Corporation (FDIC) insured limit of \$250,000. Funds held by the Organization are maintained in reputable financial institutions. Management believes such account balances do not pose a risk to the Organization.

**b. Revenue**

Substantially all of the Organization's revenue is received from various federal, state and local governmental agencies with over 60% coming from the County of Alameda. All contracts for fiscal year ending June 30, 2015 have been renewed by the contracting agencies and in some cases at values higher than the 2015 contract amounts. Management recognizes the risk of being substantially funded by

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

government contracts and is seeking additional revenue streams to limit the exposure to the Organization.

**c. Union Contract**

The Organization had entered and settled the collective bargaining agreement with Service Employees International Union on November 20, 2014. As of June 30, 2015, approximately 67% of the Organization's employees were members of the local unions that are subject to collective bargaining agreements. The Organization does not anticipate any labor disputes upon renegotiation of the contracts. In the event of a strike, there is a possibility of a labor shortage should replacement workers not be available.

**2. FAIR VALUE MEASUREMENT**

The Organization's assets and liabilities recorded at fair value have been categorized based upon a fair value hierarchy in accordance with FASB ASC 825-10-50. The following table presents information about the Organization's assets and liabilities measured at fair value as of June 30, 2015.

	<b><u>Carrying Amount</u></b>	<b><u>Fair Value</u></b>
Cash and cash equivalents	\$1,720,816	\$1,720,816
Short-term investments	260,904	260,904
Grants receivable	1,314,087	1,314,087
Prepaid expenses	78,612	78,612
Security deposits	28,322	28,322
Investments	406,880	406,880
<b>Total</b>	<b><u>\$3,809,621</u></b>	<b><u>\$3,809,621</u></b>
Accounts payable	\$24,226	\$24,226
Accrued liabilities	500,630	500,630
Contingent liabilities	235,087	235,087
<b>Total</b>	<b><u>\$759,943</u></b>	<b><u>\$759,943</u></b>

Investments consist of mutual funds which are public investment vehicles stated at fair market value, determined based on quoted market prices. These are classified under Level 1 of the valuation hierarchy.

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**3. PROPERTY AND EQUIPMENT**

Property and equipment at June 30, 2015 consist of the following:

Leasehold improvements	\$350,307
Furniture and equipment	362,638
Computer hardware	241,443
Computer software	136,074
Total property and equipment	<u>1,090,462</u>
Less accumulated depreciation and amortization	<u>(736,056)</u>
Net property and equipment	<u>\$354,406</u>

**4. CONTINGENT LIABILITIES**

Conditions contained within the various contracts awarded to the Organization are subject to the funding agencies' criteria and regulations under which expenditures may be charged against and are subject to audits under such regulations and criteria. Occasionally, such audits may determine that certain costs incurred against the grants may not comply with the established criteria that govern them. In such cases, the Organization could be held responsible for repayments to the funding agencies for the costs or be subject to the reductions of future funding in the amount of the costs.

Certain agencies within the County are current with their cost settlement process whereby the most recent fiscal year (2014-2015) is the only year that is open for final processing. Other agencies within the County are several years behind on their cost settlement process. For this reason, the management has been prudent in setting aside the certain sum of liabilities over the years. As of June 30, 2015, the balance is estimated at \$235,087. The Organization has been working diligently with all agencies to finalize cost settlements from prior years whenever it comes up.

**5. TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets at June 30, 2015 may be expended for:

Loretta Huahn - Entrepreneurial Business Incentive	\$10,000
Loretta Huahn	34,080
Client Christmas Fund	2,010
Mien Handicraft Fund	220
Emergency Fund	435
Oakland Art Center Fund	3,998
Group DV Fund	11,450
Youth Scholarship Fund	1,170
Total	<u>\$63,363</u>

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**6. NET ASSETS RELEASED FROM RESTRICTIONS**

Net assets were released from donor restrictions by incurring expenses that satisfied the restricted purposes or by occurrence of other events specified by donors during the year.

Time restrictions are expired and purpose restrictions are accomplished.

Net assets released from restrictions for the year ended June 30, 2015 were as follow:

Emergency Fund	\$5,124
Oakland Art Center Fund	7,618
Total	<u>\$12,742</u>

**7. PRIOR PERIOD ADJUSTMENT**

During the year ended June 30, 2015, the management has consistently reviewed that the methodology used to determine the contingent liabilities was resulting in accruals and adjusted the balance when the prior years' accruals have been recalculated, expired and due back to the funding agencies upon the completion of final cost settlement. As a result, management has identified and adjusted the current amount of \$429,932 as a prior period adjustment for the year.

**8. LEASE COMMITMENTS**

a. The Organization leased copiers and printers under a non-cancelable operating lease on June 26, 2014. The lease is for 60 months and has an option to purchase the copiers and printers for fair market value at the end of the lease term. The monthly payment is \$1,581. The payments started on July 31, 2014.

b. The Organization entered into a five-year lease agreement for its office in San Leandro. The term of the lease commences on May 19, 2014. Rent for first year is \$2,306 per month, and on each anniversary of the commencement date, based rent shall be increased around 3% per month. The lease will be expired on May 18, 2019.

c. On April 1, 2015, the Organization updated the lease agreement for its office in Richmond. During the period from April 1, 2013 to March 31, 2015, the monthly payment is \$1,296. From April 1, 2015 to March 31, 2018, the monthly payment is \$1,376.

d. On May 31, 2011, the Organization entered into a five-year lease agreement for its offices in Oakland. The term of the lease commences on July 1, 2011. The monthly payment is \$20,256. On March 1, 2014, the Organization leased another office at the same address. The monthly payment is \$3,926. The lease term is ten years. On December 9, 2014, the Organization amended the lease agreement. As a result, one of the offices was changed to month-to-month basis. The monthly payment for this office is \$1,586. On March 5, 2015, the Organization updated the lease agreement with the landlord for all the offices in Oakland. The lease is for ten years and has an option to extend the lease for an additional two terms of five years each. Starting May 1, 2015, the monthly payment is \$28,322.

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2015**

**8. LEASE COMMITMENTS (CONTINUED)**

The future minimum lease payments under these leases are as follows:

Year ended June 30,	<u>Amount</u>
2016	\$403,984
2017	404,814
2018	401,539
2019	386,480
2020	344,113
Thereafter	<u>1,547,578</u>
Total	<u>\$3,488,508</u>

The total rental expense under these operating leases was \$368,187 during the year ended June 30, 2015.

**9. RETIREMENT PLAN**

The Organization offers its employees a deferred annuity plan, adopted under Internal Revenue Code Section 403(b), which provides for the deferral of a portion of participating employees' compensation until retirement, termination or certain other covered events. Employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code if they wish. The plan assets are held by a custodian in a segregated fund and are invested in various authorized investment instruments. The Organization did not make any contribution to the plan during the year ended June 30, 2015.

**10. SUBSEQUENT EVENTS**

The management of the Organization has reviewed the results of operations and evaluated all subsequent events for the period of time from its year end of June 30, 2015 through May 31, 2016, the date the financial statements were available to be issued, and have determined that no adjustments are necessary to the amounts reported in the accompanying financial statements. However, there is a subsequent event occurred, the nature of which would require to disclose in the following Note 11 in accordance to FASB ASC855-10-20.

**11. CONTINGENCY-LITIGATION**

On February 23, 2016, the Organization is a defendant of a lawsuit filed by its at-will employee for alleging breach of labor laws and regulations in the workplace. The complaint appears to claim a wrongful termination and asks for unknown damages. According to counsel, it is too early to evaluate the likelihood of an unfavorable outcome or an estimate of the range of loss. But, the management intends to vigorously contest the claim.

**ASIAN COMMUNITY MENTAL HEALTH BOARD**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2015**

	Program Services				Supporting Services			Total
	Behavioral Health	Developmental Disability Services	Family Resources Center	Family Support Services	Program	Management & General	Fundraising	
Salaries	\$ 2,689,900	\$ 815,789	\$ 157,132	\$ 156,610	\$ 3,819,431	\$ 616,133	\$ -	\$ 4,435,564
Benefits	526,163	187,401	35,897	35,487	784,948	90,879	-	875,827
Rent and utilities	212,693	80,571	18,237	9,782	321,283	25,504	-	346,787
Subcontractors	50,455	-	-	-	50,455	-	-	50,455
Consultants	21,800	-	3,516	5,038	30,354	158,259	-	188,613
Professional fees/services	2,033	-	-	-	2,033	75,846	-	77,879
Student Stipends	7,506	-	-	-	7,506	6,996	-	14,502
Activities and events	101,554	10,050	19,917	15,623	147,144	37,529	-	184,673
Travel and transportation	16,334	33,621	5,312	2,029	57,296	8,135	-	65,431
Office expenses, Supplies & Other	61,927	4,873	1,240	512	68,552	47,266	-	115,818
Communications	23,745	5,053	7,673	752	37,223	3,139	-	40,362
Insurance	23,106	9,747	1,844	2,047	36,744	2,988	-	39,732
Equipment leases	11,074	4,414	2,869	696	19,053	2,347	-	21,400
Education/conference/dues	7,969	330	780	546	9,625	20,620	-	30,245
Repairs and maintenance	5,883	2,463	287	405	9,038	780	-	9,818
Staff recruitment	6,454	942	-	154	7,550	894	-	8,444
Depreciation	-	-	-	-	-	141,379	-	141,379
<b>Total</b>	<b>\$ 3,768,596</b>	<b>\$ 1,155,254</b>	<b>\$ 254,704</b>	<b>\$ 229,681</b>	<b>\$ 5,408,235</b>	<b>\$ 1,238,694</b>	<b>\$ -</b>	<b>\$ 6,646,929</b>



**ASIAN COMMUNITY MENTAL HEALTH BOARD  
SCHEDULE OF EXPENDITURES OF COUNTY OF ALAMEDA GRANTS  
FOR THE YEAR ENDED JUNE 30, 2015**

	Adult Outpatient Level I	ACCESS API Connections	Children Outpatient Level I	ACCESS Crisis Response and Stabilization	SAN Children EPSDT 0-5	CalWorks Mental Health Services	ACCESS Outreach and Engagement	Adult Outpatient Level III	Outpatient- Roosevelt	Oakland International High School	Asian Central County Children & Youth Services
	900053	900053	900053	900053	900053	900053	900053	900053	900053	900053	900053
Contract numbers:	900053	900053	900053	900053	900053	900053	900053	900053	900053	900053	900053
Contract period:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15
Contract amount:	\$ 1,658,740	\$ 506,837	\$ 487,478	\$ 594,798	\$ 273,877	\$ 221,912	\$ 160,142	\$ 233,933	\$ 139,331	\$ 124,505	\$ 320,000
Salaries	926,075	287,519	288,777	210,969	120,489	109,536	116,326	113,897	68,458	105,605	48,897
Fringe benefits and payroll taxes	161,917	61,484	53,240	39,540	25,582	21,262	24,933	21,068	13,495	17,650	12,613
Rent	57,094	25,578	20,264	15,374	10,304	8,025	9,943	8,283	5,334	6,042	27,770
Consultants	10,033	560	-	-	-	-	-	-	-	-	-
Student Stipends	-	-	-	-	-	-	-	-	-	-	-
Activities and events	22,912	11,281	2,193	381	805	527	101	494	921	486	3,306
Travel and transportation	3,420	4,091	1,319	244	1,380	1,120	464	83	351	112	191
Office expenses, Supplies & Other	9,711	1,314	402	689	66	16	-	-	210	107	854
Communications	4,623	4,032	1,381	877	1,389	498	654	510	519	413	7,223
Insurance	6,896	3,092	2,455	1,860	1,252	972	1,209	991	647	735	795
Equipment leases	3,086	1,403	1,092	793	560	436	553	434	284	331	886
Education/conference/dues	385	1,960	1,156	45	100	6	36	9	50	22	-
Repairs and maintenance	1,725	752	660	398	332	241	337	194	159	194	115
Staff recruitment	2,220	557	873	2,461	23	-	75	-	25	-	-
Indirect costs	1,210,097	403,623	373,812	273,631	162,282	142,639	154,631	145,963	90,453	131,697	102,650
Total	331,985	111,642	102,408	74,041	43,826	38,731	41,635	40,787	24,861	34,869	27,749
Total	\$ 1,542,082	\$ 515,265	\$ 476,220	\$ 347,672	\$ 206,108	\$ 181,370	\$ 196,266	\$ 186,750	\$ 115,314	\$ 166,566	\$ 130,399
Total	\$ 4,064,012	\$ 1,303,999	\$ 1,153,314	\$ 1,665,666	\$ 872,534	\$ 827,534	\$ 872,534	\$ 872,534	\$ 872,534	\$ 872,534	\$ 872,534

**INDEPENDENT AUDITOR'S 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**

The Board of Directors  
Asian Community Mental Health Board  
Oakland, 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 Asian Community Mental Health Board (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statement of activities and changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 31, 2016.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Asian Community Mental Health Board'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 Asian Community Mental Health Board's internal control. Accordingly, we do not express an opinion on the effectiveness of Asian Community Mental Health Board'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 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 weakness 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 Asian Community Mental Health Board'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 direct and material effect on the determination of the 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 result of that testing, and not to provide an opinion on the effectiveness of the entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Tang & Lee, LLP*

Burlingame, California  
May 31, 2016

**ASIAN COMMUNITY MENTAL HEALTH BOARD  
(A NON-PROFIT CORPORATION)  
SCHEDULE OF AUDIT RESULTS AND FINDINGS  
FOR THE YEAR ENDED JUNE 30, 2015**

