

MHSA Monthly Budget Report

Fiscal Year 2016-17

July 2016 through March 2017

Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• CSS	31,568,631	\$ 18,183,815	\$ 28,199,955
• PEI	8,037,813	5,213,913	7,495,901
• INN	2,019,494	1,172,330	1,721,663
• WET	638,871	293,803	462,200
• CF/TN	849,936	695,619	237,199
Total	43,114,745	\$ 25,559,480	\$ 38,116,918

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

Disclosures:

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

2) Various projected expenditures are based on rolling average of actual expenses.

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Full Service Partnerships			
– Children	\$ 2,885,820	\$ 1,827,908	\$ 2,603,325
– Transition Age Youth	2,085,642	675,775	1,778,228
– Adults	5,062,092	2,705,489	3,755,518
– Adult Clinic FSP Support	1,788,059	873,843	1,374,025
– Recovery Centers	875,000	586,864	880,296
– Hope House	2,088,741	1,333,052	1,984,838
– Housing Services	4,886,309	2,759,336	5,797,509
Full Service Partnerships Sub-Total	\$ 19,671,663	\$ 10,762,267	\$ 18,173,739
• General System Development			
– Older Adults	\$ 3,560,079	\$ 2,403,961	\$ 3,304,911
– Children's Wraparound	2,161,976	1,110,543	1,495,216
– Assessment and Recovery Center - Miller Wellness Center	500,000	236,395	313,779
– Liaison Staff	513,693	79,694	87,718
– Clinic Support	1,201,636	812,543	1,120,707
– Forensic Team	493,973	181,814	240,906
– Quality Assurance	1,176,672	892,893	1,238,072
– Administrative Support	2,288,940	1,703,705	2,224,907
General System Development Sub-Total	\$ 11,896,968	\$ 7,421,547	\$ 10,026,216
	\$ 31,568,631	\$ 18,183,815	\$ 28,199,955

CSS - FSP Children's

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Personal Service Coordinators - Seneca	\$ 562,915	\$ 354,349	\$ 708,697 ²
• Multi-dimensional Family Therapy – Lincoln Center	874,417	385,195	577,792
• Multi-systemic Therapy – COFY	650,000	624,137	669,500
• Children's Clinic Staff – County Staff	798,488	464,228 ¹	647,336
Total	\$ 2,885,820	\$ 1,827,908	\$ 2,603,325

Note:

- 1) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.
- 2) Higher projected expenditures are due to FY 16-17 contract renewals with approved 3% COLA occurring after FY 16-17 MHSA Plan Update submitted

CSS - FSP Transition Age Youth

- Fred Finch Youth Center
- Youth Homes
- Other Costs

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
	\$ 1,400,642	\$ 476,838 ¹	\$ 1,172,552
	665,000	193,904 ¹	596,232
	20,000	5,033	9,444
Total	\$ 2,085,642	\$ 675,775	\$ 1,778,228

Note:

1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.

CSS - FSP Adults – Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Assisted Outpatient Treatment	\$ 2,250,000	\$ 1,041,970	\$ 1,690,286
• Rubicon	-	27,485 ²	27,485
• Anka	768,690	327,274	490,911
• Familias Unidas (Desarrollo Familiar)	207,096	107,202 ¹	183,775
• Hume Center	1,836,306	1,052,035	1,262,442
• Crestwood Behavioral Hlth	-	67,080	100,620 ⁴
• Resource Development Associates	-	82,444 ³	-
Total	\$ 5,062,092	\$ 2,705,489	\$ 3,755,518

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Contract ends in FY15-16. Due to delayed billing, partial expenditure from FY15-16 was posted in FY16-17.
- 3) RDA's expenditures will be moved to General System Development- Administrative Support.
- 4) Higher projected expenditures are due to FY 16-17 contract renewals with approved 3% COLA occurring after FY 16-17 MHSA Plan Update submitted

CSS - Supporting FSPs

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Adult Clinic Support - FSP support, rapid access, wellness nurses	\$ 1,788,059	\$ 873,843	\$ 1,374,025
• Recovery Centers – Recovery Innovations	875,000	586,864	880,296 ¹
• Hope House - Crisis Residential Program	2,088,741	1,333,052	1,984,838
Total	\$ 4,751,800	\$ 2,793,759	\$ 4,239,159

Note:

1) Higher projected expenditures are due to FY 16-17 contract renewals with approved 3% COLA occurring after FY 16-17 MHSA Plan Update submitted

CSS - Supporting FSPs Housing Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supportive Housing – Shelter, Inc	\$ 1,663,668	\$ 1,602,417	\$ 2,276,673 ⁵
• Supportive Housing – Bonita House (proposed)	220,000	-	-
• Augmented Board & Care – Crestwood	411,653	447,839 ³	781,253 ⁵
• Augmented Board & Care – Divines	4,850	1,320	1,440
• Augmented Board & Care – Modesto Residential	90,000	45,525	68,288
• Augmented Board & Care – Oak Hills	21,120	12,236	16,768
• Augmented Board & Care – Pleasant Hill Manor	30,000	47,961 ³	83,861 ⁵
• Augmented Board & Care – United Family Care	271,560	272,653 ³	408,979 ⁵
• Augmented Board & Care – Williams	30,000	22,475	26,970
• Augmented Board & Care – Woodhaven	13,500	6,818	9,090
• Shelter Beds – County Operated	1,672,000	-	1,691,254 ⁵
• Housing Coordination Team – County Staff	457,958	295,921	427,374
• Other Costs	-	4,170 ⁴	5,559
Total	\$ 4,886,309	\$ 2,759,336	\$ 5,797,509

Note:

- 1) Bonita House is still in planning phase.
- 2) Shelter Beds expenditures will be recorded at year end.
- 3) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 4) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.
- 5) Higher projected expenditures are due to FY 16-17 contract renewals with approved 3% COLA occurring after FY 16-17 MHSA Plan Update submitted

CSS - General System Development Services

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Older Adult Clinic - Intensive Care Mgmt , IMPACT	\$ 3,560,079	\$ 2,403,961 ¹	\$ 3,304,911
• Wraparound Support – Children’s Clinic	2,161,976	1,110,543 ¹	1,495,216
• Assessment and Recovery Center (MWC)	500,000	236,395 ¹	313,779
• Liaison Staff - Regional Medical Center	513,693	79,694 ¹	87,718
• Money Management – Adult Clinics	617,465	436,322 ¹	609,351
• Transportation Support – Adult Clinics	213,693	101,827 ¹	136,035
• Evidence Based Practices – Children’s Clinics	370,478	274,393 ¹	375,321
• Forensic Team – County Operated	493,973	181,814 ¹	240,906
Total	\$ 8,431,356	\$ 4,824,949	\$ 6,563,237

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CSS - General System Development Administrative Support

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Quality Assurance			1
– Utilization Review	199,329	160,355	214,378
– Medication Monitoring	631,460	527,870	728,663
– Clinical Quality Management	345,884	204,668	295,031
– Clerical Support			
Quality Assurance Total	\$ 1,176,672	\$ 892,893	\$ 1,238,072
• Administrative Support			1
– Project and Program Managers	\$ 757,210	\$ 611,934	\$ 683,238
– Clinical Coordinators	213,902	91,857	120,753
– Planner/Evaluators	260,400	261,598	378,423
– Family Service Coordinator	105,205	57,369	76,492
– Administrative/Fiscal Analysts	424,212	428,729	536,276
– Clerical Supervisor	-	-	-
– Clerical Support	390,310	154,629	207,311
– Community Planning Process - Consultant Contracts	100,000	-	99,375
– Other Costs	37,703	97,589	123,039
Administrative Support Total	\$ 2,288,940	\$ 1,703,705	\$ 2,224,907
Total	\$ 3,465,612	\$ 2,596,598	\$ 3,462,979

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PEI Summary

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Prevention – Outreach and Engagement			1
– Reducing Risk of Developing a Serious Mental Illness			
• Underserved Communities	\$ 1,476,176	\$ 922,185	\$ 1,446,467
• Supporting Youth	1,550,954	861,150	1,425,234
• Supporting Families	585,434	406,570	596,301
• Supporting Adults , Older Adults	736,435	453,846	630,720
– Preventing Relapse of Individuals in Recovery	533,400	319,109	549,402
– Reducing Stigma and Discrimination	692,987	278,415	364,056
– Preventing Suicide	416,343	298,586	431,738
Prevention Sub-Total	\$ 5,991,728	\$ 3,539,862	\$ 5,443,918
• Early Intervention – Project First Hope	\$ 1,685,607	\$ 1,520,564	\$ 1,847,539
• Administrative Support	360,478	153,487	204,443
Total	\$ 8,037,813	\$ 5,213,913	\$ 7,495,901

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PEI – Outreach and Engagement Underserved Communities

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Asian Community Mental Health	\$ 130,000	\$ - ¹	\$ 133,900 ³
• Center for Human Development	133,000	101,332	136,990 ³
• Jewish Family & Children's Services	159,679	80,083 ¹	160,697 ³
• La Clinica de la Raza	256,750	178,527	264,452 ³
• Lao Family Community Development	169,926	130,921	164,878
• Native American Health Center	213,422	153,583	177,184
• Rainbow Community Center	220,505	136,362	203,920
• Tides Center - BBK	192,894	141,377 ²	204,447 ³
Total	\$ 1,476,176	\$ 922,185	\$ 1,446,467

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Tides Center replaced YMCA contract.
- 3) Higher projected expenditures are due to FY 16-17 contract renewals with approved 3% COLA occurring after FY 16-17 MHSA Plan Update submitted

PEI – Outreach and Engagement Supporting Youth

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• James Morehouse Project (West CC YMCA)	\$ 94,200	\$ 53,350 ¹	\$ 97,000 ²
• Project New Leaf (Martinez USD)	170,000	74,161 ¹	126,485
• People Who Care	203,594	90,663 ¹	154,676
• RYSE	460,427	225,143 ¹	452,650
• STAND! Against Domestic Violence	122,733	72,992 ¹	114,965
• Families Experiencing Juvenile Justice System	500,000	344,841	479,458
Total	\$ 1,550,954	\$ 861,150	\$ 1,425,234

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PEI – Outreach and Engagement Supporting Families

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Child Abuse Prevention Council	\$ 118,828	\$ 71,015	\$ 105,515
• Contra Costa Interfaith Housing	64,526	41,785	63,671
• Counseling Options Parenting Education (Triple P)	225,000	99,156 ¹	169,981
• First Five	75,000	125,609 ²	152,250 ³
• Latina Center	102,080	69,006	104,885 ³
Total	\$ 585,434	\$ 406,570	\$ 596,301

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) \$75,000 is prior fiscal year expenditure posted in current fiscal year due to delayed billing.
- 3) Higher projected expenditures are due to FY 16-17 contract renewals with approved 3% COLA occurring after FY 16-17 MHSA Plan Update submitted

PEI – Outreach and Engagement Supporting Adults and Older Adults

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

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>		<u>Projected Expenditures</u>
	\$ 246,986	\$ 196,812	1	\$ 262,881
	118,970	61,337	2	108,418
	<u>370,479</u>	<u>195,697</u>	1	<u>259,421</u>
Total	\$ 736,435	\$ 453,846		\$ 630,720

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PEI

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Preventing Relapse – Putnam Clubhouse	\$ 533,400	\$ 319,109 ¹	\$ 549,402
• Reducing Stigma – Office of Consumer Empowerment	692,987	278,415 ¹	364,056
• Preventing Suicide – Contra Costa Crisis Center	292,850	200,424 ¹	300,636
– MH Clinician Supporting PES, Adult Clinics	123,493	98,162 ¹	131,102
	<u>\$ 416,343</u>	<u>\$ 298,586</u>	<u>\$ 431,738</u>
• Early Intervention – Project First Hope	\$ 1,685,607	\$ 1,520,564 ¹	\$ 1,847,539
• Administrative Support	360,478	153,487 ¹	204,443
Total	\$ 3,688,815	\$ 2,570,162	\$ 3,397,178

Note:

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INN

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Supporting LGBTQ Youth – Rainbow Community Center	\$ 420,187	\$ 349,403	\$ 465,871 ³
• Women Embracing Life Learning – County Operated	194,652	202,041 ¹	272,007
• Trauma Recovery Project – County Operated	123,492	- ¹	74,460
• Reluctant to Rescue – Community Violence Solutions	126,000	15,870 ²	95,218
Sub-Total	\$ 864,331	\$ 567,314	\$ 907,556
• Wellness Coaches - County Operated	\$ 277,445	\$ 308,428 ¹	\$ 420,261
• Vocational Services for Unserved (proposed)	251,982	-	-
• Partners in Aging - County Operated	251,982	52,574 ¹	108,807
• Overcoming Transportation Barriers (proposed)	251,982	-	-
• Other Costs	-	43,747 ¹	50,766
Sub-Total	\$ 1,033,390	\$ 404,748	\$ 579,834
• Administrative Support	121,773	200,269 ¹	234,272
Total	\$ 2,019,494	\$ 1,172,330	\$ 1,721,663

Note:

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WET

	<u>Approved MHSA Budget</u>	<u>Expenditures</u>	<u>Projected Expenditures</u>
• Workforce Staffing Support			
– Administrative Support	\$ 197,800	\$ 39,856 ³	\$ 77,662
• Training and Technical Assistance			
– Staff Training – Various Vendors	51,976	2,500 ¹	8,875
– SPIRIT – TBD	23,500	- ²	-
– Family to Family – NAMI Contra Costa	20,000	9,222 ¹	18,444
– Law Enforcement – Various Vendors	5,000	2,400 ¹	10,000 ⁴
• Mental Health Career Pathway Programs			
– High School Academy – Contra Costa USD	3,000	- ²	-
• Residency, Internship Programs			
– Graduate Level Internships – County Operated	199,382	129,046 ³	183,031
– Graduate Level Internships – Contract Agencies	100,000	27,795 ¹	67,105
• Other Costs	38,213	82,983 ³	97,083
Total	\$ 638,871	\$ 293,803	\$ 462,200

Notes:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) These programs are in the planning phase.
- 3) Certain County-operated MHSA programs are staffed by individuals assigned to various departments (cost centers). Since this report is based on specific program elements, expenditures for these programs should be considered reasonable estimates. Although this may give the appearance that a specific program is underfunded or overfunded, the total expenditures reported accurately reflects all MHSA-related program costs.
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Capital Facilities/Information Technology

<ul style="list-style-type: none"> • Electronic Mental Health Records System 	<u>Approved MHSA Budget</u> 849,936	<u>Expenditures</u> 695,619 ¹	<u>Projected Expenditures</u> 237,199
Total	\$ 849,936	\$ 695,619	\$ 237,199

Note

1) This amount represents full contract cost from July 2016 to March 2017 for both Mental Health and MHSA. Non-MHSA share of cost will be moved to Mental Health.



