

MHSA FY 2018-19 Three Year Plan Update

Planning the Community Program Planning Process (CPPP)



What is Required

The County shall provide for a Community Program Planning Process as the basis for developing the Three Year Program and Expenditure Plan, and Yearly Plan Updates

- Ensure stakeholders have the opportunity to participate in all aspects of the Community Program Planning Process
- Identify community issues related to mental illness resulting from lack of services
- Analyze mental health needs
- Identify and re-evaluate priorities and strategies to meet those mental health needs



CPAW Role in the Community Program Planning Process

- Each CPAW member represents the voice of a specific stakeholder group
- Attend CPAW meetings and participate in the planning and oversight of the community program planning process
- Participate in at least one ongoing stakeholder body to work on specific public mental health issues
 - Share these issues with CPAW
 - Share information provided to CPAW with the stakeholder body



Needs Assessment

- A comprehensive quantitative and qualitative Needs Assessment was developed in the Fall of 2016
 - Data compared existing service capacity by level of care with valid standards of mental health need, depicted by region, age groups, race/ethnicity and special populations
 - Quantitative data analysis was supplemented by qualitative input provided by MHSA sponsored stakeholder focus groups and community forums completed within the last two years
- Needs Assessment shared and stakeholder input obtained between OCT and DEC 2016



2016 CPPP

- **Completed three Community Forums:**
 - 143 attended OCT 6 in San Pablo
 - 134 attended NOV 3 in Pleasant Hill
 - 102 attended DEC 1 in Bay Point
- **Stakeholder composition:**
 - 23% identified as consumers
 - 32% identified as family members
 - 39% identified as service providers
 - 14% identified as “other”
- **Top three public mental needs identified:**
 - More housing and homeless services
 - More support for family members of consumers
 - Better coordination of care among service providers
- **87% of participants were satisfied with the experience**



Housing and Homeless Services

Small Group Discussion Summary

- The housing market is too expensive for low income people
- Section 8 housing is too difficult to navigate to be a resource
- Affordable housing often means unsafe, unhealthy housing
- People need help to prepare for finding, getting and keeping housing – need a one stop, one application approach
- Need flex funds to finance move in costs
- Mental health, substance abuse, primary care team staff should be on site or come to persons with serious mental illness; include life skills support, such as managing money, cooking, cleaning, home maintenance, conflict resolution to keep their residency
- Living arrangements should support family reunification
- Daily meaningful activities should be built in at the site, or arranged
- Each supportive living arrangement should build into all of their activities the goal of improving a consumer's living situation, to include moving out to better, more independent housing



Takeaways From 2016 CPPP

- Community forums were too difficult to access for some people
 - Suggest far eastern, southern parts of the county, and downtown Richmond
 - Better outreach to underserved populations, to include youth, older adults
 - Improve transportation resources to and from events
- Improve marketing to partner organizations, community organizations, first responders
- Small group discussions should have moderators as well as scribes
- Improve ability to recruit participation in CPAW and other ongoing stakeholder meetings
- Other takeaways?



Planning So Far

- Met with Full Service Partner and Prevention and Early Intervention program leaders and invited participation
- Coordinated with Health, Housing and Homeless Services Division staff regarding No Place Like Home Initiative
- Reserved Richmond Auditorium (OCT CPAW date), Brentwood Community Center (DEC CPAW date); exploring San Ramon area (?)



Planning Factors for Discussion

- **Format**
 - Community forum(s)
 - Focus Groups
 - Combination of community forum and focus groups
 - Other venues
- **Location(s)**
 - One or several
 - Where in the County
- **Time period – OCT through mid-DEC**
 - CPAW meeting date/times
 - Other dates
- **Marketing**
 - Specific groups, communities, organizations
- **Agenda**
 - MHSA Overview
 - Introduce Stakeholder Groups
 - Small Group Discussion Issues – one or several
 - Dot exercise to prioritize needs



Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Dates of On-site Review:** January 24, 25, 26, 2017
Date of Exit Meeting: March 29, 2017
- II. **Review Team:** Stephanie Chenard, Warren Hayes, Bernardita Sanabria, Robin O'Neill, and Machtel Pengel
- III. **Name of Program/Plan Element:** Hume Center – Full Service Partnership
- IV. **Program Description.** The Hume Center is a community mental health center that strives to provide high quality, culturally sensitive and comprehensive behavioral health care services and training. This includes promoting mental health, reducing psychological suffering, and strengthening families, communities and systems most involved in the lives of those served. The Hume Center is committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. Hume provides a continuity of care in Contra Costa that includes prevention and early intervention, comprehensive assessment services, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, partial hospitalization services, and Full Service Partnership Programs. The Adult Full Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.
- 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 Hume's Full Service Partnership Programs. 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	Consumers indicated program meets the values of MHSA
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for both specialty mental health services and full service partnerships
3. Provide the services for which funding was allocated.	Partially met	Staffing and budget constraints have made it challenging for the agency to implement the full spectrum of services outlined in the Service Work Plan
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Partially Met	Program needs to strengthen relationship with clinics and Forensics to increase referrals.
6. Achieve the outcomes that have been agreed upon.	Partially Met	Program meets most outcomes
7. Quality Assurance	Partially Met	Utilization review indicated program meets most quality assurance standards
8. Ensure protection of confidentiality of protected health information.	Met	The program is HIPAA compliant
9. Staffing sufficient for the program	Met	Staffing level support targeted service numbers
10. Annual independent fiscal audit	Met	No material or significant weaknesses noted for FY 14 and 15. Awaiting 2016 external audit.

11. Fiscal resources sufficient to deliver and sustain the services	Not Met	Program experiencing cash flow issues due to recent significant expansion of contracts with CCBHS.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Fiscal staff implement check and balance system.
13. Documentation sufficient to support invoices	Partially Met	Allocation method appears appropriate. However, staff and operating costs are divided among multiple contracts without documented methodology.
14. Documentation sufficient to support allowable expenditures	Met	Clear audit trail established between expenses and 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	Met	Indirect charged at 12%.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Not Met	Split contract management duties at the County has contributed to a lack of coordination of effort between Hume and the contract manager

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

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

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

Discussion. As part of the site visits 11 consumers and family members were interviewed individually, and additional input was obtained by 21 consumers who completed a written survey prior to the site visits. We also spoke to several different staff members, including three staff from the organization management team, three program management staff, and twelve line staff. However, because the programs differed significantly between the East and West county programs, the results have been tabulated separately as stand-alone programs.

Survey Results:

Hume East

Questions	Responses: n=15				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know n/a
1. Help me improve my health and wellness.	Average score: 3.40 (n=15)				
2. Allow me to decide what my own strengths and needs	Average score: 3.40 (n=15)				
3. Work with me to determine the services that are most helpful	Average score: 3.08 (n=13)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.58 (n=14)				
5. Provide services that are in my preferred language	Average score: 3.60 (n=15)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.54 (n=15)				
7. Are open to my opinions as to how services should be provided	Average score: 3.20 (n=15)				
8. What does this program do well?	<ul style="list-style-type: none"> • Take care of my medication • Therapy & Other Services • (Clinician) is fantastic to work with and does not put too much pressure on me. • Help maintain hygiene • Help me meet my goals I set for myself • They work well with you to get the help you need. 				

9. What does this program need to improve upon?	<ul style="list-style-type: none"> • More services needed for transportation 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Extra staff to manage my money • I think they need a little more help with finding single mothers home. 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Average score: 3.08 (n=13)			
12. Any additional comments?	<ul style="list-style-type: none"> • Appreciate Hume helping find a place for services • Yes, the money management system needs a facelift. • They give me positive support. I need to maintain well with my mental illness. 			

Hume West

Questions	Responses: n=6				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know n/a
1. Help me improve my health and wellness.	Average score: 3.17 (n=6)				
2. Allow me to decide what my own strengths and needs	Average score: 3.19 (n=6)				
3. Work with me to determine the services that are most helpful	Average score: 3.00 (n=6)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.00 (n=6)				
5. Provide services that are in my preferred language	Average score: 3.00 (n=6)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.00 (n=6)				
7. Are open to my opinions as to how services should be provided	Average score: 3.34 (n=6)				

8. What does this program do well?	<ul style="list-style-type: none"> Helped with school Help people like me with mental health feel good about themselves What the program does for me is wake me up to get to my appointments Help me get on the right path 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> Help with housing 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> Housing Food & Clothes Pantry Helping (with) the checks 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Average score: 3.50 (n=6)			
12. Any additional comments?	<ul style="list-style-type: none"> I really appreciate the help Help with checks, money very important 			

Consumer Interviews

- Hume East*

Three consumers and one family member participated in an interview regarding Hume East's Full Service Partnership program. The consumers had been receiving services from Hume for varying lengths of time ranging from seven months to several years. Participants were referred to the Full Service Partnership by county providers. The participants said they did not know where they would be without the program; it has helped them gain self-confidence and learn skills to cope with their mental illness. Several of the program participants talked about how the Full Service Partnership program assisted them in finding housing as well as linking them to other needed community resources.

Overall, the participants were very appreciative of the services provided by Hume East's Full Service Partnership. The participants all indicated they felt secure in the resources that Hume East made available or linked them to, they felt respected by the staff, and they felt that their input was sought for their treatment plan. During the interview, some of the things specifically identified as positives were:

- Staff listens to the participants; they are supportive and attentive.
- The 1-on-1 sessions made them feel safe and secure.
- The family member stated that she felt she was included as an integral part of the client's treatment plan and that Hume East fills in the gaps where the County may not be able provide services, such as going out to find someone who is in a suicidal crisis.
- The participants were aware of the program's after-hours services and all had taken advantage of this availability.
- One also appreciated the advocacy that staff offered to clients with the criminal justice system.

These positives clearly speak to several of the MHSA values. However, there were some areas identified for improvement. Areas of change or improvement that were noted were focused primarily around housing options. Some of the areas participants noted were needs in housing for single parents, and a desire for caregivers to be able to come to the home and assist in independent living scenarios.

- *Hume West*

Six consumers participated in an interview regarding Hume West's Full Service Partnership program. The consumers had been receiving services from Hume since the transition from the Rubicon FSP program to Hume. The participants said that the program was vital in their recovery process for mental illness. Overall, the participants were very appreciative of the services provided by Hume West's Full Service Partnership. Several of the program participants specifically cited the case managers as integral to their wellbeing and functioning. During the interview, some of the things specifically identified as positives were:

- The staff takes time out to reach everyone's need in a timely fashion.
- The 1-on-1 sessions made them feel safe and secure.
- The whole team approach to consumer care is very valuable and grounding.
- The participants were aware of the program's after-hours services and all had taken advantage of this availability.
- One of the participants made a special point to note that the assistance Hume gave them in changing their Money Management payee, and the subsequent services they receive from the CrissCross money manager has been a critical key to their stabilization and recovery.

These positives clearly speak to several of the MHSA values. However, there were some areas identified for improvement. Some of these issues were:

- Desire for more face-to-face meetings. Phone check-ins were helpful, but more in-person contact would help.
- A strong request was made by all participants for a better mechanism for consumer input, such as a consumer council.
- Participants requested better connection with resources like food pantries, or clothing.
- The transfer from Rubicon to Hume and subsequent staffing changes felt disorienting for the consumers.
- All participants also voiced a desire for more groups and activities. Some of the specific suggestions for group sessions were: topic-focused groups (e.g., depression, grief, voices, etc.), and classes (art, yoga, and other productive and meaningful activities). The activities suggested were outings such as bowling, sports, and other social or exercise-oriented events.
- Participants also noted that cultural competency was an area of improvement for some of the staff.

Staff Interviews:

- *Hume East*

Eight staff members were available for the staff interview process. Staff roles varied and included the Clinical Program Director, four clinicians, a nurse practitioner, a case manager, and family partner. The treatment philosophy is to “meet the client where they are at,” in both a figurative and literal sense. Treatment plans are focused on the individual needs of the client, and often services occur out in the community, wherever the client may be located. The staff indicated that they normally receive referrals from the East County Adult Mental Health clinic. Hume East assigns individual cases to an outreach team that includes a psychologist, peer provider, and family partner. This team works as a whole to support the client, depending on what their needs are. The nurse practitioner sees all clients to assist with medication evaluation and support. The program staff indicated that this team model is one of the strengths of the program as it gives them the ability to be flexible and very responsive to the individual client needs. When a client has advanced in their recovery to the point of stepping down treatment, they formulate a 90 day plan to help transition the “graduation” process.