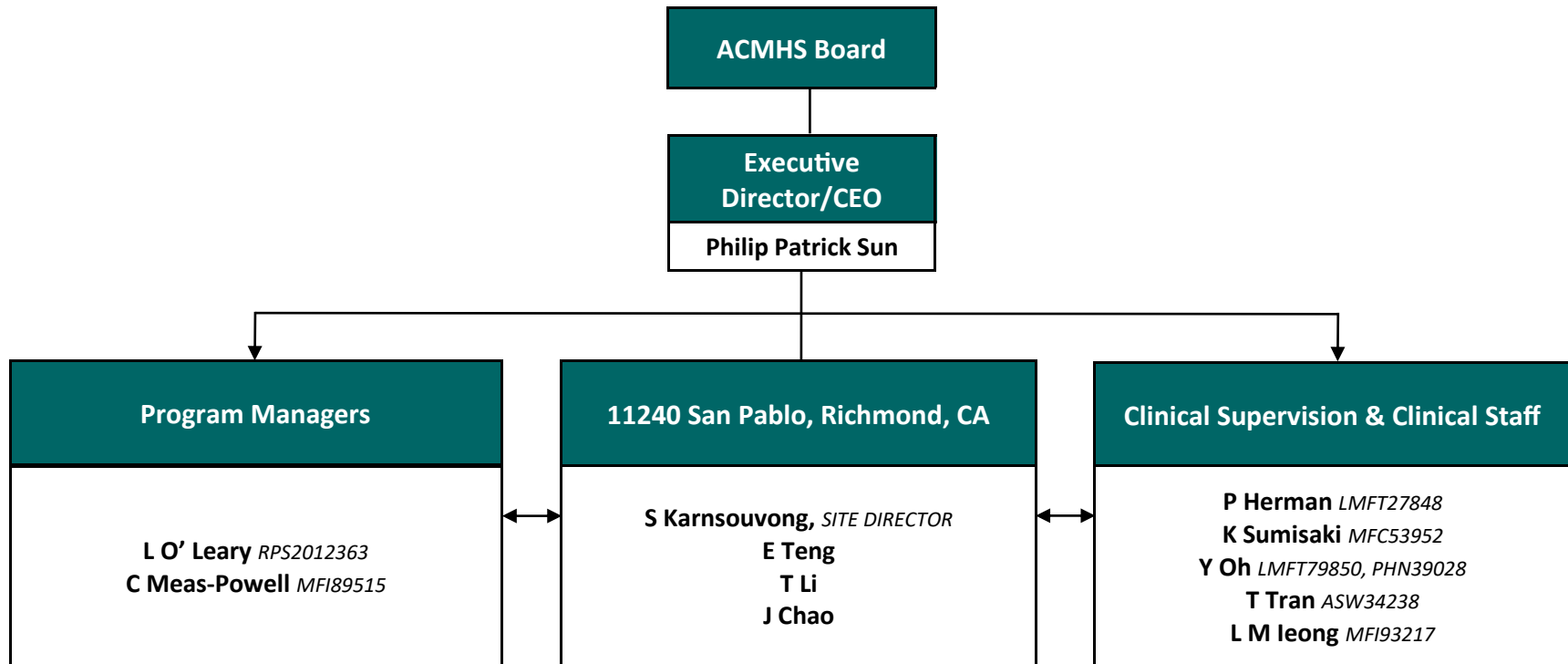
---

**SECTION I-- Summary of Auditor's Results**

Type of auditor's report issued:	<b>Unmodified</b>
Internal control over financial reporting:	
Control deficiencies identified?	<b>No</b>
Material deficiencies identified?	<b>No</b>
Significant deficiencies identified that are not considered to be material weakness?	<b>No</b>
Non-compliance material to financial statements noted	<b>No</b>

**SECTION II- Financial Statement Findings**

No matters were reported.



# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Name of Program:** Contra Costa Crisis Center  
P.O. Box 3364  
Walnut Creek, CA 94598
- II. **Review Team:** Michelle Rodriguez-Ziemer, Warren Hayes
- III. **Date of On-site Review:** January 18, 2017  
**Date of Exit Meeting:** March 13, 2017
- IV. **Program Description.** Contra Costa Crisis Center's primary mission is to keep individuals alive, safe, help them through crises, and connect them to culturally relevant resources within the community. To this end the Crisis Center operates a nationally certified 24-hour suicide prevention hotline that serves all who live in Contra Costa County. Residents of Contra Costa County and surrounding counties have access to trained staff and volunteers who can assess for suicide and self-harm lethality, and can provide linkages to mental health and other options as appropriate. The Crisis Center currently combines several grants and contracts to build a comprehensive program for those in crisis. MHSA Prevention and Early Intervention (PEI) is one of those funding sources for the crisis hotline and support services. The Crisis Center currently operates ten call lines. They include: crisis hotline, the National Suicide Prevention Life Line, child abuse and elder abuse (after hours), Spanish Life Line, 1-800 Suicide, grief hotline, 211, homeless hotline and "help me grow" support. Other services provided include: answering local calls to toll-free suicide hotlines, a Spanish-language hotline, the tele-interpreter service for those whose language is not Spanish or English; lethality assessment, follow-up calls for medium and high risk lethality; grief and support groups; and training for crisis line staff, volunteers and residents.

The Crisis Center also provides outreach, trainings and collaborations with other community organizations, including schools, law enforcement and faith based organizations. In any given year, the Crisis Center answers 25,000 crisis calls and almost 40,000 calls in 2-1-1 calls. Services are intended to support those in crisis and those impacted by mental illness by providing timely access and linkage to mental health and other services. There is a current plan to add

“texting” to crisis services in response to a growing need to reach younger consumers.

**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 support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumer surveys and interviews indicate the program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Improves timely access to those at risk of suicidal thoughts and behaviors.
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 report meeting and exceeding target goal.
6. Achieve the outcomes that have been agreed upon.	Met	Current outcomes met.
7. Quality Assurance	Met	Procedures are in place to address and respond to quality assurance standards
8. Ensure confidentiality of protected health information.	Met	Notice of HIPAA and privacy policies are in place.
9. Staffing sufficient for the program	Met	Staffing is sufficient to the program’s needs.

10. Annual independent fiscal audit performed.	Met	No audit findings were 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 implements sound check and balance system
13. Documentation sufficient to support invoices	Met	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
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	No indirect costs are charged to the contract.
17. Insurance policies sufficient to comply with contract	Met	Policies sufficient for the services offered.
18. Effective communication between contract manager and contractor	Met	Sufficient communication to conduct contract business.

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

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

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

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

**Discussion:** Of the ten staff members who were interviewed, most had been volunteers prior to moving into their roles as employees. Their time with the Crisis Center ranged from five to eighteen years, showing great stability among the employees. They spoke to the extensive training needed to fulfill their roles, and also of the ongoing trainings needed to remain certified. Their collective training and experience brought a wealth of knowledge and experiences to the Crisis Center. It is reported that the most current crisis intervention model was



developed with the help of staff. Staff presented as warm, welcoming and skilled with good communications skills. Diversity was noted among the staff members. Staff described themselves as a team, and felt that they supported each other and felt supported by the larger organization. They discussed the rewards of their job included, “getting individuals one day at a time success”, and “making a difference”. Staff reported that for many the opportunity to talk anonymously was helpful. Challenges reported included the need for more resources within the local community, the increasing number of homeless families, and the wish to see more mental health training for law enforcement. A mobile response team for adults was one of their recommendations to increase support for consumers. Another challenge reported was that the ability to retain/keep volunteers over the years had become increasingly more difficult.

Several volunteers were interviewed. The volunteer group reflected varied cultures and experiences, including non-mental health backgrounds. The range of time volunteering ranged from one to 26 years. They all spoke highly of the training that they received to prepare them to provide support to callers. Volunteers are asked to commit to one year with at least four hours per week. All volunteers are continually screened for mental health and other issues. Volunteers reported feeling very supported by the organization. They very eloquently spoke to the challenges of individuals getting help because of stereotypes and stigma in the community. The volunteers’ identified needs reflected those that were indicated by staff, to include the need for more mental health services, more housing and access to a database of local resources.

Both staff and volunteers consistently reported that several program changes had occurred since the arrival of the Executive Director, Rhonda James. The changes were reported to have significantly improved the program and work that was being done at the Crisis Center.

**Results.** Based on the interview of staff and volunteers, and the participation of the program reviewers on the crisis hotline, it is believed that the Crisis Center is involved in collaboration and the integration of service experiences, and promote wellness, recovery and resilience. Based on these findings, it is believed that the Crisis Center delivers services consistent with the values of MHSA.

2. **Serve the agreed upon target population.** For Prevention and Early Intervention, does the program prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service.

Does the program serve the agreed upon target population (such as age group, underserved community).

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

**Discussion.** This program provides services to all residents of Contra Costa County, and provides back up services to surrounding counties. Services include a 24 hour hotline, with language capacity and follow- up calls on moderate to high risk callers. Other services, not covered by MHSA funding, are also provided, to include the 211 call line and grief groups. The Crisis Center also provides trainings and post-crisis event support to organizations within the county.

**Results.** As a Prevention and Early Intervention program, The Crisis Center is serving the agreed upon target population, and uses it's funding to leverage other support services.

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.

**Discussion.** Contra Costa Crisis Center provides a 24 hour telephone response to mental health crisis calls with non-English speaking language capacity. They also train and maintain volunteers to help support the different programs within the Crisis Center. Currently the Crisis Center is exploring providing "texting" for crisis. Services are intended to reduce the number of suicide ideations and behavior among the population by providing education, reducing stigma, and providing 24 hour support.

**Result.** The services provided are consistent with the services outlined in the Service Work Plan. This program review process confirmed that the program and staff activities are consistent with both the goals of the program and the MHSA PEI component.

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 consistent with the MHSA Three Year Program and Expenditure Plan.

**Method.** Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or

program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.

**Discussion.** Contra Costa Crisis Center was authorized based on the Community Program Planning Process and subsequent Board of Supervisor authorization. Its goal has been to provide 24 hour telephone response to mental health crises, including language capacity. They also provide assessment and follow-up practices with moderate to high lethality callers. They provide education and training within the community and partner with many organizations to address decreasing stigma within the county with the overall goal of decreasing suicides within Contra Costa County. The strategy of offering crisis line access, follow-up calls, grief group, referrals and linkage support to participants and their family members is consistent with PEI's strategy of decreasing suicide and the stigma associated with mental illness

**Results.** The Crisis Center PEI funded program has been authorized annually and receives approval as part of the three year plan sent to the Board of Supervisors. Its Service Work Plan is consistent with the current MHSA Three Year Program and Expenditure Plan. Interviews with program staff, and this program review indicate that this program meets the goals and the needs of the community.

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

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

**Discussion.** The Crisis Center is contracted to provide telephone services to a total of 25,000 calls, including 12,000 mental health/crisis calls and provide follow-up to 100% of those who are determined to be at moderate or high risk of suicide. The semi-annual reports for the last three years show that the Crisis Center has consistently exceeded agreed upon goals. From Fiscal Year (FY) 13-14 to 15-16, they responded on average to 33,000 calls. The Crisis Center also provides two required volunteer trainings annually, maintaining an average of 40 volunteers per year.

**Results.** The Crisis Center has consistently exceeded its target of consumers served.

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.

**Discussion.** Outcome measures include number of crisis and suicide calls handled, 100% follow-up for medium to high risk for lethality callers, maintaining 80 hours per week or more of Spanish language coverage on the crisis line, answering calls within an average of 10 seconds, having a call abandonment rate of under 5 %, and continuous recruitment and training of volunteers. Review of documented outcomes indicate that the Crisis Center is achieving all outcome measures.

**Results.** Interviews and outcome measures indicate that this program has a positive impact in the lives of those served. The program is encouraged to continue efforts to use data to reflect this positive impact.

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

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

**Discussion.** Contra Costa Crisis Center is governed by written policies and procedures, including providing trainings on privacy and HIPAA for staff members. These policies also allow both staff and consumers to report concerns/grievances. The organization provided a binder that is regularly updated, and addresses these policies, procedures and communicates the organization's core values.. The services provided under this PEI program are non Medi-Cal driven, and therefore not subject to the County's utilization review process. CCBHS has not received any grievances toward this program.

**Results.** The program has policies and procedures in place to be responsive to the needs of its staff and the community. No grievances have been filed.

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.

**Discussion.** Contra Costa Crisis Center has written policies and procedures in place and provides staff training on HIPAA requirements and safeguarding of consumer information.

**Results.** Contra Costa Crisis Center maintains necessary privacy policies to protect the privacy of individuals served.

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

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

**Discussion.** As indicated earlier, Contra Costa Crisis Center is able to provide a variety of services by combining grants and contracts from multiple sources. MHSA funding assists the organization achieve its central mission, goals and objectives. The MHSA funded component supports 6.65 FTE employees. The Crisis Center also maintains 40+ volunteers who assist in many areas of programming, including the hotline.

**Results.** Staffing appears sufficient to meet the needs of the organization.

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

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

**Discussion.** Audited financial statements for the Crisis Center were reviewed for fiscal years ending 2014, 15 and 16. The Crisis Center is a not for profit corporation begun over 40 years ago to keep people in Contra Costa County alive and safe, help them through crises, and connect them with culturally relevant resources in the community. Currently they receive approximately \$1.4 million in funding from over 14 funding sources for this central mission. The independent auditors did not any report any material or significant weaknesses.

**Results.** No audit findings were noted.

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.

**Discussion.** The Crisis Center appears to benefit from sound financial planning and management in spite of variable funding sources. They own their own building, have significant operating reserves, and a line of credit.

**Results.** Resources appear sufficient.

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.

**Discussion.** The Executive and Finance Officer were both interviewed and described the processes and staff utilized to implement generally accepted accounting principles. Both have extensive experience managing staff for non-profit organizations of this size. In addition, they have an active, experienced Board of Directors with a separate Finance Committee in an oversight role. Supporting documentation to monthly invoicing depict appropriate time keeping documents for tracking staff time, proper allocation of operating costs, and segregation of duties.

**Results.** Experienced staff implements sound check and balance system.

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

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

**Discussion.** Supporting documentation for a randomly selected monthly invoice for each of the last three years were provided and analyzed. The Crisis Center utilizes Quickbook Pro for their operating vouchering system. In addition, the Finance Officer utilizes a Sources and Uses spreadsheet to manage incoming funds and allocations that add up to 100% so that there is no duplicate billing.

**Results.** Uses established software program with appropriate supporting documentation protocol.

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

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

**Discussion.** Line items for this contract consist of personnel costs and supporting documentation reviewed for monthly invoices appeared to support the method of allocating appropriate costs to agreed upon budget line items.

**Results.** Method of accounting for personnel time and operating costs appear to be supported.

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.

**Discussion.** The County Auditor's expense summaries for the last three fiscal years were reviewed. Expenses were allocated to the correct fiscal year, and close out appeared timely, as no expenditures surfaced after the County's closeout date.

**Results.** No billings noted for previous fiscal year expenses.

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

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

**Discussion.** The Crisis Center does not bill CCBHS any indirect costs, but utilizes other funding sources for this expense.

**Results.** Indirect costs are funded by another revenue source.

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.

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

**Results.** General liability insurance policies are in place.

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.

**Discussion.** There is regular communication between the MHSA PEI Program Supervisor and Crisis Center staff specific to issues of the program, contract compliance, and issues related to MHSA. Increased dialogue conversation has occurred recently to address new PEI regulations, including review of outcome measures.