Contra Costa County's Mental Health Commission Public Hearing



PURPOSE? = *the public hearing is to enable consumers, stakeholders, representatives, advocates and any interested parties to comment on the Mental Health Services Act (MHSA), THREE YEAR PROGRAM AND EXPENDITURE PLAN.*

WHEN? - Wednesday, May 3, 2017

TIME? - From 4:30pm to 6:30pm

WHERE? – at: 550 Ellinwood Way in Pleasant Hill

**The plan is available for viewing at: <http://cchealth.org/mentalhealth/>*

Come join us for this event. Let others hear your comments regarding the plan. Each person will have three minutes to speak. We want to hear from you. Please confirm your attendance at: Liza.Molina-Huntley@hsd.cccounty.us. Thank you

Public Hearing Presentation

MHSA Three Year Program and Expenditure Plan for FY 2017-20

Contra Costa Behavioral Health Services is pleased to present the Draft Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20. Included for your consideration this evening are copies of the draft plan, and copies of a summary outline of the plan. We welcome your input.

The Three Year Plan proposes to set aside \$51.6 million for fiscal year 2017-18 in order to fund over 80 programs and plan elements. This is an \$8.5 million annual increase in requested budget authority from the current Three Year Plan. This increase will be offset by estimated additional Medi-Cal reimbursement, increase in state MHSA Trust Fund revenue, and use of unspent MHSA funds from previous years.

The Three Year Plan includes \$37.6 million to fund 39 programs and plan elements in the Community Services and Supports component that will serve approximately 2,000 individuals who are experiencing a serious mental illness. Our Prevention and Early Intervention component plans to set aside \$8.7 million to fund 26 programs serving approximately 13,000 persons, and are designed to prevent mental illness from becoming severe and debilitating. \$2.1 million is budgeted for six Innovative Projects, and \$2.5 million is set aside for programs to recruit, train, retain and support our public mental health workforce. Finally, our Capital Facilities/Information Technology component will utilize the remaining funds allocated for implementation of the electronic mental health records project.

A data driven Needs Assessment was conducted of public mental health services, and an inclusive Community Program Planning Process engaged stakeholders in identifying service gaps, prioritizing community public mental health needs, and suggesting strategies to meet these needs. All identified service gaps and prioritized needs from the Needs Assessment and Community Program Planning Process are referenced and addressed in the Three Year Plan.

Significant changes to the Three Year Plan include the following:

- \$1.7 million earmarked for permanent subsidized housing for persons with serious mental illness (Special Needs Housing Program), and introduction of planning for use of state funding to be available sometime in fiscal year 2018-19 for the “No Place Like Home” initiative. The No Place Like Home initiative, when implemented, will earmark state level MHSA funds for permanent supportive housing for persons with serious mental illness.
- \$.2 million for start-up funding to establish a 24 bed transitional residential facility for transition age youth at the County’s Oak Grove facility.

- \$2.5 million for expansion of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for children to meet new state expanded eligibility requirements, and to meet reform legislation for services to foster children.
- \$.7 million to expand the county operated First Hope program's capability to now serve adolescents and young adults experiencing a first psychotic break.
- \$.5 million to support expanding the hours of availability for the County funded mobile response team to respond to children and their families when in crisis.
- \$.5 million to augment and expand the capacity of the County's Mental; Health Evaluation Team (MHET) in order to field a countywide mobile crisis response intervention for adults experiencing mental health crises.
- \$.7 million to establish two new Innovative Projects; one to bring mental health services to seriously mentally ill adults living in augmented board and care facilities, and one to serve adolescents experiencing mental health and substance abuse disorders. This \$.7 million will be offset by the ending of two Innovative Projects that sunset in current fiscal year.
- \$.6 million to establish a family support program consisting of recruiting, training and supervising volunteers to support family members and loved ones of persons experiencing serious emotional disturbance or mental illness.
- \$.2 million to expand various training and staff development initiatives; most notably certifying mental health first aid trainers to partner with first responders and community organizations supporting persons experiencing trauma and violence.
- \$.3 million to establish a locally administered student loan forgiveness program to address identified significant workforce shortages, such as psychiatrists.
- \$1.3 million (or 3%) added to allow for both County and contract operated increases in the cost of doing business.

We anticipate that the plan's proposed total budget spending authority will not need to be reduced in the foreseeable future, and that all MHSA programs and plan elements can be sustained at their proposed level of funding.

Again, we welcome both Public and Commission input this evening. The Draft Three Year Plan will be sent to the Board of Supervisors for review once we have included our written response to any substantive recommendations for revisions received by either the Public or the Commission.

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Name of Program/Plan Element:** Center for Human Development
901 Sun Valley Blvd., Suite 220
Concord, CA 94520
 - 1) African American Wellness Program
 - 2) Youth Development Program

- II. **Date of On-site Review:** February 16 and 26, 2016
Date of Exit Meeting: August 5, 2016

- III. **Review Team:** Michelle Rodriguez-Ziemer, Warren Hayes, Stephanie Chenard,

- IV. **Program Description.** Center for Human Development (CHD) is a community-based organization that offers a spectrum of prevention and wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1978 CHD has provided programs and supports that are aimed at empowering individuals and promoting positive change within communities. The two programs funded under MHSA are the African American Wellness Program, and the Youth Empowerment Program. Both programs provide access and linkage to mental health support to underserved populations.

MHSA funds the following programs within Center for Human Development:

- 1) African American Wellness Program. The African American Wellness program provides mental health outreach and engagement, as well as system navigation support to individuals in Bay Point, Pittsburg, and surrounding communities. Its intent is to increase client emotional wellness, reduce stress and isolation, and link clients to community resources in a culturally competent manner.
- 2) Youth Empowerment Program. The Youth Empowerment Program provides strength-based educational support services that build on youth's assets and foster their resiliency. Clients are located in Antioch, Pittsburg and surrounding East County communities. Key

activities include weekly education groups and leadership groups. The program is intended to reduce isolation, increase emotional well-being, and reduce the risk of developing a serious mental illness.

V. Purpose of Review. Contra Costa Behavioral Health Services 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 to plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumers indicate program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Program serves agreed upon population at risk for developing a serious mental illness.
3. Provide the services for which funding was allocated.	Met	Services provided are consistent with the 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	Number served in both programs meet or exceed goals.
6. Achieve the outcomes that have been agreed upon.	Met	Pre- and post- surveys indicate participants report increases in mental health and well-being.
7. Quality Assurance	Met	CHD reports continuous quality improvement processes are in place.
8. Ensure protection of confidentiality	Met	Notice of HIPAA and

of protected health information.		privacy policies were in place.
9. Staffing sufficient for the program	Met	Success of programs has generated need for additional staff capacity.
10. Annual independent fiscal audit	Partially Met	CHD leadership correcting material weaknesses.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Resources appear sufficient, although operating reserve low.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Experienced staff implement sound check and balance system. Additional line staff time recommended.
13. Documentation sufficient to support invoices	Not Met	Hard copy system being built by new fiscal leadership.
14. Documentation sufficient to support allowable expenditures	Met	Contract payment limit may not accurately reflect current actual costs.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings for previous fiscal year expenses noted after close of fiscal year.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Indirect charged at 10%.
17. Insurance policies sufficient to comply with contract	Met	Appropriate to the level of service provided
18. Effective communication between contract manager and contractor	Met	Communication is regular and appropriate to the level of needs of the program.

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

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

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

Results. The program delivers services according to the values of MHSA.

Discussion. Six consumers participated in a focus group who had been participating in the Youth Empowerment Program for individuals who identify as lesbian, gay, bi-sexual, transgender, or question their sexual identity (LGBTQ). Length of participation ranged from six months to one and half years. They had been referred to the group either through staff at their school, or referred by peers. All agreed that the program has been vital to their lives and has helped them cope with their sense of self and isolation. They credited the staff and their peers in helping them overcome depression, suicidal behavior, domestic violence and bullying. One identified the group as the reason she was still alive today. The group was seen as, 1) a place to process issues within an environment that was safe, respected and non-judgmental; 2) where staff were helpful in providing individual support and linkage to other services; and 3) provided opportunities to hear different perspectives. While the focus group was comprised of females, they identified the desire for co-ed groups. They acknowledge the group as a critical support, and wished for additional activities together outside the school environment.

Several months earlier, MHSA staff participated in a Community Program Planning Process event, and met with several representatives from the African American Wellness Group. Twenty one individuals participated in the group. They identified the group as providing access and linkage to needed services, including mental health treatment. Educating and addressing issues of isolation was also important to this underserved population. The group identified lack of resources and information on resources as a key challenge.

In addition to interviewing program participants, 39 consumer surveys were completed by individuals participating in the African American Wellness Group, and 17 surveys were completed by individuals participating in the Youth Leadership Program. Written comments were consistent with the views expressed by the above focus group participants.

Over 97% of African American Wellness Group participants agreed or strongly agreed that the group operated according to the values of MHSA, and 97% felt that the program was helpful to them in improving their health and wellness, living a self-directed life, and reaching their full potential.

Over 95% of Youth Empowerment participants agreed or strongly agreed that the group operated according to the values of MHSA, and 95% felt that the program was helpful to them in improving their health and wellness, living a self-directed life, and reaching their full potential.

Staff supporting the African American Wellness and Youth Empowerment Programs were interviewed as a group. Staff spoke of using approaches that focused on improving mental health well-being, decreasing risk factors, and increasing protective factors within these underserved populations. The focus was to decrease the risk of developing a serious mental health issue, and to link and refer consumers with appropriate levels of care. Staff spoke to the overwhelming need and the lack of adequate resources to meet the need. Staff showed a passion and a deep understanding of working with consumers from these underserved communities. The African American Wellness Program has seen such an increase in growth that staff have developed a Resident Leader Program to provide volunteer outreach and other services. Funding for the Resident Program was listed as a need.

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

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

Results. Center for Human Development is serving the agreed upon target population.

Discussion. For the African American Wellness Program the target is 150 unduplicated individuals per fiscal year. Staff supporting this program have consistently out-performed this goal by a combination of presentations at local events, and providing group activities for consumers. This model of both outreach and group support occurs within the Youth Empowerment group. The Youth Empowerment Program has had several challenges reaching their participation goals, including low attendance at group due to transportation issues, limited parent support, and aging out of older students. Staff are actively working on addressing these issues. Both programs appear to be providing outreach and engagement to the demographics as outlined.

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

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

Results. The program provides the services for which funding was allocated.

Discussion. Each program has a written program description that is consistent with the agreed upon Service Work Plan. Client and staff interviews reveal program and staff activities are consistent with the goals of both the MHSA and the Center for Human Development. Staff roles have been clearly defined. Staff members also receive clinical supervision from staff overseeing the programs.

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.

Results. The plan implemented meets the needs of the community and population.

Discussion. The services provided by The African American Wellness and Youth Empowerment Program are consistent with the Three Year Plan. The programs have been vetted through the plan update process, with positions and contract amount authorized by the Board of Supervisors. Interviews and surveys indicate existing staff are performing duties consistent with what was authorized.

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

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

Results. Both programs serve the number of individuals that have been agreed upon.

Discussion. The African American Wellness Program consistently exceeds its targeted goal of 150 unduplicated consumers each year. The Youth Empowerment program met their targeted goal of 80 consumers identifying as LGBTQ for FY 15-16, and exceeded their goal the previous fiscal year.

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

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

Results. Participants complete surveys that indicate their perception of the programs' impact, such as increase in well-being and decrease in stigmatization. To date they have been achieving the outcomes called for in the Service Work Plan.

Discussion. Starting FY 16-17 the program will need to go beyond current data collected, to include measurement tools that meet new PEI Regulations requirements. These requirements include reporting on such factors as incidence of the program providing access and linkage to mental health services, and providing timely access to mental health treatment.

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

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

Results. The program has internal processes in place to be responsive to community needs and continuously improve quality of services.

Discussion. CHD conducts yearly reviews of their written policies that address quality assurance issues that may arise within the organization. A yearly three day training is conducted to address cultural competency within the organization, and includes anti-discrimination and anti-harassment policies. Also in place is a policy where consumers can report concerns/grievances within the organization. Contra Costa County has not received any grievances toward this program. Since the program does not provide billable services, it is not subject to the County's utilization review process.