Staff also shared some of the barriers they faced in providing services, such as a county-wide shortage of housing – particularly supportive housing. They also found difficulty at times with clients who did not want to engage with services like therapy, housing, and medication compliance. Staff also expressed a desire for a better relationship with certain County services, like sobering centers, or sober-living environments. They also noted a need for more support from Public Health nurses, and more county involvement with particularly high-risk and vulnerable clients.

- *Hume West*

Seven staff members were available for the staff interview process. Staff roles varied and included two Program Managers (for FSP and Out-Patient programs), four case managers, and one clinical intern. The treatment philosophy is similar to Hume East: to “meet the client where they are at,” in both a figurative and literal sense; treatment plans are focused on the individual needs of the client, and often services occur out in the community, wherever the client may be located. Most of the client case load in the West County program was transferred to Hume from Rubicon. They have only received one referral from the West County Adult Mental Health clinic to date as they have spent their start-up efforts on ramping up and conducting outreach to the consumer roster from Rubicon, whose FSP operations ceased late Spring of 2016. Each case manager has their own client list, but they back each other up if someone is unavailable to respond to their client in a timely fashion. The focus for Hume’s West County operations was more on case management than clinical services. When asked about this, the staff indicated that therapy is hard to deliver to all clients, since many sessions are conducted in the field. (Staff indicated that most of their services are delivered in the field.) Staff reported that they felt they had a very strong and supportive team environment that was collaborative. They also felt like they had flexibility in their work environment, and indicated they were comfortable bringing up issues to their manager.

Staff shared some of the barriers they faced in providing services, such as a county-wide shortage of housing – particularly supportive housing. (The housing shortage issue was brought up by both staff and consumers in both locations.) Other areas of improvement identified by staff were:

- Desire for more meaningful group activities to attract the clients to the facility. Staff also mentioned that having access to a van, or other large-capacity vehicle might help with outreach, and conducting group outings/activities.

- Implement group sessions – both general and topic-focused, such as skills groups, mindfulness and art. It was also mentioned that having more groups and activities may make the clinic feel more welcoming to the consumers.

It is recommended that the Hume West program explore and engage in more group activities, including group therapeutic sessions and classes, as well as other purposeful and meaningful activities.

- *Overall Recommendations*

There were a few consistent issues that were voiced at both locations. One of the primary ones was housing. This is a problem that has been exacerbated by societal economics. However, it is recommended that the program management work closely with the County's Mental Health Housing Coordinator to help identify more housing options if/when they become available.

It is also recommended for both locations to implement a consumer council group. This can aid in the recovery process by giving the consumers leadership roles, provide the Hume FSP programs with a mechanism for consumer feedback, and enhance the consumer-driven emphasis on programming.

Results. Interviews with program participants and service providers as well as program participant survey results all support that Hume's Full Service Partnership program delivers programming in accordance with the values of MHSA.

2. **Serve the agreed upon target population.** For Community Services and Supports, 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 and/or service work plan with a random sampling of client charts or case files.

Discussion. The Hume Center Full Service Partnership programs undergo regular utilization reviews conducted by the East County Mental Health Clinic and West Adult Mental Health Clinic's utilization review staff to ensure all clients meet the definitions of serious mental illness and are appropriate for a full service partnership program. The MHSA chart review confirms that Hume Center serves the agreed upon target population. Additionally, CCBHS performs a centralized utilization review on all programs that bill MediCal, to include the Hume Center. On November 17, 2015, Centralized Utilization Chart Reviews were conducted by County Mental Health. For all of the charts reviewed, clients met medical

necessity for specialty mental health services as specified in the Welfare and Institutions Code (WIC) Section 5600.3(b).

Results. The program serves the agreed upon population.

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

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

Discussion. Monthly service summaries and 931 and 864 Reports from Contra Costa County Mental Health's billing system show that the Hume Full Service Partnership programs are, with a few exceptions, providing the number and types of services that have been agreed upon by Hume Center and CCBHS. Services include outreach and engagement, case management, individual and group outpatient mental health services, crisis intervention, collateral, housing support, family support, flexible funds, social activities and linkage to money management and primary care services. Both staff and participants indicated services are available on a 24-7 basis via phone.

- *Hume East*

Staff and consumers revealed that Hume East is able to provide a robust FSP experience for the consumers. However, given the current program structure, staff do not directly support clients in engaging in vocational services, as detailed in the service work plan. While one consumer talked about getting support and assistance with enrolling in a vocational education program, there did not seem to be a strong vocational services program. This is an area of opportunity to help bridge the step-down process for consumers who are progressing in their recovery.

- *Hume West*

Staff and consumers revealed that Hume West is able to provide much of the FSP experience for the consumers. That being said, given the current program structure, staff do not directly support clients in engaging in meaningful activities, such as group sessions, classes, other group endeavors, or vocational services, as detailed in the service work plan. Hume West also has an outpatient program in the same offices as the FSP, which can provide for a smoother step-down process for the consumers served by this site. Integrated meaningful activities is an area of opportunity to help bridge the step-down process for consumers who are progressing in their recovery. Additionally, both staff and consumers noted there is a need for more social activities for clients.

Results. MHSA funds directed to the agency to cover expenditures associated with supporting the provision of the Hume Full Service Partnership program. Hume East has been able to deliver most of these services as the more established site, with a smaller client roster. However, Hume West has indicated that staffing and budget constraints have made it challenging for the agency to implement the full spectrum of services outlined in their Service Work Plan; particularly in providing support around meaningful activity, including social activities and vocational services. Interviews with staff indicated a need for more case managers to be able to fully accommodate their clients. During contract negotiations for FY 17/18, Hume and CCBHS should examine the program budget, Service Work Plan and available community resources to determine how best to address these service gaps.

Please see Appendix A for Program Response

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

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

Discussion. The Adult Full Service Partnership programs were included in the original Community Services and Supports plan that was approved in May 2006 and included in subsequent plan updates. The program has been authorized by the Board of Supervisors and is consistent with the current MHSA Three-Year Program and Expenditure Plan. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves.

Results. The program meets the needs of the community and the population for which they are designated.

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

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

Discussion. In previous fiscal years, Hume East had a target enrollment number starting with 10 expanding up to 60 clients during the FY14/15 contract. However, monthly enrollment ramped up slowly while the program was ramping up their staff capacity and service offerings. Enrollment numbers started at 6 and rose up to nearly 20. For the FY 15/16, the target was reduced to 50 and they had reached the low-mid 20's for enrollment. When asked about the enrollment numbers, both Hume East staff and county clinical staff mentioned that it had taken time for the site to reach full staffing capacity. Hume East staff also advised that they felt a better relationship with the County clinic and Forensics team may help with a more robust referral process. Currently the County is referring clients as they reach appropriate medical necessity, and enrollment numbers for the 16/17 year are already reaching close to 30.

Hume West also had an initial goal of 60 for the 15/16 and 16/17 FYs. Enrollments have largely come from the consumers transferred over from Rubicon. Enrollments were not fully reported for the end of the 15/16 year as the site was still in start-up phase. Hume West has made attempts to reach out to all Rubicon clients and engage them in treatment. Staff indicated they are now prepared for additional referrals from the County. The current enrollments indicate that Hume West is on target to reach its goal for 16/17.

Results. Annually the program has served less than the number of individuals specified in the service work plan. Hume Center and county staff may need to strengthen referral relationships as well as examine the current program caseload in relation to the program target listed in the Service Work Plan.

Please see Appendix A for Program Response

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

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

Discussion. Because Hume East's FSP program started late in FY 13/14, and Hume West started late in FY 15/16, an annual outcomes report was not produced for their first contract of providing FSP services. The program has five program objectives as part of the service work plan. The program has provided an annual report summarizing their progress towards meeting their program outcomes. The program has met two of the five primary objectives (reduction in incidence of psychiatric crisis, and inpatient and sub-acute care), while falling short on reducing the average number of inpatient days. There has been no conclusive data to support the remaining objectives of improving psychological and community risk of harm, reduction of use of alcohol and drugs, and reduction in incarceration. Data provided by the County comes from (1) service data generated from the Contra Costa County claims processing system, (2) data collected by the program, and (3) the County's data system.

Results. Overall, the program achieves its primary objectives. However, success indicators should be refined based upon the program's experience and survey practices. The indicators should focus on determining success in improving mental health outcomes.

Please see Appendix A for Program Response

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

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

Discussion. CCBHS did not receive any grievances associated with Hume's Full Service Partnership program. The program has an internal grievance procedure in place, and clients receive information on how to file complaints as part of the agency's Notice of Privacy Practices. The program undergoes regular

Level 1 and Level 2 utilization reviews conducted by the County Mental Health utilization review teams to ensure that program services and documentation meet regulatory standards. Level 1 and Level 2 utilization review reports indicate that Hume is generally in compliance with documentation and quality standards. On November 17, 2015, a Level Two Centralized Utilization Chart Reviews and a Focused Review were conducted by County Mental Health on Hume East's charts. The results show that charts generally met documentation standards, but there were several compliance issues, including missing forms (episode openings, registration, LOCUS, medication consent), and other incomplete or incorrect forms that were identified in the review. There were several other findings related to disallowances for billable notes for crisis intervention progress notes, missing progress notes, incomplete notes, cut and paste/duplicate billing, not documenting billable services, mis-categorized notes, and other related issues. Significant disallowances were related to progress notes not containing enough information or documentation to support the time billed, as well as lacking a clearly documented mental health intervention. Hume East's Director of Clinical Programs submitted a Plan of Correction to the County in January 2016 indicating the new protocols for quality assurance, training, and increased staffing to address the issues in the Focused Review. An update was provided in August 2016, documenting progress accomplished.

Results. The program has a quality assurance process in place.

Please see Appendix A for Program Response

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

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

Discussion. Hume Center 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. Clients and program participants are informed about their privacy rights and rules of confidentiality.

Results. The program complies 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 organization chart, staff interviews and duty statements.

Discussion. The current staffing allows both Hume East and West to serve the targeted number of clients. However, due to staff turnover in the Hume West site, Hume has had to hire/replace staff. Moreover, there was recently a reduction in force within the agency, which reduced staff time at the West County's site, and reduced hours across the agency. Current staffing patterns may impede Hume from being able to provide the full spectrum of services to its clients, and make the program reliant on other community-based services to provide vocational services as well as medical services, including psychiatry appointments.

Results. Sufficient staffing is in place to serve the number of clients outlined in the Service Work Plan. However, the turnover of program staff, the reduction in force and reduced hours are a potential cause for concern as it may affect the programs ability to effectively serve its clients. It takes time for service providers to learn about the various resources available through Contra Costa Behavioral Health's System of Care. Knowledge of the System of Care is critical when serving clients with complex behavioral health service needs who may need to be referred to multiple providers for care. The agency may want to examine the current staff structure and consider offering additional incentives to ensure qualified individuals are retained and that the full spectrum of service is available to clients.

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

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

Discussion. Portia Bell Hume Behavioral Health and Training Center (The Hume Center) is a California non-profit public benefit organization offering community-based behavioral health services in Contra Costa and Alameda County. Founded in 1993, the Hume Center is a state licensed psychology clinic facility with an operating budget of over \$5 million, and provides mental health services that includes partial hospitalization, out-patient therapy, behavioral health care, testing, training, and psychiatric and prevention services at its clinics in Richmond, Concord, Fremont, Pittsburg and Pleasanton. The available fiscal audits indicate that the Hume Center applies appropriate fiscal and accounting systems.

Results. Annual independent fiscal audits for FY 2013-14 and 14-15 were provided and reviewed. No significant or material findings were noted. The fiscal audit for FY 2016 is being finalized, and will be forwarded when completed.

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 the program.

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

Discussion. In FY 2015-16 Hume Center successfully obtained two new contracts with CCBHS, where the organization inherited the Full Service Partnership and a step down program from Rubicon Programs, Inc. The start-up costs for fielding both programs appear to have exceeded funds available for this purpose. This has exacerbated Hume's financial position, where it appears the organization has been operating at a loss for the previous two fiscal years. Thus the organization appears to be spending in excess of their actual revenue. It is unclear whether this situation is endemic or situational to their recent significant expansion. In either case the organization is acutely aware of this problem and is addressing the situation.

Results. Hume Center appears to be spending more than their revenue, with leadership addressing the issue. It is recommended that CCBHS be kept abreast of problem solving strategies and changes in fiscal practices and policies.

