

# Community Program Planning Process

FY 2018-19 Update

MHSA Three Year Program and  
Expenditure Plan

# CPPP in 2017 - CPAW

- Monthly CPAW meetings
  - Provided input to MHSA Three Year Plan and Budget
  - Planned and hosted three community forums
  - Advised Director's Office on developments within CCBHS
  - Dialogued with leaders of emerging programs
    - Mental Health Evaluation Team
    - First Break Program
    - Coordinated Entry System
    - Drug Medi-Cal Program
    - Mental Health First Aid
    - Crisis Intervention Treatment Training
  - Updated on other stakeholder committee activities

# CPAW Sub-Committees

- Steering – developed CPAW agendas
- Membership – seven new CPAW members appointed
- Innovation – participated in
  - Development of two new Innovative Projects – CBSST, CORE
  - Oversight of six ongoing Innovative Projects
- Systems of Care – assisted in the development of
  - Family Volunteer Support Network
  - Mental Health First Aid
  - Loan Repayment Program
  - No Place Like Home/Special Needs Housing Program

# Mental Health Community Forums

- Theme: *Meet and dialogue with service providers in your community*
- Attendance:
  - OCT 5 – Richmond – 107
  - OCT 25 – Martinez – 92
  - DEC 7 – Brentwood - 82
- Composition:
  - 24% Consumers
  - 23% Family Members
  - 38% Service Providers
  - 17% Community Members
- Evaluation: 82% of attendees indicated that the forums met the overall objectives

# Prioritized Unmet Needs and Suggested Strategies - #1

- Service Need: What should housing and homeless services look like? (last year: #1)
- Suggested Strategies:
  - Put multi-disciplinary teams at housing site – include conservatorship, medication support and child care as needed
  - Include food, clothing, health and dental needs
  - Have AA and NA groups available and accessible
  - Provide Mental Health First Aid training to all non-clinical persons involved
  - Counter “NIMBY” with advocacy and education

# Prioritized Unmet Needs and Suggested Strategies - #2

- Service Need: How can care for my culture/community/age group be improved? (last year: #9)
- Suggested Strategies:
  - Dialogue with local communities/cultures/age groups to define what works for them and then train service providers, to include Access Line staff
  - Increase number of competent translators
  - Need more service providers who look like us, share our values, and are from the community they serve
  - Don't let paperwork, eligibility (like Medi-Cal) get in the way of immediate caring response
  - Better educate people who are undocumented about what mental health services are available

# Prioritized Unmet Needs and Suggested Strategies - #3

- Service Need: What should support for family members look like? (last year #2)
- Suggested Strategies:
  - Serve and support the whole family, not just the identified patient
  - Families need help with what is out there, how to access it, and how to navigate through the system
  - Need more volunteers that can represent the needs of my culture and community
  - Support re-unification of families with their loved ones
  - More NAMI Family to Family classes throughout the county
  - Provide more education about mental health issues to kids who are in school.

# Prioritized Unmet Needs and Suggested Strategies - #4

- Service Need: How can we improve our response to trauma and crisis? (last year: # 6)
- Suggested Strategies:
  - Need a rapid response from our care providers
  - Need a recognized forum to report and share in response to traumatic events in the community
  - Provide trauma informed services early to avoid symptoms from becoming chronic and severe
  - More safe places for youth, especially LBGTQ youth
  - PES should utilize the entire 72 hour hold before releasing someone

# Prioritized Unmet Needs and Suggested Strategies - #5

- Service Need: How can we improve access? (last year: #7)
- Suggested Strategies:
  - Improve call system so people are not re-directed and go in circles
  - Better educate Access Line staff about services available in the community
  - Strengthen peer and family support to help access and navigate the system
  - Broaden service providers' scope of work so they can dually serve mental health and substance abuse problems
  - All service providers should keep current as to what is available in the community, how to access services, and then help connect to these resources

# Prioritized Unmet Needs and Suggested Strategies - #6

- Service Need: How can mental health, substance abuse services, homeless services and primary care better coordinate with each other? (last year: #5)
- Suggested Strategies:
  - Providers should use language with each other that respects that they are dealing with people and not just objects
  - Providers shouldn't be so rushed, and should prioritize time to coordinate with each other
  - Providers should listen and share with each other when clients report problems with medications, such as not working or too strong or causing bad side effects
  - Agree upon the intent and flexibility allowed in HIPAA laws and regulations

# Prioritized Unmet Needs and Suggested Strategies - #7

- Service Need: How do we best respond to transportation challenges? (last year: #11)
- Suggested Strategies:
  - Dedicate staff time to advocate for more accommodating schedules, locations with public transit entities
  - Provide more education, training on how to use public transit
  - Provide bus passes, clipper cards, BART tickets when a person cannot afford the cost

# Prioritized Unmet Needs and Suggested Strategies - #8

- Service Need: How do we prevent first psychotic episodes from becoming a lifelong debilitating illness? (last year: #10)
- Suggested Strategies:
  - More education in schools for teachers, parents and kids regarding mental health and where and how to access resources
  - Especially educate young people who appear normal to be pro-active instead of waiting for a psychotic episode
  - Recognize the prevalent influence of substance abuse on youths' mental health and treat both together
  - Establish a safe supportive environment to help recover from a first episode

# Prioritized Unmet Needs and Suggested Strategies - #9

- Service Need: How do we best respond to children who need in-patient or crisis residential services? (last year: #4)
- Suggested Strategies:
  - Need more residential services for children
  - Conduct a listening survey with families of children who may need in-patient residential care as to what they need
  - Increase staffing for mobile response teams
  - Partner better with law enforcement to provide a more effective, coordinated response to seriously emotionally disturbed children who are at risk for being restrained
  - Develop safety plans for families of at risk children

# Other Prioritized Unmet Service Needs

**#10** - Serve those who need it the most (last year's rank: #13)

**#11** - Support for peer and family partner providers (last year's rank: #7)

**#12** - Increased psychiatry time (last year's rank: unranked)

**#13** - Care for the homebound frail and elderly (last year's rank: 12)

**#14** - Assistance with meaningful activity (last year's rank #10)

# Evaluating 2017 and Planning Ahead

- What did we do well?
- What do we need to improve upon?
- What do we need to do differently?
  - CPAW meetings – structure, content
  - CPAW sub-committees
  - Community Forums



**Contra Costa Behavioral Health Services**

**Community Program Planning Process**

**for the**

**Mental Health Services Act**

**Three Year Program and Expenditure Plan Update**

**for**

**Fiscal Year 2018-19**

## The Community Program Planning Process

Each year CCBHS utilizes a community program planning process to 1) identify issues related to mental illness that result from a lack of mental health services and supports, 2) analyze mental health needs, and 3) identify priorities and strategies to meet these mental health needs.

**CPAW.** CCBHS continues to seek counsel from its ongoing stakeholder body, entitled the Consolidated Planning Advisory Workgroup (CPAW). Over the years CPAW members, consisting of consumers, family members, service providers and representative community members, have provided input to the Behavioral Health Services Director as each Three Year Plan and yearly Plan Update has been developed and implemented. CPAW has recommended that the Three Year Plan provide a comprehensive approach that links MHSa funded services and supports to prioritized needs, evaluates their effectiveness and fidelity to the intent of the Act, and informs future use of MHSa funds. CPAW has also recommended that each year's Community Program Planning Process build upon and further what was learned in previous years. Thus the Three Year Plan can provide direction for continually improving not only MHSa funded services, but also influencing the County's entire Behavioral Health Services Division. In addition, CPAW utilizes part of its monthly meeting time to be the planning and implementation resource for fielding each year's Community Forums.

### Community Forums for Fiscal Year 2018-19

The theme for this year's venue was for interested individuals to meet and dialogue with service providers located in their community; specifically those programs funded to provide outreach and engagement to underserved areas and populations.

Approximately 280 individuals attended three forums in the fall of 2017 (October 5 in Richmond – West County, October 25 in Martinez – Central County, and December 7 in Brentwood – East County), and self-identified as one or more of the following:

- 24% - a consumer of mental health services
- 23% - a family member of a consumer of services
- 38% - a provider of mental health services
- 17% - an interested member of the community

**Small Group Discussions.** Participants actively discussed via small groups topical issues that were developed by CPAW representatives prior to the forums. Highlights of suggested strategies include:

- **What should housing and homeless services look like for persons with serious mental illness?**
  - Put multi-disciplinary behavioral health teams on site of apartment buildings specifically for persons who are homeless and seriously mentally ill.
  - Provide life, social skills and job coaching on site to families experiencing crises so that they do not get evicted or lose custody of their children.
  - Be sure to include food, clothing, health and dental care, as persons who are homeless lack these essentials.
  - Provide onsite child care to enable parents to work or go to school.
  - Link transitional housing opportunities that are time limited to permanent supportive housing.
  - Increase board and care facilities in the community with funding augmentation for supporting residents with mental illness.
  - Bring medication support to the housing sites.
  - Have more AA and NA groups available and accessible.
  - House the population needing conservatorship services.
  - Need to sort out the issue of persons being housed who are still drinking or using drugs versus those individuals needing/wanting to stay sober.
  - Provide Mental Health First Aid training to all non-clinical persons involved in supportive housing.
  - Make sure tiny housing communities (micro-pods) are connected to mental health services.
  - Help put supportive services higher on the political agenda for housing funding.
  - Push back with advocacy and education to communities who are rejecting supportive housing in their neighborhood.
  - Gentrification is making housing costs too expensive. We can't live or work in our community. We need strategies to offset this.
  - Who is in charge of the projects?
- **How can care for my culture/community/age group be improved?**
  - Dialogue with different communities to define strategies that work for them.
  - Stress service provider trainings that are sensitive to diverse local cultures.
  - Need more translators and shorten wait times.
  - Need more service providers who look like us, share our values, and are from the community they serve.