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

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

Results. CHD maintains necessary privacy policies.

Discussion. CHD has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. Client charts are kept in locked file cabinets, behind a locked door and comply with HIPAA standards. Program participants and parents are informed about their privacy rights and rules of confidentiality.

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

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

Results. The African American Wellness Program and the Youth Empowerment Program have both been able to meet their original program objectives and outcomes with the current staff that has been allocated.

Discussion. Because of the expansion of individuals served within the African American Wellness program, one staff is no longer able to effectively provide all the services seen as needed. The inclusion of Resident Leaders is an effort to address that gap. Within the Youth Empowerment program, staffing is at less than full-time. The impact is that there is less availability of that staff person to address the increased need for outreach and group activities that has been generated by the success of the program. The Center for Human Development is encouraged to continue to explore ways to extend staff hours and to increase the capacity of the Resident Leader program.

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

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

Results. Annual independent fiscal audits for FY 2010-11 through FY 2014-15 were provided and reviewed. Significant findings were noted in FY 2010-12, primarily regarding reconciling accounting records with financial statements. CHD hired a new Financial Manager and contracted with Briones International within the last year to establish and maintain a sound financial accounting system. The most recent financial audit indicated that CHD was now operating under generally accepted accounting principles, and had taken significant steps toward becoming a low risk auditee.

Discussion. With 39 employees and a total operating budget of approximately \$1.7 million, CHD is a non-profit community based corporation established in 1978 to create opportunities for people to realize their full potential. Earlier fiscal audits indicated CHD to be at risk for adverse fiscal consequences due to their fiscal and accounting systems. However, the organization has recognized this issue, and has replaced their entire senior leadership within the last year, and are currently in the process of rectifying this situation.

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

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

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

Discussion. The organization appears to operate within the budget constraints provided by their income sources, and thus appears to be able to sustain their total operating budget, provided they continue to satisfy program deliverables. However, they are almost entirely dependent on a handful of federal and local income sources, have fairly low unrestricted cash assets, with no line of credit. This leaves the organization vulnerable should an interruption of cash flow occur.

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

Method. Interview with fiscal manager.

Results. The CEO, contract accounting consultant, and fiscal manager were interviewed. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

Discussion. The recently hired fiscal manager and accounting consultant are well qualified, and have extensive experience working for social service non-profit organizations. Established protocols are in place to enable a check and balance to assure compliance with generally accepted accounting principles. However, the organization does not employ any accounting line staff to assist in the day-to-day fiscal document management. This puts the organization at risk if any of their senior leadership is not available for any length of time.

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

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

Results. CHD's financial system was reviewed with the CEO, financial manager and contract accounting consultant, and their description of the system was matched with monthly invoices. The methodology and financial documentation appears sufficient to support the amount that is invoiced, with no duplicate billing. This is primarily because the CCBHS contract with them does not fully cover the costs incurred. The contract amount has remained static for several years. However, there is no "paper trail" that enables an outside auditor to follow the methodology by which portions of personnel time and operating costs are allocated specifically to this contract.

Discussion. The organization does not have an electronic records system by which fair share allocation across contracts can be built and justified. Their means for entering receipts of income and expenditures, allocating appropriate amounts to correct cost centers, and calculating amounts for billings to funding sources is all done by hand, with storage of hard copies. Assuming that the organization cannot afford an electronic system in the near future, it is recommended that upcoming contract renewals reflect more simplified budget line items that can be more easily tracked to justifiable personnel, operating and indirect expenses.

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.

Results. Method of allocation of percentage of personnel time, operating and indirect costs need to be established.

Discussion. CHD has had a cost based contract with the county for several years, and should be billing for actual allowable costs incurred and paid. They indicate that their actual costs for delivering contract services have exceeded what they have been allowed to charge. A review of their budget line items and supporting documentation do not provide sufficient clarity as to whether this is actually the case. It is recommended that CHD work with the county to determine whether an increase is warranted for their FY 16-17 contract renewal due to an increase in the cost of doing business.

- 15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows).
- Method.** Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program or plan element.
- Results.** Documentation appears sufficient to support expenditures invoiced in the appropriate fiscal year.
- Discussion.** A review of the county's MHSA monthly financial reports indicated no billing by this agency for expenses incurred and paid in a previous fiscal year.
- 16. Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program.
- Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program.
- Results.** Administrative costs are commensurate with the benefit received by the program.
- Discussion.** CHD has been budgeting and billing indirect costs at 10%, which is below industry standard. The fiscal manager's explanation is that this was set low in order to fit all of the budget line items within the contract limit provided by the county. Staff were encouraged to utilize the methodology provided in the applicable OMB Circular in order to more accurately reflect their indirect cost of doing business with the county.
- 17. Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.
- Method.** Review insurance policies.
- Results.** Insurance policies are sufficient for type of services offered.
- Discussion.** Insurance policy is in place and sufficient for the contract requirements.
- 18. Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.
- Method.** Interview contract manager and contractor staff.
- Results.** Effective communication is adequate to meet the needed goals.

Discussion. There is regular communication between the MHSA PEI Program Supervisor and staff at Center for Human Development specific to issues of the MHSA funded programs. There has been an increase in communication recently in order to incorporate new PEI regulatory requirements, and to review outcome measures.

VIII. Summary of Results.

The Center for Human Development effectively operates two MHSA funded programs: the African American Wellness Program and The Youth Empowerment Program. The programs are focused on those living in Bay Point, Pittsburg and surrounding East Contra Costa County communities.

The African American Program improves emotional wellness and decreases isolation and stress in underserved populations, and provide links to mental health care and other needed resources. Key components of the program include culturally appropriate approaches to mental health care in the form of conducting support/wellness groups in communities impacted by high crime, unemployment, incarceration and violence.

The Youth Empowerment Program assists youth who identify as LGBTQ in the East part of the county in the form of groups and outreach activities, and provides providing a safe place to address issues affecting mental health and well-being.

New CHD leadership is in the process of appropriately addressing identified material weaknesses in their fiscal accounting system.

IX. Findings for Further Attention.

- It is recommended that CHD continue to communicate progress in establishing a sound fiscal accounting system. Items for attention are additional accounting line staff time, a soft copy filing system, an operating

line of credit, and a clear means of linking supporting documentation to budget line items in submitted invoices.

- For FY 16-17 contract renewal it is recommended that CHD develop a line item budget that enables easier justification via supporting documentation, and more accurately reflects actual cost of doing business.
- It is recommended that CHD put in place measurement tools that address new PEI regulations requirements.
- It is recommended that CHD review staffing and hours to better address the hours needed to adequately meet the needs of consumers served.

X. Next Review Date. February 2019

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

A) African American Wellness Program

I. Scope of Services

The Center for Human Development will implement the *African American Wellness Program* (formerly African American Health Conductor Program) and between the four program components will provide a minimum of 150 unduplicated individuals in Bay Point, Pittsburg, and surrounding communities with mental health resources. The purpose is to increase client emotional wellness; reduce client stress and isolation; and link clients to community resources in a culturally competent manner. Key activities include: culturally appropriate education on mental health topics through *Mind, Body, and Soul* support groups and community health education workshops, outreach at community events, and navigation assistance for culturally appropriate mental health referrals.

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

During the term of this contract, Center for Human Development will assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA), by providing Prevention and Early Intervention Services for Project #1, Building Connections in Underserved Cultural Communities, with its *African American Wellness Program*.

III. Program Facilities/Hours of Operation/Staffing

A. Administrative Facilities Location

Center for Human Development

901 Sunvalley Blvd., Suite 220
Concord, CA 94520

Staff Office Location

Ambrose Community Center
SparkPoint Office
3105 Willow Pass Road
Bay Point, CA 94565

B. Contact Person, Phone Number, and Email

David Carrillo, Executive Director
925-349-7333
david@chd-prevention.org

C. Program Hours of Operation

Center for Human Development will provide services Monday – Friday between the hours of: 8:30 a.m. – 5:00 p.m. Occasional weekend and evening services provided as needed.

D. Program Staffing (including staffing pattern)

Contractor will employ a minimum of .95 FTE to provide direct services.

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

IV. Volume of Services to be Provided

Contractor will provide Mental Health Education/System Navigation Support to a minimum of 150 unduplicated individuals in the East Contra Costa Area on an annual basis. Contractor shall attach to the billing a Monthly Contract Service /Expenditure Summary (Form: MHP029) with the total number services provided for the month and the additional unduplicated (for the year) number of clients served during the month.

- Facilitate Mind, Body, and Soul, Pittsburg Health Center, first and third Monday afternoons, 20 to 24 open-ended, ongoing sessions;
- Facilitate Mind, Body, and Soul, Ambrose Community Center, Bay Point, first and third Wednesday afternoons, 20 to 24 open-ended, ongoing sessions;
- Facilitate Mind, Body, and Soul, Pittsburg Senior Center, second and fourth Wednesday afternoons, 20 to 24 open-ended, ongoing sessions;
- Facilitate community mental education workshops for clients at faith-based and community-based organizations in East Contra Costa, with a minimum of six one-time workshops;
- Conduct outreach services at health-oriented community events in East Contra Costa, with a minimum of six one-time events.
- Provide navigation of health services, including mental health referrals, for new and continuing clients in East Contra Costa, for a minimum of 30 clients.

V. Billing Procedure

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

Demands for payment should be submitted by mail to:

Gerold Loenicker, LMFT
M.H. Supervisor, MHSA/PEI
Contra Costa Mental Health
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Telephone: (925) 957-5118
Fax: (925) 957-5156

VI. Outcome Statements

For the *African American Wellness Program* serving Project#1:

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

African Americans in Bay Point, Pittsburg, and surrounding East County communities who participate in the African American Wellness Program will:

1. Report an increase in emotional wellness (well-being);
2. Report a decrease in personal stress and isolation;
3. Increase ability to access culturally appropriate mental health services.

VII. Measures of Success

Contractor will track the following MHSA outcome measures:

For the *African American Wellness Program*, serving Project #1:

- A. 80% of 40 participants in the *Mind, Body, and Soul* peer health education support groups will report an increased sense of emotional wellness (well-being) within fiscal year, 2015- 2016.
- B. 80% of 40 participants in the *Mind, Body, and Soul* peer health education support groups will report reduced stress within fiscal year, 2015-2016.
- C. 80% of 40 participants in the *Mind, Body, and Soul* peer health education support groups will report reduced isolation within fiscal year, 2015- 2016..
- D. 80% of 40 participants in the *Mind, Body, and Soul* peer health education support groups will report an increased understanding on how to access community resources for themselves or others within fiscal year, 2015-2016.
- E. 80% of 50 participants in community mental health workshops will report increased understanding of emotional wellness issues within fiscal year, 2015-2016.
- F. 80% of 90 participants/clients will show knowledge of how to access mental health services within fiscal year, 2015-2016..
- G. 100% of participants/clients with referral needs will receive navigation support (information about appropriate referrals, support in overcoming obstacles, follow up calls on whether services were utilized).
- H. 80% of 30 participants/clients receiving individual support will make progress on individual goals

VIII. Measurement/Evaluation Tools

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

For the *African American Wellness Program* serving Project#1:

- A. Evaluation tools, including pre- and post-surveys, used by the African American Wellness Program.
- B. Independently facilitated focus group(s).

IX. Reports Required

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

Please submit all evaluation reports via email to:

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

Kenneth Gallagher, M.A., Planner/Evaluator
Contra Costa Mental Health Administration
Email: Kenneth.Gallagher@hsd.cccounty.us
Gerold.Loenicker@hsd.cccounty.us

X. Other

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

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

B) Youth Development Program

I. Scope of Services

The Center for Human Development will implement the *Empowerment Program*, a Youth Development project, that will provide a minimum of 80 unduplicated LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets and foster their resiliency. Key activities will include: a) two weekly educational support groups that will promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that will meet a minimum of twice a month to foster community involvement; and c). referrals to culturally appropriate mental health services.

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

During the term of this contract, Center for Human Development will assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA), by providing Prevention and Early Intervention Services for Project #9, Youth Development, with the *Empowerment Program* for LGBTQ Youth and their allies in East Contra Costa County.

III. Program Facilities/Hours of Operation/Staffing

E. Administrative Facilities Location

Center for Human Development
901 Sunvalley Blvd., Suite 220
Concord, CA 94520

Staff Office Location

Rivertown Resource Center
301 West Tenth Street
Antioch, CA 94509

F. Contact Person, Phone Number, and Email

David Carrillo, Executive Director
925-349-7333
david@chd-prevention.org

G. Program Hours of Operation

Center for Human Development will provide services Monday – Friday between the hours of: 8:30 a.m. – 5:00 p.m. To meet the needs of school-aged youth, most services will occur in the afternoon. Occasional weekend and evening services will be provided as needed.

H. Program Staffing (including staffing pattern)

Contractor will employ a minimum of .70 FTE to provide direct services.

IV. Volume of Services to be Provided

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

Contractor will provide Youth Development through the Empowerment Program to a minimum of unduplicated 80 youth, ages 13 to 18, in East Contra Costa County on an annual basis. Contractor shall attach to the billing a Monthly Contract Service /Expenditure Summary (Form: MHP029) with the total number services provided for the month and the additional unduplicated (for the year) number of clients served during the month.