Please see Appendix A for Program Response

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

Method. Interview with fiscal manager.

Discussion. The Director of Finance joined Hume Center recently and appears well qualified, having worked for John Muir Medical Center for many years. Staff described established protocols that are in place to enable a check and balance system with separation of duties to assure compliance with generally accepted accounting principles. The organization uses the Yanomo software program to track personnel time entry and aggregation to enable accurate summaries for billing and payment.

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

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

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

Discussion. Hume staff explained that personnel, operating and indirect costs were being spread pro rata across multiple contracts and funding sources, and that the cost assignment methodology and apportionment is decided at the executive level. The resultant allocation was compared with monthly invoices, and appears to be appropriate to the amounts charged to this contract, with no duplicate billing. However, no written methodology was provided that would enable an outside auditor to determine the appropriateness of allocating correct portions of personnel time and operating costs to this contract.

Results. Written methodology with accompanying time sheets should to be established to enable staff to document time worked on multiple contracts with the same clients. This would enable clients to keep the same care staff as they recover, decrease in acuity, and move from the FSP contract to the step down contract.

Please see Appendix A for Program Response

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

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

Discussion. Hume Center has a cost based contract with the county, and a review of their budget line items and supporting documentation appear to support their billing for actual allowable costs incurred and paid.

Results. The audit trail established between expenses and billing appears sufficient.

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

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

Discussion. Closing entries for the last three fiscal years were within contract limit, with no billing by this agency for expenses incurred and paid in a previous fiscal year.

Results. The Hume Center appears to be implementing an appropriate year end closing system.

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

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

Discussion. The Hume Center has been budgeting and billing indirect costs at 12%, which is below industry standard.

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

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

Method. Review insurance policies.

Discussion. The program provided certificate of liability insurance, which included general liability, automobile liability, umbrella liability, workers compensation and professional liability, which was in effect at the time of the site visit.

Results. The program complies with the contract insurance requirements.

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

Method. Interview contract manager and contractor staff.

Discussion. To date, contract management duties have been split among various Contra Costa County Behavioral Health Services staff. This has led to poor communication between Behavioral Health Services and the program regarding activities and invoicing related to MHSA as well as around

programming issues. It was apparent that the process of regular review and reconciliation had not been taking place between Hume Center and the County. **Results.** It is recommended that that regular communication occur between Hume Center program and administrative management, and the county contract monitor and clinical staff.

Please see Appendix A for Program Response

VIII. Summary of Results.

The Hume Center provides high quality, culturally sensitive and comprehensive behavioral health care services, and strives to promote mental health, reduce disparities and psychological suffering. The Adult Full Service Partnership in both East and West County adhere to the values of MHSA. The program staff and program participants all believe the program is valuable. The current program structure does permit the agency to offer clients the full spectrum of full service partnership services outlined in the MHSA regulations. Contract management duties have been split among various Contra Costa County Behavioral Health Services staff. This has led to poor communication between Behavioral Health Services and the program regarding activities and invoicing related to MHSA. The Hume Center and the county will work collaboratively to continuously evaluate the programming and financial impact of the Adult Full Service Partnership program.

IX. Findings for Further Attention.

- it is recommended that the program management work closely with the County's Mental Health Housing Coordinator to help identify more housing options if/when they become available.
- It is recommended that the Hume West program explore and engage in more group activities, including group therapeutic sessions and classes, as well as other meaningful activities. It is further recommended that both programs explore a consumer council or some form of structured way for consumers to talk and be able to give feedback regarding the programing.
- It is recommended that Hume and the County begin contract negotiations for the FY 17/18 contract as soon as possible. During contract

negotiations, Hume and the County should work together to better align the staffing and program structure with the full service partnership structure outlined in the MHSA regulations.

- It is recommended that Hume revise its outcome deliverables to focus more on improving mental health outcomes. Hume will work with County Mental Health to devise impact measures that span all program elements.
- It is recommended that the Hume Center, in concert with the CCBHS, problem solve how to bring total CCBHS contract expenditures in balance with funding received. Suggest written methodology with accompanying adjustment of staff time sheets be developed to support the above problem solving.
- It is recommended that that regular communication occur between Hume Center program and administrative management, and the county contract monitor and clinical staff.

X. Next Review Date. January 2020

XI. Appendices.

Appendix A – Program Response to Report

Appendix B – Program Description/Service Work Plan

Appendix C – Service Provider Budget

Appendix D – Yearly External Fiscal Audit

Appendix E – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

County Utilization Review Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

APPENDIX A

Service Provider's Response to Report



PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER

A Non-Profit Community Mental Health Organization

Administrative Office: 1333 Willow Pass Road, Suite 101, Concord, CA 94520

(925) 825-1793 www.humecenter.org

Response to Draft CCBHS FSP Program Review

I. Introduction

The Hume Center would like to take this opportunity to thank Contra Costa Behavioral Health Services (CCBHS), the funder of our Full Service Partnership (FSP) programs in East and West Contra Costa County, for the detailed and highly information FSP Program Review recently conducted of these programs and shared with us in draft form.

We appreciate the endorsement of our program offered by the evaluation report in whose Summary of Results it is stated that "The Hume Center provides high quality, culturally sensitive and comprehensive behavioral health care services, and strives to promote mental health, reduce disparities and psychological suffering. The Adult Full Service Partnership in both East and West County adhere to the values of MHSA. The program staff and program participants all believe the program is valuable."

The opinions of the surveyed consumers and family members documented in the evaluation report were of particular interest to us. We were gratified that our program staff were invariably rated positively (3.00 or better on a scale of 0 to 4) on all measures of performance or personal satisfaction.

We were also pleased to note that Hume was found to have met standards for 11 of 18 evaluation questions, partially met standards for 5 others, and not met just 2 standards.

We are grateful that CCBHS has agreed to allow us to respond in this document to the evaluation report with additional information and some corrections of fact before the report is published in final form as a public document.

II. Hume Center Responses to Noted Deficiencies

In the spirit of continuous quality improvement, we offer the following observations we hope will be useful for contextualizing the findings for the 7 standards judged as "not met" or only "partially met."

Standard 3. Provide the services for which funding was allocated.

CCBHS Finding: Hume partially met standard. Staffing and budget constraints have made it challenging for the agency to implement the full spectrum of services outlined in the Service Work Plan. In the Hume East program, the evaluation indicates "staff do not directly support clients' engagement in vocational services, as detailed in the service work plan." In the Hume West program, the evaluation found "staff do not directly support clients in engaging in meaningful activities, such as group sessions, classes, other group endeavors, or vocational services" and further noted "a need for more social activities for clients."

Hume Response: We are pleased that monthly service summaries and reports from Contra Costa County Mental Health's billing system show that our "Full Service Partnership programs are, with a few exceptions, providing the number and types of services that have been agreed upon by Hume Center and CCBHS" and that "both staff and participants indicated services are available on a 24-7 basis via phone."

Regarding vocational services, it is true that Hume does not provide a "strong vocational program" in the traditional sense in that we are a behavioral health services provider using a wraparound model rather than a rehabilitation skills provider. Many of our consumers are not ready for vocational services and don't include returning to school or work as part of their goals. Their biggest barriers to vocation and education are lack of housing and substance use,

followed by other psychological impairments. As documented in our Vocational Services Continuum, our services aim to reduce the impairments that are barriers to employment and education. For those clients who are ready for employment, we provide pre-employment support to help them prepare for employment opportunities. We also refer those clients who are ready to participate in vocational services to other providers in the community, such as Vocational Services, Department of Rehabilitation, Rubicon Programs, Goodwill Industries of the Greater East Bay, Putnam Clubhouse, Opportunity Junction, and others. In these cases, we schedule a warm handoff to the vocational provider and provide follow-up supportive services to ensure the trainee integrates successfully at the program site. We also make a clinician available to consult with the vocational services agency to help the provider understand any problematic trainee behaviors or difficulties learning a new skill.

Regarding the cited lack of support for clients to engaging in meaningful activities, it is true that, consistent with the 2016-17 Service Work Plan, Hume generally does not offer classes and vocational services directly. But clients in both Hume West and East have participated in a winter holiday party, bowling and softball tournaments, a summer picnic, and the S.P.I.R.I.T. program graduation. Additionally, we support clients in classes and vocational services offered by other providers and offer our own social engagement activities as stated previously. We are currently offering therapeutic groups in both the West and East Hume programs. West Hume has a weekly process group that meets on Mondays with an average attendance of 8. Our future plan is to offer a group every week day. We are currently developing a Narcotics Anonymous group and a peer lead W.R.A.P. group and are in the planning stage of a CBSST group, a Life Skills group and mindfulness-based group. The groups we offer directly are in addition to those offered by current community groups that we partner with, such as the El Portal clinic, which offers an anger management group, and the City of Richmond's R.I. wellness program. The East Hume program has run a therapy group since 2014 and plans to add a CBSST group and a substance abuse group. As a whole, Hume also does whatever it can to assist clients in taking classwork at local community colleges, in particular the S.P.I.R.I.T. program. We have about four clients that have completed the program and six others that are interested in starting it.

Action Plan. We can and will strengthen our connection to Vocational Services. The Service Work Plan will be updated to show the vocational support that is provided, both by Hume and by referral. We support the recommendation in the evaluation that CCBHS and Hume examine the program budget, the Service Work Plan and available community resources to determine how best to address these service gaps during contract negotiations for FY 2017/18. We will continue to identify areas in which to support client engagement in meaningful activities and will begin to offer in-service training to current staff detailing current activities that are available for client participation. We will also create a promotional brochure highlighting those specific activities for distribution to our consumers.

Standard 5. Serve the number of individuals that have been agreed upon.

CCBHS Finding: Hume partially met standard, but needs to strengthen relationships with clinics and Forensics to increase referrals. The evaluation report states that Hume East is serving 30 clients out of its capacity of 50.

Hume Response: We are pleased that the evaluation found “the program meets the needs of the community and the population for which they are designated.” The Hume West program has stayed at capacity of 60 during the entire program life, and is currently working to engage 5 clients while serving another 55 who are enrolled. The Hume East program does need to increase its number of clients on its current caseload. From program inception through December 2016, Hume East has actually engaged 72 individuals in total, 39 of whom became

program participants while 6 received outreach and engagement (for a total of 45 served). An additional 27 individuals were screened or assessed but it was determined that alternative services would be more appropriate for their lower level of need. Ensuring that individuals are served with the most appropriate services is part of the reason that our Hume East current caseload is under its maximum capacity.

Action Plan: The program team is working hard to engage and recruit clients, particularly in Hume East, and we intend to continue to work with County Clinics and the Forensic Program to increase referrals.

Standard 6. Achieve the outcomes that have been agreed upon.

CCBHS Finding: Hume partially met standard with the program meeting most outcomes. The evaluation noted that the program has met two of five primary objectives (reduction in incidence of psychiatric crisis, and inpatient and sub-acute care), while falling short on reducing the average number of inpatient days. A concern was expressed that there “has been no conclusive data to support the remaining objectives of improving psychological and community risk of harm, reduction of use of alcohol and drugs, and reduction in incarceration.” It was recommended that “success indicators should be refined based upon the program’s experience and survey practices” and that they “should focus on determining success in improving mental health outcomes.”

Hume Response: We can supply some tentative outcomes data on request for the three objectives referred to above, namely improving psychological and community risk of harm, reduction of substance use, and reduction in incarceration and certainly appreciate that these are needs of the population that is being served. While these are all objectives consistent with the aims of our program, reliable and accurate methods of measuring them need to be agreed upon by the Hume FSPs and CCBHS before reporting on them can be instituted that is consistent and reliable.

Action Plan: Hume would gladly take part in FSP meetings with CCBHS to work on setting an agreed-upon set of program outcomes with appropriate measurements in addition to our current participation in related forums. As a related matter, Hume requests that the County and the FSP providers determine universal fair criteria for determining outliers to remove from the data because without taking unusual/atypical client cases out of the dataset it is hard to judge program effectiveness with any accuracy.

Standard 7. Quality Assurance

CCBHS Finding: Hume partially met standard, with the program meeting most quality assurance standards. Regular Level 1 and Level 2 utilization review reports indicate that Hume is generally in compliance with documentation and quality standards. A Level Two Centralized Utilization Chart Reviews and a Focused Review conducted on Hume East’s charts in November 2015 noted some compliance issues, including missing, incomplete or incorrect forms and several other findings related to progress notes not containing enough information or documentation to support the time billed or lacking a clearly documented mental health intervention.