- Access Line needs to be sensitive to the fact that some people are reluctant to share mental health symptoms and personal information over the phone.
- Re-visit what is meant by terms “culture” and “community”.
- There are no psychiatrists that are my color.
- Need more people who speak Spanish.
- Need more outreach to the African American community, especially young males.
- LBGTQ youth and elderly are marginal and need to feel more safe.
- People who live on the streets are their own culture and don't get services.
- Young people get discouraged because of barriers (like Medi-Cal) and wait times.
- Activities for children need to be more affordable for their parents.
- Better educate people who are undocumented about what mental health services are available.
- **What should support look like for family members who are struggling with loved ones who are experiencing mental health challenges?**
  - Serve and support the whole family, not just the identified person experiencing mental health issues.
  - Families need help with what is out there, how to access services, and how to navigate through the system.
  - We need more volunteers that can represent the needs of my culture and community.
  - Support re-unification of families with their loved ones.
  - Increase NAMI's Family to Family classes throughout the county.
  - Provide more education about mental health issues to the kids who are in school. Most families have school age children.
- **How can we as a community improve our response to trauma and crisis?**
  - Need a rapid response from care providers trained to respond to trauma.
  - Need a recognized forum to report and vent in response to traumatic events in the community – should be manned at all times.
  - Provide support when people are not experiencing a crisis would help.
  - It is important to provide services early to avoid symptoms from becoming more severe.
  - We need more safe places for our youth and young adults, especially LBGTQ youth.
  - Need a way to capture data regarding traumatic events in the community.
  - Psychiatric Emergency Services (PES) should utilize the entire 72 hour hold, and not release a person before they are stabilized.

- Increase mental health response in schools. Collaborate better with educators.
- All service providers should be trained and comfortable in asking about and responding to trauma and violence experienced by a client.
- Share videos that address how to respond to trauma.
- Need to advocate for more funding for survivors/victims of violence and trauma.
- **How can we improve access to mental health and medical services?**
  - Improve accessibility with language providers, more information and education about local services.
  - Need more doctors available in my community.
  - Improve call system so people are not re-directed and go in circles, or put on hold for long periods so they hang up before getting help..
  - Better educate CCBHS Access Line staff about existing behavioral health services in the community so that they can refer callers to multiple resources.
  - Strengthen peer and family member support, whether paid or volunteer, to help access and navigate the system.
  - Persons dually diagnosed (drug/alcohol and mental health) are turned away because they don't have the "right" diagnosis for the service provider. Broaden providers' scope of work.
  - All service providers need to continually educate themselves as to the full spectrum of resources available in their community, who they serve, how to access them, and then help connect their clients to these resources.
- **How can providers of mental health, substance abuse disorders, homeless services and primary care better communicate and coordinate with each other?**
  - Providers should communicate with each other using language that respects that they are dealing with people, and not just objects.
  - Providers shouldn't be so rushed, and should prioritize time to collaborate with each other.
  - Providers should listen and share with each other when clients report problems with medications, such as not working or too strong or causing bad side effects.
  - Agree upon the intent and flexibility allowed in HIPAA laws and regulations (client's right to privacy).
- **How do we better respond to the various transportation challenges our clients and their families face in getting to and from services?**
  - Dedicate staff time to regularly advocate for more and better public transportation services.

- Provide transportation for free when someone has no money, such as bus passes, clipper cards and BART tickets.
  - Provide more education on bus routes, schedules and other means of transportation, such as bike routes, and training on how to use them.
  - Advocate for County Connection to provide transportation services on holidays.
  - Advocate for AC Transit's bus schedule to expand at nights and weekends.
  - Advocate for all bus benches to have hang overs for waiting in bad weather.
  - Have the busses add stops within walking distance to key public services, such as food pantries; or add a van service specifically for this purpose
- **How do we prevent first psychotic episodes from becoming a lifelong debilitating illness?**
    - A safe, supportive environment like Putnam Clubhouse helped me recover from my first psychotic episode.
    - Experiencing homelessness can trigger a psychotic episode. Help finding a home can prevent psychosis.
    - Education in schools for teachers, parents and kids regarding mental health and how and where to access resources can be de-stigmatizing, and encourage getting help before psychosis sets in.
    - Especially educate young people who are high functioning and appear normal to be pro-active about getting help, instead of waiting for a psychotic episode.
    - Recognize the prevalent influence of substance abuse on youth's mental health, and treat both together and appropriately.
  - **How do we best respond to seriously emotionally disturbed children and youth who need in-patient or crisis residential services?**
    - Need more residential services for children. MHSA can provide one-time funding to establish an in-patient or residential facility.
    - Conduct a listening survey with families of children who may need in-patient or residential services as to what they need.
    - Increase staffing for mobile response teams.
    - Partner with law enforcement to provide a more effective, coordinated response to seriously emotionally disturbed children who are reported as at risk for being restrained.
    - Develop safety plans for families of at risk children.

**Prioritizing Identified Unmet Needs.** As part of each community forum participants were then asked to prioritize via applying dot markers the following identified unmet needs from previous years' community program planning processes. This provides a means for evaluating perceived impact over time of implemented strategies to meet prioritized needs. Thus, service needs determined to be unmet in previous years can drop in ranking as the system successfully addresses these needs. Unmet needs are listed in order of priority as determined by forum participants, with previous Three Year Plan rankings provided for comparison.

- 1. More housing and homeless services.** (last year's rank: 1) The chronic lack of affordable housing make this a critical factor that affects the mental health and well-being of all individuals with limited means. However, it is especially deleterious for an individual and his/her family who are also struggling with a serious mental illness. A range of strategies that would increase housing availability include increasing transitional beds, housing vouchers, supportive housing services, permanent housing units with mental health supports, staff assistance to locate and secure housing in the community, and coordination of effort between Health, Housing and Homeless Services and CCBHS.
- 2. Outreach to the underserved – provide care in my community, in my culture, in my language.** (last year's rank: 9) Focus groups underscored that mental health stigma and non-dominant culture differences continue to provide barriers to seeking and sustaining mental health care. Emphasis should continue on recruiting and retaining cultural and linguistically competent service providers, training and technical assistance emphasis on treating the whole person, and the importance of providing on-going staff training on cultural specific treatment modalities. Also, culture-specific service providers providing outreach and engagement should assist their consumers navigate all levels of service that is provided in the behavioral health system. Transition age youth, to include lesbian, gay, bi-sexual, transgender and questioning youth, who live in at-risk environments feel particularly vulnerable to physical harassment and bullying. Stakeholders continued to emphasize MHSA's role in funding access to all levels of service for those individuals who are poor and not Medi-Cal eligible.
- 3. More support for family members and loved ones of consumers.** (last year's rank: 2) Critical to successful treatment is the need for service providers to partner with family members and significant others of loved ones experiencing mental illness. Stakeholders continued to underscore the need to provide families and significant others with education and training, emotional support, and assistance with navigating the system.

- 4. Improved response to crisis and trauma.** (last year's rank: 6) Response to crisis situations occurring in the community needs to be improved for both adults and children. Crisis response now primarily consists of psychiatric emergency services located at the Contra Costa Regional Medical Center (CCRMC). There are few more appropriate and less costly alternatives.
- 5. Connecting with the right service providers in your community when you need it.** (last year's rank: 7) Mental health and its allied providers, such as primary care, alcohol and other drug services, housing and homeless services, vocational services, educational settings, social services and the criminal justice system provide a complexity of eligibility and paperwork requirements that can be defeating. Just knowing what and where services are can be a challenge. Easy access to friendly, knowledgeable individuals who can ensure connection to appropriate services is critical.
- 6. Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care.** (last year's rank: 5) Integrating mental health, primary care, drug and alcohol, homeless services and employment services through a coordinated, multi-disciplinary team approach has been proven effective for those consumers fortunate to have this available. Often cited by consumers and their families was the experience of being left on their own to find and coordinate services, and to understand and navigate the myriad of eligibility and paperwork issues that characterize different service systems. Also cited was the difficulty of coordinating education, social services and the criminal justice systems to act in concert with the behavioral health system.
- 7. Getting to and from services.** (last year's rank: 11) The cost of transportation and the County's geographical challenges make access to services a continuing priority. Flexible financial assistance with both public and private transportation, training on how to use public transportation, driving individuals to and from appointments, and bringing services to where individuals are located, are all strategies needing strengthening and coordinating.
- 8. Intervening early in psychosis.** (Previous rank: 10) Teenagers and young adults experiencing a first psychotic episode are at risk for becoming lifelong consumers of the public mental health system. Evidence based practices are now available that can successfully address this population by applying an intensive multi-disciplinary, family based approach. A proposed strategy is to expand the target population now served by Project First Hope from youth at

risk for experiencing a psychotic episode to include those who have experienced a “first break”.