- a. Facilitate weekly educational support group, Pittsburg High School, Pittsburg, Monday afternoons, 30 open-ended, ongoing sessions.
- b. Facilitate weekly educational support group, Rivertown Resource Center, Antioch, Wednesday afternoons, 36 – 40 open-ended, ongoing sessions.
- c. Facilitate twice-monthly youth leadership groups, in Antioch, 16 to 20 ongoing sessions.
- d. Facilitate youth-led community service projects and skill-building field trips, a minimum of four per year.
- e. Refer youth to culturally appropriate mental health services on an as needed basis, referral support to a minimum of 10 youth.

V. Billing Procedure

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

Demands for payment should be submitted by mail to:

Gerold Loenicker, LMFT
M.H. Supervisor, MHSA/PEI
Contra Costa Mental Health
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Telephone: (925) 957-5118
Fax: (925) 957-5156

VI. Outcome Statements

For *Youth Development/Empowerment Program* serving Project #9: LGBTQ youth and their allies in Bay Point, Pittsburg, and surrounding East County communities who participate in the Empowerment Program will:

1. Report an increase in emotional health and well-being;
2. Report an increase in positive identity and self-esteem;
3. Demonstrate an increase in concrete life skills;
4. Demonstrate an increase in positive community involvement;
5. Report an ability to access culturally appropriate mental health services.

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

VII. Measures of Success

Contractor will track the following MHSa outcome measures:

For *Youth Development/Empowerment Program*, serving Project #9:

- A. 80% of 40 participants in the Empowerment educational and leadership support groups will report an increased sense of emotional health and well-being within fiscal year, 2015-2016.
- B. 80% of 40 participants in the Empowerment educational and leadership support groups will report an increase in positive identity and self-esteem within fiscal year, 2015-2016.
- C. 80% of 40 participants in the Empowerment educational and leadership support groups will demonstrate an increase in concrete life skills within fiscal year, 2015-2016.
- D. 100% of 6 participants in the Empowerment leadership group will demonstrate an increase in leadership skills within fiscal year, 2015-2016..
- E. 80% of 20 participants in community service projects and skill-building field trips will demonstrate an increase positive community involvement within fiscal year, 2015-2016.
- F. 80% of 10 participants in need of counseling services will report an ability to access culturally appropriate mental health services within fiscal year, 2015-2016.

VIII. Measurement/Evaluation Tools

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

For the *Empowerment Program* serving Project #9:

- C. Evaluation tools, including pre- and post-surveys, used by the Empowerment Program.
- D. Independently facilitated focus group(s).

IX. Reports Required

Contractor is asked to submit a Demographics and Outcomes Measure Report to document the program's plan/do/check/act quality process and to track statistical information (i.e. age, gender, ethnicity, language, and client residence) of the target population(s) actually served, as defined by the Contractor and approved by the County during contract award and negotiation process. Demographic Reports are due on 1/15/201~~64~~ and 7/15/201~~64~~. Annual Outcomes Measure Report is due on 7/15/201~~64~~.

Please submit all evaluation reports via email to:

Kenneth Gallagher, M.A., Planner/Evaluator

Contra Costa Mental Health Administration

Email: Kenneth.Gallagher@hsd.cccounty.us

Gerold.Loenicker@hsd.cccounty.us

X. Other

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

Service Work Plan

Agency: Center for Human Development

Number: 74-376

Name of Project(s):

- Mental Health Education / System Navigation Support African American Wellness Program
- Youth Development: Empowerment Program

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

Center for Human Development (CHD)

Point of Contact: David Carrillo

Contact Information: 901 Sun Valley Blvd., Suite 220, Concord, CA 94520
(925) 349-7333

david@chd-prevention.org

1. General Description of the Organization

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting positive growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

2. Program: African American Wellness Program and Youth Empowerment Program, PEI

a. Scope of Services:

- **Wellness Program.** Provide mental health outreach and engagement, as well as system navigation support to a minimum of 150 individuals in Bay Point, Pittsburg, and surrounding communities. Increase client emotional wellness, reduce client stress and isolation, and link clients to community resources in a culturally competent manner. Key activities include culturally appropriate education on mental health topics through mind, body, and soul support groups and community health education workshops, outreach at community events, and navigation assistance for culturally appropriate mental health referrals.
 - **Youth Empowerment Program.** Provide strength-based educational support services that build on youths' assets and foster their resiliency to a minimum of 80 unduplicated LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities. Key activities include: a) two weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills, b) a leadership group that meets a minimum of twice a month to foster community involvement, and c) referrals to culturally appropriate mental health services.
- b. **Target Population:** Wellness Program: African American residents (East County) at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. **Payment Limit:** \$133,000

d. Number served: In FY 14/15: 657 individuals were served in both programs combined. 577 in the African American (AA) Wellness Program and 80 in the Empowerment Program.

e. Outcomes:

Wellness Program

- Mind-Body-Soul support groups in Pittsburg and Bay Point throughout the year with topics such as “Depression and Stress”, “Maintaining Emotional Well Being”, “Guide to Vitamins and Minerals in Fresh Foods”, “Self-Care (Physical, Emotional, Mental and Spiritual)”.
- Seven community health / mental health workshops throughout the year.
- 100% of the participants in the Mind-Body-Soul peer health education support groups reported and increased wellness (wellbeing) within fiscal year 2014-15.
- 88% of participants in AA Wellness Program received navigational support for their service referral needs.

Empowerment Program

- LGBTQ youth empowerment support groups at Pittsburg and throughout the year with topics such as: “Family and Peer Conflict,” “Challenges to Relationships,” “Community Violence and Loss,” “Queer History and Activism.”
- 83% of the participants in the Empowerment Psycho-Educational Leadership support groups reported and increased sense of emotional health and well-being within fiscal year 2014-15.
- 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.

BUDGET OF ESTIMATED PROGRAM EXPENDITURES

Number Budget

Fiscal Year 2015 – 2016 Center for Human Development 74-376

A. GROSS OPERATIONAL BUDGET

	a	b
1. Cost Reimbursement Categories		
a. Personnel Salaries and Benefits	\$ 58,875	\$ 36,200
b. Operational Costs (Direct)	14,025	10,600
c. Indirect Costs	8,100	<u>5,200</u>
2. Total Gross Allowable Program Costs	\$ 81,000	\$ 52,000

B. LESS PROJECTED NON-COUNTY PROGRAM REVENUES

(To be collected and provided by Contractor)

C. NET ALLOWABLE TOTAL COSTS **\$ 81,000** **\$ 52,000**

TOTAL CONTRACT PAYMENT LIMIT : \$ 133,000

D. CHANGES IN COST CATEGORY AMOUNTS

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

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

E. PROGRAM BUDGET CHANGES

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

F. CONTRACTOR BUDGET

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

G. BUDGET REPORT

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

Initials: _____
Contractor County Dept.

CENTER FOR HUMAN DEVELOPMENT
(A California Nonprofit Corporation)

Financial Statements
With Independent Auditors' Report Thereon

Years Ended June 30, 2015 and 2014

CENTER FOR HUMAN DEVELOPMENT

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Years Ended June 30, 2015 and 2014

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INDEPENDENT AUDITORS' REPORT

To The Board of Directors of
Center for Human Development
Concord, California

We have audited the accompanying financial statements of Center for Human Development (CHD) (a California nonprofit corporation), which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities, functional expenses, and cash flows 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.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Center for Human Development as of June 30, 2015 and 2014, 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.

Cropper Accountancy Corporation

CROPPER ACCOUNTANCY CORPORATION

Walnut Creek, California
March 30, 2016

CENTER FOR HUMAN DEVELOPMENT

Statements of Financial Position

June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 116,661	\$ 93,055
Grants and contracts receivable	290,687	354,957
Prepaid expenses and other	4,726	545
Total current assets	<u>412,074</u>	<u>448,557</u>
FURNITURE AND EQUIPMENT, NET	8,284	8,071
DEPOSITS	<u>7,183</u>	<u>7,183</u>
TOTAL ASSETS	<u>\$ 427,541</u>	<u>\$ 463,811</u>
 LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	\$ 27,225	\$ 94,736
Accrued payroll and related	<u>120,151</u>	<u>105,024</u>
Total current liabilities	147,376	199,760
DEFERRED RENT LIABILITY AND OTHER	<u>26,293</u>	<u>21,856</u>
Total liabilities	<u>173,669</u>	<u>221,616</u>
NET ASSETS:		
Unrestricted	233,033	219,078
Temporarily restricted	<u>20,839</u>	<u>23,117</u>
Total net assets	<u>253,872</u>	<u>242,195</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 427,541</u>	<u>\$ 463,811</u>

See notes to financial statements

CENTER FOR HUMAN DEVELOPMENT
 Statements of Activities
 Years Ended June 30, 2015 and 2014

	2015			2014		
	Unrestricted	Temporarily restricted	Total	Unrestricted	Temporarily restricted	Total
OPERATING REVENUES AND SUPPORT:						
Operating support:						
Government grants and contracts	\$ 1,673,131	\$ 4,013	\$ 1,677,144	\$ 1,623,943	-	\$ 1,623,943
Corporations and foundations	2,341	37,665	40,006	-	80,262	80,262
Other public support	7,237	-	7,237	5,296	3,700	8,996
Net assets released from restriction	43,956	(43,956)	-	65,503	(65,503)	-
Total operating support	1,726,665	(2,278)	1,724,387	1,694,742	18,459	1,713,201
Operating revenues:						
Fees for services	32,092	-	32,092	40,804	-	40,804
Other	30,983	-	30,983	3,856	-	3,856
Total operating revenues	63,075	-	63,075	44,660	-	44,660
Total operating support and revenues	1,789,740	(2,278)	1,787,462	1,739,402	18,459	1,757,861
OPERATING EXPENSES:						
Program	1,524,750	-	1,524,750	1,527,083	-	1,527,083
Management and general	246,619	-	246,619	246,183	-	246,183
Development	4,416	-	4,416	5,241	-	5,241
Total operating expenses	1,775,785	-	1,775,785	1,778,507	-	1,778,507
CHANGE IN NET ASSETS	13,955	(2,278)	11,677	(39,105)	18,459	(20,646)
NET ASSETS, BEGINNING OF YEAR	219,078	23,117	242,195	258,183	4,658	262,841
NET ASSETS, END OF YEAR	\$ 233,033	\$ 20,839	\$ 253,872	\$ 219,078	\$ 23,117	\$ 242,195

See notes to financial statements

CENTER FOR HUMAN DEVELOPMENT

Statements of Functional Expenses
Years Ended June 30, 2015 and 2014

	2015						2014						
	Program Services			Supporting Services			Management and General	Program Services	Management and General	Development	2014 Total		
	Alcohol, Tobacco and other drugs	Conflict Resolution	Training	East County	Youth Empowerment	Promoters/ Conductors						Total Program Services	2015 Total
Salaries and related expenses:													
Salaries and wages	\$ 408,513	\$ 95,727	\$ 26,253	\$ 62,692	\$ 71,529	\$ 354,726	\$ 1,019,440	\$ 151,023	\$ 3,499	\$ 1,173,962	\$ 118,837	\$ 3,250	\$ 1,132,679
Employee benefits and taxes	99,174	23,734	3,560	9,055	18,828	92,695	247,046	52,706	917	300,669	54,920	650	256,961
Total salaries and related	507,687	119,461	29,813	71,747	90,357	447,421	1,266,486	203,729	4,416	1,474,631	173,757	3,900	1,389,640
Other operating expenses:													
Stipends	4,400	300	-	6,280	-	-	10,980	-	-	10,980	6,495	-	6,495
Occupancy	42,930	11,790	5,000	900	3,280	-	63,900	19,620	-	83,520	89,111	-	117,975
Telephone	9,860	2,157	525	248	1,090	764	14,644	3,587	-	18,231	13,873	82	15,952
Office Supplies	6,465	1,699	693	551	343	(18)	9,713	5,009	-	14,722	7,551	-	19,188
Program Supplies	2,918	542	210	6,705	1,234	3,572	15,181	677	-	15,858	6,910	157	10,290
Postage and Shipping	186	308	44	107	31	157	833	749	-	1,582	1,543	4	1,617
Equipment related	7,774	1,710	211	4,209	589	585	15,078	1,350	-	16,428	8,000	-	37,371
Printing and Copying	1,642	1,618	120	1,988	78	737	6,183	2,078	-	8,261	557	97	5,895
Travel	10,390	1,737	144	1,878	1,858	19,227	35,234	165	-	35,399	32,940	298	33,250
Meeting Expense	6,260	743	1,744	12,257	1,306	3,748	26,058	5,528	-	31,586	17,084	56	20,090
Membership Dues	97	618	4	29	92	81	921	413	-	1,334	1,701	120	2,021
Staff Development	5,384	1,723	515	374	248	6,123	14,367	694	-	15,061	20,770	1,073	358
Professional Services	14,688	1,683	531	11,907	3,048	7,225	39,082	(21,527)	-	17,555	73,654	3,330	77,359
Bad debt	-	-	-	-	-	-	-	-	-	-	5,500	-	5,500
Depreciation	-	-	-	-	-	-	-	1,957	-	1,957	385	-	385
Advertising	734	20	5	10	19	393	1,181	1,257	-	2,438	630	-	630
Interest	-	-	-	-	-	-	-	4,618	-	4,618	1,495	-	1,495
Insurance	1,437	282	69	218	235	1,211	3,452	5,269	-	8,721	4,634	-	10,528
Miscellaneous	-	-	95	1,235	-	127	1,457	11,446	-	12,903	136	-	625
	\$ 622,852	\$ 146,391	\$ 39,723	\$ 120,623	\$ 103,808	\$ 491,353	\$ 1,524,750	\$ 246,619	\$ 4,416	\$ 1,775,785	\$ 246,183	\$ 5,241	\$ 1,778,507