**Results.** Communication is ongoing and adequate to meet the needs of the program.

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

Contra Costa Crisis Center operates a nationally certified 24-hour suicide prevention hotline. The hotline is intended to serve all who live in Contra Costa County and surrounding counties, as needed. The model of 24-hour access gives residents of Contra Costa County and surrounding counties access to trained staff and volunteers who can assess for suicide and self-harm lethality, and can provide linkages to mental health and other resources as appropriate. The Crisis Center currently combines several grants and contracts to build a comprehensive program. MHSA Prevention and Early Intervention (PEI) is one of those contracts that provides funding for the Crisis hotline and supporting services. Services provided include: suicide hotlines, 2-1-1 and eight other call lines; a Spanish-language hotline; the tele-interpreter service for those whose language is not Spanish or English; lethality assessment, follow-up calls for medium and high risk lethality; grief and support groups; and training for crisis line staff and volunteers.

The Crisis Center also provides outreach, trainings and collaboration with other community organizations, to include schools, law enforcement and faith based organizations. In any given year, the Crisis Center answers 25,000 crisis calls and almost 40,000 2-1-1 calls. Services are intended to help provide support for those in crisis and those impacted by mental illness by providing timely access and linkage to mental health and other services as needed.

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

- Staff is encouraged to continue their contingency planning for the possible loss of key personnel, such as the Executive Director and Finance Officer. These individuals perform key fiscal duties that do not have back up staff in place



should they leave for any significant duration. The Crisis Center reports that it is actively engaged in short term and long term succession planning and that these plans are reviewed yearly.

- Crisis Center is also encouraged to explore networking and partnering with County operated or other community mental health volunteer programs to increase capacity or explore resource sharing options.
- Crisis Center is also encouraged to explore options towards increasing accuracy on unduplicated calls to better ascertain frequency and impact on persons using the service.

**X. Next Review Date.** January 2020

**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)



**Contra Costa Crisis Center**

Point of Contact: Rhonda James

Contact Information: P.O. Box 3364 Walnut Creek, CA 94598

925 939-1916

[RhondaJ@crisis-center.org](mailto:RhondaJ@crisis-center.org)

**1. General Description of the Organization**

The mission of the Contra Costa Crisis Center is to keep people alive and safe, help them through crises, and connect them with culturally relevant resources in the community

**2. Program: Suicide Prevention Crisis Line**

- a. Scope of Services: Contra Costa Crisis Center provides services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide at a time when people are most vulnerable, enhances safety and connectedness for suicidal individuals, and builds a bridge to community resources for at-risk persons. Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; assisting callers whose primary language is not English or Spanish through the use of a tele-interpreter service; conducting a lethality assessment on each call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide; and training all crisis line staff and volunteers in CC Crisis Center’s Suicide risk assessment model.

As a result of these service activities, people who call the crisis line and are assessed to be at medium to high risk of suicide will receive additional follow-up services, including confirming survival/safety rate of 99% one month later. The Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multilingual/culturally competent individuals within the contract year, and the number of hours that a minimum of one Spanish-speaking counselor is on duty will be 60-80 per week. In partnership with County Mental Health, Contra Costa Crisis Center co-chairs the Suicide Prevention Committee.

- b. Target Population: Contra Costa County residents in crisis.
- c. Payment Limit: \$292,850
- d. Number served: In FY 14-15: 33,172 crisis calls were fielded.
- e. Outcomes:
  - Calls were answered in both English and Spanish 12 hours each day and in English with Spanish tele-interpreter back up during late night/early morning hours 8 hours per day.
  - Average response time was 5 seconds and call abandonment rate was 1.9 (losing less than half of industry standard number of calls).

- Lethality assessments were provided for 100% of callers rated mid to high level risk. 300 follow-up phone calls were provided to 190 callers and 132 (5150) "rescues" were initiated.
- New volunteers graduated two sessions of trainings during this fiscal year.

BUDGET OF ESTIMATED PROGRAM EXPENDITURES

Number      Budget     

*Fiscal Year 2016 - 2017 Contra Costa Crisis Center 74-358*

<b>A. GROSS OPERATIONAL BUDGET</b>	<u>          a          </u>	<u>          b          </u>
<b>1. Cost Reimbursement Categories</b>		
a. Personnel Salaries and Benefits	\$300,636	
b. Operational Costs (Direct)	1,000	
c. Indirect Costs	<u>          0          </u>	
<b>2. Total Gross Allowable Program Costs</b>	<b>\$301,636</b>	

**B. LESS PROJECTED NON-COUNTY PROGRAM REVENUES**  
(To be collected and provided by Contractor)

**C. NET ALLOWABLE TOTAL COSTS** **\$301,636**  
**TOTAL CONTRACT PAYMENT LIMIT : \$ 301,636**

**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 30<sup>th</sup> 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.



# CONTRA COSTA CRISIS CENTER

## **Financial Statements**

*For the years ended  
June 30, 2015 and 2014*

With Independent Auditors' Report

# CONTRA COSTA CRISIS CENTER

(A California Not-For-Profit Corporation)

June 30, 2015

## Our Mission

Contra Costa Crisis Center's mission is to keep people in Contra Costa County, California alive and safe, help them through crises, and connect them with culturally relevant resources in the community.

## Our Programs

**24-Hour Crisis Lines.** We operate the 24 hour suicide prevention crisis lines for the entire county of Contra Costa. Founded in 1963, it was one of the first of its kind in the U.S. All local calls to the National Suicide Prevention Lifeline (800.273.TALK and 800.SUICIDE) are routed here. Staffed by highly-trained staff and volunteers, the line provides counseling, support, and resource information to people experiencing personal crises as well as those contemplating suicide. We also handle all night, weekend, and holiday child abuse calls to Children's Protective Services and elder abuse calls to Adult Protective Services.

**Grief Counseling.** Our grief counseling program is one of the oldest, largest, and most diverse bereavement services in California. Started in 1973, it provides individual and group counseling to youths and adults mourning the death of a loved one. Counseling is conducted by trained volunteers, many of whom once were grief clients. Support groups meet throughout the county for children who have lost family members and friends, parents who have lost children, survivors after suicide, families victimized by SIDS, and others. All counseling is free, and many volunteers speak Spanish. We also have a 24-hour grief line, as well as a special team that provides counseling at schools and businesses following the death of a student or adult.

**Homeless Services.** Our 24-hour homeless hotline is one of the first points of contact in Contra Costa County's continuum of care for the homeless. Through the hotline, individuals and families are referred to food, shelter, health care, job training, transportation, and other services. We also provide motel vouchers to homeless families.

**211 Information and Referral.** 211 is the national, toll-free, three-digit phone number to call for help and information, and we're the authorized 211 provider in Contra Costa County. Trained resource specialists answer calls from people in the community who need health and social services. Our 211 database has up to-date information on 2,500 resources for local residents, and is accessible free of charge in 12 languages. We also publish regional guides of essential services in both English and Spanish.

## Board of Directors - Fiscal Year June 30, 2015

Name	Position
Andrew Pojman	President
Bonnie Glatzer	Vice President
Peg Toralti	Secretary
Stephen Cairns	Treasurer
Jaclyn Davis	Director
Linda Delmatto	Director
Dave Munson	Director
Mike Rekasis	Director
Alice Villanueva	Director
Jennifer Weise	Director
Fred Winslow	Director
Rhonda James	Executive Director
Walt Middleton	Finance Manager

**CONTRA COSTA CRISIS CENTER**

(A California Not-For-Profit Corporation)  
June 30, 2015

**CONTENTS**

	<u>Page</u>
<b>Independent Auditors' Report</b>	1
<b>Audited Financial Statements:</b>	
Statements of Financial Position	2
Statements of Activities and Changes in Net Assets	3
Statements of Cash Flows	4
Statement of Functional Expenses	5
Notes to Financial Statements	6 - 11

**CONTRA COSTA CRISIS CENTER**  
P.O. Box 3364  
Walnut Creek, California 94598  
(925) 939-1916  
General Inquiries: [admin@crisis-center.org](mailto:admin@crisis-center.org)  
Web Site Address: [www.crisis-center.org](http://www.crisis-center.org)

**Index**





C E R T I F I E D P U B L I C A C C O U N T A N T S  
1 0 3 T O W N & C O U N T R Y D R I V E , S U I T E K , D A N V I L L E , C A L I F O R N I A 9 4 5 2 6  
D O U G L A S R E G A L I A , C P A D A N A C H A V A R R I A , C P A  
M A R I A N N E R Y A N T R I C I A W I L S O N  
J A N I C E T A Y L O R , C P A W E N D Y T H O M A S , C P A  
L I S A C L O V E N , C P A L I S A P A R K E R , C P A [ i n a c t i v e ]  
J E N N Y S O , C P A J E N N I F E R J E N S E N  
V A L E R I E R E G A L I A W W W . M R C P A . C O M O F F I C E : 9 2 5 . 3 1 4 . 0 3 9 0 F A X : 9 2 5 . 3 1 4 . 0 4 6 9

## INDEPENDENT AUDITORS' REPORT

### **The Board of Directors Contra Costa Crisis Center**

We have audited the accompanying financial statements of Contra Costa Crisis Center (a California nonprofit organization) which comprise the statements of financial position as of June 30, 2015 and 2014 and the related statements of activities and changes in net assets, cash flows and functional expenses for the years 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 relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from 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 auditor's 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 Contra Costa Crisis Center as of June 30, 2015 and 2014, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Other Matters*

The prior year summarized comparative information has been derived from Contra Costa Crisis Center's June 30, 2014 financial statements. In our report dated October 10, 2014, we expressed an unqualified opinion on those financial statements.

*Danville, California  
August 28, 2015*

# CONTRA COSTA CRISIS CENTER

## Statements of Financial Position June 30, 2015 and 2014

### Assets

	2015			2014		
	Unre- stricted	Temporarily Restricted	Total	Unre- stricted	Temporarily Restricted	Total
<b>Current Assets:</b>						
Cash and cash equivalents	\$ 609,745	\$ 202,176	\$ 811,921	\$ 266,102	\$ 119,499	\$ 385,601
Investments	250,687	-	250,687	257,464	-	257,464
Grants and accounts receivable	95,723	30,000	125,723	114,392	-	114,392
Prepaid expenses	20,285	-	20,285	19,059	-	19,059
Total current assets	<b>976,440</b>	<b>232,176</b>	<b>1,208,616</b>	657,017	119,499	776,516
<b>Noncurrent Assets:</b>						
Property and equipment, net	830,606	-	830,606	861,953	-	861,953
Grants and accounts receivable	-	29,412	29,412	-	-	-
Refinance costs, net	242	-	242	659	-	659
Total noncurrent assets	<b>830,848</b>	<b>29,412</b>	<b>860,260</b>	862,612	-	862,612
Total assets	<b>\$ 1,807,288</b>	<b>\$ 261,588</b>	<b>\$ 2,068,876</b>	\$1,519,629	\$ 119,499	\$1,639,128

### Liabilities and Net Assets

<b>Current Liabilities:</b>						
Accounts payable	\$ 63,324	\$ -	\$ 63,324	\$ 2,239	\$ -	\$ 2,239
Accrued payroll liabilities	45,303	-	45,303	45,303	-	45,303
Total current liabilities	<b>108,627</b>	<b>-</b>	<b>108,627</b>	47,542	-	47,542
<b>Net Assets:</b>						
<b>Unrestricted:</b>						
Undesignated	1,552,808	-	1,552,808	1,326,234	-	1,326,234
Board designated for endowment	145,853	-	145,853	145,853	-	145,853
Temporarily restricted	-	261,588	261,588	-	119,499	119,499
Total net assets	<b>1,698,661</b>	<b>261,588</b>	<b>1,960,249</b>	1,472,087	119,499	1,591,586
Total liabilities and net assets	<b>\$ 1,807,288</b>	<b>\$ 261,588</b>	<b>\$ 2,068,876</b>	\$1,519,629	\$ 119,499	\$1,639,128

# CONTRA COSTA CRISIS CENTER

## Statements of Activities and Changes in Net Assets For the Years Ended June 30, 2015 and 2014

	Year Ended June 30, 2015			Year Ended June 30, 2014		
	Unre- stricted	Temporarily Restricted	Total	Unre- stricted	Temporarily Restricted	Total
Revenue and support:						
Contributions	\$ 1,052,650	\$ 216,099	\$ 1,268,749	\$ 1,230,861	\$ 119,500	\$ 1,350,361
Annual gala and Sprint Event	-	-	-	184,058	-	184,058
Program revenue	239,003	-	239,003	211,693	-	211,693
Investment income	331	-	331	74	-	74
Special projects and other income	285,523	-	285,523	6,832	-	6,832
Change in present value of receivables	-	(588)	(588)	-	-	-
Subtotal	1,577,507	215,511	1,793,018	1,633,518	119,500	1,753,018
<i>Net assets released from restrictions:</i>						
Satisfaction of program restrictions	73,422	(73,422)	-	61,795	(61,795)	-
Total revenue and support	1,650,929	142,089	1,793,018	1,695,313	57,705	1,753,018
Expenses:						
<i>Program services:</i>						
Crisis intervention	556,397	-	556,397	618,376	-	618,376
Grief counseling	95,843	-	95,843	150,131	-	150,131
Information and referrals	525,376	-	525,376	438,890	-	438,890
<i>Support services:</i>						
General and administrative	238,934	-	238,934	159,742	-	159,742
Fundraising	13,030	-	13,030	52,963	-	52,963
Total expenses	1,429,580	-	1,429,580	1,420,102	-	1,420,102
Increase in net assets						
from operating activities	221,349	142,089	363,438	275,211	57,705	332,916
Net unrealized gains on investments	5,225	-	5,225	46,393	-	46,393
Increase in net assets	226,574	142,089	368,663	321,604	57,705	379,309
Net assets at beginning of year	1,472,087	119,499	1,591,586	1,150,483	61,794	1,212,277
Net assets at end of year	\$ 1,698,661	\$ 261,588	\$ 1,960,249	\$ 1,472,087	\$ 119,499	\$ 1,591,586

**CONTRA COSTA CRISIS CENTER**

**Statements of Cash Flows**  
**For the Years Ended June 30, 2015 and 2014**

	2015	2014
<i>Cash flows from operating activities:</i>		
Increase in net assets	\$ 368,663	\$ 379,309
Adjustments to reconcile change in net assets to net cash provided by (used for) operating activities:		
Depreciation	31,347	31,485
Amortization	417	416
Net unrealized gains on investments	(5,225)	(46,393)
Changes in:		
Grants and accounts receivable	(40,743)	5,714
Prepaid expenses	(1,226)	(19,059)
Accounts payable	61,085	(1,171)
Accrued payroll liabilities	-	8,111
Net cash provided by operating activities	414,318	358,412
<i>Cash flows from investing activities:</i>		
Reduction in restricted cash	-	18,013
Disposal of investments, net	12,002	11,003
Net cash provided by investing activities	12,002	29,016
<i>Cash flows from financing activities:</i>		
Borrowings under line of credit	-	60,000
Principal payments under line of credit	-	(90,000)
Principal payments under mortgage payable	-	(122,108)
Net cash used for financing activities	-	(152,108)
Increase in cash and cash equivalents	426,320	235,320
Cash and cash equivalents at beginning of year	385,601	150,281
Cash and cash equivalents at end of year	\$ 811,921	\$ 385,601
<i>Additional cash flow information:</i>		
Interest paid	\$ -	\$ 4,143
Payments with tax filings	\$ 150	\$ 150