Hume Response: As noted, this initial concern has been resolved. Hume East has implemented and improved quality assurance process. In addition, Hume has created a Director of Compliance position that is responsible for oversight of all program chart documentation.

Action Plan: The Director of Compliance will now be responsible for the creation of an internal clinical quality review process to ensure medical chart documentation requirements are met.

During internal audit review processes any areas identified as deficient will be addressed with enhanced staff training in chart documentation to ensure medical charting regulations are met.

Standard 11. Fiscal resources sufficient to deliver and sustain the services

CCBHS Finding: Hume has not met the standard, given that the program is “experiencing cash flow issues due to recent significant expansion of contracts with CCBHS.” The start-up costs for fielding both of the programs that Hume took over from Rubicon Programs, Inc. in FY 2015-16 “appear to have exceeded the funds available for this purpose,” causing Hume “to be spending in excess of their actual revenue.” Concern was expressed whether this situation was “endemic or situational to their recent expansion,” though the evaluation notes that Hume “leadership is addressing the situation.”

Hume Response: Hume agrees that the lack of advance startup funding and one time monies for the two large programs implemented simultaneously in West County was problematic. In our experience, there is usually a negotiated opportunity for ramp up with startup funds, but in this unusual case we needed to access own resources to operate at full capacity immediately within three months in order to preserve continuity of care for clients transitioning from the previous contractor. These exceptional circumstances combined to create significant but temporary financial strain on the agency. Hume Center has implemented a number of cost cutting measures, including temporary reductions in staffing, to reduce this financial strain and as a result the two programs in West County are now fully operational. Hume experienced another financial strain during the implementation of the FSP contract in East County due to an almost year-long delay from program award to contract signing and funding. During this period in 2013-14, Hume was told to be ready for implementation and so had started to staff the program, yet funding was continuously delayed, leading to significant financial burden.

Action Plan: We intend to continue the cost-cutting measures above and keep CCBHS fully informed about our financial status, particularly insofar as may concern the FSP programs.

Standard 13. Documentation sufficient to support invoices

CCBHS Finding: Hume partially met standard, with an appropriate allocation method but “no written methodology was provided that would enable an outside auditor to determine the appropriateness of allocating correct portions of personnel time and operating costs to this contract.”

Hume Response: Since the review was conducted, Hume has trued up its allocation method and provided documentation on allocating costs to the contract manager. The proposed allocation method has been reviewed and is acceptable to CCBHS.

Action Plan: The allocation method will be observed going forward.

Standard 18. Effective communication between contract manager and contractor

CCBHS Finding: This standard was found not to have been met as “split management duties at the County has contributed to a lack of coordination of effort between Hume and the contract manager.” The result has been “poor communication between Behavioral Health Services and the program regarding activities and invoicing related to MHSA as well as around programming issues.”

Hume Response: We agree with the evaluation report’s recommendation “that regular communication occur between Hume Center program and administrative management, and the county contract monitor and clinical staff.”

Action Plan: We will develop a protocol for regular program review and reconciliation with the program’s manager at CCBHS.

III. Other Considerations Meriting Inclusion in the Report

With regard to the transfer of clients to our West Hume program from the previous service provider, Rubicon, we think it is important to note that that provider terminated services in March 2016, three months earlier than CCBHS and Hume expected. Despite this, 49 former Rubicon clients were transferred over to our program, a success rate of 80%.

We were not surprised that interviewed participants identified “housing” as their greatest unmet (or only partially met) need. Although we take satisfaction in obtaining housing for many clients who were homeless at intake and—equally important—maintaining them in housing thereafter, we all realize how difficult it is to identify affordable housing in our county, one of the country’s most expensive places to live. We endorse the evaluation report’s recommendation that our “program management work closely with the County’s Mental Health Housing Coordinator to help identify more housing options if/when they become available.” We would like to collaborate with the Housing Coordinator to share our assessments on client housing needs and make recommendations for system improvement. Hume West’s program manager already is a member of the Contra Costa County Council on Homelessness where he presents the needs of our client population and makes recommendations for meeting them. We are also taking part in program development discussions with the CCBHS’ Program Chief of Adult Services regarding housing supportive services, in particular consulting on-site with housing managers on how to respond to challenging behaviors of residents with a focus on retaining housing. We are contacted about once a month by housing providers who are on the verge of evicting or discharging one of our clients. To assure housing retention, we intercede, seek to discover the presenting issue and its cause(s), and work to develop a treatment plan that will allow the tenant to retain his/her housing or transition to more structured supportive housing. We are successful with these interventions 90% of the time.

Finally, we gladly accept the evaluation reports suggestion, supported by consumer interviewees, that Hume West and East both “explore a consumer council or some form of structured way for consumers to talk and be able to give feedback regarding the programming.” From its inception, the Hume Center has made a practice of including consumers and family members as stakeholders in the delivery of our services. Hume East will be restarting its Consumer Council in May 2017 as a monthly event taking place after group therapy at which consumers will be encouraged to give candid observations on and suggestions for improving our program. We will first present any new services or ideas for our program and gain their feedback on these ideas. Then the consumers will have the opportunity to provide any feedback they’d like to offer or ask questions to the staff present. This was a structure that was very helpful to us in the first year of our FSP contract as we developed our program services and structures and we are excited to resume it permanently. The consumer council was where we got the idea for our Consumer Handbook and how we learned about a lot of community resources and how best to navigate them. In addition, Hume West and East will each provide three Friday evening events each a year for consumers, families, and other stakeholders to attend. These events will feature a psychoeducation topic, followed by a free-form forum for discussion of the program and the needs of the target population and other stakeholders.

Thank you again for the opportunity to respond in detail to the draft evaluation report!

APPENDIX B

Program Description/Service Work Plan

Portia Bell Hume Behavioral Health and Training Center

Program: Community Support Program East

Point of Contact: Chris Celio, PsyD, Program Manager
Contact Information: 555 School Street, Pittsburg, CA 94565
(925) 481-4433, ccelio@humecenter.org

Program: Community Support Program West

Point of Contact: Miguel Hidalgo-Barnes, PsyD, Program Manager
Contact Information: 3095 Richmond Pkwy #201, Richmond 94806
925-481-4412; mhidalgo-barnes@humecenter.org

1. General Description of the Organization

The Hume Center is a Community Mental Health Center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training. The agency strives to promote mental health, reduce disparities and psychological suffering, and strengthen communities and systems in collaboration with the people most involved in the lives of those served. We are committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. We provide a continuity of care in Contra Costa that includes prevention and early intervention, comprehensive assessment services, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, Partial Hospitalization services, and Full Service Partnership Programs.

2. Program: Adult Full Service Partnership - CSS

The Adult Full Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.

a. Goal of the Program:

- Prevent repeat hospitalizations
- Transition from institutional settings
- Attain and/or maintain medication compliance
- Improve community tenure and quality of life
- Attain and/or maintain housing stability
- Attain self-sufficiency through vocational and educational support
- Strengthen support networks, including family and community supports
- Limit the personal impact of substance abuse on mental health recovery

b. Referral, Admission Criteria, and Authorization:

1. Referral: To inquire about yourself or someone else receiving our Full Service Partnership Services in our Community Support Program (CSP) East program, please call our Pittsburg office at 925.432.4118. For services in our CSP West program, please contact our Richmond office at 510.778.2816.
 2. Admission Criteria: This program serves adult aged 26 to 59 who are diagnosed with severe mental illness and are:
 - i. Frequent users of emergency services and/or psychiatric emergency services
 - ii. Homeless or at risk of homelessness
 - iii. Involved in the justice system or at risk of this
 - iv. Have Medi-Cal insurance or are uninsured
 3. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.
- c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:
- Community outreach, engagement, and education to encourage participation in the recovery process and our program
 - Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
 - Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
 - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
 - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
 - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
 - Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses in order to maintain housing.
 - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work

settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.

- Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
 - Money Management, which is provided by a contract with Criss Cross Money Management, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
 - 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.
- d. Target Population: Adults diagnosed with severe mental illness between the ages of 26 through 59 in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
- e. Payment Limit: For FY 15-16 (East and West CSP): \$1,430,000
 For FY 16-17 (East and West CSP): \$1,966,077
- f. Number served: For FY 15/16: 31 individuals (East);
60 existing FSPs transferred from Rubicon (West) in April of 2016.
- g. Outcomes: No outcomes data for the CSP West Program are included below, as the transition between Rubicon to Hume was completed in early 2016, however, the CSP West program will be reporting on similar outcome measures in the next MHSA Plan Update.

Table 7. Pre- and post-enrollment utilization rates for 31 Hume East FSP participants enrolled in the FSP program during FY 15-16

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	206	168	0.556	0.459	-17.4
<i>Inpatient episodes</i>	36	18	0.096	0.048	-50
<i>Inpatient days</i>	399	397	1.07	1.06	-0.93

** Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

(No. of PES episodes during pre- enrollment period)/ (No. of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate

(No. of PES episodes during post-enrollment period)/ (No. of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

APPENDIX C

Service Provider Budget

Program Name: EAST CCHS/BHS-MH ADULT FULL SERVICE PARTNERSHIP (FSP)					
Funding Source:		County or Contract Program:			
Provider Name: Portia Bell Hume					
FY 16-17	Annualized Salary	EFSP - 3% increase			
PERSONNEL EXPENSES		Position	FTE	Months	Amount
Program Manager / Staff Psychologist	92,849	1	0.875	12.00	81,243
Director of Clinical Programs	110,000	1	0.100	12.00	11,000
Director of Compliance	82,336	1	0.300	12.00	24,701
Psychiatrist	208,000	1	0.050	12.00	10,400
Nurse Practitioner	123,600	1	0.300	12.00	37,080
Medical Assistant	40,000	1	0.300	12.00	12,000
Licensed Staff Psychologist	75,000	1	1.000	12.00	75,000
Licensed Staff Psychologist	75,000	1	0.800	12.00	60,000
Specialty Services Coordinator	50,000	1	1.000	12.00	50,000
Case Manager	45,000	1	1.000	12.00	45,000
Case Manager	40,000	1	1.000	12.00	40,000
Case Manager/Family Partner	38,000	1	1.000	12.00	38,000
Case Manager/Peer Specialist	40,000	1	1.000	12.00	40,000
Administrative Assistant	35,000	1	1.000	12.00	35,000
Post - Doctoral Fellow	22,880	1	1.000	12.00	22,880
S/T Salaries & Wages		15.00	10.73		582,304
Employee Benefits and Taxes	0.2500				142,976
TOTAL SAL, WAGES & BENEFITS			10.73		725,280
Total Direct Service Staff					
GENERAL EXPENSES					
**Flex fund for client related emergency needs and for uninsured					35,000
Professional Services					18,000
Transportation - Consumer bus/taxi vouchers					
Transportation - Staff mileage, vehicle maintenance					24,000
Office Supplies and Expenses					17,670
Printing and program material					1,000
Rents and Leases					60,600
Patient Community Activities					1,500
Communications					4,500
Insurance (liability, property, vehicle)					3,500
Utilities					6,600
Meeting and Conference					1,200
Depreciation					2,400
TOTAL OPERATING EXPENSES					175,970
ADMIN @12%					108,150
GROSS COST					1,009,400

**EFSP FY 16-17 with 3% Increase
BUDGET NARRATIVE**

PERSONNEL EXPENSES - \$725,280

1. Program Manager (Licensed Staff Psychologist) designs and oversees program operations to meet contract requirements and deliverables. Responsibilities also include training and supervising staff, managing program performance, assuring service quality and sustainability, management of program and staff performance. Participates in relevant community/county program meetings, collaborates with relevant referrals sources and community members, and provides consultation to other services providers. Program Manager also delivers direct service to consumers as senior PSC. Working 35 hours per week, the costs to program are \$81,243.
2. Director of Clinical Programs, as service contract liaison, oversees the clinical, administrative, and professional components of program. Provides supervision to Program Manager. In collaboration with the Director of Compliance, assuring service quality. In collaboration with Director of Operations and Research - conducting oversight of program evaluation and program performance. Participates in representing the program at community/county leadership meetings. Working 4 hours per week, the costs to program are \$11,000.
3. Director of Compliance develops, implements and monitors clinical, health and safety policies and procedures to improve program performance in compliance, productivity, documentation, and utilization management. Working 12 hours per week, the costs to program are \$24,701.
4. Psychiatrist (Contractor) supervises the professional scope of work performed by the Nurse Practitioner, who performs medical assessments, prescribes psychotropic medicine, orders and interprets lab tests, monitor and respond to consumers' treatment plan and service quality. Working 2 hours per week at \$100/per hour without any benefits, the costs to program are \$10,400.
5. Nurse Practitioner (Psychiatric) under Psychiatrist's supervision and working closely with staff, can conduct medical assessments, prescribes medication, orders tests, reviews test results and determines course of action. Responsibilities also include basic health and medical assessment, treatment, medication administration and education. Working 12 hours per week, the costs to program are \$37,080.
6. Medical Assistant (Psychiatric) under Nurse Practitioner's supervision, performs procedures such as blood pressure checks, weight checks, injections and other basis laboratory tests. Responsibilities also include doing telephone follow-up, notifying patients of lab results, reviewing medications with patients, and engaging in translation and cultural brokering. Working 12 hours per week, the costs to program are \$12,000.
7. Licensed Staff Psychologists (2 positions) coordinate and monitor Individual Treatment Team (ITT); provides individualized intensive case management and comprehensive mental health treatment to consumers and their families; acts to enable the consumer how to effectively navigate systems and develop skills towards self-sufficiency. Responsibilities also include ongoing assessment to improve treatment plan and

continuous evaluation for step-down services. One staff psychologist working full-time and the other 32 hours per week, the costs to program are \$135,000.