CENTER FOR HUMAN DEVELOPMENT

Statements of Cash Flows

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 11,677	\$ (20,646)
Bad debt expense	-	5,500
Depreciation expense	1,957	385
Adjustments to reconcile change in unrestricted net assets to net cash used in operating activities:		
Changes in operating accounts:		
(Increase) decrease in grants and contracts receivable	64,271	(86,350)
(Increase) decrease in prepaid expenses and deposits	(4,182)	(4,746)
Increase (decrease) in accounts payable and accrued expenses	(67,511)	15,731
Increase (decrease) in deferred rent liability and other liabilities	4,437	21,856
Increase (decrease) in accrued payroll and related	15,127	17,480
Net cash used in operating activities	<u>25,776</u>	<u>(50,790)</u>
CASH FLOWS FROM INVESTING ACTIVITIES -		
Purchases of equipment and leasehold improvements	<u>(2,170)</u>	<u>(8,456)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	23,606	(59,246)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>93,055</u>	<u>152,301</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 116,661</u>	<u>\$ 93,055</u>
SUPPLEMENTAL CASH FLOW INFORMATION:		
Cash paid for:		
Interest	<u>\$ 4,618</u>	<u>\$ 1,495</u>
Income taxes	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements

CENTER FOR HUMAN DEVELOPMENT

Notes to the Financial Statements
Years ended June 30, 2015 and 2014

1. ORGANIZATION AND NATURE OF OPERATIONS

Center for Human Development (CHD) is a California nonprofit corporation founded in 1978 and is dedicated to making opportunities for people to realize their full potential. CHD operates two facilities in the greater San Francisco Bay Area and offers a spectrum of services for at-risk youth, individuals, families, and communities. CHD's staff and several hundred volunteers create and deliver programs and services addressing wellness and prevention, youth leadership, conflict resolution, parenting skills, and other challenges facing the community.

CHD serves Contra Costa and Alameda counties and provides the following programs:

Alcohol, Tobacco, and Other Drugs - The East County Alcohol Policy Coalition and the Lamorinda Alcohol Policy Coalition both bring community members together to reduce youth access to alcohol and underage drinking. Their goal is to create a healthy and safe environment for youth. Also included within this program is the Tobacco Prevention Program. This project provides educational groups as well as smoking cessation groups for referred students in several local school districts.

Conflict Resolution Programs - CRP is a volunteer-based community mediation service for Contra Costa County. Contested guardianship cases and group conflict mediations are provided at minimal or no cost. Training is also available for individuals who wish to become mediators.

Training Center - This program offers interactive workshops for both youth and adults that focus on promoting positive communication, responsible behavior and violence prevention in the family, school and community. Workshops include "Tribes," a training to help facilitators create a safe learning environment. Included within our training programs are the following:

Parent Educator Program - The PEP program presents interactive health curriculum to K-6 school students. Trained adult volunteers provide lessons in effective communication and decision-making skills as well as accurate information regarding the use of alcohol, tobacco and other drugs.

Project SUCCESS - This program is a nationally evaluated "best practice" model. Project SUCCESS staff members provide prevention education, individual mentoring, and support groups at selected middle schools throughout Contra Costa.

Four Corners Violence Prevention - This violence prevention program serves middle school youth and their families in Pittsburg. With a goal of reducing gang violence, the program offers Anger Management for Teens plus support groups.

East County Health Outreach and Education - This program, in a unique partnership with Contra Costa Health Services, works to reduce health disparities among underserved populations. Using culturally appropriate outreach and education strategies, a Promotoras team serves the Latino

CENTER FOR HUMAN DEVELOPMENT

Notes to the Financial Statements
Years ended June 30, 2015 and 2014

community while a Health Conductors team assists African American residents. The African American Health Conductors also facilitate a mental health component.

Youth Empowerment Program - This program offers support groups as well as life skills and social activities for LGBTQ youth in East Contra Costa. The project works closely with the Contra Costa LGBTQ Youth Advocacy Collaborative. In addition, CHD also promotes positive and healthy youth development by providing youth the opportunity to determine the most immediate concerns of their school and community through its Friday Night Live program. Students plan and implement projects to create change and reduce negative effects of alcohol and other drugs.

Promotoras/Conductors Program - Promotoras, Oncology Navigators, Re-Entry and African American Health Conductor Programs are part of an innovative partnership between Contra Costa Health Services and the Center for Human Development. The goal of these programs is to improve access to healthcare, reduce health disparities and improve health outcomes for residents living in Contra Costa County.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Generally revenues are recognized when they become both measurable and available, and expenses are recognized when an obligation is incurred.

Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of CHD and changes therein are classified and reported as follows:

Unrestricted net assets are net assets that are not subject to donor-imposed stipulations over which CHD'S governing body has discretionary control, within the limitations of its charter and bylaws regarding when and how to use the resources.

Temporarily restricted net assets are net assets subject to donor-imposed stipulations that may or will be met, either by the actions of CHD and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. If restrictions are met within the same reporting period as received, such contributions are reported as unrestricted support.

Permanently restricted net assets are net assets subject to donor-imposed stipulations that they be maintained permanently by CHD. CHD has no permanently restricted net assets as of June 30, 2015 and 2014.

CENTER FOR HUMAN DEVELOPMENT

Notes to the Financial Statements
Years ended June 30, 2015 and 2014

Fair Value of Financial Instruments

CHD has financial instruments whereby the fair market value of the instruments could be different than that recorded on a historical basis on the accompanying statement of financial position. The financial statements consist of cash and cash equivalents; receivables; prepaid expenses; accounts payable and accrued expenses. The carrying value of the organization's financial instruments generally approximate their fair values at June 30, 2015 and 2014.

Cash Equivalents

CHD considers all highly liquid investments with a maturity of three months or less at the time of purchase to be cash equivalents.

Grants and Contracts Receivable

Grants and contracts receivable are stated at estimated net realizable value and primarily represent reimbursements due for costs incurred under grant or contract agreements or fees due for services rendered under contract agreements. No allowance for doubtful accounts was deemed necessary as of June 30, 2015 and 2014.

Furniture, Fixtures, and Equipment

Furniture, fixtures, and equipment are stated at cost. Donated assets, if any, are stated at estimated fair value when received. Costs incurred to develop or enhance the CHD website are capitalized as incurred. All furniture, fixtures, and equipment with cost in excess of \$3,000 and having a life of more than one year are capitalized unless otherwise required by a grantor.

Normal repairs and maintenance are expensed as incurred whereas significant improvements, which materially increase values or extend useful lives, are capitalized and depreciated over the remaining estimated useful life.

Depreciation is computed on a straight-line basis over estimated lives, ranging from three to seven years.

Compensated Absences

An estimated liability for compensated absences is recorded as vacation benefits accrue to employees. Such liability is reflected within accrued payroll and related liabilities in the accompanying financial statements.

Revenue Recognition

Revenues from grants and contracts are recognized according to the specific agreement. Generally, revenues from grants are recognized in the period of the grant award. Revenues under cost reimbursement contracts are recognized to the extent project expenses are incurred. Under other contract agreements, fees are recognized as revenue when units of service are rendered.

Contributions are recorded at fair value when unconditionally promised. Contributions are considered to be available for use unless specifically restricted by the donor. Conditional

CENTER FOR HUMAN DEVELOPMENT

Notes to the Financial Statements Years ended June 30, 2015 and 2014

contributions, if any, are recognized as revenue when the conditions on which they depend have been substantially met. As of June 30, 2015 and 2014, there were no conditional contributions.

The organization records contributions as temporarily restricted if they are received with donor stipulations that limit their use either through purpose or time restrictions. When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is fulfilled, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions.

Contributions of in-kind services are recognized at estimated fair value when they are received if the services (1) create or enhance nonfinancial assets, or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not donated. For the years ended June 30, 2015 and 2014, there were no contributed services meeting the definition above; however, CHD programs are highly dependent upon volunteers. Management estimates that approximately 390 volunteers donated approximately 6,800 of direct program service hours to sustain program activities for the years ended June 30, 2015 and 2014. Such contributed services have not been recognized as revenue in the accompanying financial statements.

Tax-Exempt Status

CHD has been granted exemption from federal income taxes under Internal Revenue Code Section 501(c)(3) and from California franchise taxes as charitable organizations. Income, net of expenses, that is unrelated to their exempt purpose, is subject to tax.

U.S. GAAP requires entities to disclose in their financial statements the nature of any uncertainties in their tax position. Tax years including the year ended June 30, 2015 and earlier are subject to examinations by tax authorities. Areas that IRS and state tax authorities consider when examining tax returns of a charity include, but may not be limited to, tax-exempt status and the existence and amount of unrelated business income. CHD does not believe that it has any uncertain tax positions with respect to these or other matters, and has not recorded any unrecognized tax benefits or liabilities for penalties or interest.

Risks and Uncertainties

CHD recorded revenues of \$1,679,144 and \$1,623,943 during the years ended June 30, 2015 and 2014, respectively, from Contra Costa County contracts, representing 94% and 92% of total revenues. A significant change in current Contra Costa County funding could have a material adverse impact on CHD's future revenues and results of operations.

CHD receives Federal and State funds for specific purposes and is subject to compliance requirements. Such funding is subject to review and audit by the grantor and contracting agencies at their discretion. If such audits were to disallow any expenditure, CHD could potentially be liable to return funds. Management believes that such amounts, if any, would not have a material effect on the financial statements. This is not considered a probable contingency and, therefore, a liability has not been estimated and is not reflected in the accompanying financial statements.

CENTER FOR HUMAN DEVELOPMENT

Notes to the Financial Statements
Years ended June 30, 2015 and 2014

The organization maintains its cash and certificates of deposit with quality financial institutions, which, at times, may exceed the federally insured limit of \$250,000. The organization has not experienced any losses in such accounts.

Advertising

Advertising costs are expensed as incurred and totaled \$2,439 and \$630, respectively, for the years ended June 30, 2015 and 2014.

Functional Allocation of Expenses

The costs of providing CHD's various programs and supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited based upon actual employee time spent by function and management estimates.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of expenses during the reporting periods. Actual results could differ from those estimates.

Reclassifications

Certain reclassifications have been made to prior year numbers in order to conform with current year presentation.

Subsequent Events

Management has evaluated events through March 30, 2016, the date on which the financial statements were available to be issued. No events occurred subsequent to year-end that require adjustment to or disclosure in the financial statements other than the event described in Note 6.

3. FURNITURE AND EQUIPMENT

As of June 30, 2015 and 2014, furniture and equipment consist of the following:

	<u>2015</u>	<u>2014</u>
Furniture and equipment	\$ 79,693	\$ 77,523
Leasehold improvements	<u>1,721</u>	<u>1,821</u>
Total	<u>81,414</u>	<u>79,244</u>
Less accumulated depreciation	<u>(73,130)</u>	<u>(71,173)</u>
Net	<u>\$ 8,284</u>	<u>\$ 8,071</u>

Depreciation expense was \$1,957 and \$385 during the years ended June 30, 2015 and 2014, respectively.

CENTER FOR HUMAN DEVELOPMENT

Notes to the Financial Statements
Years ended June 30, 2015 and 2014

4. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are to support the establishment of sustainable, broad-based collaborative community organizations, residents, the public health department, and others to jointly address environmental justice issues in the Eastern Contra Costa County. As of June 30, 2015 and 2014, temporarily restricted net assets are available for the following purposes:

Purpose-restrictions:	<u>2015</u>	<u>2014</u>
Nutrition related initiatives	\$ 1,849	\$ 2,811
AAHEC Annual Health Expo	4,697	11,727
Mind, Body, & Soul Enhancement Project	6,673	7,365
Other wellness projects	7,620	-
Personnel costs	-	1,214
Total temporarily restricted net assets	<u>\$ 20,839</u>	<u>\$ 23,117</u>

During the years ended June 30, 2015 and 2014, temporarily restricted net assets were released from restriction in satisfaction of the following donor purposes:

Purpose-restrictions:	<u>2015</u>	<u>2014</u>
Nutrition related initiatives	\$ 962	\$ 18,674
Interfaith solutions	-	20,000
Bay Point projects	8,189	4,000
AAHEC Annual Health Expo	14,085	7,735
AODS Enhancement	4,000	3,500
Mind, Body, & Soul Enhancement Project	9,692	2,635
Personnel costs	1,214	8,286
Other wellness programs	<u>5,814</u>	<u>673</u>
Total net assets released from restriction	<u>\$ 43,956</u>	<u>\$ 65,503</u>

5. LEASE COMMITMENTS AND DEFERRED RENT LIABILITY

CHD has two operating leases for equipment, as well as an operating lease for office space in Concord, California. This lease provided for free rent initially. In accordance with generally accepted accounting principles, rent expense is reflected on a straight-line basis over the lease term. The difference between actual rent paid and straight-line rent is reflected as a deferred rent liability and included within other liabilities in the accompanying financial statements.