# CONTRA COSTA CRISIS CENTER

## Statement of Functional Expenses For the Year Ended June 30, 2015

*(with Summarized Financial Information for the Year Ended June 30, 2014)*

	Program Services				Supporting Services			2015 Total Expenses	2014 Total Expenses
	Crisis Intervention	Grief Counseling	Information and Referral	Total Programs	Management and General	Fundraising	Total Supporting Services		
Administration:									
Salaries/payroll taxes/benefits	\$ 460,427	\$ 74,600	\$ 404,446	\$ 939,473	\$ 99,796	\$ -	\$ 99,796	\$ 1,039,269	\$ 1,088,930
Advertising	-	-	-	-	-	-	-	-	11,868
Association dues	6,405	1,525	6,100	14,030	1,220	-	1,220	15,250	14,045
Accounting and related services	6,021	1,433	5,734	13,188	1,147	-	1,147	14,335	14,076
Conferences and training	4,751	1,131	4,524	10,406	5,408	-	5,408	15,814	8,707
Dues and subscriptions	3,659	871	3,485	8,015	697	-	697	8,712	4,638
Facility maintenance	2,031	484	1,935	4,450	387	-	387	4,837	6,047
Fundraising materials	-	-	-	-	-	12,740	12,740	12,740	7,878
Insurance	8,394	1,183	7,994	17,571	2,126	-	2,126	19,697	18,103
Janitorial	3,073	732	2,926	6,731	585	-	585	7,316	7,875
Mileage and travel	2,109	502	5,930	8,541	422	-	422	8,963	4,029
Miscellaneous	-	-	-	-	16,405	-	16,405	16,405	10,320
Mortgage interest	-	-	-	-	-	-	-	-	4,143
Postage	1,350	322	1,286	2,958	257	-	257	3,215	2,827
Printing and copying	3,163	753	3,013	6,929	603	-	603	7,532	20,457
Special events	-	-	-	-	-	-	-	-	42,879
Special projects	-	-	25,675	25,675	95,802	-	95,802	121,477	6,401
Supplies and equipment	14,840	3,544	14,175	32,559	3,193	-	3,193	35,752	40,571
Telecommunications/Web	16,375	3,910	15,588	35,873	3,394	-	3,394	39,267	45,067
Utilities	8,466	2,016	8,063	18,545	1,613	-	1,613	20,158	19,902
Volunteers	2,971	707	2,829	6,507	570	-	570	7,077	9,438
Total expenses before amortization and depreciation	544,035	93,713	513,703	1,151,451	233,625	12,740	246,365	1,397,816	1,388,201
Amortization	162	28	153	343	70	4	74	417	416
Depreciation	12,200	2,102	11,520	25,822	5,239	286	5,525	31,347	31,485
Total expenses	\$ 556,397	\$ 95,843	\$ 525,376	\$ 1,177,616	\$ 238,934	\$ 13,030	\$ 251,964	\$ 1,429,580	\$ 1,420,102

See accompanying auditors' report and notes to financial statements.

Page 5

Notes to Financial Statements  
June 30, 2015 and 2014

**1. Organization**

Contra Costa Crisis Center (the Center) was established in 1963 and incorporated in April 1969 as a California nonprofit public charity corporation providing life-affirming services, free of charge, to persons in crisis. The Center's mission is to keep people in Contra Costa County, California alive and safe, help them through crises, and connect them with culturally relevant resources in the community. This is accomplished by operating five county-wide programs: (1) 24-Hour Crisis Lines, (2) Grief Counseling, (3) Homeless Services, and (4) 211 Information and Referral.

**2. Summary of Significant Accounting Policies**

*Basis of Accounting*

The financial statements of the Center have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables and other liabilities.

*Basis of Presentation*

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) 958.205, *Presentation of Financial Statements of Not-for-Profit Entities*. Under ASC 958.205, the Center is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. The Center has no permanently restricted net assets as of June 30, 2015.

*Support and Revenue Recognition*

The Center records contributions in accordance with the recommendations of ASC 958.605, *Revenue Recognition of Not-for-Profit Entities*. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Contributions, donations and grants restricted by the donor for particular purposes are deemed to be earned and are reported as revenue and support when the Center has incurred expenditures in compliance with the specific restrictions. Such amounts received or receivable but not yet earned are included as temporarily restricted net assets on the statements of financial position.

*Cash and Cash Equivalents*

Cash and cash equivalents are defined as cash, savings and deposits that have a maturity of less than three months when acquired.

*Grants, Pledges and Contributions Receivable*

Grants, pledges and contributions receivable are recognized as unrestricted or temporarily restricted contributed revenue when the contractual obligation is received. All receivables are reflected at their estimated net realizable value.

*Allocation of Expenses*

Shared expenses are allocated to program and supporting services based on the ratio of each activity's direct salary cost to total salary expense.

Notes to Financial Statements

2. Summary of Significant Accounting Policies (continued)

*Investments*

Investments in mutual funds and securities with readily determinable market values are reported at fair value with gains and losses included on the statement of activities and changes in net assets. The Center follows the provisions of *Accounting Standards Update (ASU) 2011-04, Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in US GAAP and IFRSs* and has estimated the fair value of its investments using available market information and other valuation methodologies. The estimates are based on pertinent information available to management as of June 30, 2015. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, current estimates of fair value may differ significantly from the statements presented.

*Property and Equipment*

Property and equipment purchased by the Center is stated at cost. Property and equipment donated to the Center is recorded at estimated fair value as of the date of the gift. Maintenance and repairs are charged to expense as incurred. Building and improvements are depreciated over their estimated useful lives of up to 39 years. Furnishings, equipment and leasehold improvement are depreciated using the straight-line method over the estimated useful lives of the assets which range from 5 to 15 years.

*Use 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 liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Accordingly, actual results could differ from those estimates.

*Functional Allocation of Expenses*

The costs of providing the Center's various programs and other activities have been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

*Income Taxes*

Financial statement presentation follows the recommendations of ASC 740, *Income Taxes*. Under ASC 740, the Center is required to report information regarding its exposure to various tax positions taken by the Center and requires a two-step process that separates recognition from measurement. The first step is determining whether a tax position has met the recognition threshold; the second step is measuring a tax position that meets the recognition threshold. Management believes that the Center has adequately evaluated its current tax positions and has concluded that as of June 30, 2015, the Center does not have any uncertain tax positions for which a reserve or an accrual for a tax liability would be necessary.

The Center has received notification from the Internal Revenue Service and the State of California that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code. The exemptions are subject to periodic review by the federal and state taxing authorities and management is confident that the Center continues to satisfy all federal and state statutes in order to qualify for continued tax exemption status. The Center may periodically receive unrelated business income requiring the Center to file separate tax returns under federal and state statutes. Under such conditions, the Center will calculate, accrue and remit the applicable taxes.



**Notes to Financial Statements**

**3. Cash and Cash Equivalents and Concentration Risk**

Cash and cash equivalents at June 30, 2015 and 2014 include all funds in banks and outside brokerage firms (checking and money market funds) with maturity dates of three months or less. At June 30, 2015, certain deposits at one institution exceeded the federally insured limit of \$250,000. The Center attempts to limit its credit risk associated with cash balances by utilizing financial institutions that are well capitalized and highly rated. The composition of cash and cash equivalents is as follows at June 30, 2015 and 2014:

	<b>June 30, 2015</b>	<b>June 30, 2014</b>
Checking	\$ 337,981	\$ 63,299
Money market funds	473,940	322,302
Total cash and cash equivalents	\$ 811,921	\$ 385,601

Money market funds are maintained in several accounts earning interest at rates ranging from 0.01% per annum to 0.15% per annum as of June 30, 2015.

**4. Investments**

Investments consist of mutual funds at Union Banc Investment Services. Cost basis and fair value of investments are as follows at June 30, 2015 and 2014:

	<b>June 30, 2015</b>		<b>June 30, 2014</b>	
	<b>Cost Basis</b>	<b>Fair Value</b>	<b>Cost Basis</b>	<b>Fair Value</b>
Money market funds	\$ 698	\$ 698	\$ 748	\$ 748
Mutual funds primarily invested in equities	90,935	151,684	118,042	187,129
Mutual funds primarily invested in bonds	94,255	98,305	60,878	69,587
Total investments	\$ 185,888	\$ 250,667	\$ 179,668	\$ 257,464

All of the mutual funds are managed by Union Banc Investment Services. Net investment income (including interest, dividends and capital gains on portfolio assets) amounted to \$74 and \$214 for the years ended June 30, 2015 and 2014, respectively. During the years ended June 30, 2015 and 2014, there were net unrealized gains of \$46,393 and \$23,954, respectively, related to the Center's investment holdings. Composition of Investments held at outside brokerages utilizing fair value measurements at June 30, 2015 is as follows:

	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Money market funds	\$ 698	\$ 698	\$ -	\$ -
Mutual funds primarily invested in equities	151,684	151,684	-	-
Mutual funds primarily invested in bonds	98,305	98,305	-	-
Totals	\$ 250,667	\$ 250,667	\$ -	\$ -

Fair value measurements establish a fair value hierarchy that prioritizes the input used to measure fair value. This hierarchy consists of three broad levels: (a) Level 1 measurement reflects the value of the investments at quoted prices in active markets for identical assets, generally without any adjustments, (b) Level 2 assets and liabilities are valued based on "observable inputs" other than quoted active market prices, including quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, and interest rates and yield curves, and (c) Level 3 assets and liabilities are valued based on "unobservable inputs," such as a company's own estimates and pricing models. The Center had no investments classified as Level 2 or Level 3 at June 30, 2015.



**Notes to Financial Statements**

**5. Grants and Accounts Receivable**

Grants and accounts receivable of \$125,135 and \$114,392 at June 30, 2015 and 2014, respectively, represent funds due from various organizations and government entities and are reflected at their net realizable value. Management has not established an allowance for doubtful accounts because management believes the amounts are fully collectible. Amounts due under notes receivable are expected to be collected as follows at June 30, 2015:

Year ending June 30, 2016	\$	125,723
Year ending June 30, 2017		30,000
Total grants and accounts receivable		155,723
Less: discount applied to multi-year notes receivable		(588)
Present value of notes receivable		154,135
Less: notes receivable due within one year (current)		(125,723)
Notes receivable due after one year (noncurrent)	\$	29,412

Grants receivable due in more than one year are reflected at the net present value of estimated future cash flows using a discount rate of 2.0% per annum. The change in the value of the notes receivable for the year ended June 30, 2015 amounted to (\$588) and is reflected as a component of income affecting the value of temporarily restricted net assets on the statement of activities and changes in net assets.

**6. Property and Equipment**

Property and equipment consist of the following at June 30, 2015 and 2014:

	2015	2014
Building	\$ 961,914	\$ 961,914
Leasehold improvements	162,378	162,378
Furniture and equipment	248,253	248,253
Less: accumulated depreciation	(541,939)	(510,592)
	\$ 830,606	\$ 861,953

Depreciation expense amounted to \$31,347 and \$31,485 for the years ended June 30, 2015 and 2014, respectively.

**7. Refinance Costs**

In connection with the refinancing of its facility in Walnut Creek, the Center incurred loan fees of \$4,167 which have been capitalized on the Statements of Financial Position. The refinance costs are being amortized using the straight-line method over the 10 year loan period. The unamortized balance was \$242 and \$659 at June 30, 2015 and 2014, respectively. Amortization expense amounted to \$417 and \$416 for the years ended June 30, 2015 and 2014, respectively.

**Notes to Financial Statements**

**8. Line of Credit**

The Center has an available \$40,000 revolving business line of credit with Union Bank. When used, the line of credit bears interest at the bank's variable lending rate. There were no borrowings during the year ended June 30, 2015.

**9. Retirement Plan**

The Center offers participation in a salary deferral non-qualified contribution pension plan qualified under the Internal Revenue Code which covers substantially all of its full time hourly and salaried employees. Contributions are made by participating employees and the Center does not provide a matching contribution.

**10. Temporarily Restricted Net Assets**

The Center recognizes support from temporarily restricted net assets when the restrictions imposed by the donors have been satisfied or expired. Temporarily restricted net assets consist of the following at June 30, 2015 and 2014:

	2015	2014
Future activities	\$ 111,499	\$ 19,499
Generator	5,489	-
Kaiser (for 211 Information and Referral line)	-	50,000
San Francisco Fund Crisis	-	-
Temporary housing	145,188	50,000
Discount for present value of receivables	(588)	-
	\$ 261,588	\$ 119,499

During the years ended June 30, 2015 and 2014, the Center released \$73,422 and \$61,795, respectively, from temporarily restricted net assets to unrestricted net assets.

**11. Compensated Absences (Accrued Payroll and Related Benefits)**

Financial statement presentation follows the recommendations of ASC 710.25, *Compensated Absences*. Under ASC 710.25, the Center is required to record a liability for the estimated amounts of compensation for vacation and sick leave. Employees are permitted to accrue a specific number of hours for estimated future absences, and such accruals are recorded in the financial statements as an accrued liability on the statements of financial position based on hourly rates in effect at the end of the fiscal year. Accrued benefits amounted to \$45,303 and \$45,303 at June 30, 2015 and 2014, respectively.

Notes to Financial Statements

**12. Other Commitments and Contingencies**

In the normal course of business there are outstanding various commitments and contingent liabilities, such as commitments to enter into contracts and future program activities, which are not reflected in the financial statements. Such commitments and contingencies also include risks associated with various economic and operating factors, which include (a) Grant restrictions and donor conditions which obligate the Center to fulfill certain requirements as set forth in grant instruments, (b) Funding levels which vary based on factors beyond the Center's control, such as generosity of donors and general economic conditions, (c) Employment contracts and service agreements with outside contractors, and (d) Financial risks associated with funds on deposit at bank and investment brokerage accounts. Management believes that such commitments or contingencies have been properly addressed, appropriate amounts have been accrued (where necessary), and there will not be any resolution with a material adverse effect on the financial statements. Certain of the grants and contracts (including current and prior costs) are subject to audit and final acceptance by the granting agency.