- 8 Specialty Services Coordinator assesses and coordinates services in housing, employment, education and substance abuse prevention tailored to the needs of each consumer. Coordinator assists consumers in housing search and placement with leveraging supporting services to maintain permanent housing and self sufficiency. Coordinator also helps consumers overcome psychological, development, cognitive and health barriers so they can obtain suitable employment and educational opportunities. Coordinator also provides mental health treatment to consumers. Working full-time, the costs to program are \$50,000.
- 9 Case Managers (2 positions) are liaisons to referral sources, participate in warm-hand-offs and provide initial consumer needs assessment, health care monitoring and the facilitation of integrated services to consumers by navigating services thru external community agencies network and outreach contacts development and by internal program collaboration in consumers' care and transition plans. Responsibilities also include providing program information/referrals and assessing case needs of each consumer. Two case managers working full-time per week, the costs to program are \$85,000.
- 10 Family Partner, using personal and professional life experiences, to provide engagement, support and psycho education to consumers' family members, assists them in navigating county's resource, evaluation referrals, legal processing and treatment. Responsibilities also include initial outreach/engagement, assessment, planning, advocacy and follow-up. Working full-time, the costs to program are \$38,000.
- 11 Peer Specialist, using lived recovery consumer experience, to assist their peers in navigating resource in county and community, cultivating ability to make informed / independent choices, in identifying and building strength. Responsibilities also include initial outreach/engagement in voluntary participation, planning, advocacy and follow-up. Working full-time, the costs to program are \$40,000.
- 12 Administrative Assistant facilitates and coordinates referrals, collects and assembles data and claim submissions. Responsibilities also include providing office support and administrative assistance to program staff. Working full-time, the costs to program are \$35,000.
- 13 Post-Doctoral Fellow provides direct clinical services, under licensed staff's close supervision, including individual, group, and family therapy as appropriate to treatment plan in gaining extensive experience, which benefit program consumers. Responsibilities also include case/problem formulation, prevention/intervention, evaluation/diagnosis and consultation. Working full-time, the costs to program are \$22,880.
- 14 Employee Benefits, includes health and workers' compensation insurance, 401K and employer payroll tax benefits, are estimated at 25% of base salary, i.e., \$142,976.

FLEXIBLE FUND / HOUSING SUBSIDIES & SUPPORT - \$35,000

Temporary emergency subsidy funding to be used directly in assisting consumers, their family members in immediate needs of housing, transportation, food, clothing, medical and other expenditures that are individualized and appropriate to support consumers' treatment activities.

OPERATING EXPENSES - \$140,970

1. Professional Services – Clinic IT support, annual audit fees, and other service fees. It also include cash management service fee for consumers. The annual costs are estimated at \$18,000.
2. Transportation Expenses – Mileage of staff's home/site visits and client transportation to visit doctor's office, shop grocery/clothing, find shelter, apply for insurance and others. The annual costs are estimated at \$24,000.
3. Office Supplies/Expenses and Program Material Printing - General clinic supplies, printer cartridges, paper, pen, staplers, file folders, etc and printing costs for program brochure, educational and linkage information are estimated at \$18,670.
4. Rents and Leases - Rents for clinic and lease for copier are estimated at \$60,600.
5. Patient Community Activities – material and entry fees for consumer activities to improve skill and community participation. The annual costs are estimated at \$1,500.
6. Communication – Internet, telephones/faxes, staff cell phones and 24/7 cell phone access service for consumer emergency in clinic are estimated at \$4,500.
7. Insurance - General, professional liability and property are estimated at \$3,500.
8. Utilities - Electricity, water and waste management for clinic are estimated at \$6,600.
9. Meeting and conference- Drinks and snacks provided, facility and exhibit service fee charged at meetings for community, committee, consumers and staff are estimated at \$1,200.
10. Depreciation - Depreciation on leasehold improvement, office furniture and equipment not purchased by one-time start-up money is estimated at \$2,400.

ADMINISTRATIVE OVERHEAD - \$108,150

Indirect costs allocated at 12% from admin. office for support and administrative services rendered by management, human resource, finance and billing functions.

Program Name: WEST CCHS/BHS-MH ADULT FULL SERVICE PARTNERSHIP (FSP)					
Funding Source:		County or Contract Program:			
Provider Name: Portia Bell Hume					
FY 16-17	Annualized Salary	WFSP w/3% increase			
PERSONNEL EXPENSES		Position	FTE	Months	Amount
Program Manager / Staff Psychologist	80,000	1	1.000	12.00	80,000
Director of Clinical Programs	110,000	1	0.100	12.00	11,000
Director of Compliance	82,336	1	0.250	12.00	20,584
Psychiatrist (Contractor)	208,000	1	0.050	12.00	10,400
Nurse Practitioner	123,600	1	0.300	12.00	37,080
Medical Assistant	40,000	1	0.300	12.00	12,000
Licensed Clinician: Staff Psychologist	72,000	1	1.000	12.00	72,000
Licensed Clinician:	68,000	1	1.000	12.00	68,000
Unlicensed PSC	50,000	1	1.000	12.00	50,000
Unlicensed PSC	45,000	1	1.000	12.00	45,000
Unlicensed PSC / Family Partner	40,000	1	1.000	12.00	40,000
Unlicensed PSC / Peer Specialist	40,000	1	1.000	12.00	40,000
Administrative Assistant	35,000	1	1.000	12.00	35,000
Post - Doctoral Fellow	22,800	1	0.500	12.00	11,400
S/T Salaries & Wages		14	9.50		532,464
Employee Benefits and Taxes	0.2500				130,516
TOTAL SAL, WAGES & BENEFITS			9.50		662,980
GENERAL EXPENSES					
**Flex fund for client related emergency needs and for uninsured					28,000
Professional Services					30,000
Transportation - Staff mileage, vehicle maintenance					24,000
Training					2,000
Office Supplies and Expenses / printing & program material					16,396
Rents and Leases					70,800
Communications					4,500
Insurance (liability, property, vehicle)					3,500
Utilities					6,600
Meeting and Conference					3,000
Depreciation					2,400
TOTAL OPERATING EXPENSES					191,196
ADMIN @12%					102,501
TOTAL GROSS COST					956,677

WFSP FY 16-17 with 3% Increase
BUDGET NARRATIVE

PERSONNEL EXPENSES - \$662,980

1. Program Manager (Licensed Staff Psychologist) designs and oversees program operations to meet contract requirements and deliverables. Responsibilities also include training and supervising staff, managing program performance, assuring service quality and sustainability, management of program and staff performance. Participates in relevant community/county program meetings, collaborates with relevant referrals sources and community members, and provides consultation to other services providers. Program Manager also delivers direct service to consumers as senior PSC. Working full-time, the costs to program are \$80,000.
2. Director of Clinical Programs, as service contract liaison, oversees the clinical, administrative, and professional components of program. Provides supervision to Program Manager. In collaboration with the Director of Compliance, assuring service quality. In collaboration with Director of Operations and Research - conducting oversight of program evaluation and program performance. Participates in representing the program at community/county leadership meetings. Working 4 hours per week, the costs to program are \$11,000.
3. Director of Compliance develops, implements and monitors clinical, health and safety policies and procedures to improve program performance in compliance, productivity, documentation, and utilization management. Working 10 hours per week, the costs to program are \$20,584.
4. Psychiatrist (Contractor) supervises the professional scope of work performed by the Nurse Practitioner, who performs medical assessments, prescribes psychotropic medicine, orders and interprets lab tests, monitor and respond to consumers' treatment plan and service quality. Working 2 hours per week at \$100/per hour without any benefits, the costs to program are \$10,400.
5. Nurse Practitioner (Psychiatric) under Psychiatrist's supervision and working closely with staff, can conduct medical assessments, prescribes medication, orders tests, reviews test results and determines course of action. Responsibilities also include basic health and medical assessment, treatment, medication administration and education. Working 12 hours per week, the costs to program are \$37,080.
6. Medical Assistant (Psychiatric) under Nurse Practitioner's supervision, performs procedures such as blood pressure checks, weight checks, injections and other basis laboratory tests. Responsibilities also include doing telephone follow-up, notifying patients of lab results, reviewing medications with patients, and engaging in translation and cultural brokering. Working 12 hours per week, the costs to program are \$12,000.
7. Licensed Clinicians (2 positions) coordinate and monitor Individual Treatment Team (ITT); provides individualized intensive case management and comprehensive mental health treatment to consumers and their families; acts to enable the consumer how to effectively navigate systems and develop skills towards self-sufficiency. Responsibilities also include ongoing assessment to improve treatment plan and continuous evaluation for

step-down services. One licensed staff psychologist and one licensed clinician working full-time, the costs to program are \$140,000.

8. Unlicensed PSCs (2 positions) assesses and coordinates services in housing, employment, education and substance abuse prevention tailored to the needs of each consumer, thru external community agencies network and outreach contacts development and by internal program collaboration in consumers' care and transition plan. The goal is to assist consumers in maintaining permanent housing and self sufficiency and obtaining suitable employment and educational opportunities. Two unlicensed PSCs working full-time, the costs to program are \$95,000.
9. Unlicensed PSC (Family Partner), using personal and professional life experiences, provides engagement, support and psycho education to consumers' family members, assists them in navigating county's resource, evaluation referrals, legal processing and treatment. Responsibilities also include initial outreach/engagement, assessment, planning, advocacy and follow-up. Working full-time, the costs to program are \$40,000.
10. Unlicensed PSC (Peer Specialist), using lived recovery consumer experience, assists their peers in navigating resource in county and community, cultivating ability to make informed / independent choices, in identifying and building strength. Responsibilities also include initial outreach/engagement in voluntary participation, planning, advocacy and follow-up. Working full-time, the costs to program are \$40,000.
11. Administrative Assistant facilitates and coordinates referrals, collects and assembles data and claim submissions. Responsibilities also include providing office support and administrative assistance to program staff. Working full-time, the costs to program are \$35,000.
12. Post-Doctoral Fellow provides direct clinical services, under licensed staff's close supervision, including individual, group, and family therapy as appropriate to treatment plan in gaining extensive experience, which benefit program consumers. Responsibilities also include case/problem formulation, prevention/intervention, evaluation/diagnosis and consultation. Working half-time, the costs to program are \$11,400.
13. Employee Benefits, includes health and workers' compensation insurance, 401K and employer payroll tax benefits, are estimated at 25% of base salary, i.e., \$130,516.

FLEXIBLE FUND / HOUSING SUBSIDIES & SUPPORT - \$28,000

Temporary emergency subsidy funding to be used directly in assisting consumers, their family members in immediate needs of housing, transportation, food, clothing, medical and other expenditures that are individualized and appropriate to support consumers' treatment activities.