- 9. Children and youth in-patient and residential beds.** (last year’s rank: 4) In-patient beds and residential services for children needing intensive psychiatric care are not available in the county, and are difficult to find outside the county. This creates a significant hardship on families who can and should be part of the treatment plan, and inappropriately strains care providers of more temporary (such as psychiatric emergency services) or less acute levels of treatment (such as Children’s’ clinics) to respond to needs they are ill equipped to address. Additional funding outside the Mental Health Services Act Fund would be needed to add this resource to the County, as in-patient psychiatric hospitalization is outside the scope of MHSA.
- 10. Serve those who need it the most.** (last year’s rank: 13) Through MHSA funding the County has developed designated programs for individuals with serious mental illness who have been deemed to be in need of a full spectrum of services. These are described in the full service partnership category of the Community Services and Supports component. In spite of these programs, stakeholders report that a number of individuals who have been most debilitated by the effects of mental illness continue to cycle through the most costly levels of care without success.
- 11. Support for peer and family partner providers.** (last year’s rank: 7) CCBHS was acknowledged for hiring individuals who bring lived experience as consumers and/or family members of consumers. Their contributions have clearly assisted the County to move toward a more client and family member directed, recovery focused system of care. However, these individuals have noted the high incidence of turnover among their colleagues due to exacerbation of mental health issues brought on by work stressors, and lack of support for career progression. Individuals in recovery who are employed need ongoing supports that assist with career progression, and normalizes respites due to relapses.
- 12. Increased psychiatry time.** (last year: unranked) Stakeholders reported long waiting periods before they could see a psychiatrist. This is confirmed by the quantitative workforce needs analysis that indicates a significant shortage of psychiatrists to fill authorized county and contract positions. This leads to a lack of needed psychotropic medication prescriptions, lack of time for psychiatrists to

work as part of the treatment team, and a compromised ability to monitor and regulate proper dosages.

**13. Care for the homebound frail and elderly.** (last year's rank: 12) Services for older adults continue to struggle with providing effective treatment for those individuals who are homebound and suffer from multiple physical and mental impairments. Often these individuals cycle through psychiatric emergency care without resolution.

**14. Assistance with meaningful activity.** (last year's rank: 10) Stakeholders underscored the value of engaging in meaningful activity as an essential element of a treatment plan. Youth in high risk environments who are transitioning to adulthood were consistently noted as a high priority. For pre-vocational activities, suggested strategies include providing career guidance, assistance with eliminating barriers to employment, and assistance with educational, training and volunteer activities that improve job readiness. Stakeholders highlighted the need for better linkage to existing employment services, such as job seeking, placement and job retention assistance. For daily living skills, suggested strategies include assistance with money and benefits management, and improving health, nutrition, transportation, cooking, cleaning and home maintenance skill sets.

**Summary.** The community program planning process identifies current and ongoing mental health service needs, and provides direction for MHSA funded programs to address these needs. It also informs planning and evaluation efforts that can influence how and where MHSA resources can be directed in the future.

The full complement of MHSA funded programs and plan elements described in this document are the result of current as well as previous community program planning processes. Thus, this year's planning process builds upon previous ones. It is important to note that stakeholders did not restrict their input to only MHSA funded services, but addressed the entire health and behavioral health system. The MHSA Three Year Program and Expenditure Plan operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Three Year Plan contained herein does not address all of the prioritized needs identified in the community program planning process, but does provide a framework for improving existing services and implementing additional programs as funding permits.

The following chapters contain programs and plan elements that are funded by the County's MHSA Fund, and will be evaluated by how well they address the Three Year Plan's Vision and identified needs as prioritized by the Community Program Planning Process.

**MHSA Monthly Budget Report**  
**Fiscal Year 2017-18**  
**July 2017 through June 2018**

## Summary

	<u>Approved MHSAs Budget</u>	<u>Projected Expenditure</u>	<u>Expenditures</u>
CSS	37,602,567	37,175,083	5,707,693
PEI	8,668,448	8,323,929	1,282,011
INN	2,120,229	2,131,829	316,271
WET	2,539,664	2,298,305	119,774
CF/ TN	643,835	643,835	275
<b>TOTAL</b>	<b><u>51,574,743</u></b>	<b><u>50,572,981</u></b>	<b><u>7,426,023</u></b>

Approved MHSAs Budget means the funds set aside, or budgeted, for a particular line item prior to the start of the fiscal year.

Projected Expenditures means the funds that are estimated to be spent by the end of the fiscal year.

Expenditures means the funds actually spent in the fiscal year by the end of the month for which the report was made

**Disclosures:**

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

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

## CSS Summary

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Full Service Partnerships			
Children	2,798,275	2,813,651	592,598
Transition Age Youth	2,407,611	2,117,372	191,863
Adults	5,288,696	5,244,981	737,286
Adult Clinic FSP Support	1,772,145	1,642,881	294,453
Recovery Center	901,250	1,190,687	144,753
Hope House	2,077,530	2,116,241	529,060
Housing Services	8,502,116	8,413,307	786,097
<b>Full Service Partnership Sub-Total</b>	<b>23,747,623</b>	<b>23,539,119</b>	<b>3,276,110</b>
General System Development			
Older Adults	3,388,068	3,699,439	857,631
Children's Wraparound	1,669,810	1,547,623	349,304
Assessment and Recovery Center - Miller Wellness Center	319,819	321,347	6
Clinic Support	1,355,630	1,190,558	261,668
Forensic Team	424,628	356,753	71,357
Mobile Response Team	550,000	550,000	-
MH Clinicians in Concord Health Center	281,686	74,610	18,652
EPSDT Expansion	2,500,000	2,500,000	-
Quality Assurance	1,255,831	1,154,787	236,195
Administrative Support	2,109,471	2,240,847	636,769
<b>General System Development Sub-Total</b>	<b>13,854,943</b>	<b>13,635,963</b>	<b>2,431,583</b>
	<b>37,602,567</b>	<b>37,175,083</b>	<b>5,707,693</b>

## CSS- FSP Children

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Personal Service Coordinators- Seneca	808,215	797,411	110,743 <sup>1</sup>
Multi-dimensional Family Therapy- Lincoln Center	556,973	562,567	137,831
Multi-systemic Therapy- COFY	689,585	689,585	199,305
Children's Clinic Staff- County Staff	743,502	764,088	144,719
<b>Total</b>	<b>2,798,275</b>	<b>2,813,651</b>	<b>592,598</b>

Note:

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

## CSS- FSP Transition Age Youth

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Fred Finch Youth Center	1,442,661	1,250,559	188,986 1
Youth Homes	684,950	599,553	- 1
Oak Grove	250,000	250,000	- 1
Misc. Costs	30,000	17,260	2,877 2
<b>Total</b>	<b>2,407,611</b>	<b>2,117,372</b>	<b>191,863</b>

**Note:**

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

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

### CSS- FSP Adults- Agency Contracts

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Assisted Outpatient Treatment	2,392,241	2,116,496	362,339 1
Anka	791,751	754,501	110,999 1
Familias Unidas (Desarrollo)	213,309	245,286	19,429 1
Hume Center	1,891,395	2,025,059	227,245 1
Crestwood Behavioral Health	-	103,639	17,273 1
<b>Total</b>	<b>5,288,696</b>	<b>5,244,981</b>	<b>737,286</b>

Note:

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

## CSS- Supporting FSPs

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Adult Clinic Support			
FSP Support, Rapid Access, Wellness Nurses	1,772,145	1,642,881	294,453 <sup>1</sup>
Recovery Centers- Recovery Innovation	901,250	1,190,687	144,753 <sup>1</sup>
Hope House- Crisis Residential Program	2,077,530	2,116,241	529,060
<b>Total</b>	<b>4,750,925</b>	<b>4,949,809</b>	<b>968,266</b>

Note:

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

## CSS- Supporting FSPs Housing Services

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>	
Supporting Housing- Shelter, Inc	2,281,484	2,536,812	-	1
Special Needs Housing Program	1,722,486	1,722,486	-	1
Supporting Housing- TBD	220,000	-	-	2
Augmented Board & Care - Crestwood	1,140,877	1,076,985	131,731	1
Augmented Board & Care - Divines	5,184	1,776	456	
Augmented Board & Care - Modesto Residential	71,175	77,353	18,915	
Augmented Board & Care - Oak Hills	16,315	16,315	4,079	
Augmented Board & Care - Pleasant Hill Manor	92,700	87,354	22,320	
Augmented Board & Care - United Family Care	453,840	414,725	92,979	
Augmented Board & Care - Williams	31,889	30,448	7,529	
Augmented Board & Care - Woodhaven	12,360	9,135	2,318	
Shelter Beds- County Operated	1,931,296	1,931,296	401,791	
Housing Coordination Team - County Staff	522,510	508,621	103,979	3
<b>Total</b>	<b>8,502,116</b>	<b>8,413,307</b>	<b>786,097</b>	

Note:

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

2) Supporting Housing is in planning phrase.