**13. Subsequent Events**

In compliance with ASC 855, *Subsequent Events*, the Center has evaluated subsequent events through August 28, 2015, the date the financial statements were available to be issued, and, in the opinion of management, there are no subsequent events which need to be disclosed.

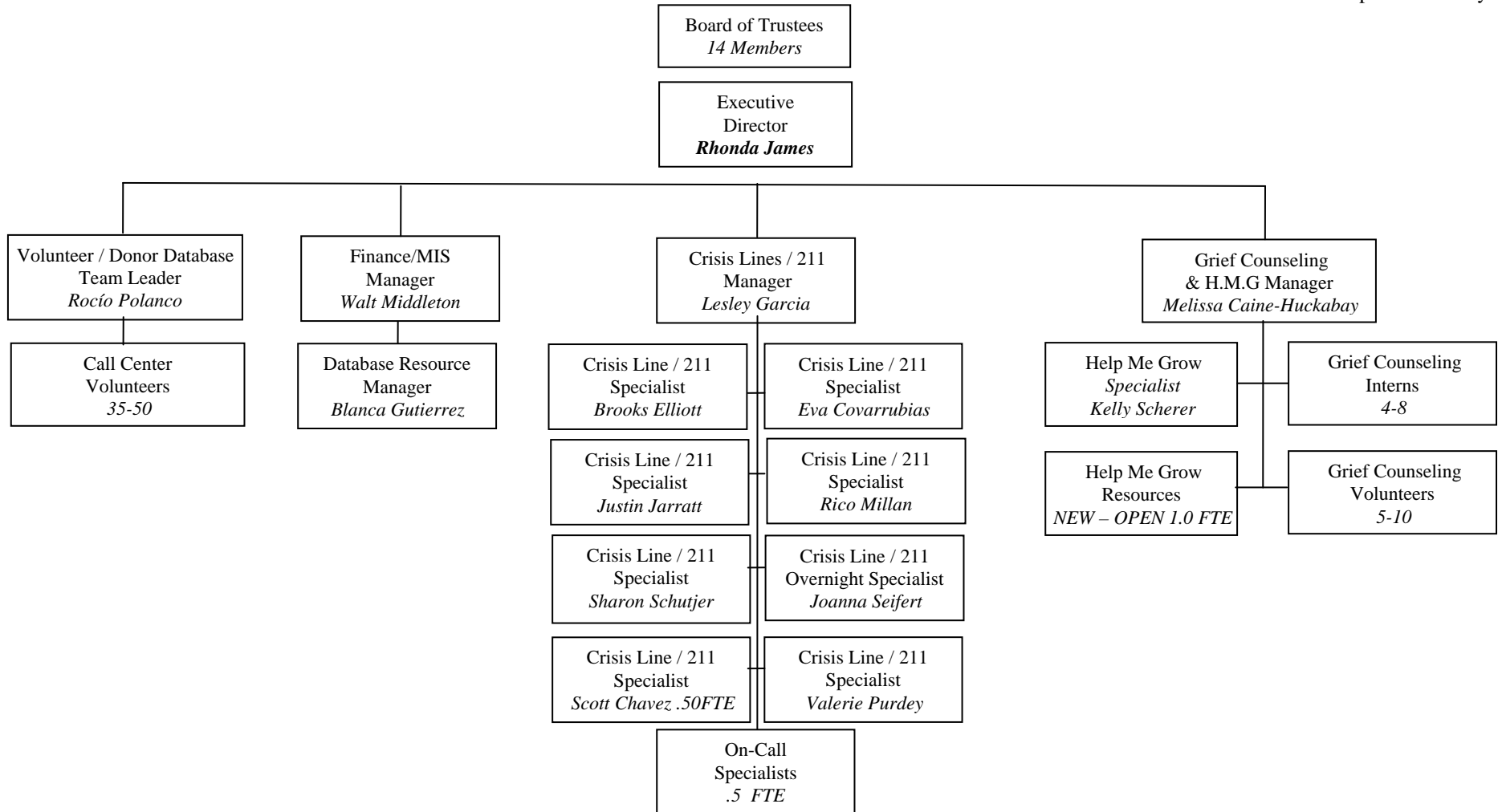


# Organization Chart

FY 2015 / 2016

Operational effective July 2015

Updated January 2016



# **Mental Health Services Act (MHSA)**

## **Program and Fiscal Review**

- I. **Name of Program:** Contra Costa Interfaith Housing (CCIH)  
399 Taylor Boulevard, Suite 115  
Pleasant Hill, CA 94530
  
- II. **Review Team:** Michelle Rodriguez-Ziemer, Warren Hayes
  
- III. **Date of On-site Review:** November 10, 2016  
**Date of Exit Meeting:** February 28, 2017
  
- IV. **Program Description.** Contra Costa Interfaith Housing (CCIH) provides permanent, affordable housing and critical support services to homeless, low income and at-risk families and individuals in Contra Costa County. CCIH currently combines several grants and contracts to build a comprehensive, service support program. MHSA Prevention and Early Intervention (PEI) is one of those contracts, and specifically helps to provide support to formerly homeless families with special needs at the Garden Park Apartments, and after-school and case management support at varied sites in the East and Central parts of the county. Services are provided on site, thereby decreasing barriers to receiving services, and are modelled on the evidence based Strengthening Families Program. Services include outreach to communities and families impacted by homelessness, case management, family support and support for sobriety. Also included are homework clubs, support for families with children age birth to five, teen support groups and community building activities. Mental health education, support and individual therapy is available for children and families as needed. Services are intended to provide support for those impacted by mental illness, outreach for increasing recognition of early signs of mental illness, timely access, and linkages to mental health services. Also included in the program is the development of resident leaders, who provide support and guidance during hours when mental health staff are not available. This model further encourages leadership and self-sufficiency for residents. This program provides a model for comprehensive services to homeless individuals and families.

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

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSAs	Met	Consumer surveys and interviews indicate program meets the values of MHSAs.
2. Serve the agreed upon target population.	Met	Improves timely access to underserved population.
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 MHSAs Three Year Plan.
5. Serve the number of individuals that have been agreed upon.	Met	Consistently report meeting and exceeding target goal.
6. Achieve the outcomes that have been agreed upon.	Met	Current outcomes met. Language has been added to address new state regulations.
7. Quality Assurance	Met	Procedures are in place to address and respond to quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	Notice of HIPAA and privacy policies are in place.
9. Staffing sufficient for the program	Met	Staffing is sufficient to the program’s needs.
10. Annual independent fiscal audit	Met	No audit findings were

performed.		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 implements sound check and balance system
13. Documentation sufficient to support invoices	Met	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
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	Not Met	Indirect charged appears to be less than incurred.
17. Insurance policies sufficient to comply with contract	Met	Policies sufficient for the services offered.
18. Effective communication between contract manager and contractor	Met	Sufficient communication to conduct contract business.

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

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

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

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

**Discussion:** Fifteen parents participated in a focus group. Represented were parents who received services from the Garden Park apartment and another who received case management services at another site. The length of time engaged in services ranged from eleven years to four months. The parents spoke about the benefits of the services offered, including parenting and wellness groups, individual and family therapy, and after-school care for the children and case

management. Onsite support meant that staff was very responsive to events and issues as they came up and could respond in a timely way. Parents expressed that this model helped them develop trust with the staff. Others spoke to the difference in care received here compared to other low-income housing, where the extra supports were not in place. Many spoke of the linkages that were successful because of the assistance of staff on site. For many these services have resulted in this being their most stable housing.

Based on consumer surveys, more than 95% of participants reported an increase in well-being, coping skills and network support through their connection with CCIH.

When participants were asked what was missing, they identified the need for more resources in the community; a need for individual therapy for adult consumers, including anger management; better transportation options and an increase in the number of parenting and wellness groups offered. Several indicated that culturally specific services were not often available. Also mentioned was the dynamics, both positive and negative, of living with others who had shared experiences with homelessness and mental illness. Some complaints were levied at the structure of the facilities, including the thinness of the walls, minimizing privacy. Despite these challenges, all agreed that this program was the best that they and their families had encountered.

The eight staff members who were interviewed mirrored the diversity of the participants served. Their collective training and experience brought a wealth of knowledge and experiences compatible with the experiences of the participants served at CCIH. It became clear that they had an understanding of the complexities of the challenges facing both the children, adults and families, including issues of complex trauma and homelessness. Staff faced many and repeated challenges in an effort to serve these consumers, and reported that they felt supported by the organization in their varied roles. It was repeatedly reported that a challenge was successfully linking adult residents to traditional mental health clinics. Expressed needs included another intern and more staff and resources to address the mental health needs of the adults. Some spoke to the need for more training on the complexity of issues, including substance abuse and dependence. Another challenge expressed was in communication with school teachers and counselors. There was a perceived sense of frustration that the special needs of resident children, including gaps in learning and behavioral and emotional responses by children facing homelessness, were at times not adequately addressed.



**Results.** Based on the interview of staff and participants, it is believed that CCIH is involved in collaboration and the integration of service experiences, while promoting wellness, recovery and resilience. Based on these findings, it is believed that CCIH delivers the services in compliance with the values of MHSA.

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

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

**Discussion.** This program provides services to previously homeless or low income families within East and Central Contra Costa County. Services include mental health wellness group; individual therapy, case management and linkage to others systems. These services are intended to help reduce disparities in service.

**Results.** As a Prevention and Early Intervention program, CCIH is serving the agreed upon target population, and helps address disparities in service.

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.

**Discussion.** CCIH works with previously homeless and low income families and individuals in traditionally underserved populations. Services are intended to provide timely onsite access and are intended to increase the usage of mental health and case management support, including support with linkage and system navigation.

**Result.** The services provided are consistent with the services outlined in the Service Work Plan. Consumers, staff interviews and review of charts confirmed that the program and staff activities are consistent with both the goal of the program and with the MHSA's PEI component.

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 consistent with the MHSA Three Year Program and Expenditure Plan.

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

**Discussion.** CCIH was authorized based on the Community Program Planning Process. Its goal has been to provide mental health education, services and case management support to once homeless and low income families. Its overall intent under PEI has resulted in increasing protective factors for those at risk and those recovering from a serious mental illness. The strategy of offering case management, system's navigation, individual and group therapy and support to participants and their family members is consistent with PEI's strategy of outreach for increasing recognition of early signs of mental illness.

**Results.** The CCIH PEI funded program has been authorized annually and receives approval as part of the three year plan sent to the Board of Supervisors. Its Service Work Plan is consistent with the current MHSa Three Year Program and Expenditure Plan. Interviews with program staff, consumers and surveys support the belief that this program meets the goals and the needs of the community.

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

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

**Discussion.** CCIH is contracted to provide services to a combined total of 80 parents/families and 50 youths from the three sites currently receiving services. The semi-annual reports for the last three years show that CCIH has consistently exceeded its' agreed upon goal. From Fiscal Year (FY) 13-14 to 15-16, they served from 238 to 374 individuals.

**Results.** CICH has consistently exceeded its target of consumers served.

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.

**Discussion.** Outcomes measures for children included improved school functioning and attendance at homework club. During the last fiscal year, 82% of the children had a homework club attendance rate of 60% or above. All the students, despite their level of participation in the homework club, have achieved success in one or two school related benchmarks and all graduated to the next grade. For families with children, outcome measures included improved family functioning. Family functioning is measured by increase self-sufficiency, development of individual family goal and eviction prevention. Measures also looked at families' ability to obtain employment, increase parenting knowledge/skill and retain custody of their child/children. It is reported that 100% of the families made progress of self-set goals.

**Results.** Interviews with consumers and surveys received indicate that this program has had a positive impact in the lives of those served. The program is encouraged to continue its' efforts to use data to reflect the changes occurring in consumers' life as a result of their participation in this program.

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.

**Discussion.** CCIH is governed by written policies, including providing trainings on privacy and HIPAA for staff members. These policies also allow both staff and consumers to report concerns/grievances. The services provided under this PEI program are non Medi-Cal driven, therefore this component is not subject to the County's utilization review process. Contra Costa County has not received any grievances toward this program.

**Results.** The program has internal processes in place to be responsive to the needs of its staff and the community. Contra Costa Behavioral Health Services has not received any grievances regarding this program.

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.

**Discussion.** CCIH has written policies and provides staff training on HIPAA requirements and safeguarding of consumers' information. Program participants and parents are informed about their privacy rights and rules of confidentiality.

**Results.** CCIH maintains necessary privacy policies to protect the privacy of individuals served.

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

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

**Discussion.** As indicated earlier, CCIH is able to provide a variety of services by combining grants and contracts from varied sources. MHSA funding assist in achieving this goal. The current program has 6.4 FTE of direct staff, including interns. With this staffing number, they are able to provide services to almost 400 individuals. Staff has indicated a lack of mental health resources to address the needs of the adults. One suggestion has been to add another intern or additional staff specific to the task of increasing mental health support to adult consumers.

**Results.** Staffing appears sufficient to meet the needs, while also acknowledging that there is a request for more staff to address the unmet needs for the adults within the programs.

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

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

**Discussion.** Audited financial statements for CCIF were reviewed for fiscal years ending 2014 and 15. CCIF Staff reported the 2016 report will be available shortly. CCIF is a non-profit corporation incorporated in 1997 to provide permanent, affordable housing and support services to homeless and at-risk families and individuals in Contra Costa County. It has continuously grown to a \$3+million organization with approximately 150 units that are funded by multiple contracts and grants in order to provide affordable housing and on-site services that prevent homelessness, support self-reliance, and assist families and their

children with academics, health and wellness services. The independent auditors did not any report any material or significant weaknesses.

**Results.** No audit findings were noted.

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.

**Discussion.** CCIF has been growing steadily, with diversified resources, significant operating reserves, and a line of credit. Staff confirmed that CCIF is utilizing dollars from its fundraising efforts to offset unreimbursed expenses for this contract amount of \$64,526 for FY 2105-16. This is due to the contract amount not being increased since its inception several years ago. The contract was increased 3% for FY 2016-17; however, it is suggested that CCIF determine the actual cost to the organization for delivering this level of services in anticipation of the MHA Three Year Plan.

**Results.** Resources appear sufficient.

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.

**Discussion.** The Controller was interviewed and described the processes and staff utilized to implement generally accepted accounting principles. The Controller has been in charge of managing CCIF's fiscal operations for over five years, and has extensive experience managing accounting staff for non-profit organizations of this size. Supporting documentation to monthly invoicing depict appropriate time keeping documents for tracking staff time, proper allocation of operating costs, and segregation of duties.