OPERATING EXPENSES - \$163,196

1. Professional Services – Clinic IT support, annual audit fees, and other service fees. It also include cash management service fee to cover more than 50 clients. The annual

- costs are estimated at \$30,000.
2. Transportation Expenses – Mileage of staff's home/site visits and client transportation to visit doctor's office, shop grocery/clothing, find shelter, apply for insurance and others. The annual costs are estimated at \$24,000.
 3. Training – Continued staff training to improve program performance is estimated at \$2,000.
 4. Office Supplies/Expenses and Program Material Printing - General clinic supplies, printer cartridges, paper, pen, staplers, file folders, etc and printing costs for program brochure, educational and linkage information are estimated at \$16,396.
 5. Rents and Leases - Rents for clinics, including temporary clinic, and community activity center in West County and lease for copier are estimated at \$70,800.
 6. Communication – Internet, telephones/faxes, staff cell phones and 24/7 cell phone access service for consumer emergency in clinic are estimated at \$4,500.
 7. Insurance - General, professional liability and property are estimated at \$3,500.
 8. Utilities - Electricity, water and waste management for clinic are estimated at \$6,600.
 9. Meeting and conference- Drinks and snacks provided, facility and exhibit service fee charged at meetings for community, committee, consumers and staff are estimated at \$3,000.
 10. Depreciation - Depreciation on leasehold improvement, office furniture and equipment not purchased by one-time start-up money is estimated at \$2,400.

ADMINISTRATIVE OVERHEAD - \$102,501

Indirect costs allocated at 12% from admin. office for support and administrative services rendered by management, human resource, finance and billing functions.

APPENDIX D

Yearly External Fiscal Audit

**PORTIA BELL HUME BEHAVIORAL HEALTH
AND TRAINING CENTER**

FINANCIAL STATEMENTS

AND

INDEPENDENT AUDITOR'S REPORT

FOR THE YEAR ENDED JUNE 30, 2015

WAI S CHUI
Certified Public Accountant

**PORTIA BELL HUME BEHAVIORAL HEALTH
AND TRAINING CENTER**
June 30, 2015

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Portia Bell Hume Behavioral Health and Training Center
Concord, California

Report on the Financial Statements

I have audited the accompanying financial statement of Portia Bell Hume Behavioral Health and Training Center (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

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 the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I 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.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

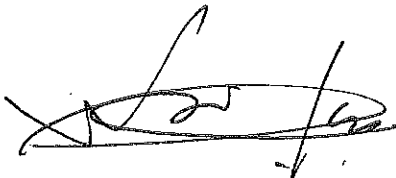
In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Portia Bell Hume Behavioral Health and Training Center as of June 30, 201, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matters

My audit was conducted for the purpose of forming an opinion on the basic financial statements of Portia Bell Hume Behavioral Health and Training Center taken as a whole. The accompanying supplemental statement of expenditure for county of Alameda program, is presented for the purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, I have also issued a report, dated December 24, 2015, on my consideration of the Organization's internal control over financial reporting and on my test of its compliance with certain provisions of laws, regulations, contracts, and other matters. The purpose of that report is to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

A handwritten signature in black ink, appearing to be 'Lafayette', written over a horizontal line.

Lafayette, California
December 24, 2015

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
STATEMENT OF FINANCIAL POSITION
AS OF JUNE 30, 2015

ASSETS

Cash and Cash Equivalents	\$ 73,304
Accounts Receivable, net of allowance \$125,600	361,766
Prepaid Expenses	12,941
Property and Equipment	
net of accumulated depreciation \$212,730	362,399
Deposits	31,961
TOTAL ASSETS	\$ 842,371

LIABILITIES AND NET ASSETS

Liabilities	
Accounts Payable and Accruals	\$ 102,833
Accrued Payroll and Payroll Taxes	317,123
Accrued Vacation	157,550
Deferred Rent	24,035
Loan Payable	404,704
Total Liabilities	1,006,245
Net Assets(Deficit)	
Unrestricted	(163,874)
Temporary restricted	-
Permanently restricted	-
Total Net Assets	(163,874)
TOTAL LIABILITIES AND NET ASSETS	\$ 842,371

See accompanying accountant's report and notes to financial statements

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2015

	<u>Unrestricted</u>	<u>Temporary Restricted</u>	<u>Permanent Restricted</u>	<u>Total</u>
SUPPORT AND REVENUE				
Program Services				
Government Contracts	\$ 3,083,425	\$ -	\$ -	\$ 3,083,425
Partial Hospitalization Program	348,842	-	-	348,842
Behavioral Consultation Service Program	629,948	-	-	629,948
Other Programs	26,950	-	-	26,950
Contribution	19,314	-	-	19,314
In-kind Contribution	503	-	-	503
Interest and Miscellaneous Income	<u>5,870</u>	<u>-</u>	<u>-</u>	<u>5,870</u>
Total Revenue and Support	<u>4,114,852</u>	<u>-</u>	<u>-</u>	<u>4,114,852</u>
EXPENSES				
Program Services				
Comprehensive Out-patient Program	1,293,590	-	-	1,293,590
Partial Hospitalization Program	255,179	-	-	255,179
School Based Program	370,668	-	-	370,668
Behavioral Consulting Service Program	509,771	-	-	509,771
Prevention and Outreach	360,355	-	-	360,355
Full Service Partnership	584,692	-	-	584,692
Others	22,253	-	-	22,253
General and Administration	603,783	-	-	603,783
Fund Raising	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total Expenses	<u>4,000,291</u>	<u>-</u>	<u>-</u>	<u>4,000,291</u>
INCREASE IN NET ASSETS	114,561	-	-	114,561
NET ASSETS(DEFICIT), Beginning of Year	<u>(278,435)</u>	<u>-</u>	<u>-</u>	<u>(278,435)</u>
NET ASSETS(DEFICIT), End of Year	<u>\$ (163,874)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (163,874)</u>

See accompanying accountant's report and notes to financial statements

	Program Services					Supporting Services						
	Comprehensive Outpatient	Partial Hospitalization	School Based	Behavioral Consulting Service	Prevention and Outreach	Full Service Partnership	Other Services	Total Program Services	General and Administration	Fund Raising	Total Supporting Services	Total Expenses
Salaries and Wages	\$ 713,758	\$ 122,887	\$ 252,936	\$ 381,378	\$ 242,369	\$ 386,038	\$ 16,423	\$ 2,115,789	\$ 386,180	\$ -	\$ 386,180	\$2,501,969
Payroll Taxes	58,518	10,095	21,146	31,142	19,375	31,566	1,349	173,191	25,053	-	25,053	198,244
Employee Benefits	54,012	6,711	10,689	28,629	21,063	21,753	192	143,049	5,156	-	5,156	148,205
Professional Services	82,867	14,710	8,900	600	27,781	50,453	-	185,311	52,214	-	52,214	237,525
Commissions and Stipends	123,570	33,457	30,403	17,476	8,588	9,653	-	223,147	-	-	-	223,147
Rent and Leased Equipment	192,243	16,009	26,810	20,042	25,500	45,000	1,200	326,804	14,691	-	14,691	341,495
Maintenance and Repairs	6,431	56	174	71	1,510	2,899	-	11,141	784	-	784	11,925
Utilities	1,839	2,732	-	2,795	-	6,547	-	13,913	3,190	-	3,190	17,103
Office Supplies and Expenses	23,454	6,843	7,497	8,211	4,146	7,837	2,877	60,865	23,386	-	23,386	84,251
Insurance	13,342	3,232	3,120	2,400	2,400	3,500	-	27,994	1,544	-	1,544	29,538
Miscellaneous Expenses	-	-	-	-	-	-	-	-	31,464	-	31,464	31,464
Travel and Transportation	7,173	2,491	3,433	12,854	1,332	4,597	105	31,985	2,805	-	2,805	34,790
Communication	5,715	1,643	2,118	1,112	1,138	4,426	46	16,198	3,596	-	3,596	19,794
Staff Training and Conferences	8,384	1,653	3,249	1,417	4,524	2,256	61	21,544	11,034	-	11,034	32,578
Patient Meals	-	19,105	-	-	-	-	-	19,105	-	-	-	19,105
Patient Transportation	-	12,548	-	-	-	-	-	12,548	-	-	-	12,548
Taxes and Licenses	214	262	27	230	29	-	-	762	3,137	-	3,137	3,899
Interest	-	-	-	-	-	-	-	-	30,260	-	30,260	30,260
Depreciation and Amortization	2,070	745	166	1,414	600	3,119	-	8,114	9,289	-	9,289	17,403
Client Activities - landscaping	-	-	-	-	-	5,048	-	-	-	-	-	5,048
Total Functional Expenses	1,293,590	255,179	370,668	509,771	360,355	584,692	22,253	3,396,508	603,783	-	603,783	4,000,291

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PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
CASH FLOW STATEMENT
FOR THE YEAR ENDED JUNE 30, 2015

CASH FLOWS FROM OPERATING ACTIVITIES

Change in net assets \$ 114,561

Adjustment to reconcile change in net assets to net cash
provided for operating activities:

Depreciation and amortization 17,403

Provision for allowance of receivable 52,473

Changes in assets and liabilities:

Increase in account receivable (91,343)

Decrease in employee receivable 13,782

Increase in prepaid expenses (11,782)

Decrease in accounts payable and accruals (47,434)

Increase in deferred rent 13,416

Decrease in accrued payroll and payroll taxes (186,499)

Decrease in retirement plan contribution payable (66)

Increase in accrued vacation 22,467

Net Cash Used in Operations (103,525)

CASH FLOWS FROM INVESTING ACTIVITIES

Net Cash Used in Investing Activities -

CASH FLOWS FROM FINANCING ACTIVITIES

Loan from officer 75,000

Repayment of mortgage loan payable (6,533)

Repayment of line of credit (67,235)

Net Cash Provided by Financing Activities 1,232

NET DECREASE IN CASH (102,293)

CASH AND CASH EQUIVALENTS, beginning of year 175,597

CASH AND CASH EQUIVALENTS, end of year \$ 73,304

Supplemental Information

Cash paid for interest \$ 30,260

See accompanying accountant's report and notes to financial statements

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

Note 1 - Summary of Organization

Portia Bell Hume Behavioral Health and Training Center (the Center) is a non-profit California public benefit organization offering community-based culturally sensitive and comprehensive behavioral health services of the highest quality to under-served populations in Alameda and Contra Costa counties over East Bay of greater Bay Area, in California. The Center has been committed to caring for the underserved with an emphasis on reaching the most vulnerable and has provided programs with a range of comprehensive and continuity of services. Most programs provide cultural- and language-specific services. The Center also commits to training mental health professionals to the highest standards of practice in a culture of mutual respect. Founded in 1993, the Center is state licensed psychology clinic facility providing mental health services including partial hospitalization, out-patient, behavioral care, testing, training, psychiatric and prevention at its clinics in Concord, Fremont, Pittsburg and Pleasanton, California.

Nature of Activities

The Center offers the following major programs/services:

Comprehensive Outpatient Program: This program provides individual, group, couples, family psychotherapy, case management, assessment and medication support to all age groups in clinic and by home visit.

Partial Hospitalization Program and Integrated Intensive Community Outpatient Program: These programs assist chronically mentally ill persons and persons in crisis to promote increased functioning and ability to reside in the community free of institutionalization.

School Based Program: This program provides an array of services to students and all persons involved, including consultation to school administrators, teachers, counseling staff, parents and students; and early intervention and treatment services to students.

Behavioral Consultation Service/Program: This program support developmentally delayed children and adults with assessment, education, and consultation for families, providers, and other care staff.

Prevention and Outreach Program: This program provides short-term, culturally sensitive and language-specific therapeutic help services in individual session or groups/workshops to parents, youth, adults, agencies and organizations in South Asian immigrant community in developing knowledge and skills to successfully deal with life.

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

Note 1 - Summary of Organization – (Cont'd)

Full Service Partnership program: This program provides individual intensive service and support to adults who need assistance in their path to recovery and wellness, with housing, employment and education in addition to mental health services and integrated treatment

Other Program/Services: The Center also offers an array of professional training and development services and conducts research and program evaluation.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual method of accounting whereby revenues are recognized when earned and expenses are recorded when incurred.

Financial Statements Presentation

Financial position and activities information are presented according to three classes of net assets: *unrestricted, temporary restricted and permanently restricted* net assets. Furthermore, expenses are classified into program service expenses and support expenses. Support expenses include primarily management and general administrative expenses, and fund-raising expenses.

As of June 30, 2015, and for the year then ended, the Center did not have any temporarily restricted fund and permanently restricted net assets, except Board designated fund of \$9,490 accumulated from sponsored fund-raising.