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

## CSS- General System Development Services

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Older Adult Clinic - Intensive Care Management, IMPACT	3,388,068	3,699,439	857,631 1
Wraparound Support - Children's Clinic	1,669,810	1,547,623	349,304 1
Assessment and Recovery Center (MWC)	319,819	321,347	6 1
Money Management - Adult Clinics	779,316	607,667	79,121 1
Transportation Support - Adult Clinics	151,951	124,930	32,776 1
Evidence Based Practices - Children's Clinics	424,363	358,313	66,705 1
Forensic Team - County Operated	424,628	356,753	71,357 1
Mobile Response Team	550,000	550,000	- 1
MH Clinicians in Concord Health Center	281,686	74,610	18,652 1
EPSDT Expansion	2,500,000	2,500,000	- 1
Misc. Costs	-	99,648	83,066 1
<b>Total</b>	<b>10,489,641</b>	<b>10,240,330</b>	<b>1,558,619</b>

Note:

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

## CSS- General System Development Administrative Support

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Quality Assurance			
Medication Monitoring	226,630	222,926	55,732 1
Clinical Quality Management	712,369	633,311	105,826 1
Clerical Support	316,833	298,550	74,638 1
<b>Quality Assurance Total</b>	<b>1,255,831</b>	<b>1,154,787</b>	<b>236,195</b>
Administrative Support			
Projected and Program Managers	698,838	737,170	223,167 1
Clinical Coordinators	118,265	119,241	29,810 1
Planner/ Evaluators	324,084	404,571	93,714 1
Family Service Coordinator	82,915	78,911	19,728 1
Administrative/ Fiscal Analysts	552,923	531,467	121,669 1
Clerical Support	220,086	149,288	43,992 1
Community Planning Process- Consultant Contracts	112,360	108,055	76,652 1
Misc. Costs		112,145	28,036 1
<b>Administrative Support Total</b>	<b>2,109,471</b>	<b>2,240,847</b>	<b>636,769</b>
<b>Total</b>	<b>3,365,302</b>	<b>3,395,634</b>	<b>872,964</b>

Note:

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

### PEI Summary

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Prevention- Outreach and Engagement			
Reducing Risk of Development a Series Mental Illness			
Increasing Recognition of Early Signs of Mental Illness	1,035,575	1,099,418	56,635
Underserved Communities	1,580,477	1,095,821	138,894
Prevention	2,351,312	2,220,151	289,510
Stigma and Discrimination Reduction	295,211	303,417	55,897
Access and Linkage to Treatment	230,107	224,751	20,527
Perinatal Depression Project	201,632	152,327	-
Suicide Prevention	439,541	414,868	50,106
<b>Prevention Sub-Total</b>	<b>6,133,854</b>	<b>5,510,753</b>	<b>611,569</b>
Early Intervention - Project First Hope	2,377,280	2,057,263	486,323
Administrative Support	157,314	755,913	184,118
<b>Total</b>	<b>8,668,448</b>	<b>8,323,929</b>	<b>1,282,011</b>

**PEI- Outreach for Increasing Recognition of Early Signs of Mental Illness**

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Cc Interfaith	70,000	68,456	9,886 1
Triple P America Inc (COPE)	238,703	238,699	30,858 1
First 5 Cc Children & Fam	79,568	156,818	- 1
Latina Ctr, The	108,565	108,565	15,891 1
Asian Comm Mental Hlth	137,917	141,303	- 1
Jewish Family/Chld Svcs	169,403	143,196	- 1
Native American Hlth Ctr	231,419	242,382	- 1
<b>Total</b>	<b>1,035,575</b>	<b>1,099,418</b>	<b>56,635</b>

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

## PEI- Improving Timely Access to MH Svcs for Underserved Populations

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Rainbow Comm Ctr	737,245	219,408	50,684
La Clinica De La Raza	272,386	272,386	- 1
Lao Family Comm Devel	180,275	214,485	45,229
Center For Human Devel	142,129	141,100	20,307 1
Lifelong Medical Care	126,977	126,977	18,592 1
Child Abuse Preven Cncl	121,465	121,466	4,082 1
<b>Total</b>	<b>1,580,477</b>	<b>1,095,821</b>	<b>138,894</b>

Note:

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

## PEI - Prevention

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Martinez Usd - Project New Leaf	180,353	135,468	12,383 1
People Who Care	216,604	188,009	51,855
Ryse Youth Center	488,368	488,368	- 1
Tides Center- BBK	210,580	210,580	15,496
Contra Costa Clubhouses	565,883	565,682	103,856 1
Families Experiencing Juvenile Justice System	689,524	632,043	105,919 1
<b>Total</b>	<b>2,351,312</b>	<b>2,220,151</b>	<b>289,510</b>

Note:

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

**PEI**

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
PEI- Stigma and Discrimination Reduction			
CaIMHSA PEI	78,000	78,000	- 1
Reducing Stigma	217,211	225,417	55,897 2
	<u>295,211</u>	<u>303,417</u>	<u>55,897</u>
PEI-Access and Linkage to Treatment			
West Contra Costa YMCA JMP	99,900	99,910	- 1
Stand	130,207	124,841	20,527 1
	<u>230,107</u>	<u>224,751</u>	<u>20,527</u>
PEI- Suicide Prevention			
C C Crisis Center	301,636	310,685	50,106 1
Preventing Suicide	137,905	104,183	- 2
	<u>439,541</u>	<u>414,868</u>	<u>50,106</u>
PEI- Perinatal Depression Project	201,632	152,327	- 2
Administrative Support	157,314	755,913	184,118 2
Early Intervention			
Project First Hope	2,377,280	2,057,263	486,323 2
<b>Total</b>	<u><b>3,701,084</b></u>	<u><b>3,908,539</b></u>	<u><b>796,972</b></u>

Note:

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

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

## INN

	<u>Approved MHSa Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Supporting LGBTQ Youth- Rainbow Community Center	500,000	516,100	64,861 1
Reluctant to Rescue- Community Violence Solutions	100,000	9,244	354 1
CBSST	200,000	73,302	- 2
WELL Project	-	302,804	74,175 2
Coaching to Wellness	515,794	489,272	85,119 2
Partners in Aging	163,986	163,150	29,880 2
Overcoming Transportation Barriers	216,934	174,667	6,026 2
Administrative Support	423,515	403,290	55,855 2
<b>Total</b>	<b>2,120,229</b>	<b>2,131,829</b>	<b>316,271</b>

**Note:**

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

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

## WET

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Staff Training and Technical Assistant			
CIBHS	1,960	1,960	1,960
Matthew R. Mock	2,000	2,000	2,000
Michaelson	8,000	8,000	7,000
Nami Contra Costa	61,850	10,695	- 1
MH First Aid	20,000	20,000	- 1
Crisis Intervention Training	15,000	15,000	- 1
Kyer Group Corp	10,000	10,000	1,875 1
UCSF	3,600	3,600	450 1
Various Contractors- TBD	107,590	99,590	- 3
 MH Career Pathway	 30,000	 30,000	 - 2
Residency Internship Program			
Graduate Level Internships- Contract Agencies	100,000	140,000	19,519 1
Graduate Level Internships- County Operated	452,343	477,814	44,986 2
 Financial Incentive Program	 300,000	 300,000	 - 3
 Volunteer Support	 600,000	 600,000	 - 3
 Workforce Staffing Support	 827,321	 579,646	 41,983 2
 <b>Total</b>	 <b><u>2,539,664</u></b>	 <b><u>2,298,305</u></b>	 <b><u>119,774</u></b>

Note:

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

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

3) This program is in planning phrase.

## Capital Facilities/ Information Technology

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Electronic Mental Health Records System	643,835	643,835	275 <sup>1</sup>
<b>Total</b>	<b>643,835</b>	<b>643,835</b>	<b>275</b>

**Note:**

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

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** March 24, April 11 and April 14, 2017  
**Date of Exit Meeting:** August 30, 2017
  
- II. **Review Team:** Stephanie Chenard, Warren Hayes, Helen Kearns, Faye Ny, and Miu Tam
  
- III. **Name of Program/Plan Element:**  
Community Options for Families and Youth  
3478 Buskirk Avenue, Suite 260  
Pleasant Hill, CA 94523
  
- IV. **Program Description.** Community Options for Families and Youth (“COFY”) is a multi-disciplinary provider of mental health services. COFY’s mission is to work with youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Mental health clinicians work collaboratively with caregivers, educators, and social service professionals to help exasperated families restore empathic relationships and maintain placement for their children.

COFY provides a Full Service Partnership (FSP) Program funded by the Mental Health Services Act. The program serves youth (12-18) and their families through a Multisystemic Therapy (“MST”) model. MST is an intensive family and community based treatment that addresses the multiple determinants of serious anti-social behavior. The MST approach views individuals as being surrounded by a network of interconnected systems that encompasses individual, family, and extra familial (peers, school, community) factors. Intervention may be necessary in any one or a combination of these systems, and using the strengths of each system to facilitate positive change. The intervention strives to promote behavioral change in the youth’s natural environment. Family sessions are provided over a three to five month period. These sessions are based on nationally recognized evidence based practices designed to decrease rates of anti-social behavior, improve school performance and interpersonal skills, and reduce out-of-home placements. The ultimate goal is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources.

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

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSAs	Met	Consumers and family members indicated program meets the values of MHSAs
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for the County’s children’s full service partnership admission criteria.
3. Provide the services for which funding was allocated.	Met	MHSAs only funds services consistent with Three Year Plan
4. Meet the needs of the community and/or population.	Met	Services are consistent with Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Partially Met	Program is in their target number range, but should work on being fully staffed, and strengthen referral relationships.
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	Partially Met	Current staffing provides full services, but cannot meet their target number of consumers at current levels.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	COFY has increasing net assets each year.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Experienced staff implement sound check and balance system.
13. Documentation sufficient to support invoices	Under Review	CCBHS Finance staff in the process of reconciling submitted annual cost reports with independent auditor's report.
14. Documentation sufficient to support allowable expenditures	Met	Clear audit trail established between allowable 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	Under Review	Reported allocation method across programs appears appropriate. COFY to submit written methodology for construction of indirect rate and reconcile their financial documents.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

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

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

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

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

**Discussion.** The results of 8 consumer surveys were received. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=8				
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: 3.72 (n=7)				
2. Allow me to decide what my own strengths and needs	Average score: 3.72 (n=7)				
3. Work with me to determine the services that are most helpful	Average score: 3.75 (n=8)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.72 (n=7)				
5. Provide services that are in my preferred language	Average score: 4.00 (n=8)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.88 (n=8)				
7. Are open to my opinions as to how services should be provided	Average score: 3.88 (n=8)				
8. What does this program do well?	<ul style="list-style-type: none"> <li>• Listen attentively, help me to think outside of the box and allows me to communicate my concerns and input.</li> <li>• Helps me and son form a better, healthier relationship</li> <li>• Identifying problems with my child and setting up rewards and consequences</li> <li>• Comes up with ways to pinpoint problems and teaches families how to solve issues.</li> </ul>				

9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>Scheduling</li> </ul>			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>Support that includes the entire family.</li> </ul>			
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	Important	Somewhat Important	Not Important
	4	3	2	1
Average score: 3.75 (n=8)				
12. Any additional comments?	<ul style="list-style-type: none"> <li>I have seen improvement with the tools that have been set up.</li> <li>I really like this program and I'm really looking forward to learn more about the future and improving my household.</li> </ul>			

Consumer Interview

Due to the nature of the services being delivered almost exclusively in the field, and because of the time commitments of the families and consumers, we were only able to meet with one family member for a face-to-face interview. The family member was a mother of a 17 year old son who was referred to the program through the Juvenile Court system. The child referred for services was the second oldest of four children, and the oldest of the children in the home. She indicated that her family had previously received therapy, but did not achieve the level of success that the MST program finally brought.