**Results.** Experienced staff implements sound check and balance system.

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

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

**Discussion.** Supporting documentation for a randomly selected monthly invoice for each of the last three years were provided and analyzed. CCIF utilizes the QuickBooks on line accounting software system, and matches supporting documentation, such as receipts and staff time cards to invoices submitted in order to ensure accurate and non-duplicative billing.

**Results.** Uses established software program with appropriate supporting documentation protocol.

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

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

**Discussion.** The Controller articulated a personnel allocation process whereby it was apparent that costs exceeded total contract amount. Supporting documentation reviewed for monthly invoices appeared to support the method of allocating appropriate costs to agreed upon budget line items.

**Results.** Method of accounting for personnel time and operating costs appear to be supported.

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.

**Discussion.** The County Auditor's expense summaries for the last three fiscal years were reviewed. Expenses were allocated to the correct fiscal year, and close out appeared timely, as no expenditures surfaced after the County's closeout date.

**Results.** No billings noted for previous fiscal year expenses.

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

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

**Discussion.** CCIF was not billing for administrative costs, although it was apparent that they were incurring administrative costs for this contract. This indirect rate appears to be one of the line items that CCIF has been subsidizing, as the financial summaries appeared to indicate significant administrative costs.

**Results.** Indirect costs appear to be incurred but not reimbursed. CCIF is encouraged to construct and propose an appropriate indirect cost budget line item for this contract.

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

**Method.** Review insurance policies.

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

**Results.** General liability insurance policies are in place.

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.

**Discussion.** There is regular communication between the MHSA PEI Program Supervisor and staff at CCIH specific to issues of the program, contract compliance, and issues related to MHSA. Increased dialogue conversation has occurred recently to address new PEI regulations, including review of outcome measures.

**Results.** Communication is ongoing and adequate to meet the needs of the program.

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

Contra Costa Interfaith Housing (CCIH) provides permanent, affordable housing and critical support services to homeless, low income and at-risk families and individuals in Contra Costa County. CCIH's approach to serving this population is through the combining of several grants and contracts to build a comprehensive program. This approach has shown to increase consumers maintaining stable housing for extensive periods; maintaining their family unit; and increasing support for children and other family members impacted by mental health issues. Services are provided on site, decreasing barriers to

participation and are based on the evidence based Strengthening Families Program. The Services offered include outreach to communities and families impacted by homelessness, individual and group counseling as indicated, mental health education and linkages, case management, family support and support for sobriety. Funding under this MHSA PEI component are intended to provide support for those impacted by mental illness and outreach for increasing recognition of early signs of mental illness, timely access and linkages to mental health services. This program provides a model on what comprehensive support to homeless communities can do. Despite this model, there remains a need for great onsite support and more community mental health resources.

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

- CCIH is encouraged to develop a budget and narrative for FY 2017-20 that more closely approximates actual costs, to include an appropriate indirect rate.
- In an effort to address the need for more support for adults within the programs, CCIH is also encouraged to explore networking and partnering with County operated or other community mental health intern programs to increase capacity or explore space sharing options.

#### **X. Next Review Date.** November 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)

**Contra Costa Interfaith Housing (CCIH)**

Point of Contact: Louise Bourassa

Contact Information: 399 Taylor Blvd. Ste 115, Pleasant Hill, CA 94530 (925) 944-2244, [Louise@ccinterfaithhousing.org](mailto:Louise@ccinterfaithhousing.org)

**1. General Description of the Organization**

Contra Costa Interfaith Housing (CCIH) provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources. CCIH case managers are licensed clinicians and receive clinical supervision on a regular basis, to provide the most appropriate support to families coping with mental health challenges. Several of our programs serve residents with disabilities, predominantly in the realm of mental health and or substance abuse problems. On-site staff availability enhances relationship building and trust between the case managers/youth enrichment coordinators and the residents. These ongoing relationships fight problems of stigma and discrimination as residents and service providers get to know each other, over time, with respect and attention to resident-defined needs and requests. We strive to provide living conditions for children that support their development into productive and healthy members of the community.

**2. Program: Strengthening Vulnerable Families**

a. Scope of Services: Contra Costa Interfaith Housing provides on-site, on-demand, and culturally appropriate delivery of an evidence-based Strengthening Families Program to help formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill. Goals of programming are to improve parenting skills, child and adult life skills, and family communication skills among residents. This program is designed to help families stabilize; parents achieve the highest level of self-sufficiency possible, and provide early intervention for at-risk youth in these families. Homeless youth are frequently exposed to violent and traumatic events and are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key program activities include: family support, support for sobriety, academic 4-day-per-week homework club, support for families of children aged birth to 5, teen support group, and community building events.

CCIH also provides afterschool programming and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg, and at one site in Concord: Lakeside Apartments. An on-site case manager and youth enrichment coordinator is available at these permanent affordable housing sites. At Lakeside Apartments 12 units are set aside for families with special needs including mental health challenges. These housing units are integrated into a 124 unit complex, and services are offered to all families, in Spanish and English, reducing the stigma and discrimination related to the families in the 12 supportive housing units.

All services are accessible on a daily basis and case managers are available for urgent or crisis support as needed at these housing sites.

- b. Target Population: Formerly homeless/at-risk families and youth.
- c. Payment Limit: \$65,526
- d. Number served: 374
- e. Outcomes:
  - **Improved school functioning and regular attendance of school-aged youth in afterschool programs.**
    - Garden Park: 100% of students regularly attending homework club achieved one or more new benchmark during school year.
    - Lakeside: 83% of students regularly attending afterschool program achieved one or more new benchmark during the school year.
    - East County: 88% of students regularly attending afterschool program achieved one or more new benchmark. Additionally, three eligible graduating high school seniors were all accepted into 4 year colleges. Eighty-one percent elementary students are reading at grade level or above.
    - Seventy-one youth attended afterschool programming at the 3 sites this past year and 60 of those youth attended the programming 75% or more of the time.
    - A total of 71 students were served in the 3 programs at these sites.
  - **Improved family functioning and confidence as measured by the self-sufficiency matrix (SSM) and individual family goals and eviction prevention. (SSM evaluates 20 life skill areas including mental health, physical health, child custody, employment, housing stability).**
    - Garden Park: 96% of families receiving case management improved their score on the self-sufficiency matrix. Areas of progress for families included obtaining employment, increasing parenting knowledge, and retaining custody of children. 100% of these families made progress on self-set annual goals such as obtaining a driver's license, attending a parenting class, accessing financial benefits. 26 families served.
    - Lakeside and East County: 94% of the families referred for eviction prevention remained housed.
    - 119 families received case management in all programs.

## SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.  
Name of Project: Strengthening Vulnerable Families  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-378

### **I. Scope of Services**

Contra Costa Interfaith Housing, Inc. (CCIH) will provide an array of on-site, on-demand, culturally appropriate and evidence-based approaches for its “Strengthening Vulnerable Families” program, which serves formerly homeless families and families at risk for homelessness and for mental illness. CCIH provides services on-site in affordable housing settings and case managers are available fulltime to residents. This structure helps to eliminate barriers to timely access to services. Culturally aware youth enrichment and case management providers assist youth and families to access a multitude of community services, including mental health treatment. By incorporating these services among general support, potential stigma related to mental health referrals is reduced. By providing services to all residents, potential biased or discriminatory service delivery is avoided.

At Garden Park Apartments in Pleasant Hill, on-site services are delivered to 28 formerly homeless families, all with special needs. Every family has one adult with a disability and most of the disabilities are in the area of mental health and substance addiction. Programming at this site is designed to improve parenting skills, child and adult life skills, and family communication skills. Program elements help families stabilize, parents achieve the highest level of self-sufficiency possible, and provide early intervention for the youth in these families who are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key activities include: case management, family support, harm reduction support, academic 4-day-per-week homework club, early childhood programming, teen support group, and community-building events. Relationships are built with the licensed mental health providers and case managers and with the youth enrichment coordinators. Parents and youth share their experiences and challenges in the context of these relationships, and families are supported with information about early signs of mental illness or other difficulties as they arise.

The goals and outcome measures for the Garden Park program include: assisting families to stabilize in permanent housing and meet their self-set family goals related to self-sufficiency and sound parenting and to help the youth overcome the challenges inherent to being in a family impacted by a variety of difficulties. Anticipated impact of this program will be a positive change in the social and emotional trajectory of these families, and the academic and social success of the children. On-site staff are able to form relationships with families over time, allowing concerns about mental health to be addressed in a non-stigmatizing manner in the context of a long-term, supportive relationships, and positive mental health outcomes are achieved.

CCIH will also provide an Afterschool Program and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg. These complexes offer permanent affordable housing to low-income

Initials: \_\_\_\_\_  
County / Contractor



## SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.  
Name of Project: Strengthening Vulnerable Families  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-378

families at risk for homelessness. The total number of households being offered services that are covered under this grant will be 155. Anticipated impact for services at these sites will be improved school performance by the youth and improved parenting skills and mental health for these families due to lowered stress regarding their housing status (eviction prevention) and increased access to resources and benefits. Increased recognition of early signs of mental illness will be achieved as well, due to the on-site case management staff's ability to respond to possible family concerns about family members' mental health, as they arise.

Case managers in these programs include a licensed psychologist, a masters prepared counseling psychologist and two mental health, post-masters interns. The youth enrichment coordinators are all experienced educators. The racial/ethnic background of the staff include 3 African Americans, 1 Native American and 2 Caucasian staff members. All of the staff in this program live in the communities they are serving. In addition to working with the families in these affordable housing sites, the Youth Enrichment Coordinators and Case Managers also work with a number of community resources as referring partners and family advocates. In this role, CCIH staff are able to help community providers be aware of early signs of mental illness in their clients, and support sensitive care and timely treatment for these issues.

### Types of Mental Health Services/Other Service-Related Activities

During the term of this contract, the Contra Costa Interfaith Housing, Inc. will assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA), by providing Prevention and Early Intervention services in the area of Outreach for Increasing Recognition of Early Signs of Mental Illness with its *Strengthening Vulnerable Families* program. This program includes the afterschool support for youth and the case management/mental health support for families described above.

We also will deliver an 8 week parenting support group at each of the 3 housing sites. This support group utilizes an evidence-based Community Café curriculum, designed to enhance five protective factors from resiliency research (parental resilience, family relationships, family communication, knowledge of child development and access to concrete supports), and an 8 week support program to parents with children aged birth to 5 at Garden Park Apartments. We will continue to provide the KidPower curriculum or another evidence based, social skills building program to our afterschool programs. This program will provide support and skills in the areas of conflict management and pro-social skills/behaviors. All of these programs will be provided on-site at the housing complexes where the families live. This on-site availability provided by culturally aware, trauma-informed case management and youth enrichment staff will increase the opportunity for recognition of early signs of mental illness among these high risk families. The design of providing services on-site at housing settings and forming long-term

Initials: \_\_\_\_\_  
County / Contractor

## SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.  
Name of Project: Strengthening Vulnerable Families  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-378

relationships with the residents also enhances timely access and linkages to referrals and resources in the community.

We will also provide an 8 week support group offering ways to lower stress for parents at GPA. This group will include information on harm reduction, concrete resources, self-soothing techniques and community building activities. All of the parents living at GPA have a disability, and most have histories of struggle with substance abuse and mental illness. By providing the on-site support groups for parents, staff will be able to provide early intervention and support for families that are experiencing concerns about youth or adult mental health problems. We will also provide a teen support club twice a month for 9 months during the school year, in order to support and promote mental health and well-being among the vulnerable teen population at this site. The consistency and availability of staff in this program assists early identification of possible mental health problems as they arise.

At Garden Park Apartments many of the adult residents have multi-generational histories of unemployment. In the coming year we will continue to support individuals seeking employment with assistance in creating resumes, job hunting and interviewing. Additionally, we are piloting an employment/training program offering two residents the opportunity to work on-site in their community as resident monitors of the property. These positions will be for 8 hours/week and will be held for 6 months. These resident employees will receive training, supervision and an opportunity to add to their work experience. It is expected that residents will gain confidence from this opportunity and build off of the experience with further employment.

## **II. Program Facilities/Hours of Operation /Staffing**

### **A. Program Facilities' Location**

- Garden Park Apartments  
2387 Lisa Lane  
Pleasant Hill, CA 94523
- Los Medanos Village  
2000 Crestview Drive  
Pittsburg, CA 94565
- Bella Monte Apartments  
2410 Willow Pass Road  
Bay Point, CA 94565
- Lakeside Apartments  
1897 Oakmead Drive  
Concord, CA 94520

### **B. Contact Person, Phone Number, and Email**

Louise Bourassa, RN, MS, Executive Director

Initials: \_\_\_\_\_  
County / Contractor

## SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.

Number: 74-378

Name of Project: Strengthening Vulnerable Families

Fiscal Year: July 1, 2016 – June 30, 2017

925-944-2246 [louise@ccinterfaithhousing.org](mailto:louise@ccinterfaithhousing.org)

### C. Program Hours of Operation

Case management/mental health support will be available from 9am – 5pm Monday – Friday, and by appointment in the evenings, at all 3 sites (Case manager in East County splits her time between the two sites, flexing her time as needed to accommodate the scheduling needs of the families). Evening hours will also be offered on Thursdays until 8:30pm at Garden Park Apartments and by appointment and as needed for special events at the other sites. The parenting group at Los Medanos Village (Pittsburg) will be offered in the evening.

All sites have property management staff who live at the site. A Site Coordinator is available until 8:30 on Monday and Friday and from 12:30-8:30pm on Saturday and Sunday at Garden Park Apartments.

Afterschool programming will be provided at Garden Park Apartments from 1:00 – 5:30pm Monday –Thursday. CCIH will provide an afterschool program to youth at each site in East County: Bella Monte Apartments and Los Medanos Village. The hours of the East County afterschool programming will be 2:30 to 5:30 pm Monday, Wednesday and Thursday at Los Medanos Village and 2:30 – 5:30 pm on Tuesdays at Bella Monte Apartments (following the specific needs of the different sites).

CCIH will also provide a fulltime case manager and youth enrichment coordinator at Lakeside Apartments. Both of the staff at Lakeside Apartments are bi-lingual/bi-cultural to meet the needs of the large Latino community at that site. Case management will be provided five days/week from 9am – 5pm and an afterschool program will be provided on Monday - Thursdays from 3:30pm – 5:30pm. (The Lakeside programming is not funded under this grant, and outcomes are not reported for this grant.)

### D. Program Staffing (including staffing pattern)

Contractor will employ 6.4 FTE of direct services staff to support programming across all locations. A portion of this staffing is funded with this grant. (See budget and budget narrative).