CENTER FOR HUMAN DEVELOPMENT

Notes to the Financial Statements
Years ended June 30, 2015 and 2014

Minimum future lease commitments under operating lease agreements for the next five fiscal years are as follows:

<u>Fiscal year:</u>	
2016	\$ 87,228
2017	88,550
2018	90,972
2019	74,057
2020	-

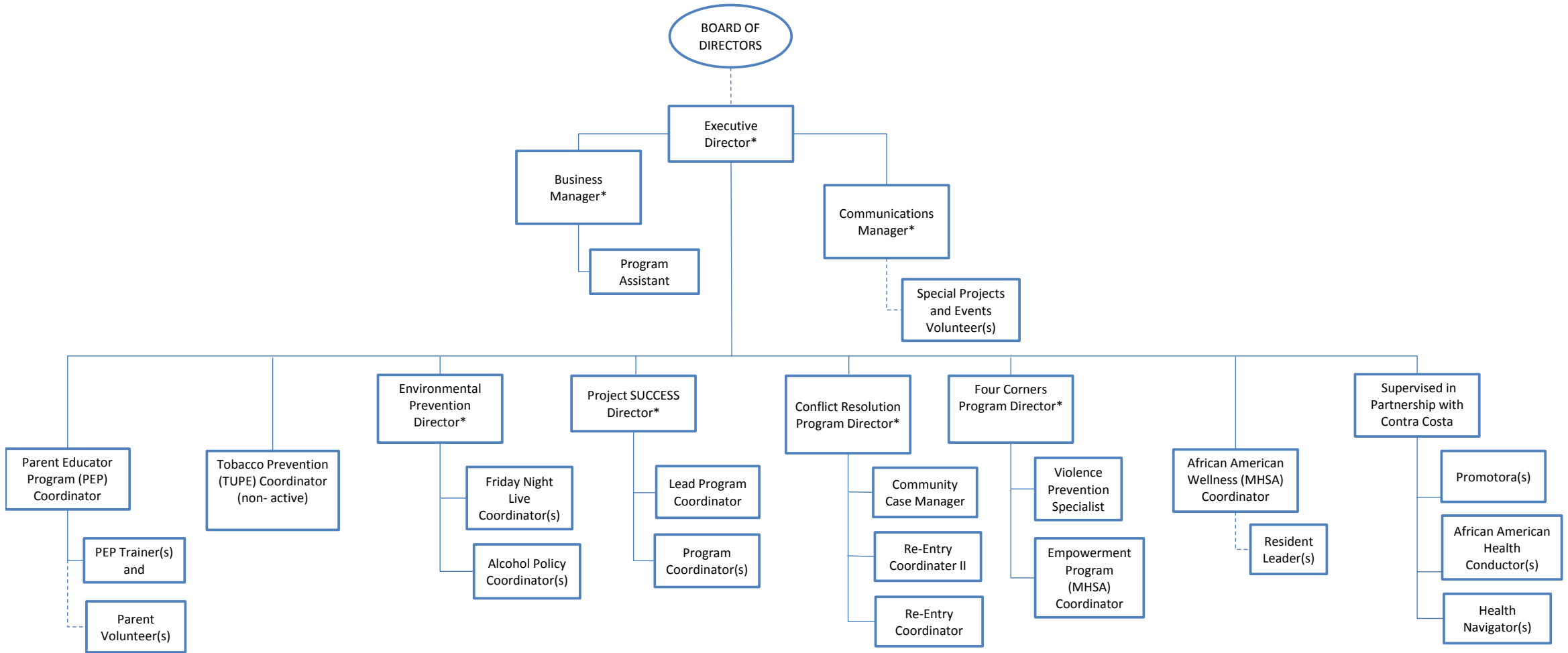
6. RETIREMENT PLAN AND SUBSEQUENT EVENT

In 2010, CHD began sponsoring a defined contribution retirement plan (the Plan) under Section 403(b) of the Internal Revenue Code, whereby employees may voluntarily make salary-deferred contributions to the Plan within plan limits, as defined in the plan document. For the years ended June 30, 2015 and 2014, CHD retirement plan expense related to such plan was \$6,382 (with contributions paid of \$3,504) and \$25,737 (with contributions paid of \$5,302), respectively.

In November 2015, management became aware that the Plan documents included a provision, whereby eligible employees working more than 1,000 hours in a fiscal year were entitled to an employer contribution of 1% of employee base salary. Effective November 16, 2015, the Plan was modified to eliminate employer plan contributions. As of June 30, 2015 and 2014, management estimates a potential liability related to such plan of approximately \$23,044 and \$20,155, respectively, which is included within accrued payroll liabilities in the accompanying financial statements.



Center for Human Development
Changing Lives, Transforming Communities



Organizational Chart

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** April 26, 2016
Date of Exit Meeting: August 12, 2016

- II. **Review Team:** Stephanie Chenard, Jenny Robbins, Joseph Ortega

- III. **Name of Program:** Modesto Residential Living Center, LLC
1932 Evergreen Avenue
Modesto, CA 95350

- IV. **Program Description.** The County contracts with Modesto Residential Living Center, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- 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	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Individual Augmentation agreements supporting contract need to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Modesto Residential has been serving residents placed there, with more capacity as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services identified through monthly assessments are being performed.
7. Quality Assurance	Partially met	Appropriate policies and procedures are in place. Further, new measures have been identified for assessing quality programming.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility does not meet the federal funding threshold to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand role of contract manager to enable regular, coordinated program and contract communication.

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.

Discussion. As part of the site visit two residents were interviewed individually. We also spoke to several different staff members, including three staff from the management team and two line staff.

Consumer Interviews:

Each of the two residents seemed to be appreciative of the facility, staff, and daily activities they had the opportunity to participate in. Both of the residents have been at the facility for several years and felt that they may have been homeless if they did not have this facility to live in. Both residents also reported that they perceived their medication to be handled well by the facility and their needs met. However, they did express the desire to have more access to and time with the clinician (i.e., weekly visits, rather than only monthly check-ins). While the facility indicated that a psychiatrist was on-site twice a week and available to see consumers on a drop-in basis, the residents seemed to indicate they felt they only had monthly access to the clinician. Moving forward, it is recommended that facility staff can help bridge this gap in perception by being more proactive in helping residents to schedule regular time with the clinician as needed.

Staff Interviews:

Staff interviewed were members of the activities and medical staff. Staff indicated there was a regular weekly and daily activity calendar that was created

every month. Many of these activities were directed by staff or other visiting partner programs. Included in these activities is a weekly consumer led meeting that provides feedback to staff. The staff also engaged in money management activities for many of the residents, including giving them a daily allowance from their personal funds, and help with shopping for items such as groceries or clothing. Staff also indicated that certain medical specialists were rotated on a monthly basis to help with specific needs, such as podiatry, ophthalmology, and dental issues.

The staff we spoke to gave the impression of being in tune with the medical and daily needs of the residents. While there seemed to be an increase in staff trainings on bigger medical issues, a desire was expressed for more training for all staff on day-to-day care, such as assisting residents in grooming and hygiene. **Results.** Modesto Residential staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. As a matter of regular practice Modesto Residential staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was matched by verifying observation of residents participating in the consumer group meeting.

Results. The program serves 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 individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. There is a clear level of augmented services, particularly around medical and medication support, that may be better delineated in the service work plan to reflect the degree of service provided.

Results. Appropriate augmented Board and Care services are provided by Modesto Residential with appropriate intensive mental health specialty services for the residents. However, the individual augmentation agreement language in the contract should more specifically identify the services that are provided.

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.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Modesto Residential Living Center is meeting their needs.

Results. Modesto Residential Living Center appears to be meeting the needs of the population for which it was designed.

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

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that there are 6 possible beds open to the county, but currently only 3 are being utilized. The Individual Augmentation plans, however, do not capture the services that augment the board and care service in a manner that enable quantifying the services provided, and enabling program impact on residents to be determined and reported to the County.

Results. The program serves the number of individuals that have been placed in their facility by Contra Costa County. However, Modesto Residential Living Center staff indicated that currently there are a number of openings under the current contract and that they are interested in serving more Contra Costa consumers.

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 monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. There are a variety of daily group activities scheduled (both day and evening) that the residents can participate in, many of which promote well-being and self-reliance. The residents have regular access to medical providers every few months, and monthly evaluations with the on-site psychiatrist. There is also medical staff to monitor daily medication needs for all residents.

Results. Modesto Residential Living Center appears to be providing the services outlined in the monthly assessments of needs conducted on each resident, with additional supported services to promote wellness, recovery, and self-reliance.

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

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 10 complaints investigated by the Department of Social Services Community Licensing service in the past 5 years. This has resulted in several findings by the licensing agency and nearly monthly unannounced visits in 2016. The last report with significant findings was dated 01/28/16. These findings included deficiencies around the facility's water temperature, maintenance of grounds, client records, and food service/menu planning. There have been three subsequent unannounced visits by a licensing evaluator, which have produced no further findings.

These complaints and visits were brought up during our interview with management staff. They indicated that they had taken several steps towards resolving the previous issues including increases in staffing, more staff training, additional programs offered by the onsite psychiatrist, a tighter screening process to address potential residents with behavioral issues, and an onsite canteen to help manage residents spending excess time hanging out in the nearby shopping center parking lots, which was causing problems with perception in the local community.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through the county, or state.

Results. Modesto Residential Living Center is participating positively with state and county agencies as well as the local community to identify and address current and potential issues. The program has implemented new policies and procedures for staff and programming for residents. It is recommended that Modesto Residential continue to review its practices and programming to keep residents engaged and active.

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 as a HIPAA Business Associate, 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. Review facility's Privacy Policy.

Discussion. Modesto Residential Living Center staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Modesto Residential Living Center appears to be in compliance with HIPAA requirements.

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 staff list, staff interviews and duty statements.

Discussion. Modesto Residential Living Center staff that were interviewed represented management, medical support, and administrative support functions of the facility. Additionally, during a tour of the facility we were introduced to many other staff in a variety of functions and delivering specific services. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. All 34 full-time positions, 1 part-time position, and 4 contract positions were reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. However, several staff indicated they felt that due to the number of residents being served, they were stretched to serve everyone appropriately and that there was a need for a higher staff to client ratio.

Results. There appears to be sufficient qualified staff to carry out the functions specified in the program. Modesto Residential is encouraged to seek and provide opportunities for staff to increase their capacity to support residents living with mental health issues.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

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

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.
- Method.** Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.
- Discussion.** Modesto Residential has sufficient size, diversity of funding resources and adequate cash flow to support their staff deliver and sustain services. They have been in contract with the County at a set daily rate of \$55 since September 1, 2007. This year they asked for an increase in their rate to \$65 to take effect September 1, 2016, which has been approved by Contra Costa Behavioral Health.

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

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
Method. Interview with fiscal manager of program or facility operator.
Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.
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 or facility operator.
Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Modesto Residential Living Center's financial reports support the monthly invoices, and no duplicate billing was indicated.
Results. Financial documentation appears sufficient to support the invoicing.
14. **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. Property, vehicle, liability insurance policies were reviewed. All were current with appropriate limits.
Results. Current insurance policies in effect are sufficient to comply with the contract.
15. **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, contractor staff, Adult Services Program Chief, and Housing.
Discussion. The County has multiple staff interacting with Modesto Residential Living Center staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Modesto Residential Living Center contracts and sign and forward submitted invoices, conservators to interact with Modesto Residential Living Center staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff

performing program and fiscal reviews and issuing a report with findings and recommendations. Moreover, it seems that the two County residents currently living there do not have a case manager to help coordinate all the care for them. This has the potential for creating challenges for Modesto Residential Living Center staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Modesto Residential Living Center with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Modesto Residential Living Center provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a larger residential facility, with up to 6 approved beds available to Contra Costa County for adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Modesto Residential Living Center provides a stable, supportive living environment. The issues that have been identified for attention pertain primarily to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Modesto Residential Living Center's contract needs to spell out the augmented services that are provided to the individual residents. At the very least, it is recommend an Augmented Board and Care Services Agreement be drafted and executed for each County resident
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to the facility, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. April 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Monthly assessments for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Modesto Residential Living Center, LLC.

Point of Contact: Dennis Monterosso.

Contact Information: 1932 Evergreen Avenue, Modesto CA, 95350. (209)530-9300.
info@modestoRLC.com

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits, and accepted augmented board and care at Modesto Residential Living Center.
- c. Annual MHSA Payment Limit: \$ 90,000
- d. Number served: For FY 14/15: Capacity of 7 beds, average of 2 beds filled each month.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-82(8)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at its residential facility located at 1932 Evergreen Avenue, Modesto, CA 95350 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that its staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in its license or its facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials


Contractor


County Dept.