Overall, this mother was extremely appreciative of the services provided by COFY. During the interview, some of the things specifically identified as positives of the program were:

- The whole family approach engaged not only the son referred to the program, but her and other children in the home as well.
- Getting her son engaged in other interests and social activities, which has had a positive ripple effect out to the extended family as well.

These positives clearly speak to several of the MHSA values. However, the mother also identified some areas of improvement that were largely focused on addressing the needs of the Spanish-speaking community. She mentioned that it was harder to connect with a Spanish-speaking clinician than an English-speaking one, and that the wait time was longer for Spanish-speaking families. She also mentioned more outreach and information to the Spanish-speaking community about the program would be extremely beneficial to the community. The shortage of Spanish-speaking services is reflective of a larger issue in the

region. Spanish-speaking clinicians are considered hard-to-fill and retain throughout the county. It is recommended that the program work with the County and other agencies to explore options and strategies to attract bilingual clinicians to help serve this need.

Staff Interview:

Six individuals attended the staff interview – all clinicians for the MST program, and the program manager. Staff shared that the program receives referrals from the County, often through the juvenile probation department and truancy court, but also can come from other full-service partnership providers. The clinicians provide care to the child and family in a top-down approach, according to the MST model: the clinician working with the family works with the parents and the child to look at the family dynamic as a whole. Staff reported spending most of their time working with their clients through daily challenges, such as reducing their isolation and re-integrating them into the community, providing support to youth in court or in schools, and providing support to the family to build and empower them. According to program staff, one of the principal strengths of the program is the ability to match clients to culturally appropriate staff, and advocate for the child and family with various institutions

During the interview, staff also shared hindrances they faced in providing services to the youth, such as rocky hand-offs from County probation into their program (i.e., missing information, or no direct contact with the referring service providers), difficulty setting them up for aftercare, and referring them to other County services. Staff also shared that they felt like the rigid structure of the model limits their exposure to other methods and techniques, and did not give them enough time/space to support each other with issues like compassion fatigue and vicarious traumatization. However, staff did indicate that overall they felt like they were meeting the needs of their clients, and appreciated their ability to provide advocacy, the space to be creative in interventions, and capacity to support in all areas of the clients' lives.

**Results.** Interviews with program participants and service providers as well as program participant survey results all support that COFY 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 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 COFY Full Service Partnership program accepts referrals from the County, often through the juvenile probation department and truancy court, but also can come from other full-service partnership providers. The MHSA chart review conducted by the MHSA Program and Fiscal Review team confirms the agreed upon target population for full service partnerships.

Contra Costa Behavioral Health Services also performs a utilization review on all programs which bill Medi-Cal, including COFY. On September 26, 2016 a Level 2 Centralized Utilization Chart Review was conducted. 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(a).

**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 CCBHS's billing system show that the COFY Full Service Partnership program is providing the number and type of services that have been agreed upon. Services include MST program delivery, case management, individual and family outpatient mental health services, crisis intervention, collateral services, and flexible funds. Both program staff and participants indicated services are available on a 24-7 basis via an after-hours crisis phone line.

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

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 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.** Upon initial award of the children's FSP contract, COFY's MST target enrollment number was 100 clients. The program launched in the 13/14 FY, and during the ramp-up time COFY was below their target. However, at the end of the 14/15 FY COFY was reporting serving 93 clients – much closer to their target. Conversations with COFY's County contract monitor revealed that they have been under their target goal in the last 12 months, although this may be primarily due to staffing turnover and the rigorous training and onboarding for new clinicians.

**Results.** Annually the program has not yet served the number of individuals specified in the service work plan, due to the program ramping-up. It is recommended that COFY work with their County Contract Monitor, and to examine staffing, capacity, and referral sources to achieve the target for which they are budgeted.

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 COFY's FSP program started late in FY 13/14, an annual outcomes report was not produced for their first contract of providing FSP services. The program has three overall program objectives as part of the service work plan. The program has provided an annual report summarizing their progress towards meeting their three program outcomes. However, there is not a stated quantitative goal in the Service Work Plan with which to compare these outcomes.

**Results.** Overall, the program achieves its primary objectives. However, success indicators should be better quantified in the Service Work Plan. It is recommended that COFY work with their contract monitor to establish baselines to effectively measure their success indicators.

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

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

**Discussion.** Contra Costa County did not receive any grievances associated with COFY'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 COFY is generally in compliance with documentation and quality standards.

On September 26, 2016, a Level Two Centralized Utilization Chart Reviews and a Focused Review was conducted by CCBHS. The results show that charts generally met documentation standards, but there were a few compliance issues, including missing or misfiled forms (Consumer Guide confirmation, Level 1 worksheet), documentation language (re: Spanish-speaking family vs. English forms), other incomplete or incorrect forms that were identified in the review. There were a few other findings related to disallowances for billable notes for missing progress or treatment notes, incomplete notes, mis-categorized notes, assessments and collateral (family therapy), and other related issues. Utilization Review staff provided feedback regarding administrative issues, as well as

standardized notes and weekly treatment plans. COFY submitted an appeal on October 20, 2016 for one of the disallowances, which was granted by the County. COFY's MST Clinical Supervisor submitted a Plan of Correction to the County dated November 10, 2016 indicating the new protocols for quality assurance and training to address the issues in the Focused Review.

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

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

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

**Discussion.** COFY 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 nature of the team approach of MST evidence-based treatment and program staff training allows COFY to provide the services outlined in the Service Work Plan with current staffing. However, the current staffing does not fully allow the agency to serve the targeted number of clients. At the time of the site visit, COFY's MST team was short two clinicians. Due to the intensity, rigor and fidelity to the MST model, COFY is currently unable to match the numbers in the Service Work Plan. Moreover, it has been indicated that there are waiting lists, particularly for Spanish-speaking families to obtain services.

**Results.** Staffing is in place to provide the full range of services, but not serve the number of clients outlined in the Service Work Plan. Moreover, the turnover of program staff is a potential cause for concern as it may affect the program's ability to effectively serve clients. The MST model takes time to get a clinician trained to take on their own caseload. Additionally, 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 other providers for additional care. The agency may want to examine how it recruits and retains staff and consider offering additional incentives to ensure qualified individuals are retained and able to offer the full spectrum of services.

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.** COFY is a California public benefit corporation organized in 2007 for the purpose of providing services to families and youth with emotional disturbances in order to enable these youth to maintain family and community relationships. Patient services revenue from contracts with CCBHS and over 20 educational institutions provides 97% of the revenue. With approximately 34 employees and a total operating budget of \$2.8 million the available fiscal audits indicate COFY not to be at risk for adverse fiscal consequences due to their fiscal and accounting systems.

**Results.** Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 were provided and reviewed. No material or significant findings were noted.

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

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

**Discussion.** The organization appears to be operating within the budget constraints provided by their authorized contract amount, and thus appears to be able to sustain their stated costs of delivering FSP services for the entirety of this fiscal year. According to COFY's leadership their increasing net assets at the end of each fiscal year are due to their fee based educational contracts that net them a profit. Their contracts with CCBHS are reported to be a full cost recovery of their expenses.

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

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.  
**Method.** Interview with fiscal manager.  
**Discussion.** The Business Manager is well qualified, and has been with COFY for many years. Staff described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles. The organization uses Clinitrak and QuickBooks software for entry and aggregation to enable accurate summaries for billing and payment. Supporting documentation is kept in hard copies for storage and retrieval.  
**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.** A randomly selected invoice for each of the last three years was matched with supporting documentation provided by the agency. A clear and accurate connection was established between documented hours/types of mental health services and submitted invoices. COFY's FSP program is a specialty mental health service contract with CCBHS that is based upon established rates and billed monthly according to the documented level of service provided. At the end of the fiscal year a reconciliation process takes place that determines final payment for the year. This amount is the total of the mental health services established by rates, or the actual cost of delivering the services, whichever is lower. Because this is a rate based contract the reviewers additionally compared yearly submitted cost reports to the financial statements constructed in the independent auditor's reports. The two reports did not appear to match. The Business Manager explained that these two methods of depicting actual organizational costs were done independent of each other by separate individuals at different points in time.  
**Results.** Supporting documentation supports invoices, but does not match the independent auditor's annual financial statement. Reviewer staff will research and attempt to better understand the phenomena.