## III. Volume of Services to be Provided

Contractor will provide prevention and early intervention services for a projected 30 parents and 20 youth (ages 2-16) at Garden Park Apartments and 50 parents/families and 30 youth (combined) at Bella Monte Apartments and Los Medanos Village. Contractor shall attach to the billing a Monthly Contract Service /Expenditure Summary (Form: MHP029) with the total

Initials: \_\_\_\_\_  
County / Contractor

## SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.  
Name of Project: Strengthening Vulnerable Families  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-378

number of services provided for the month and the additional unduplicated (for the year) number of clients served during the month.

#### **IV. 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:

Michelle Rodriguez-Ziemer, LCSW  
M.H. Program Supervisor  
MHSA / Prevention & Early Intervention  
Mental Health Administration  
1340 Arnold Drive #200  
Martinez, Ca 94553

#### **V. Outcome Statements**

- A. Improved school functioning of the school-aged youth in the afterschool programs.
- B. Improved family functioning in the realm of self-sufficiency for families receiving case management.
- C. Improved self-esteem and progress on self-identified goals for families receiving case management.

#### **VI. Measures of Success**

- A. At least 75% of the youth regularly attending homework club will achieve two or more academic benchmark skills during the school year ending in June, 2017.
- B. At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within the fiscal year, 2016 to 2017.
- C. Two (2) family vignettes twice a year, showing the improvements and positive outcomes of the work of this project (including GPA, LMV, and BMA communities) will be provided within the fiscal year, 2016-2017, with the mid-year and final reports.

#### **VII. Measurement/Evaluation Tools**

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

- A. Youth Report Cards (when received) / Attendance Records reported on a semi-annual basis (1/15/17, 7/15/17) and program monitored benchmark achievement.

Initials: \_\_\_\_\_  
County / Contractor



## SERVICE WORK PLAN

Agency: Agency: Contra Costa Interfaith Housing, Inc.  
Name of Project: Strengthening Vulnerable Families  
Fiscal Year: July 1, 2016 – June 30, 2017

Number: 74-378

- B. Self-Sufficiency Matrix (20 category tool) reported at end of fiscal year (7/15/17).
- C. Family/Individual Action Plan form, which captures goals and action plans generated by the adults in a family receiving case management services. Success with goals reported at end of fiscal year (7/15/17)
- D. Attendance and Satisfaction Surveys for parenting support groups.
- E. Attendance records for community building events.
- F. Two Vignettes of successes or challenges delivered with each semi-annual report.

### **VIII. Reports Required**

Contractor is asked to complete and submit a Semi-annual Reporting Form (MHP030: 7-29-09), fifteen days after each semester has ended, to document the program's plan/do/check/act quality process and 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. Reports will be due on 1/15/17 and 7/15/17.

Please submit all evaluation reports on a semester basis via email to:

Michelle Rodriguez-Ziemer, LCSW  
M.H. Program Supervisor  
MHSA / Prevention & Early Intervention  
Mental Health Administration  
1340 Arnold Drive #200  
Martinez, Ca 94553

### **IX. 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 2016 – 2017 Contra Costa Interfaith Housing 74-378*

A. <b>GROSS OPERATIONAL BUDGET</b>	<u>          a          </u>	<u>          b          </u>
1. <b>Cost Reimbursement Categories</b>		
a. Personnel Salaries and Benefits	\$ 59,816	
b. Operational Costs (Direct)	0	
c. Indirect Costs	<u>6,646</u>	
2. <b>Total Gross Allowable Program Costs</b>	<b>\$ 66,462</b>	

**B. LESS PROJECTED NON-COUNTY PROGRAM REVENUES**

(To be collected and provided by Contractor)

**C. NET ALLOWABLE TOTAL COSTS** **\$ 66,462**

**TOTAL CONTRACT PAYMENT LIMIT : \$ 66,462**

**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 30<sup>th</sup> 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.

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH  
HOUSING, INC.**

---

**FINANCIAL STATEMENTS  
and  
ADDITIONAL INFORMATION**

**JUNE 30, 2015**

## CONTENTS

---

Independent Auditors' Report	1-2
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7-15
Additional Information:	
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 <i>Government Auditing Standards</i>	16

---

## INDEPENDENT AUDITORS' REPORT

---

To the Board of Directors  
Contra Costa Interfaith Transitional Housing, Inc.  
dba: Contra Costa Interfaith Housing, Inc.

### Report on the Financial Statements

We have audited the accompanying financial statements of Contra Costa Interfaith Transitional Housing, Inc. dba: Contra Costa Interfaith Housing, Inc., a nonprofit organization, 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 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 relevant 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 audits 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.

## INDEPENDENT AUDITORS' REPORT

continued

---

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Contra Costa Interfaith Transitional Housing, Inc. dba: Contra Costa Interfaith Housing, Inc. as of June 30, 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Other Matter

#### *Summarized Comparative Information*

We have previously audited Contra Costa Interfaith Transitional Housing, Inc. dba: Contra Costa Interfaith Housing, Inc.'s 2014 financial statements and our report dated October 2, 2014 expressed an unmodified opinion on those 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.

### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 10, 2015 on our consideration of Contra Costa Interfaith Transitional Housing, Inc. dba: Contra Costa Interfaith Housing, Inc.'s internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant 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 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 Contra Costa Interfaith Transitional Housing, Inc. dba: Contra Costa Interfaith Housing, Inc.'s internal control over financial reporting and compliance.

*Harrington Group*

San Francisco, California  
September 10, 2015

---



**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

STATEMENT OF FINANCIAL POSITION

June 30, 2015

With comparative totals at June 30, 2014

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>2015</u>	<u>2014</u>
<b>Assets</b>					
Cash and cash equivalents (Note 2)	\$ 408,970	\$ 9,366	\$ -	\$ 418,336	\$ 331,188
Accounts receivable	131,557			131,557	141,304
Pledge receivable (Note 3)		150,000		150,000	-
Prepaid expenses	23,407			23,407	15,970
Investments (Note 4)		4,091	7,100	11,191	10,649
Investment property (Note 4)	2,698,362			2,698,362	2,585,877
Property and equipment (Note 6)	26,096			26,096	14,272
	<u>3,288,392</u>	<u>163,457</u>	<u>7,100</u>	<u>3,458,949</u>	<u>3,099,260</u>
<b>Total assets</b>					
<b>Liabilities and net assets</b>					
<b>Liabilities</b>					
Accounts payable	\$ 14,318	\$ -	\$ -	\$ 14,318	\$ 7,624
Accrued vacation	29,220			29,220	16,508
Accrued liabilities	37,779			37,779	30,202
	<u>81,317</u>	<u>-</u>	<u>-</u>	<u>81,317</u>	<u>54,334</u>
<b>Total liabilities</b>					
<b>Net assets</b>					
Unrestricted	3,207,075			3,207,075	3,032,777
Temporarily restricted (Note 8)		163,457		163,457	5,049
Permanently restricted (Note 9)			7,100	7,100	7,100
	<u>3,207,075</u>	<u>163,457</u>	<u>7,100</u>	<u>3,377,632</u>	<u>3,044,926</u>
<b>Total net assets</b>					
<b>Total liabilities and net assets</b>	<u>\$ 3,288,392</u>	<u>\$ 163,457</u>	<u>\$ 7,100</u>	<u>\$ 3,458,949</u>	<u>\$ 3,099,260</u>

The accompanying notes are an integral part of these financial statements.

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

STATEMENT OF ACTIVITIES  
For the year ended June 30, 2015  
With comparative totals for the year ended June 30, 2014

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>2015</u>	<u>2014</u>
<b>Revenue and support</b>					
Contributions	\$ 259,629	\$ 161,479	\$ -	\$ 421,108	\$ 793,640
Government contract revenue (Note 10)	586,973			586,973	401,364
Service fees	178,627			178,627	170,893
Special events - net of expenses of \$54,381	220,031			220,031	127,527
In-kind contribution (Note 2)				-	45,046
Dividend income	2,107	543		2,650	4,031
Gain on investment	412			412	1,303
Interest income	327			327	269
Net asset released from purpose restrictions	3,614	(3,614)		-	-
<b>Total revenue and support</b>	<u>1,251,720</u>	<u>158,408</u>	<u>-</u>	<u>1,410,128</u>	<u>1,544,073</u>
<b>Expenses</b>					
Program services	899,708			899,708	816,216
Management and general	73,610			73,610	42,929
Fundraising	104,104			104,104	61,620
<b>Total expenses</b>	<u>1,077,422</u>	<u>-</u>	<u>-</u>	<u>1,077,422</u>	<u>920,765</u>
<b>Change in net assets</b>	174,298	158,408		332,706	623,308
<b>Net assets, beginning of year</b>	<u>3,032,777</u>	<u>5,049</u>	<u>7,100</u>	<u>3,044,926</u>	<u>2,421,618</u>
<b>Net assets, end of year</b>	<u>\$ 3,207,075</u>	<u>\$ 163,457</u>	<u>\$ 7,100</u>	<u>\$ 3,377,632</u>	<u>\$ 3,044,926</u>

The accompanying notes are an integral part of these financial statements.



**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2015

With comparative totals for the year ended June 30, 2014

	<b>Program</b>	<b>Management</b>		<b>Total Expenses</b>	
	<b>Services</b>	<b>and General</b>		<b>Fundraising</b>	<b>2015</b>
Salaries	\$ 629,763	\$ 52,053	\$ 73,013	\$ 754,829	\$ 639,024
Payroll taxes and employee benefits	113,713	9,399	13,184	136,296	108,473
Total personnel costs	743,476	61,452	86,197	891,125	747,497
Direct program	37,688			37,688	53,130
Rent	19,514	1,613	2,262	23,389	16,652
Office expense	15,585	1,291	4,999	21,875	18,470
Professional fees	17,483	895	2,856	21,234	21,100
Computer maintenance	16,045	1,326	1,860	19,231	12,949
Insurance	9,086	3,517	1,053	13,656	10,615
Printing and production	8,233	680	954	9,867	8,495
Accounting	7,926	655	919	9,500	9,000
Depreciation	7,345	606	852	8,803	11,222
Supplies	6,669	551	773	7,993	5,236
Telephone	6,641	549	770	7,960	2,373
Postage	4,017	332	466	4,815	2,667
Travel and meetings		143	143	286	264
Marketing				-	1,095
<b>Total 2015 functional expenses</b>	<b>\$ 899,708</b>	<b>\$ 73,610</b>	<b>\$ 104,104</b>	<b>\$ 1,077,422</b>	
Total 2014 functional expenses	\$ 816,216	\$ 42,929	\$ 61,620		\$ 920,765

The accompanying notes are an integral part of these financial statements.

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

STATEMENT OF CASH FLOWS

For the year ended June 30, 2015

With comparative totals for the year ended June 30, 2014

	2015	2014
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 332,706	\$ 623,308
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	8,803	11,222
Dividends reinvested	(130)	(184)
(Gain) on investment	(412)	(1,303)
Changes in operating assets and liabilities:		
Decrease in accounts receivable	9,747	153,047
(Increase) in pledge receivable	(150,000)	-
(Increase) in prepaid expenses	(7,437)	(2,281)
Increase (decrease) in accounts payable	6,694	(7,353)
Increase (decrease) in accrued vacation	12,712	(7,868)
Increase in accrued liabilities	7,577	12,866
	<b>220,260</b>	<b>781,454</b>
<b>Cash flows from investing activities:</b>		
Capital improvements on Garden Park Apartments Community	(112,485)	(726,476)
Purchase of property and equipment	(20,627)	(10,917)
	<b>(133,112)</b>	<b>(737,393)</b>
<b>Net increase in cash and cash equivalents</b>	<b>87,148</b>	<b>44,061</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>331,188</b>	<b>287,127</b>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 418,336</b>	<b>\$ 331,188</b>

The accompanying notes are an integral part of these financial statements.

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

**1. Organization**

Contra Costa Interfaith Transitional Housing, Inc. dba: Contra Costa Interfaith Housing, Inc. ("CCIH") was organized under the laws of the State of California and incorporated in 1997 as a nonprofit corporation. The mission of CCIH is to provide permanent, affordable housing and vital support services to homeless and at-risk families and individuals in Contra Costa County. CCIH's objectives are to provide deeply affordable housing and on-site services that prevent homelessness, support self-reliance, and assist families and their children to thrive. CCIH programs prioritize youth academics, health, and wellness in order to break a cycle of intergenerational poverty and homelessness.

**2. Summary of Significant Accounting Policies**

A summary of the significant accounting policies applied in the preparation of the accompanying financial statements is as follows:

**Basis of Presentation**

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

**Accounting**

To ensure observance of certain constraints and restrictions placed on the use of resources, the accounts of CCIH are maintained in accordance with the principles of net asset accounting. This is the procedure by which resources for various purposes are classified for accounting and reporting purposes into net asset classes that are in accordance with specified activities or objectives. Accordingly, all financial transactions have been recorded and reported by net asset class as follows:

**Unrestricted.** These generally result from revenue generated by receiving unrestricted contributions, providing services, and receiving interest from investments less expenses incurred in providing program-related services, raising contributions, and performing administrative functions.

**Temporarily Restricted.** CCIH reports gifts of cash and other assets as temporarily restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from program or capital restrictions. Temporarily restricted net assets at June 30, 2015 consist of \$163,457 at June 30, 2015.

**Permanently Restricted.** These net assets are restricted by donors who stipulate that resources are to be maintained permanently, but permit CCIH to expend all of the income (or other economic benefits) derived from the donated assets. CCIH has permanently restricted net assets of \$7,100 at June 30, 2015.

continued



**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

**2. Summary of Significant Accounting Policies, continued**

**Cash and Cash Equivalents**

CCIH has defined cash and cash equivalents as cash in banks and certificates of deposits with an original maturity of three months or less.

**Accounts Receivable**

Accounts receivable are receivables from governmental agencies. Therefore, no allowance for doubtful accounts has been provided.

**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 as 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 deemed immaterial and accordingly not recorded as of June 30, 2015. Conditional promises to give are not included as support until the conditions are substantially met.

**Investments**

CCIH values its investments at fair value. Unrealized gains or losses (including investments bought, sold, and held during the year) are reflected in the Statement of Activities as gain or loss on investments. Short term highly liquid money market deposits that are not used for operations are treated as investments.

**Fair Value Measurements**

Generally accepted accounting principles provide guidance on how fair value should be determined when financial statement elements are required to be measured at fair value. Valuation techniques are ranked in three levels depending on the degree of objectivity of the inputs used with each level:

Level 1 inputs - quoted prices in active markets for identical assets

Level 2 inputs - quoted prices in active or inactive markets for the same or similar assets

Level 3 inputs - estimates using the best information available when there is little or no market

CCIH is required to measure non-cash contributions and investments at fair value. The specific techniques used to measure fair value for these financial statement elements are described in the notes below that relate to each element.

continued

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

**2. Summary of Significant Accounting Policies, continued**

**Concentration of Credit Risks**

CCIH places its temporary cash investments with high credit, quality financial institutions. At times, such investments may be in excess of the Federal Deposit Insurance Corporation insurance limit. CCIH has not incurred losses related to these investments.