APPENDIX C

Employee Roster

FACILITY ROSTER

FACILITY: MODESTO RESIDENTIAL LIVING CENTER	TYPE: ARF	FACILITY #: 507203017
PREPARED BY: LENA BALDWIN, FACILITY MANAGER		DATE: 04/15/2016 (updated)

EMPLOYEE NAME	HIRE DATE	JOB TITLE	WORK DAYS	SHIFT HOURS	EMPLOY STATUS	EXEMPT	SEPARATION DATE
Dennis "Dan" Monterosso	11/01/06	Administrator/ Licensee	M-F	10a-4p	Salary		
Clara "Lena" Baldwin	11/01/06	Facility Manager	M-F	10a-4p	Salary		
Rosalie Herrera	03/15/07	Healthcare Coordinator/ Asst. Manager	M-F	10a-4p	Salary	X	
William "Brian" Jackson	05/15/09	Care Staff Coordinator/ Adm. Assistant	M-F	10a-4p	Salary		
Tatiana Varela	01/02/14	Administrative Assistant	Sa-Th	11p-7a	F/T	X	
Nancy Michael	01/30/08	Purchasing	M-F	8a-4p	F/T		
Breanna Michael	11/21/14	Life Skills/ Activities	M-F	1p-9p	F/T		
Vanessa Rodriguez	10/25/13	Receptionist	M-F	8a-4p	F/T		
Mark Garcia	11/13/14	Maintenance Supervisor	T-F	7a-3p	F/T		
Latreice McDonald	04/19/12	Transportation	M-F	7a-3p	F/T		
Linda Mandl	01/30/08	Medical Assistant	M-F	8a-4p	F/T	X	
Aimes Halverson	09/15/08	Medications Supervisor	Su-Th	7a-3p	F/T	X	
Adam Jacobson	06/30/11	Lead Med Tech	Tu-Sa	7a-3p	F/T	X	
Jesenia Olivera	11/21/10	Dietary Supervisor	M-F	6a-2p	F/T		
Andrew Hagan	10/29/12	AM Dietary Staff	F-M	6a-2p	P/T		
Tonita Royston	06/25/14	AM Dietary Staff	Tu-Sa	6a-2p	F/T	X	
Damian Bailey	02/28/14	AM Dietary Staff	Su-Th	6a-2p	F/T		
Patricia Cuellar	09/24/09	AM Care Staff	Tu-Sa	7a-3p	F/T	X	
Ofeilia Valencia	04/01/14	AM Care Staff	Su-Th	7a-3p	F/T		
Dominque Devine	11/21/15	AM Care Staff	F-Tu	7a-3p	F/T		
Samuel Mendonsa	12/09/15	AM Care Staff	F-Tu	7a-3p	F/T		
Isela Ayala	01/12/16	AM Care Staff	F-Tu	7a-3p	F/T		
Fadi Youssef	12/09/15	AM/PM Care Staff	Su-Th	10a-6p	F/T		
Jim Yi	11/12/15	PM Lead Med Tech	Tu-Sa	3p-11p	F/T	X	
Brittaney Brunelli	12/10/15	PM Med/ Care Staff	Th-M	3p-11p	F/T		
Tanya Jones	01/30/08	PM Med Tech	Su-Th	3p-11p	F/T		
Amanda Bossom	03/27/13	PM Care Staff	Tu-Sa	3p-11p	F/T		
Alyssa Reeves	12/30/15	PM Med Tech	W-Su	3p-11p	F/T		
Clayton Castrogiovanni	02/29/16	PM Care Staff	F-Tu	3p-11p	F/T		

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Name of Program:** People Who Care (PWC) Children Association
2231 Railroad Ave,
Pittsburg, CA 94565

- II. **Review Team:** Michelle Rodriguez-Ziemer, Warren Hayes, Stephanie Chenard

- III. **Date of On-site Review:** April 5, 2016
Date of Exit Meeting: July 20, 2016

- IV. **Program Description.** People Who Care Children Association (PWC) provides educational, vocational and employment training programs to youth ages 12 through 21 years old. Many are at risk of dropping out of school and/or at high risk of entering and become chronically involved in the criminal justice system. The mission of the organization is to empower youth to become productive citizens. This goal is achieved through promoting educational and vocational opportunities, mental health counseling (screening for mental health problems, individual, group, and family therapy). The hope is to prevent mental illness from becoming severe and disabling.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of 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

		program meets the values of MHSA.
2. Serve the agreed upon target population.	Met	Program provides outreach and engagement to transition age youth at risk for developing a serious mental illness.
3. Provide the services for which funding was allocated.	Partially Met	Current staff capacity limits access to mental health care and community activities.
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 or exceeding target goal
6. Achieve the outcomes that have been agreed upon.	Met	Current outcomes met. Will need to add access and linkage to mental health treatment outcomes.
7. Quality Assurance	Not met	Grievance procedures need to be adapted to PWC's organizational structure, and a sound mental health charting protocol established.
8. Ensure protection of confidentiality of protected health information.	Partially Met	HIPAA violation reported regarding the securing of client information. Corrective action was implemented.
9. Staffing sufficient for the program	Partially Met	Staffing sufficient for Vocational component. Mental Health component is not staffed.
10. Annual independent fiscal audit	N/A	Annual fiscal audit not required
11. Fiscal resources sufficient to deliver and sustain the services	Met	PWC needs additional and diversified funding sources to support its mission.
12. Oversight sufficient to comply with generally accepted accounting principles	Unmet	Segregation of duties needs to be established within existing paid staff.
13. Documentation sufficient to support invoices	Met	Suggest two staff share fiscal duties.

14. Documentation sufficient to support allowable expenditures	Met	Suggest CCBHS contract manager review and approve variances in line item billing.
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	N/A	Indirect category will be deleted in upcoming contract renewal, as there are no indirect costs.
17. Insurance policies sufficient to comply with contract	Under Review	CCBHS reviewing whether malpractice insurance for provided mental health services is required.
18. Effective communication between contract manager and contractor	Met	Communication is regular and appropriate to the level of needs of the program.

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

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

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

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

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

Results. The program appears to incorporate required MHSA values in their program.

Discussion.

Consumer surveys and interviews:

Eight transition age youth participated in a focus group. They all reported that the program had a positive impact in their lives. They most appreciated the sense of community and support they received, and felt the staff and participants reinforced behaviors that enabled them to better cope with the negative influences in their lives, and to be more successful in school. They particularly liked the two previous mental health counseling staff, as they were approachable, and helped them with difficult emotional issues. While they felt safe within their

program, they noted that the environment that the program was located was frequented by transients and drug dealing. The group recommended that the program have more and varied activities after school, fill the mental health counseling position with someone as capable as the last two counselors, move to a larger and safer facility, have more Spanish speaking capacity, and provide care for younger siblings so that they could attend more regularly.

In addition to interviewing program participants, 21 consumer surveys were received. Written comments were consistent with the views expressed by the above focus group participants. 92% of the responses agreed or strongly agreed that the program operated according to the values of MHSA, and 95% agreed that the program was helpful to them in improving their health and wellness, living a self-directed life, and reaching their full potential.

Staff Interviews:

PWC staff were interviewed, including the mental health clinician who had recently left PWC. The entire organization consist of four paid positions, with the CEO volunteering her time. Each staff described their role and job duties, although at times boundaries around each role became blurred. This program was adjusting to the loss of key staff in the past year. Staff reported that better program benefits could be obtained if more vocational opportunities and mental health supports were available to the consumers. Limited staff availability also limited PWC's ability to utilize various community events when they became available for PWC consumer participation.

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

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

Results. The program serves the agreed upon target.

Discussion. People Who Care serves at-risk youths in East Contra Costa County who have been referred by schools and the juvenile justice system because of attendance and/or behavior problems. Staff also provide outreach and engagement to at-risk middle and high school students in Pittsburg, Bay Point and surrounding communities.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.
Method. Compare the service work plan or program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.
Results. PWC is currently without a mental health counselor, which is an integral part of the agreed upon service provision. Also, staff and participants indicate a need for more and varied community activities during the week and after school.
Discussion. Semi-annual reports have shown that the program has consistently engaged students from schools, the truancy referral process, and the juvenile justice system. PWC provides vocational opportunities, career direction, and access to a mental health clinician, whose role is to provide mental health counseling, provide group support, and to assess and refer individuals to behavioral health services within the community outside the scope of the mental health counselor. However, current limited staff capacity has limited the access to mental health care as well as activities in the community.

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 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 MHSA Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.
Results. The program meets the needs of the community and population.
Discussion. The services provided are consistent with the MHSA Three Year Plan. The positions have been vetted through the plan update process, with the contract authorized by the Board of Supervisors. Interviews and surveys indicate existing staff are performing duties consistent with what was authorized. A plan is in place to fill the vacant mental health counselor position.

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

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

Results. PWC reports indicate that they have been serving at or above the number agreed to in the Service Work Plan.

Discussion. The Service Work Plan calls for serving 200 transition age youth per year. PWC documentation indicates that they have served 222, 204, and 205 individuals for fiscal years 2014-5, 2013-14 and 2012-3, respectively.

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

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

Results. PWC has consistently met the outcome measures as specified in their Service Work Plan; i.e., improved student resiliency and adult relationships, reduced re-offending behavior, increased school attendance, and decreased school tardiness.

Discussion. PWC has utilized a pre-and post-intervention survey tool to report on their outcomes. However, starting in July this PEI program will need to additionally document outcomes pertaining to access and linkage to mental health treatment. PWC is encouraged to work with MHSA staff to develop a means to capture the frequency and impact of this important measure.

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

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

Results. Staff and participant interviews indicate that an effective grievance process is not in place that enables issues to be impartially and appropriately addressed. Also mental health charting information kept on participants do not appear to support a continuous quality improvement process.

Discussion. PWC is not subject to the County's utilization review process, as the program is not certified for Medi-Cal billing. A review of information kept on participants and a clinical chart review revealed little to no information regarding clinical assessment and participant goal formation. Assessments were not thorough, nor were goals clearly defined. There was very little information on progress toward goals, and outcomes at termination.

It is recommended that 1) PWC develop, train and implement a grievance policy that enables both staff and participants an independent impartial review of issues and complaints that they have been unable to resolve with the CEO and/or Executive Director, and, 2) PWC work with the PEI Program Supervisor to develop clinical charting protocol that enables assessments, progress and outcomes for mental health care that is provided.

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

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

Results. Prior to the site visit a HIPAA violation was reported to CCBHS pertaining to a compromise of protection of participants' mental health files. PWC has taken necessary corrective actions, to include proper safeguarding of client files, and publishing and training staff on HIPAA policies and provisions. The final outcome of the violation reporting process has not concluded.

Discussion. The HIPAA violation report alleged that client clinical files were not stored properly, per HIPAA standards, and that non-clinical staff and program participants had access to these files. CCBHS staff met with the CEO and Executive Director, and provided information on HIPAA rules and regulations. A plan of corrective action was requested and one was provided. The corrective plan included securing clinical files in a double locked environment, and training all staff on HIPAA guidelines.

PWC is encouraged to continue in its efforts to ensure confidentiality of personal information for all staff and participants

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.
- Method.** Match history of program response with organization chart, staff interviews and duty statements.
- Results.** Staffing appears sufficient for the Vocational Program, There is currently no mental health counselor, although PWC reports that a possible candidate has been identified and discussions are proceeding.
- Discussion.** PWC is encouraged to review all five staff roles in order to maximize capacity to fully support the participants in the vocational and mental health component, as well as administrative responsibilities.
10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings.
- Method.** Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.
- Results.** Annual independent fiscal audits are not required for this organization.
- Discussion.** People Who Care Children Organization is a California non-profit community based organization established to empower children to become productive citizens. With tax year 2014 estimated revenues of \$250,000 PWC is not required to have an annual independent fiscal audit performed.
11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.
- Method.** Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of program or plan element.
- Results.** PWC has been successfully operating within its annual budget of approximately \$250,000 for several years.
- Discussion.** PWC's primary source of income is the annual MHSA funded CCBHS contract of \$203,594. Because this contract has not been increased for several years, staff salaries have remained static, providing a retention issue. Because there are no cash reserves or significant additional funding source, the organization is sensitive to any interruptions in cash flow from the County. PWC is encouraged to pursue additional funding sources that can support its central mission.

- 12. Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.
- Method.** Interview with fiscal manager.
- Results.** The Program Director/Fiscal Manager, Connie Russell, and CEO, Veronica Pope, were interviewed. Both maintain that there is a segregation of financial duties to provide a two person check and balance system. However, the supporting documentation does not reflect this oversight, and the CEO is a volunteer. An accounting person is periodically paid as a consultant to reconcile the books and provide assistance at tax time.
- Discussion.** All financial transactions are controlled by the above two individuals. It is suggested that PWC consider a re-structuring of duties so that the documented segregation of duties involve the paid staff of the Program Director and the Office Manager. This would enable two persons on a day-to-day basis to conduct financial transactions, with proper oversight.
- 13. Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.
- Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program.
- Results.** PWC's financial system was reviewed with the Executive Director. The documentation appeared to support the monthly invoices.
- Discussion.** The Executive Director reported that operating costs are paid and supported by hard copies that are processed and stored at her home. Personnel time reporting by her two staff are accomplished electronically. Again, the concern is that one paid staff person appears to both incur bills and pay bills. PWC was utilizing the indirect cost category for line items that should more properly be in the operating cost category, such as utility and office supply costs. However, it appeared that no duplicate billing was taking place.
- 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.
- Results.** Method of allocation of personnel time and operating costs appear to support allowable expenses.

Discussion. While actual expenses are supported by documentation, there looked to be variation of budgeted line item amounts versus actual expenses billed and paid. It is recommended that any significant movement of budgeted funds between line items be discussed prior to billing with the CCBHS contract monitor and approval documented. This will facilitate prompt payment by CCBHS Accounting.

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

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

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

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

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

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

Results. There are no indirect costs associated with this contract.

Discussion. All allowable costs are captured in a specific budget line item within the Personnel and Operating cost category. The indirect category will be deleted in upcoming contract renewals, as there are no indirect costs.

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

Method. Review insurance policies.

Results. PWC has current policies as specified by the contract. Currently under review is whether the organization is required to carry malpractice insurance.

Discussion. CCBHS staff are reviewing whether malpractice insurance for mental health services should be required and procured.

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

Method. Interview contract manager and contractor staff.