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

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

**Discussion.** Line item personnel and operating costs were reviewed for appropriateness. All line items submitted were consistent with line items that are appropriate to support the service delivery. However, the amounts in the professional fees, travel and training costs considerably exceeded normal amounts seen in similar contracts. COFY staff explained that these high costs were due to MST being a SAMHSA approved evidence based practice with one professional organization having proprietary ownership of the training and certification of organizations and staff, as well as active participation in the ongoing fidelity and evaluation of the model. Thus these costs were necessary in order for COFY to continue to contract with CCBHS for delivery of MST.

**Results.** Method of allocation of percentage of personnel time and operating costs appear to be justified and documented. It is suggested that CCBHS leadership review the cost and need for ensuring organizational fidelity to the MST model.

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

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

**Discussion.** Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year. However, closing entries for the last three years were reviewed and indicate that significantly more money was billed to the MHSA cost center than was approved by the Board of Supervisors. This will be corrected by CCBHS and County Finance staff.

**Results.** COFY appears to be implementing an appropriate year end closing system. CCBHS will implement administrative procedures with Finance staff to ensure contract costs charged to the MHSA cost center do not exceed County Board of Supervisor authorization.

- 16. Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program commensurate with the benefit received by the program.
- Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program.
- Discussion.** The COFY FY 2015-16 Cost Report submitted to CCBHS was utilized to determine the percentage of indirect costs reported by the agency. Personnel and operating costs were reported at a total of \$2,239,857, with \$598,573 reported as indirect costs. This reflects an indirect rate of 26.7%, which is significantly higher than what would be expected of an organization of this nature and size. The indirect costs reflected on the cost report are at variance with the management and general costs reflected in the independent auditor's report, which is at 14.9%. The Business Manager explained that the certified public accountant provided guidance as to construction of the indirect rate and a formula for equitably allocating indirect costs for each of their four programs. The allocation methodology appears appropriate. However the indirect rates on the two documents do not match.
- Results.** It is recommended that COFY provide a written methodology that justifies their indirect rate, how it is allocated across programs, and that this expense category amount in their cost report either match their independent auditor's report, or the variance be sufficiently explained and justified.
- 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 commercial general liability insurance, automobile liability, umbrella liability, professional liability and directors and officers liability policies that were 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 centralized within CCBHS's children's system. Moreover, the contract manager and Children's Chief meet with the program for regular monthly meetings. However, many of the

referrals have come from other County staff who may not have full knowledge of activities and invoicing related to MHSA as well as pertaining to program issues. **Results.** The program regularly meets with its County contract manager. However, it is recommended that the County contract monitor and the program take advantage of their regular meetings to identify areas of opportunity to strengthen communications with other departments to maximize the efficacy of referrals.

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

COFY is committed to serving the needs of youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Their intensive family and community-based treatment and has been successful in supporting these youth and their families in connecting more fully to their community. The COFY Full Service Partnership adheres to the values of MHSA. COFY appears to be a financially sound organization that follows generally accepted accounting principles, and maintains documentation that supports agreed upon service expenditures.

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

- COFY should continue to work with their County contract manager to examine staffing, capacity, and referral sources to hit the target they were budgeted for.
- COFY should work with their contract manager to establish baselines to effectively measure their success indicators.
- COFY should examine how it recruits and retains staff and consider offering additional incentives to ensure qualified individuals are retained and that the full spectrum of service is available to clients.
- It is recommended that COFY, in concert with CCBHS, reconcile the differing dollar amounts reflected in the annual Cost Report versus the independent auditor's report. This would include submission and approval of an indirect rate that reflects costs commensurate with the benefit received by the program.

- The County contract monitor should take advantage of their regular meetings with COFY to identify areas of opportunity to strengthen communications with other departments to maximize the efficacy of referrals.

**X. Next Review Date.** March 2020

**XI. Appendices.**

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

Appendix D – Organization Chart

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

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

County Utilization Review Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

# APPENDIX A

## Program Description/Service Work Plan

### Community Options for Families and Youth, Inc.

Point of Contact: David Bergesen

Contact Information: 3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523,  
(925) 943-1794, [d.bergesen@cofy.org](mailto:d.bergesen@cofy.org)

#### 1. General Description of the Organization

Community Options for Families and Youth (COFY) is a multi-disciplinary provider of mental health services. COFY's mission is to work with youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Their mental health clinicians work collaboratively with caregivers, educators, and social service professionals to help exasperated families restore empathic relationships and maintain placement for their children.

#### 2. Program: Multisystemic Therapy (MST) – Full Service Partnership (FSP) - CSS

Multisystemic Therapy (“MST”) is an intensive family and community based treatment that addresses the multiple determinants of serious anti-social behavior. The MST approach views individuals as being surrounded by a network of interconnected systems that encompasses individual, family, and extra familial (peers, school, community) factors. Intervention may be necessary in any one or a combination of these systems, and using the strengths of each system to facilitate positive change. The intervention strives to promote behavioral change in the youth's natural environment. Family sessions are provided over a three to five month period. These sessions are based on nationally recognized evidence based practices designed to decrease rates of anti-social behavior, improve school performance and interpersonal skills, and reduce out-of-home placements. The ultimate goal is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources.

- a. Scope of Services: Services include but are not limited to outreach and engagement, case management, outpatient mental health services, crisis intervention, collateral services, flexible funds. COFY MST staff must be available to consumer on a 24/7 basis.
- b. Target Population: Children 12 to 17 who have a serious emotional disturbance or serious mental illness, and have been identified as a juvenile offender or are at risk of involvement with Probation due to delinquent behavior. Services are county-wide.

- c. Payment Limit: for FY 2015-2016 MHSA portion: \$650,000
- d. Number served: In FY15/16 COFY FSP served 91 individuals.
- e. Outcomes: For clients served in 2015: Percent of clients with no new arrests: 71.43%, living in the home: 80.95%, and working or in school: 80.95%

**Table 2. Pre- and post-enrollment utilization rates for 91 Community Options for Families and Youth, Inc. 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>	15	9	0.017	0.011	-35.2
<i>Inpatient episodes</i>	3	1	0.002	0.001	-50
<i>Inpatient days</i>	14	7	0.012	0.012	0
<i>JACS</i>	20	19	0.029	0.028	-3.44

## SERVICE WORK PLAN

**Agency:** COFY. Inc.  
**Contract #** 74-315-11  
**Fiscal Year:** July 1, 2016 – June 30, 2017  
**Title of Program:** COFY MST Services

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

COFY, will provide a Children's Behavioral Health Program funded by the Mental Health Services Act (MHSA), EPSDT, providing a Multisystemic Therapy (MST) Program in Contra Costa County to children ages 12 to 16, and their families, who have serious emotional disturbance/serious mental illness and have experienced repeated failure in learning and home environments. Services shall be provided in home, school and community based settings in East, West, and Central Contra Costa County. Clinic based services will be provided in Pleasant Hill.

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

COFY, Inc. will provide mental health services for at least 100 youth. Services include but are not limited to:

- Multisystemic Therapy
- Case Management
- Outpatient Mental Health Services (Individual and family therapy)
- Crisis Intervention
- Collateral Services
- Flexible Funds

Contractor will be available to MST participants and their families in an on-call 24/7 basis.

### **III. Criteria for Eligibility of Services**

#### **A. Admissions:**

County Mental Health shall serve as the gatekeeper for all admissions. All potential participants eligible to become enrolled will meet the following criteria:

1. 12-18 years of age and their families
2. Must meet medical necessity in accordance with Medi-Cal requirements
3. Be at or less than 300% of the Federal poverty level
3. Uninsured and/or underserved
4. Child has experienced repeated failing in their educational/learning environment (which may include home) and is at risk of or has law enforcement contac.

Initials: \_\_\_\_\_



Contractor

County Department

## SERVICE WORK PLAN

**Agency:** COFY, Inc.  
**Contract #** 74-315-11  
**Fiscal Year:** July 1, 2016 – June 30, 2017  
**Title of Program:** COFY MST Services

5. Priority is given to children who are:
  - a. Currently in out-of-home placement
  - b. Involved in the child welfare or juvenile justice systems
  - c. Limited English proficient

Discharge Criteria:

Participants will be discharged from services in the following scenarios: (1) The participant, and guardian(s) believe the participant has made sufficient progress to continue to meet their developmental challenges in a healthy manner without a Full Service Partnership and have stabilized housing or (2) The guardian(s) refuses to participate in their child's services by not being involved the development of the Partnership Plan, or (3) The guardian requests (either in written or verbal form) state that they no longer wish to have services for their child, or (4) The child and family moves away from the specified service area. For children whose families move away from the specified service area, Contractor will work with existing mental health programs and attempt to provide a smooth transition for the child/family.

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

A. Program Facilities Location

Site will be located at Pleasant Hill. Therapeutic Behavioral Services and Multisystemic Services will mainly take place in locations such as participant's home, schools, and local churches. On occasion, clients may be seen at the office for assessments, and/or other required appointments.

B. Contact Person and Phone Number

David Bergesen, MFT is the Executive Director and Program Director for Multisystemic Therapy Program. COFY clinic phone number is (925) 943-1794. General information can also be obtained by contacting David Bergesen, MFT, the Executive Director on a cell phone: (925) 360-2231.

C. Program Hours of Operation

COFY, Inc. will provide MST services with a flexible schedule with evening and weekend hours as required for program services. Additionally COFY will provide 24 hour 7 days of coverage for clients enrolled in the MST Program. Office hours for business services are 8:30 AM to 4:00 PM Monday through Friday. Clinic hours will include evening availability by arrangement.

Initials: 

Contractor

County Department

## SERVICE WORK PLAN

**Agency:** COFY, Inc.  
**Contract #** 74-315-11  
**Fiscal Year:** July 1, 2016 – June 30, 2017  
**Title of Program:** COFY MST Services

D. Program Staffing (including staffing pattern)

MST Program: COFY will employ a minimum of 5.0 FTE for the MST. One FTE will be the Clinical supervisor position whose duties will be split 50/50 between direct service and supervisory responsibilities. MST will also have a .2 FTE Program Manager assignment.