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Fair Value of financial instruments

The carrying amounts of the Center's financial instruments, which included cash equivalents, accounts receivable, accounts payable and other accrued liabilities approximate fair value because of the short maturities of these instruments.

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

Note 2 - Summary of Significant Accounting Policies – (Cont'd)

Cash and cash equivalents

The Center considers all short-term investments with a maturity of three months or less to be cash equivalents.

Contract and Other Receivables

In the opinion of management, all receivables will be collected, except allowance for doubtful account provided. Allowances for doubtful accounts are determined based on aging and historical experiences of uncollectible accounts in the past by the management.

Property and Equipment

Property and equipment comprise of equipment, furniture, software, land, building and improvement, and leasehold improvements. Renewals and betterments are capitalized; maintenance and repairs are expended. All property and equipment are acquired by the Center and are stated at cost. Land and building is stated at historical fair value at time of donation.

Depreciation and amortization is computed on a straight-line basis over the estimated useful lives of the assets as follows:

Building and Improvement	27.5 to 39 years
Leasehold Improvements	over period of leases
Equipment, Furniture and Software	3 to 7 years

Property and Equipment funded by governmental agencies

The Center received funding from Alameda County and Contra Costa County to acquire fixed assets for the use of the current and future contracted programs with permission by the Counties to keep them beyond contract terminated on annual basis. According to FASB ASC 958-605-55-25, these assets should be capitalized at time of contract terminates, or when title is transferred to the Center. The management considers the “**arrangement**” of contracts with funding agency does not end annually as long as the Center continues providing contracted services with the same funding agency. When there is no “arrangement” of contracts, then, these assets will be capitalized and valued at fair market value at time if not required to return back to the funding agency.

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

Note 2 - Summary of Significant Accounting Policies – (Cont'd)

Revenue

The Center receives program revenues from Medicare, Medicaid, counties, insurance companies and clients for billable client services and recognizes these fees and income when earned. Programs under the contractual agreements with Medicare and Medicaid require service payment in amounts less than established rates. The contractual adjustments, i.e., the difference between the contractual payments due and the scheduled billing rates, are recorded as deductions from revenues in the period in which the related services are rendered.

Contracts with Medicare, Alameda County and Contra Costa County require *actual cost settlements* through cost reports which are subject to audit and retrospective adjustment. Provision for possible adjustments of cost reports have been estimated and recorded in current year and the difference in any year between the originally estimated amount and the final determination is reported in the year of determination as an adjustment to current year revenue.

Current year, possible adjustment due to *actual cost settlements* is considered not necessary and no provision has been made.

The Center has not finalizing *actual cost settlements* with Alameda County for the fiscal years ended June 30, 2009 through June 30, 2015. No provision for possible adjustments for *actual cost settlements* has been made. In addition, the 2014 through 2015 fiscal years Contra Costa County contracts remain open to be examined if County requests.

Contributions

Unconditional contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions of donated non-cash assets are recorded at their fair values in the period received. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporary restricted or permanently restricted support that increases those net asset classes. Donor-restricted contributions for which restrictions are met in the same reporting period are reported as unrestricted revenue on the statement of activities.

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

Note 2 - Summary of Significant Accounting Policies – (Cont'd)

Income Taxes

The Center is an organization exempt from federal income tax under Internal Revenue Code section 501(c)(3) and California franchise tax under California Revenue and Taxation Code Section 23701d. Accordingly, it is exempt from federal and California income taxes and is not liable for federal unemployment taxes.

The Center has adopted the accounting standard on accounting for uncertainty in income taxes, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return and requires the affirmative evaluation that is "more likely than not," based on the technical merits of a tax position, that an organization is entitled to economic benefits resulting from tax positions taken in income tax returns.

The Center's evaluation on June 30, 2015 revealed no tax positions that would have material impact on the financial statements. The 2011 through 2014 tax years remain subject to examination by the Internal Revenue Service. In addition, the 2010 through 2014 tax years remain subject to examination by the California Franchise Tax Board. The Center does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements.

Accrued Vacation

The Center offers various employee benefits, including *paid time off* (PTO), to its workforce, based on its job title and employment status and length of service years. Unused *paid time off* is cumulatively accrued up to maximum allowable amount, which is two times the employee annual rate of accrual, as liabilities "accrued vacation."

Functional Allocation of Expenses

The costs of providing the various programs of the Center are summarized on a functional basis in the statement of activities and changes in assets. Certain costs have been allocated among the programs and supporting services benefited based upon management's estimate of the percentage attributable to each program. Program costs are charged to operations as period costs when they are incurred.

Fund Raising Expenses

The fund raising expenses include costs of soliciting contributions and participating in or sponsoring of special events, which are expended as incurred.

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

Note 2 - Summary of Significant Accounting Policies – (Cont'd)

Advertising

Advertising costs are expensed as incurred. For the year ended June 30, 2015, there was no advertising expense incurred.

Note 3 – Property and equipment

Property and equipment consist of the following:

Land, Building and Improvement	\$ 410,106
Leasehold Improvements	82,296
Vehicle	22,415
Office Furniture, Equipment and Software	<u>60,312</u>
	575,129
Less accumulated depreciation	<u>(212,730)</u>
Property and equipment, net	<u>\$ 362,399</u>

Depreciation expenses for the year ended June 30, 2015 totaled \$17,403.

At fiscal year ended June 30, 2015, the Center retained custody of the property and equipment acquired with the funding from governmental agencies contracts were:

<u>Types of assets</u>	<u>Alameda</u> <u>County</u>	<u>Contra Costa</u> <u>County</u>	<u>Total</u>
Furniture and Equipment	\$ 127,011	\$ 4,372	\$ 131,383
Leasehold Improvements	<u>7,984</u>	<u>24,662</u>	<u>32,646</u>
Total	<u>\$ 134,995</u>	<u>\$ 29,034</u>	<u>\$ 164,029</u>

These assets were expensed as program expense and reimbursed as program revenue, and were reported on the statement of activities, in their respective periods as received.

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

Note 4 – Accounts Receivable

As of June 30, 2015, accounts receivable and allowances for doubtful accounts, are summarized as follows:

Programs under County Master Contract	\$ 170,372
Partial Hospitalization Program	142,023
Behavioral Consultation Service Program	42,704
Contra Costa Service Partnership Program	72,989
Out-patient Program and Others	<u>59,278</u>
	487,366
Less: Allowances for Contract adjustments, Discounts and Doubtful Accounts	<u>(125,600)</u>
Accounts Receivable, net of allowance	<u>\$ 361,766</u>

Note 5 - Transactions with Related Parties

Dr. Singh, the founder of the Center, has been employed as “chief psychologist” of the Center since its inception. During the year ended June 30, 2015, he obtained loan from his own equity line and advanced total of \$75,000 to the Center. The loan is interest free up to July 31, 2015. Repayment started on August 1, 2015, in 36 monthly installments of \$2,083 with interest rate determined at his equity line. Maximum outstanding balance of the unsecured loans is \$75,000 during the fiscal year ended June 30, 2015. The total remains outstanding at the year ended. The fair value of total interest waived for year ended June 30, 2015 was approximately \$503.

The Center advanced funds total of \$10,491 to an officer without interest. The maximum balance outstanding during the fiscal year was \$13,264, which is carried over from fiscal year ended June 30, 2014. The balance was fully repaid before June 30, 2015.

During the year, the Center received contributions from employees totaled \$9,095.

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

Note 6 - Loan Payable

Mortgage payable to bank, 5.55% payable in monthly installments, including interest, of \$2,106, maturing on December 15, 2016, secured by a building and adjacent vacant land lot, facilitating an out-patient programs as satellite clinic. \$ 329,480

Unsecured revolving line of credit up to \$71,500, provided by bank at variable interest rate at bank's reference rate (9.50% at June 30, 2015) with no expiration date. 224

Unsecured advances \$75,000, provided by Dr Meji Singh without interest up to July 31, 2015, and then repayment started August 1, 2015 in 36 monthly installments, of approximately \$2,083, at variable interest rate at bank's reference rate (4.53% at June 30, 2015) 75,000

404,704

Less: current portion (27,615)

Non-current portion \$ 378,099

On December 3, 2013, the mortgage loan payable to a bank was replaced with a 36-month term loan with 25-year amortization repayment schedule at a fixed annual interest rate of 5.55% payable monthly in the amount of \$2,106 maturing December 15, 2016. Furthermore, as a condition for the refinancing, the founder of the Center executes a subordination agreement, and agrees to defer his collection of back wages from the Center until the mortgage loan is fully paid. Shortly after the execution of subordination agreement, he waived the collection of his unpaid deferred service compensation of \$100,010.

Mortgage loan payable matures as follows:

<u>Year ending</u>	<u>Amount</u>
June 30, 2016	\$ 7,224
June 30, 2017	322,256

Total interest paid for the mortgage loan during the year was \$17,968.

Maximum outstanding balance of the unsecured revolving line of credit is \$71,529 during the fiscal year ended June 30, 2015, and total interest paid was \$1,902.

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

Note 6 - Loan Payable - (Cont'd)

In May, 2011, the Center has established three unsecured business credit cards with total maximum revolving credit limit of \$10,000 carrying interest rate ranging from at bank's reference rate plus 11.99% if payment within grace period, or plus 18.74%, if payment in default. The interest rate at year end was 16.24%. As of June 30, 2015, the total balance outstanding was approximately \$4,046, included in liabilities "Accounts payable and accruals". Total interest paid on these credit cards was \$145 during the year.

Note 7 - Retirement Plan

The Center maintains a Salary Savings Plan known as The Hume Center 401(k) Plan ("the Savings Plan") under Section 401(k) of the Internal Revenue Code with deferred compensation provision since July 16, 2002. The plan covers full-time employees of the Center over three months of service at age of 21. Employees may make voluntary contributions pursuant to the plan up to the maximum amount allowed by the Internal Revenue Code. The Center makes discretionary contribution to match of each employee's contribution based on his share of total eligible contributions made by all participants. Center's contributions become fully vested after five years. The Center elected safe harbor provision and funded the matching portion approximately \$26,163 to the plan for fiscal year ended June 30, 2015 and there is no liabilities outstanding due on March 15, 2016. The Center paid \$2,300 for the plan expenses.

Note 8 - Lease Commitments and Contingency

The Center rents its Concord facility as headquarters and clinic. In April 2014, the Center exercised its lease option to extend the term for three years expiring April 30, 2017 with revised monthly rental of \$8,201.

On September 10, 2013, the Center entered a seven-year lease for its Fremont clinic with initial monthly rental of \$13,794 expiring November, 2020. The Center is obligated to bear 50% of the renovation cost of exceeding landlord's tenant improvement allowance of \$122,740. The Center has to bear approximately \$31,000 of total tenant improvement, before plan, permits fees and low voltage wiring costs.

On August 31, 2011, the Center entered into a twelve-month lease for its Pleasanton clinic with monthly rental of \$1,900. In December 2012, the Center extended the lease for additional 60 months expiring on December 31, 2017 with revised initial base rent of \$2,670.

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

Note 8 – Lease Commitments and Contingency - (Cont'd)

In addition, the Center also entered various lease agreements for office equipments under five-year operating leases expiring in June 2019 with monthly rental of approximately \$1,500.

Future minimum lease commitments are as follows:

<u>Year ending</u>	<u>Real Property</u>	<u>Equipment</u>
June 30, 2016	\$ 308,250	\$ 18,000
June 30, 2017	298,100	18,000
June 30, 2018	203,988	18,000
June 30, 2019	207,768	18,000
June 30, 2020	181,116	-
June 30, 2021 and after	100,116	-

Rental expenses for the year ended June 30, 2015 was \$316,540 for facilities and \$24,955 for equipments.

Note 9 – Concentration of Credit Risk

Financial assets, which potentially subject to the Center to concentrations of credit risk, comprise, principally, cash and accounts receivable. Throughout the year, the Center has maintained cash balances with a bank, at times, may exceed the federally insured limit of \$250,000. The Center has not experienced any losses in such account and believes that it is not exposed to any significant risk.

The Center grants credit without collateral to its patients, most of whom are local residents and are insured under Medicare, Medicaid and third-party payor agreements. The Center's contracts or patient payment arrangements are generally with government agencies and private insurance carriers, and therefore, a majority of its revenue is derived from that source. The ability of state and local agencies to honor its obligations and to continue funding, is dependent upon the overall economic well-being of the State and Counties. Any significant reduction in the level of this support could have an effect on the entity's programs. The Center has not experienced any significant losses in these accounts and believes it is not exposed to any significant credit risk.