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

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

VIII. Summary of Results.

- People Who Care provides educational, vocational and employment training programs to youth at risk for developing a serious mental illness. It also has provided access to a mental health counselor for assessment, emotional support, and referral to more intensive clinical care if needed. The focus is on youth in communities impacted by high crime, low employment, high incarceration and violence including trauma. Consumer interviews and surveys provide high praise for the effectiveness of this program.
- A review of PWC's financial practices and documentation does not reflect a segregation of fiscal duties to allow oversight of transactions.
- The PWC Board of Directors, as currently structured, does not provide independent oversight of the program, as the President and Secretary are the CEO and Executive Director.

IX. Findings for Further Attention.

- It is suggested that PWC consider a re-structuring of duties so that the documented segregation of duties involve the paid staff of the Program Director and the Office Manager. This would enable two persons on a day-to-day basis to conduct financial transactions, with proper oversight.
- It is recommended that the CEO and Executive Director remove themselves as voting members of the Board of Directors, as it poses a potential conflict of interest and roles.
- It is recommended that PWC address their grievance procedures, so that staff and consumers have an impartial avenue with which to pursue unresolved grievances/concerns.
- It is recommended that People Who Care fill the vacant mental health counselor position.
- It is recommended that clinical folders include comprehensive assessment and pre- and post-surveys that meet the reporting requirements for the new PEI regulations.

X. Next Review Date. February 2019

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – 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)



July 21, 2016

Re: PWC Program and Fiscal Review Report

Dear Review Team:

Thank you for giving us the opportunity to respond to the Mental Health Services Act (MHSA) Program and Fiscal Review Report issued as a result of the on-site review conducted on April 5, 2016. Our response to partially met and unmet topic results is as follows:

- Topic 3: Provide the services for which funding was allocated (Partially met):
Review Results (A): Current staff capacity limits access to mental health care.
PWC's Response: PWC's plan of action is two-fold: 1) complete discussions and hiring process for potential Licensed MFT prior to August 15th, start of 2016-17 school year, and 2) continue discussions with Hume Counseling Center for collaboration of a therapist sharing relationship prior to August 15th, 2016.

Review Results (B): Current staff capacity limits access to community activities:

PWC's Response: Turnovers and/or vacancies of staff with a Class B License required to drive agency's 15 passenger vehicle, along with the Program Director's, only staff member currently with a Class B License, foot injury made it difficult to transport students to and from community service/activities during after-school hours; however, due to recent hiring of a peer counselor/site coordinator, a soon-to-be clinician on-site, and our Program Director's ability to return to her normal physical duties, PWC is now back on track as far as transportation is concern. Our recently hired Peer Counselor/Site Coordinator is scheduled to obtain his Class B License shortly.

- Topic 7: Quality Assurance (Not met):
Review Results (A): Grievance procedures need to be adapted to PWC's organizational structure.
PWC's Response: Once the Clinical Director's position is filled, and PWC is at full-staff, an independent contractor will be hired to develop, train and implement grievance policies that will provide both staff/employees and participants an independent impartial review of issues and complaints that are unable to be resolved with the CEO and/or Executive Director. In the meantime, such grievances will be immediately elevated to the Board of Directors for conflict resolution.

Review Results (B): Mental health charting information do not support continuous quality improvement process.

PWC's Response: Effective July 2016, the agency is required to fully document outcomes pertaining to access and linkage to mental health treatment of clients. As soon as the Clinical Director's position is filled, PWC will work closely with the PEI Program Supervisor to develop clinical charting protocols that will permit adequate and appropriate assessments, progress and outcomes for mental health services provided to its clients.

- Topic 8: What protocols are in place to comply with the Health Insurance Portability and Accounting Assurance (HIPPA) Act (Partially met):
Review Results: HIPPA violation reported regarding the securing of client information. Corrective action was implemented.
PWC's Response: As indicated, corrective action was implemented, including drafting of HIPPA policy and procedures for the agency. As also previously stated, once the Clinical Director's position is filled, and PWC is at full-staff, an independent contractor will be hired to further develop and finalize PWC's draft HIPPA policies, as well as training staff on agency's policies and procedures.
- Topic 9: Staffing sufficient for vocational component. Mental Health component is not staff. (Partially met):
Review Results: Staffing appears sufficient for the Vocational Program. There is currently no mental Health counselor.
PWC's Response: As stated above, PWC is currently in discussions and the hiring process for a Licensed MFT, and collaboration of a clinical sharing arrangement with Hume Center to provide mental health services for its clients.
- Topic 12: Segregation of duties needs to be established within existing paid staff (Unmet):
Review Results: All financial transitions are controlled by the Program Director/Physical Manager, and CEO. Re-structure duties to involve paid staff Program Director and Office Manager to enable proper oversight.
PWC's Response: PWC will comply with recommendation.
- Findings for Further Attention: It is recommended that the CEO and Executive Director remove themselves as voting members of the Board of Directors to avoid of potential conflict of interest and roles.
PWC's Response: During the regularly scheduled meeting of the Board of Directors conducted on July 16, 2016, the Vice President, Ms. Yvonne Beals, was temporarily voted the position of President, and Mr. LeQuan Woods the Vice President of the board until a follow-up meeting is scheduled.

Finally, we believe the approach described above would help People Who Care Managers focus on their core business, and not divert time and energy to reviewing transactions that do not present potential conflicts of interest and breaches of fiduciary duty.

We thank you for taking the time to consider our comments. Please do not hesitate to contact me at (925) 427-5037, if you have any questions.

Respectfully,

Connie Russell
Executive Director
People Who Care Children Association
2231 Railroad Avenue
Pittsburg, CA 94565
925.427.5037 (Office)
925.285.2777 (Cell)

People Who Care (PWC) Children Association

Point of Contact: Constance Russell

Contact Information: 2231 Railroad Ave, Pittsburg, 94565 Ph: (925) 427-5037

Pwc.cares@comcast.net

1. General Description of the Organization

People Who Care Children Association have provided educational, vocational and employment training programs to children ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower children to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

2. Program: PWC Afterschool Program (PEI)

- a. Scope of Services: Through its After-school Program, People Who Care (PWC) Children Association will provide work experience for 200 multicultural at risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as, programs aimed at increasing educational success among those who are either at-risk of dropping out of school, or committing a repeat offense. Key activities include job training and job readiness training, mental health counseling (screening for mental health problems, individual, group, and family therapy), as well as civic and community service activities.
- b. Target Population: At risk youth with special needs in East Contra Costa County.
- c. Payment Limit: \$203,594
- d. Number served: For FY 14/15: 222
- e. Outcomes:
 - 68% of the "Youth Green Jobs Training Program" participants increased their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and "Green Economy".
 - 75% of the "PWC After-School Program" participants showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).
 - 73% of the participants did not re-offend during the participation in the program
 - 65% of the "PWC After-School Program" participants reported having a caring relationship with an adult in the community or at school.
 - 79% increase in school day attendance among "PWC After-School Program" participants.
 - 74% decrease in the number of school tardiness among "PWC After-School Program" participants.

BUDGET OF ESTIMATED PROGRAM EXPENDITURES

Number Budget

Fiscal Year 2015 – 2016 People Who Care 74-379

A. GROSS OPERATIONAL BUDGET	<u> a </u>	<u> b </u>
1. Cost Reimbursement Categories		
a. Personnel Salaries and Benefits	\$167,480	
b. Operational Costs (Direct)	28,014	
c. Indirect Costs	<u>8,100</u>	
2. Total Gross Allowable Program Costs	\$203,594	

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

C. NET ALLOWABLE TOTAL COSTS **\$203,594**
TOTAL CONTRACT PAYMENT LIMIT : \$ 203,594

D. CHANGES IN COST CATEGORY AMOUNTS

Subject to the Total Payment Limit, and subject to State guidelines, each cost category Subtotal Amount set forth above:
1. May vary within each program by up to 15% without approval by County; *and*
2. May be changed in excess of 15% in any fiscal year period provided, however, that Contractor has obtained written authorization prior to April 30th that fiscal year period under this Contract from the Department's Mental Health Division Director before implementing any such budget changes.

E. PROGRAM BUDGET CHANGES

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

F. CONTRACTOR BUDGET

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

G. BUDGET REPORT

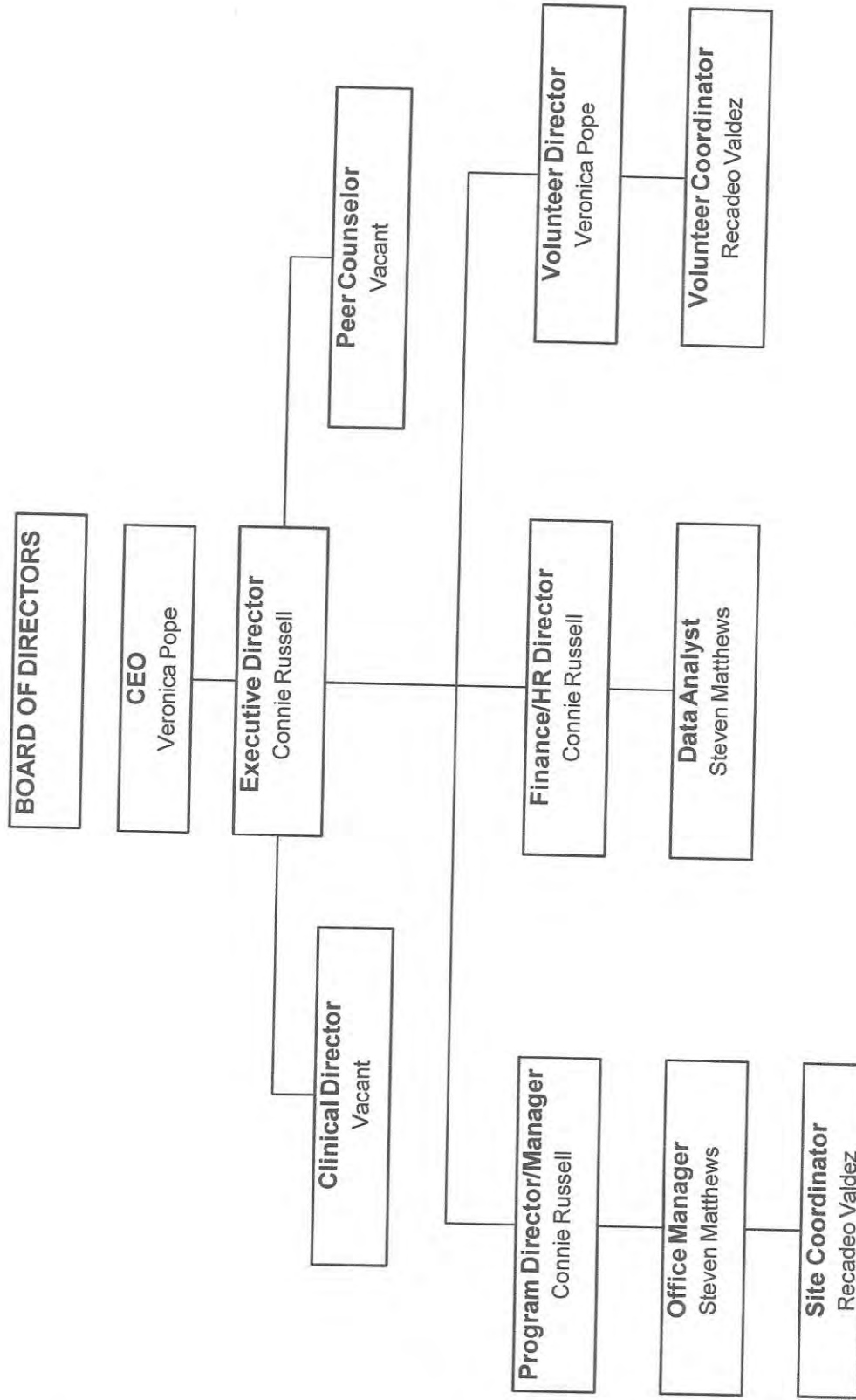
No later than April 30th of each fiscal year period under this Contract, Contractor shall deliver a written Budget Report to the Department's Mental Health Director, or designee stating whether or not the budgeted amounts set forth in this Budget of Estimated Program Expenditures for the Total Gross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

Initials:
Contractor County Dept.

PWC ORGANIZATIONAL



CHART

**PEOPLE WHO CARE CHILDREN ASSOCIATION
ORGANIZATIONAL CHART**



Contra Costa Behavioral Health Stakeholder Calendar

May 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 H3 Housing Meeting 1:00 - 3:00 PM 2425 Bisso Ln Concord	3 (<i>Public Hearing</i>) MH Commission: 4:30—6:30 pm 550 Ellinwood Way Pleasant Hill	4 CPAW: 3-6pm 2425 Bisso Ln Concord	5	6
7	8	9	10 Systems of Care: 10am—12 pm 1340 Arnold Dr, Ste 200, Martinez	11 Children's: 11:00-1:00pm, 1340 Arnold Dr, Ste 200, Martinez Social Inclusion: 1:30-3:30 pm 2425 Bisso Ln, Concord	12	13
14  Mothers Day	15 CPAW Membership: 3:00 - 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	16	17	18 CPAW Steering: 3:00 - 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	19	20
21	22 CPAW Innovation: 2:30 - 4:00pm 1340 Arnold Dr, Ste 200, Martinez	23 Adult: 3:00 - 4:30pm 1340 Arnold Dr, Ste 200, Martinez	24 Aging and Older Adult: 2:00 - 3:30 pm 2425 Bisso Ln, Concord AOD Advisory Board : 4 - 6:15pm, 2nd Floor, 1220 Morello, MTZ	25	26	27
28	29  Happy Memorial Day!	30	31			