Administrative: 1.0 FTE Executive Director, .75 FTE in clerical support, and .75 FTE Business Manager.

V. Service Documentation

COFY will provide documentation of services as determined by Medi-Cal requirements and will collaborate with County personnel to enter PSP data. MHSA paperwork, outcome information, and evaluation components will consist of Key Event Tracking, Quarterly Assessments, and Partnership assessments that will be collected by COFY and entered into the PSP system. Other components of evaluation and outcomes tracking are to be determined in accordance with State and County guidelines.

VI. Billing Procedure

Contractor shall submit to Mental Health each month a Demand for Payment (Form D15) for services rendered.

Demands for payment should be submitted by mail to:

Helen Kearns, Project Manager  
Contra Costa County Children's Mental Health Division  
1340 Arnold Drive, Suite 200  
Martinez, Ca 94553  
(925) 957-5125

VII. Program Outcomes

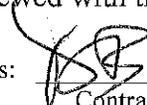
COFY MST services:

When it has been determined that a case will be discharged, the MST team will review the status of the case in three areas:

- the current status of case progress,
- the status of key instrumental outcomes, and
- the status of the case relative to -three areas of "ultimate," or real-word, outcomes.

The information is collected in these three areas, reviewed with the MST expert, then entered

Initials:



Contractor

County Department

## SERVICE WORK PLAN

**Agency:** COFY. Inc.  
**Contract #** 74-315-11  
**Fiscal Year:** July 1, 2016 – June 30, 2017  
**Title of Program:** COFY MST Services

into the MSTI database for program quality assurance and improvement. as follows:

### Reason for case closure:

O **Completion:** The youth was discharged based upon the mutual agreement of the primary caregiver(s) and the MST team.

- The reason for case closure does not meet any of the other categories AND
- team and family agree that there is evidence that overarching goals have been sustained over a period of 3-4 weeks, OR
- team and family agree that overarching goals have not been met and treatment has reached a point of diminishing returns for the additional time invested.  
*Selection of this category does not assume that the case closed with all goals met, only that primary caregiver(s) and team agreed that no further progress on overarching goals is likely.*

O **Lack of engagement:** The decision to discharge the youth was made because the MST team was not able to engage the family in treatment, despite persistence on the therapist's part to engage and align with the family.

- Despite persistent efforts by the therapist, the family has not EVER been seen face-to-face for two consecutive weeks
- OR
- Family has formally declined MST services OR
- Family states they do not want to continue (a statement to this effect should be included in note section) AND
- The consultant and team have identified and addressed barriers to inadequate engagement and agree that all engagement strategies have been exhausted.

Selection of this category indicates that the family has chosen to not participate in MST Services, In other words, this category documents that the team never had engagement. As long as the family was actively involved in working on at least one goal for some part of treatment, this category is NOT checked. This latter case would be counted as "completed" with lack of progress reflected in instrumental goals.

O **Placement:** The youth was placed in a restrictive setting (detention center, residential placement), or foster care for a duration of time that precluded further MST involvement.

Initials: \_\_\_\_\_



Contractor

County Department

## SERVICE WORK PLAN

**Agency:** COFY. Inc.  
**Contract #** 74-315-11  
**Fiscal Year:** July 1, 2016 – June 30, 2017  
**Title of Program:** COFY MST Services

- Placement, prior event:** The youth was placed in a restrictive setting (detention center, residential placement), or foster care due to an event or offense that occurred prior to the beginning of MST treatment.
  
- MST Program administrative removal/withdrawal:** Youth was removed from the program by the MST program administration due to administrative issues or decisions unrelated to the progress of the case.
  
- Funding/referral source administrative removal/withdrawal:** Youth was removed from the program by the funding or referral source due to administrative issues or decisions unrelated to the progress of the case.
  
- Moved:** The family moved out of the program's service area.

**Instrumental Outcomes.** The Instrumental Outcomes are documented in the MST Goals and Guidelines as the criteria for determining whether a case was closed successfully or not. While some guidance in defining these items is provided, it is critical for each program to define these in terms of objectives for the case. For example, if the case had an overarching goal of increasing involvement in pro-social activities as evidenced by attending one approved recreational activity a week, then the related instrumental outcome would be rated as met if the Overarching Goal is met. Therefore, responses to these items are not completely standardized across programs.

- The therapist and supervisor have evidence that the primary caregiver(s) has improved the parenting skills necessary for handling subsequent problems.
  
- There is evidence of improved family relations specific to the instrumental and affective domains in that family's subsystems that were drivers of the youth referral behavior.
  
- The family has improved their network of informal social supports in the community and has demonstrated skill at successfully accessing a range of supports (informal to formal) as needed.
  
- The youth is showing evidence of success in an educational or vocational setting.
  
- The youth is involved with prosocial peers and activities and is minimally involved with problem peers.

Initials: \_\_\_\_\_



Contractor

County Department

## SERVICE WORK PLAN

**Agency:** COFY. Inc.  
**Contract #** 74-315-11  
**Fiscal Year:** July 1, 2016 – June 30, 2017  
**Title of Program:** COFY MST Services

- Changes in behavior of the youth and in the systems contributing to the referral problems have been sustained for 3-4 weeks.

**Ultimate Outcomes.** These items provide some basic information about how the youth is functioning at the time of discharge. The meaning of the terms (e.g., ‘arrests’) may vary from county to county, state to state, and country to country; therefore, it is difficult for the MST Institute to establish a “one-size-fits-all” definition. The operational definition of each of the following should be made clear for each MST program and documented in the Goals and Guidelines document. The following definitions are offered as guidance based on common performance measures used in the United States.

- **Youth is living at home.** Home is defined as a private residence that is approved by the youth’s guardian. This could include a parent’s home, the home of an approved relative or friend of the family. Foster homes or other types of placement would not be included in the definition of “home”. Youth who are on runaway status would not be at home.

- **Youth is attending school** (is not truant,) or vocational training or, if of the legally appropriate age to not attend school, has a paying job (20 hours/week).

- Youth is attending school, a high school equivalency program (GED program,) or a vocational program in the youth's natural ecology, or working. The primary objective of the program is educational or vocational. A youth in a correctional facility or treatment setting in which educational or vocational activities are provided, where the primary objective is treatment or correction, will NOT count as a "yes" for this item.
- If the youth is in school, youth is attending frequently enough to meet expectations placed on youth by school system or court. If the discharge occurs during the summer when school is not in session, it is recommended that the response “yes” be selected if the youth was attending school at the end of the last school year, or is working.

- **Youth has not been arrested since the beginning of MST treatment, for an offense committed during MST treatment.** Many MST programs have defined arrests as involvement with police that results in a charge for a new criminal behavior (i.e., not a violation of probation).

Initials:



Contractor

County Department

## SERVICE WORK PLAN

**Agency:** COFY, Inc.  
**Contract #** 74-315-11  
**Fiscal Year:** July 1, 2016 – June 30, 2017  
**Title of Program:** COFY MST Services

### **Required Process Goals (tracked via the MSTI web-based data collection system):**

- Length of treatment - Target range: 90 – 150 days (3-5 months); Target average: 120 days (4 months)
- Percent of youth completing treatment - Target: 85%
- Percent of youth discharged due to lack of engagement – Target: <5%
- Percent of youth discharged due to placement - Target: <10%
- Average caseloads range within 4 – 6 per therapist.
- Therapist Adherence Measure (TAM-R) collection rate > 70%
- Overall average adherence score - Target: .61
- Percent of youth reporting adherence above threshold (>.61) – Target: 80%

**Percent of youth with at least one TAM-R interview – Target = 100%**

### **VIII. Performance Outcome Measures**

- A. The MHSA performance measures currently used are:
1. Partnership Assessment Form
  2. Key Event Tracking
  3. Quarterly Assessment
- B. The Partnership Assessment Form will be given at the intake portion of enrollment for each client. Quarterly assessment form will be given at intervals of every 3 months. The key event tracking will be completed each time a change takes place.
- C. MST: The MST program is reviewed for purposes of identifying status of adherence, program-level goals, strengths, identified barriers to program success, and interventions for ongoing program improvement. The **Program Implementation Review (PIR)** is completed in collaboration between the MST supervisor, potentially other provider agency staff, and the assigned MST Expert. The format of this document may be difficult for non-program stakeholders to interpret, so often a summary report will be developed for the purpose of stakeholder information and engagement.