The primary receivable balance outstanding at June 30, 2015 consists of government contract receivables due from county granting agencies. Concentration of credit risks with respect to trade receivables are limited, as the majority of CCIH's receivables consist of earned fees from contract programs granted by governmental agencies.

**Property and Equipment**

Property and equipment are recorded at cost if purchased or at fair value at the date of donation if donated. Depreciation is computed on the straight-line basis over the estimated useful lives of the related assets. Maintenance and repair costs are charged to expense as incurred.

Property and equipment are capitalized if the cost of an asset is greater than or equal to five hundred dollars and the useful life is greater than one year.

**Donated Materials and Services**

Contributions of donated non-cash assets are measured on a non-recurring basis and recorded at fair value in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, 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. For the year ended June 30, 2015, CCIH recorded in-kind contributions of \$8,155 for donated materials and services for the special event and accordingly included in Special Event on the Statement of Activities.

**Income Taxes**

CCIH is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701(d).

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by CCIH in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. CCIH's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

continued



**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

**2. Summary of Significant Accounting Policies, continued**

**Functional Allocation of Expenses**

Costs of providing CCIH's programs and other activities have been presented in the Statement of Functional Expenses. During the year, such costs are accumulated into separate groupings as either direct or indirect. Indirect or shared costs are allocated among program and support services by a method that best measures the relative degree of benefit. CCIH uses salary to allocate indirect cost.

**Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts of assets, liabilities, revenues, and expenses as of the date and for the period presented. Actual results could differ from those estimates.

**Comparative Totals**

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 accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with CCIH's financial statements for the year ended June 30, 2014 from which the summarized information was derived.

**Subsequent Events**

Management has evaluated subsequent events through September 10, 2015, the date which the financial statements were available.

**3. Pledges Receivable**

Pledges receivable are recorded as support when pledged unless designated otherwise. Management deemed pledges collectible; accordingly no allowance for doubtful accounts has been established for uncollectible pledges. Additionally, all pledges are valued at their estimated fair value at June 30, 2015. Discount on pledges receivables is immaterial, accordingly unamortized discount on pledges receivable is not recorded. Total amount of pledges receivable at June 30, 2015, of \$150,000 is expected to be collected as follows:

<u>Year ended June 30,</u>	
2016	\$ 50,000
2017	50,000
2018	<u>50,000</u>
	<u>\$150,000</u>

continued

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

**4. Investments**

Investments at June 30, 2015 consist of the following:

Mutual Funds	\$ 11,191
Garden Park Apartments	<u>2,698,362</u>
	<u>\$2,709,553</u>

On September 30, 2003, Mercy Housing California and CCIH formed a collaborative named the Garden Park Apartments Community (“GPAC”) to operate the Garden Park Apartments. On September 30, 2003, CCIH transferred title of Garden Park Apartments to GPAC and GPAC paid the corresponding mortgage on the apartment complex. The mission of GPAC is to provide permanent housing and on-site support services. Upon transfer of the apartments to GPAC, CCIH was given an interest in the apartments equal to CCIH’s original down payment on the property and principal payments made on the mortgage less monies received by CCIH for the transfer of the apartments and the liability on the property management statement on September 30, 2003. CCIH’s investment in the Garden Park Apartments at June 30, 2015 is \$2,698,362. Included in this balance are capital improvements made during FY 2015 for \$112,485.

**5. Fair Value Measurements**

The table below presents the balances of assets measures at fair value at June 30, 2015 on a recurring basis:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Balanced index fund	\$11,191	\$ -	\$ -	\$ 11,191
Garden Park Apartments			<u>2,698,362</u>	<u>2,698,362</u>
	<u>\$11,191</u>	<u>\$ -</u>	<u>\$2,698,362</u>	<u>\$2,709,553</u>

The fair values of mutual funds have been measured on a recurring basis using quoted prices for identical assets in active markets (Level 1 inputs).

The fair values of Garden Park Apartments have been measured on estimates using the best information available when there is little or no market (Level 3 inputs).

The following table provides further details of the Level 3 fair value measurements:

Beginning balance	\$2,585,877
Additional contributed equity	<u>112,485</u>
Ending balance	<u>\$2,698,362</u>

continued

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

**5. Fair Value Measurements, continued**

The table below present transactions measured at fair value on a non-recurring basis during the year ended June 30, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Contributed materials and services	\$ <u>-</u>	<u>\$8,155</u>	\$ <u>-</u>	<u>\$8,155</u>

The fair values of contributed materials and services have been measured on a recurring basis using quoted prices in active or inactive markets for the same or similar assets (Level 2 inputs).

**6. Property and Equipment**

Property and equipment at June 30, 2015 consist of the following:

Equipment	\$ 55,695
Less: accumulated depreciation	<u>(29,599)</u>
	<u>\$ 26,096</u>

**7. Commitments and Contingencies**

**Obligation Under Operating Lease**

CCIH's leases its Pleasant Hill office under an operating lease that expires in July 2019. Additional technology and telephone leases expire in July 2017 and May 2018, respectively. Future minimum payments, by year and in the aggregate, under these leases, consist of the following:

<u>Year ended June 30,</u>	
2016	\$ 68,502
2017	70,351
2018	54,545
2019	<u>40,207</u>
	<u>\$233,605</u>

Rent expense under operating leases for the year ended June 30, 2015 was \$23,290.

continued



**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

**7. Commitments and Contingencies, continued**

**Contracts**

CCIH's grants and contracts are subject to inspection and audit by the appropriate governmental funding agency. The purpose is to determine whether program funds were used in accordance with their respective guidelines and regulations. The potential exists for disallowance of previously funded program costs. The ultimate liability, if any, which may result from these governmental audits cannot be reasonably estimated and, accordingly, CCIH has no provisions for the possible disallowance of program costs on its financial statements.

**8. Temporarily Restricted Net Assets**

Temporarily restricted net assets at June 30, 2015 consist of the following:

Lesher Grant	\$150,000
GPA Homework Club	5,366
Donor restricted endowment	4,091
Scholarship	2,500
Rental support	<u>1,500</u>
	<u>\$163,457</u>

**9. Permanently Restricted Net Assets**

Permanently restricted net assets at June 30, 2015 consist of the corpus amount from various donors in the amount of \$7,100. The general purpose of the endowment fund is to provide a reserve, the interest and dividends from which may be expended to "support CCIH's mission".

Generally accepted accounting principles provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 ("UPMIFA"). It also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and Board-designated endowment funds) whether or not the organization is subject to UPMIFA.

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

**9. Permanently Restricted Net Assets, continued**

CCIH classifies as permanently restricted net assets, (a) the original value of the gifts to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by CCIH.

**Investment Objectives, Asset Allocation, and the Disbursement Policy**

The fund will be invested by the Finance Committee in accordance with overall investment policy of CCIH. The Board of Directors of CCIH will control the Endowment Fund. Recommendation for expenditures will originate with the Program Committee and will require approval of the Board.

**Endowment Net Assets Composition by Type of Fund as of June 30, 2015:**

	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total Endowment Assets</b>
Donor-restricted endowment funds	<u>\$4,091</u>	<u>\$7,100</u>	<u>\$11,191</u>

**Changes in Endowment Net Assets for the Fiscal Year Ended June 30, 2015:**

	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total Endowment Assets</b>
Endowment net assets, beginning of year	\$3,549	\$7,100	\$10,649
Net appreciation	324		324
Interest income	<u>218</u>		<u>218</u>
Endowment net assets, end of year	<u>\$4,091</u>	<u>\$7,100</u>	<u>\$11,191</u>

continued

**CONTRA COSTA INTERFAITH  
TRANSITIONAL HOUSING, INC.  
DBA: CONTRA COSTA INTERFAITH HOUSING, INC.**

NOTES TO FINANCIAL STATEMENTS

---

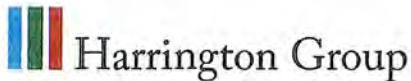
**10. Government Contracts**

Government contracts for the year ended June 30, 2015 consist of the following:

Health Services – Behavioral Health Services	\$217,065
Employment and Human Services	151,890
Community Development Block Grant Program	110,546
Health Services – Public Health	56,204
US Housing and Urban Development	41,268
Conservation and Development	<u>10,000</u>
	<u>\$586,973</u>

**ADDITIONAL INFORMATION**

---



Certified Public Accountants, LLP

**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***

---

To the Board of Directors  
Contra Costa Interfaith Transitional Housing, Inc.  
dba: Contra Costa Interfaith Housing, Inc.

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 Contra Costa Interfaith Transitional Housing, Inc. dba: Contra Costa Interfaith Housing, Inc. ("CCIH") (a nonprofit organization) 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 September 10, 2015.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered CCIH'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 CCIH's internal control. Accordingly, we do not express an opinion on the effectiveness of CCIH'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 CCIH's financial statements are free of 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**

This 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 entity'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.

*Harrington Group*

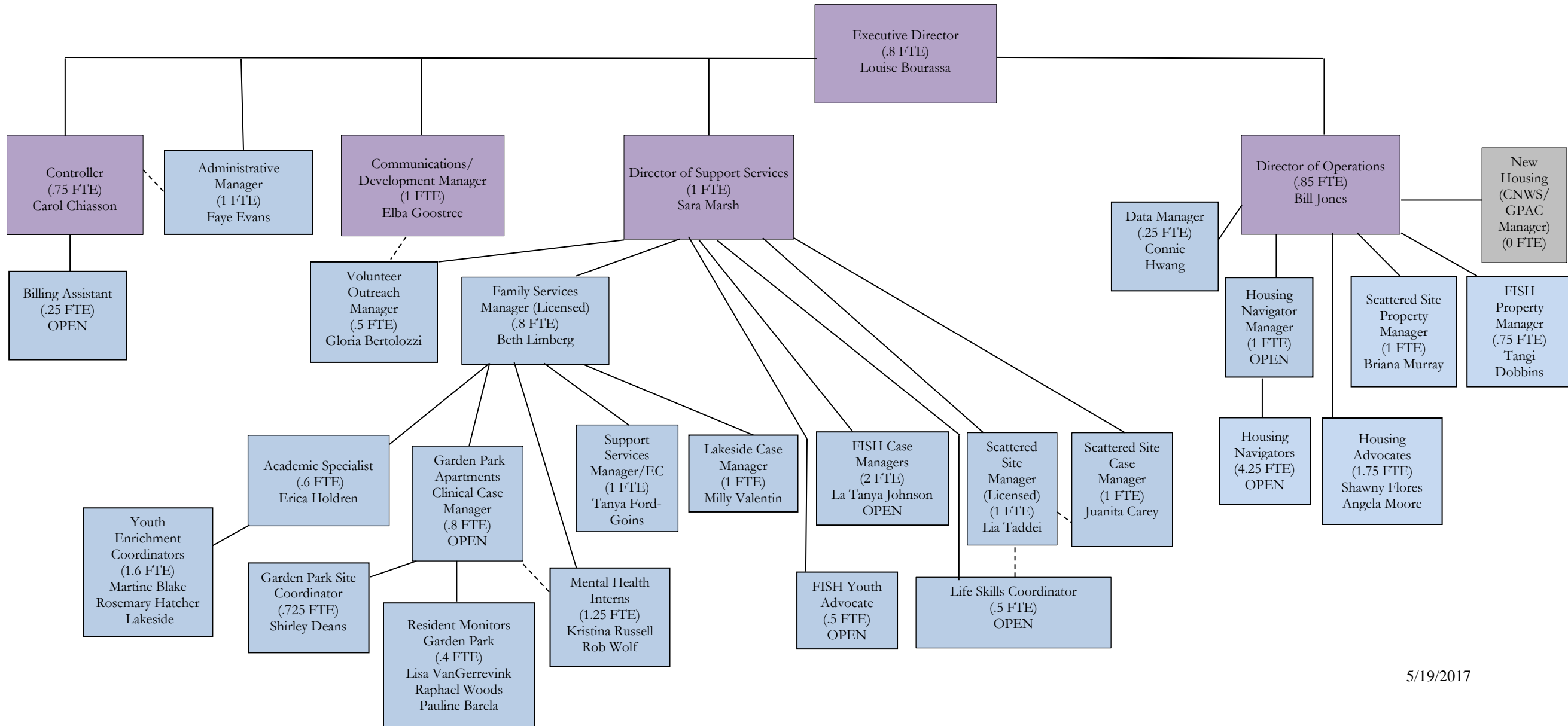
San Francisco, California  
September 10, 2015

PASADENA  
234 E Colorado Blvd  
Suite M150  
Pasadena, CA 91101  
Tel: 626.403.6801  
Fax: 626.403.6866

A Trusted Nonprofit Partner  
Experience. Service. Respect.  
[www.npocpas.com](http://www.npocpas.com)

SAN FRANCISCO  
50 Francisco St  
Suite 160  
San Francisco, CA 94133  
Tel: 415.391.3131  
Fax: 415.391.3233

**Contra Costa Interfaith Housing  
Organizational Chart**





# Contra Costa Behavioral Health Stakeholder Calendar

## April 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5 <b>MH Commission:</b> 4:30—6:30 pm 550 Ellinwood Way Pleasant Hill	6 <b>CPAW:</b> 3-6pm 2425 Bisso Ln Concord	7	8
9	10	11	12 <b>Systems of Care:</b> 10am—12 pm 1340 Arnold Dr, Ste 200, Martinez	13 <b>Children's:</b> 11:00-1:00pm, 1340 Arnold Dr, Ste 200, Martinez <b>Social Inclusion:</b> 1-3 pm 2425 Bisso Ln, Concord	14	15
16 	17 <b>CPAW Membership:</b> 3:00 - 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	18	19	20 <b>CPAW Steering:</b> 3:00 - 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	21	22
23	24 <b>CPAW Innovation:</b> 2:30 - 4:30pm 1340 Arnold Dr, Ste 200, Martinez	25 <b>Adult:</b> 3:00 - 4:30pm 1340 Arnold Dr, Ste 200, Martinez	26 <b>Aging and Older Adult:</b> 2:00 - 3:30 pm 2425 Bisso Ln, Concord <b>AOD Advisory Board :</b> 4 - 6:15pm, 2nd Floor, 1220 Morello, MTZ	27	28	29
30						<b>H3 Housing Meeting</b> May 2, 2017 1-3 PM 2425 Bisso Ln Concord