One primary government agency accounts for approximately 50.15% of total revenue for the year ended June 30, 2015. At June 30, 2015, three government agencies account for 34.96%, 26.19% and 14.98% of outstanding account receivable before allowance.

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

Note 10 – Payroll Taxes Liabilities

The Center has overdue federal and state payroll taxes liabilities for the first and second quarters of 2014 as follows:

	<u>Quarter Ended</u> <u>March 31, 2014</u>	<u>Quarter Ended</u> <u>June 30, 2014</u>	<u>Total</u>
Payroll taxes - federal	\$ -	\$ 93,395	\$ 93,395
Payroll taxes - state	<u>3,702</u>	<u>18,864</u>	<u>22,566</u>
Total	<u>\$ 3,702</u>	<u>\$ 112,259</u>	<u>\$ 115,961</u>

The employer is required to have timely deposit of payroll taxes to federal and state agencies. *Failure to pay and failure to make timely deposits* triggers penalty at federal and state levels. Furthermore, the outstanding balances carry daily compounded interest.

The payroll tax liabilities with penalty and interest was included in *accrual payroll and payroll taxes* in the financial statements. Penalty and interest are grouped under *miscellaneous expenses* and continue to cumulate beyond fiscal year end date.

Federal has filed "tax lien" on February 3, 2015 for total amount of \$324,667 and levied portion of the Center's *Partial Hospitalization Program* receipts to satisfy the back taxes. Subsequently, on September 9, 2015, the federal tax lien was released after the past due payroll taxes were paid off.

The Center has set up installment plan with Employment Development Department (state) to pay off the liability in 15 months of approximately \$2,000 per month, and the state has filed "state tax lien" approximately \$23,860 and \$21,000, on October 27, 2014 and December 15, 2014, respectively, against the Center's real and personal property. Subsequently, the liens were released on October 14, 2015 after the past due payroll taxes were paid off.

Note 11 – Negative working capital

The Center faces deficiencies in working capital for period ended June 30, 2015:

	<u>Amount</u>
Current assets	\$ 488,008
Current liabilities	<u>605,121</u>
Working capital	<u>\$ (157,113)</u>

The management team is working on securing additional funding sources through loans and supports from friends of the Center. Such plan has not been finalized yet as of report date.

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

Note 12 – Subsequent Events

The Center evaluated its June 30, 2015 financial statements for subsequent events through December 24, 2015, the date the financial statements were available to be issued. Except as disclosed in the following text, the Center is not aware of any subsequent events that would require recognition or disclosure in the accompanying financial statements.

In November 2015, the Center borrowed \$80,000 from an employee for operating working capital purpose. The loan is repayable on demand at 10% annual interest rate. The balance remains outstanding as of report date.

The service contract with Contra Costa County has been extended 6 months expiring on December 31, 2015. The management undergoes the negotiation of contract terms for period beyond December 31, 2015 and the 2015/2016 contract has not been finalized as of report date.

SUPPLEMENTAL INFORMATION

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
STATEMENT OF EXPENDITURES FOR COUNTY OF ALAEMDA PROGRAM
FOR THE YEAR ENDED JUNE 30, 2015**

	<u>Master Contract</u>
	<u>Community Based</u>
	<u>Services</u>
Contract Name:	
Contract Number:	900076/ 10181
PO Number:	7021
Contract Period:	7/1/2014 - 6/30/2015
Contract Amount:	\$ 2,802,995
Salaries and Wages	\$ 1,061,543
Payroll Taxes	86,663
Employee Benefits	77,286
Professional Services	114,748
Commissions and Stipends	106,525
Rent and Leased Equipment	217,129
Maintenance and Repairs	7,950
Office Supplies and Expenses	29,779
Insurance	16,102
Travel and Transportation	10,830
Communication	6,846
Staff Training and Conferences	13,988
Taxes and Licenses	164
Depreciation and Amortization	2,416
Allocation of general administrative overhead ^(A)	311,904
Total Expenses	2,063,873
Amount reimbursed from County of Alameda	2,061,726
Revenue Excess(Deficit)	(2,147)

^(A) Allocation based on simple ratio of administrative overheads \$603,783
to aggregated program expenditures before bad debts and equipment \$3,391,460.

See accompanying accountant's report and notes to financial statements.

**Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters Based on an Audit of
Financial Statements Performed in
Accordance with *Government Auditing Standards***

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Portia Bell Hume Behavioral Health and Training Center
Concord, California

I have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Portia Bell Hume Behavioral Health and Training Center (the Organization), which comprise the statement of financial position as of June 30, 2015, and the related statement of activities, functional expenses and cash flow and for the year ended and the related notes to the financial statements, and have issued my report thereon dated December 24, 2015.

Internal Control over Financial Reporting

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

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

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

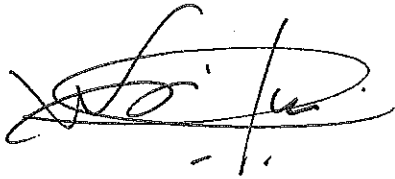
Compliance and Other Matters

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

I noted certain other matters that I reported to the Organization's management in a separate letter, dated December 24, 2015.

Purpose of this Report

This purpose of this report is solely to describe the scope of my testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. His report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the entity's internal control and compliance. This report is not suitable for any other purposes.

A handwritten signature in black ink, appearing to be "S. J. [unclear]", with a large, sweeping horizontal stroke across the middle.

Lafayette, California
December 24, 2015

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2015**

SUMMARY OF AUDIT RESULTS

1. The auditor's report expresses an unqualified opinion on the financial statements of the Portia Bell Hume Behavioral Health and Training Center.
2. No reportable conditions in internal control structure were disclosed by the audit of the Portia Bell Hume Behavioral Health and Training Center.
3. No instances of noncompliance material to the financial statements of the Portia Bell Hume Behavioral Health and Training Center.
4. The program identified and tested is:

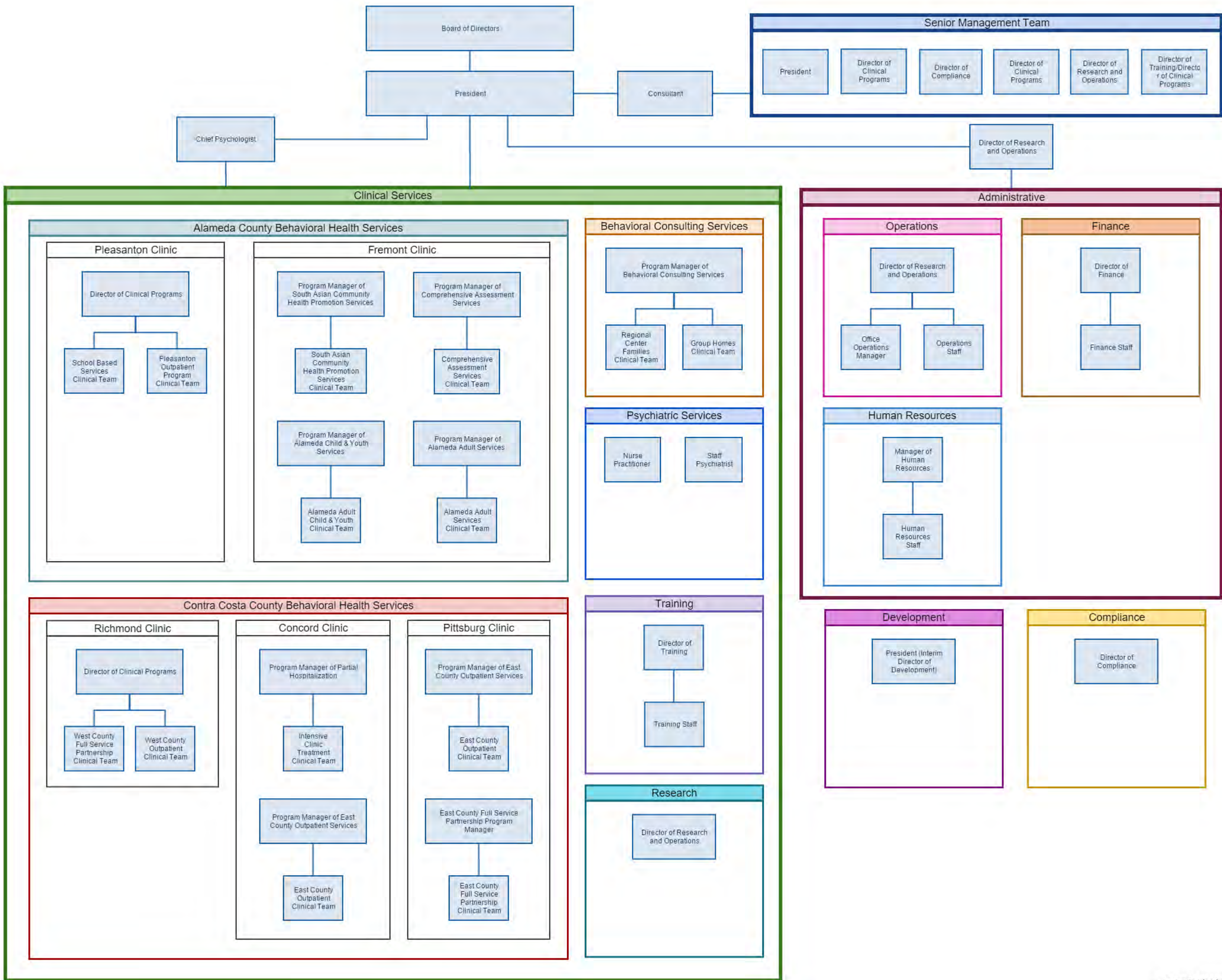
<u>Agency</u>	<u>Contract Name</u>	<u>Contract Number</u>
Alameda County Behavioral Health Care Services	Community Based Services	900076 A and B
Alameda County Health Care Services Agency	School-Based Behavioral Health Services at Tri-Valley School District	PO 7140
Alameda County Social Services Agency	GA Program SSDI/SSI Advocacy Services	PO 9218

**PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER
STATUS OF PRIOR YEAR FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2015**

There are no material findings and questioned costs in the prior year.

APPENDIX E

Organization Chart



Name	Supervisor	Program	Position
ASADNEJAD, PARISA	Chris Celio	CSP East	MFTI
BATTLE, LYNITRA	Miguel Hidalgo-Barnes	CSP West	Mental Health Specialist
BEECHER, KARLY	Jennifer Sanchez	CSP East	Mental Health Worker / Peer Specialist
CELIO, CHRIS	Joty Sikand	East County Full Service Partnership	Director of Clinical Programs
COLQUITT, CHANDRA	Chris Celio	CSP East	Family Partner / Mental Health Worker
CURIEL, MYRNA	Chris Celio	CSP East	Clinic Operations Assistant Level II
FAIRCHILD, VICTORIA	Miguel Hidalgo-Barnes	CSP West	Mental Health Worker
FLETCHER, CHARLENE	Miguel Hidalgo-Barnes	CSP West	Mental Health Specialist
FUJIKAWA, REYNOLD	Chris Celio	CSP East	Staff Psychologist
HIDALGO-BARNES, MIGUEL	Joty Sikand	CSP West	Acting Program Manager
HOFFMAN, HOLLI	Joty Sikand	CSP East	Psychiatric Nurse Practitioner
MASADAS, JA-NEL	Miguel Hidalgo-Barnes	CSP West	Mental Health Worker / Peer Specialist
MIAO, LESLIE	Joty Sikand/Meji Singh	West County Full Service Partnership West County Outpatient	Director of Compliance
MOSS, ASHLEY	Margaret Schiltz / Barbara Parks	CSP West	Clinic Operations Assistant Level I
PAYVARPOUR, MEDISA	Miguel Hidalgo-Barnes	CSP West	Post-Doctoral Fellow
PEROCIER, ROSE	Margaret Schiltz / Barbara Parks	CSP West	Clinic Operations Assistant Level II
SANCHEZ, JENNIFER	Chris Celio	CSP East	Staff Psychologist
TORRES, RICARDO	Leslie Miao/Chirs Celio	CSP East	Mental Health Worker
WALKER, SHIRLEY	Chris Celio	CSP East	Mental Health Specialist
WILLIAMS, ELENA	Chris Celio	CSP East	Mental Health Worker

Contra Costa Behavioral Health Stakeholder Calendar

August 2017

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