Initials:



Contractor

County Department

# **APPENDIX B**

## **Service Provider Budget**



Contra Costa County

Computation of Year-End Settlement for  
Contracted Services

Health Services Department  
Mental Health Division

COST REPORT

Schedule I  
DETAIL LISTING OF EXPENSES

Fiscal Year: 15-16

Page 2 of 10

Legal Entity Name: Community Options for Families and Youth  
Legal Entity Number: 01529

		1	2	3	4	5	6
		Total Legal Entity Cost	Unallowables/ Adjustments	Total Allowable Cost	Non-County Programs	Gross County Programs	Net County Programs
1	SALARIES AND EMPLOYEE BENEFITS	\$ 1,833,903		\$ 1,833,903	\$ 528,980	\$ 1,304,923	\$ 1,304,923
2	OPERATING EXPENSES	405,954		405,954	143,856	262,098	262,098
3	INDIRECT COSTS ALLOCATED	598,573		598,573		598,573	598,573
4	LESS OTHER INCOME					0	
5	TOTAL COSTS ( Add Lines 1, 2, and 3)	\$ 2,838,431	0	\$ 2,838,431	\$ 672,836	\$ 2,165,594	\$ 2,165,594

**Contra Costa County**

**Computation of Year-End Settlement for Contracted Services**

**Health Services Department  
Mental Health Division**

**COST REPORT**

**Schedule II-A**

**Fiscal Year: 15-16**

**Allocation of Costs to Providers  
and to Modes of Service**

**Page 3 of 10**

**Legal Entity Name: Community Options for Families and Youth**

**Legal Entity Number: 01529**

		Total	Contract #1 TBS	Contract #2 MST	Contract #3 FFT	Contract #4
		1	2	3	4	5
Provider Name: Community Options for Families and Youth						
Provider Number: 07HY						
Contract Number: 74-315-10						
1	Salaries & Employee Benefits (From Schedule 1, Line 1, Column 6)	\$ 1,304,923	\$ 486,163	\$ 556,500	\$ 262,260	
2	Operating Expenses (From Sch I, Line 2, Col. 6)	262,098	54,011	171,317	36,770	
3	Indirect Costs (From Sch I, Line 3, Col. 6)	521,718	31% 183,739	22% 166,055	57% 171,924	
4	Total Cost by Provider (Add Lines 1, 2 and 3)	2,088,739	723,914	893,872	470,954	0
Services:						
5	Hospital Inpatient Services (Mode 05-SFC 10-19)					
6	Other 24-Hour Services (Mode 05-All Other SFC)	0				
7	Day Services (Mode 10)	0				
8	Outpatient Services (Mode 15)	2,101,167	784,514	1,024,330	292,323	
9	Outreach Services (Mode 45)	0				
10	Support Services (Mode 60)	0				
11	Total - Lines 6 through 10	\$ 2,101,167	\$ 784,514	\$ 1,024,330	\$ 292,323	\$ -

*Bases on units.*

**Contra Costa County**

**Computation of Year-End Settlement for  
Contracted Services**

Health Services Department  
Mental Health Division

**COST REPORT**

Fiscal Year: 15-16

Schedule III-C

Page 4 of 10

Allocation of Costs to Service Function  
Codes by Modes of Service by Provider

Legal Entity Name: Community Options for Families and Youth

Legal Entity Number: 01529

Contract Number: 74-315-10

Mode: 15 - Outpatient Services

One schedule is needed for each contract.

Service Function	Mode Total					
	1	2	3	4	5	6
		0-9	10-59	58 (TBS)	60-69	70-79
1 Allocation Percentage (see also below)	100.00%	0.00%	0.00%	100.00%	0.00%	0.00%
2 Total Units				406,484		
3 Adjusted Gross Costs	\$ 784,514	\$ -	\$ -	\$ 784,514	\$ -	\$ -
4 Cost Per Unit		N/A	N/A	\$ 1.93	N/A	N/A
5						
6 Medi-Cal Units				405,661		
7 Non-Medi-Cal Units		-	-	823	-	-
8 Medi-Cal Costs	\$ 782,925.73	-	-	782,926	-	-
9						
10 Non-Medi-Cal Costs	\$ 1,588.39	\$ -	\$ -	\$ 1,588	\$ -	\$ -

**ALLOCATION**

	CMA From Contract	Total Units From 864 Report	CMA x Units	Percentage
SF # 0-9		-	\$0	0.00%
SF # 10-59		-	\$0	0.00%
SF # 10-58 (TBS)	\$1.93	406,484	\$784,514	100.00%
SF # 60-69		-	\$0	0.00%
SF # 70-79		-	\$0	0.00%
<b>TOTAL</b>		<b>406,484</b>	<b>\$784,514</b>	<b>100.00%</b>

**Contra Costa County**

**Computation of Year-End Settlement for  
Contracted Services**

Health Services Department  
Mental Health Division

**COST REPORT**

Schedule III-D

Fiscal Year: 15-16

Allocation of Costs to Service Function  
Codes by Modes of Service by Provider

Page 5 of 10

Legal Entity Name: Community Options for Families and Youth

Legal Entity Number: 01529

Contract Number:

Mode: 15 - Outpatient Services

One schedule is needed for each contract.

Service Function	Mode Total					
	1	2	3	4	5	6
		0-9	10-59	58 (TBS)	60-69	70-79
1 Allocation Percentage (see also below)	100.00%	6.61%	93.39%	0.00%	0.00%	0.00%
2 Total Units		28,611	313,058			
3 Adjusted Gross Costs	\$ 1,024,330	\$ 67,667	\$ 956,662	\$ -	\$ -	\$ -
4 Cost Per Unit		\$ 2.37	\$ 3.06	N/A	N/A	N/A
5						
6 Medi-Cal Units		10,159	279,947			
7 Non-Medi-Cal Units		18,452	33,111	-	-	-
8 Medi-Cal Costs	879,507	24,027	855,480	-	-	-
9						
10 Non-Medi-Cal Costs	\$ 144,823	\$ 43,640	\$ 101,183	\$ -	\$ -	\$ -

**ALLOCATION**

	CMA From Contract	Total Units From 864 Report	CMA x Units	Percentage
SF # 0-9	\$2.02 ✓	28,611	\$57,794	6.61%
SF # 10-59	\$2.61 ✓	313,058	\$817,081	93.39%
SF # 10-58	-	-	\$0	0.00%
SF # 60-69	-	-	\$0	0.00%
SF # 70-79	\$3.88 ✓	-	\$0	0.00%
<b>TOTAL</b>		341,669	\$874,876	100.00%

**Contra Costa County**

**Computation of Year-End Settlement for  
Contracted Services**

Health Services Department  
Mental Health Division

**COST REPORT**

Schedule III-E

Fiscal Year: 15-16

Allocation of Costs to Service Function  
Codes by Modes of Service by Provider

Page 6 of 10

Legal Entity Name: Community Options for Families and Youth

Legal Entity Number: 01529

Contract Number:

Mode: 15 - Outpatient Services

One schedule is needed for each contract.

Service Function	Mode Total					
	1	2	3	4	5	6
		0-9	10-59	58 (TBS)	60-69	70-79
1 Allocation Percentage (see also below)	100.00%	6.85%	93.15%	0.00%	0.00%	0.00%
2 Total Units		8,623	90,693			
3 Adjusted Gross Costs	\$ 292,323	\$ 20,037	\$ 272,287	\$ -	\$ -	\$ -
4 Cost Per Unit		\$ 2.32	\$ 3.00	N/A	N/A	N/A
5						
6 Medi-Cal Units		1,842	73,595			
7 Non-Medi-Cal Units		6,781	17,098	-	-	-
8 Medi-Cal Costs	225,234	4,280	220,954	-	-	-
9						
10 Non-Medi-Cal Costs	\$ 67,090	\$ 15,756	\$ 51,333	\$ -	\$ -	\$ -

**ALLOCATION**

	CMA From Contract	Total Units From 864 Report	CMA x Units	Percentage
SF # 0-9	\$2.02	8,623	\$17,418	6.85%
SF # 10-59	\$2.61	90,693	\$236,709	93.15%
SF # 10-58	-	-	\$0	0.00%
SF # 60-69	-	-	\$0	0.00%
SF # 70-79	\$3.88	-	\$0	0.00%
<b>TOTAL</b>		99,316	\$254,127	100.00%

**Contra Costa County**

**Computation of Year-End Settlement for Contracted Services**

**Health Services Department  
Mental Health Division**

**COST REPORT**

**Fiscal Year: 15-16**

**Schedule IV**

**Page 7 of 10**

**Determination of SD/MC Reimbursement and  
Federal Financial Participation Requirement**

**Legal Entity Name: Community Options for Families and Youth  
Legal Entity Number: 01529  
Contract Number: 74-315-10**

		TBS			
		1	2	3	4
		Mode 05	Mode 10	Mode 15	Total
1	Medi-Cal Costs (from Line 8, Schedule III)		N/A	782,926	782,926
2					
3	Medi-Cal Gross Reimbursement (Line 1)				782,926
4	Federal Financial Participation (FFP) Amount (50% of Line 3)				391,463
5	Federal Financial Participation (FFP) Required from Contract				425,000
6	FFP Shortfalls (Line 5 less Line 4; enter 0 if Line 4 is higher)				33,537

See Below

	Funding Sources From Contract	Funding Sources %	Generated Revenue	
Federal Financial Participation (FFP)	\$ 425,000	50%	\$ 391,463	50% of Ln 3
County Realignment	425,000	50%		
Others (Specify)		0%		
Others (Specify)		0%		
Others (Specify)		0%		
<b>Totals</b>	<b>\$ 850,000</b>	<b>100%</b>	<b>\$ 391,463</b>	<b>To line 4 above</b>
	Contract Payment Limit			

**Contra Costa County**

**Health Services Department  
Mental Health Division**

**Schedule IV-A**

**Determination of SD/MC Reimbursement and  
Federal Financial Participation Requirement**

**Legal Entity Name: Community Options for Families and Youth  
Legal Entity Number: 01529  
Contract Number:**

**Computation of Year-End Settlement for  
Contracted Services**

**COST REPORT**

**Fiscal Year: 15-16**

**Page 8 of 10**

MST

	1	2	3	4
	Mode 05	Mode 10	Mode 15	Total
1 Medi-Cal Costs (from Line 8, Schedule III)			879,507	879,507
2				
3 Medi-Cal Gross Reimbursement (Line 1)				879,507
4 Federal Financial Participation (FFP) Amount (50% of Line 3)				439,753
5 Federal Financial Participation (FFP) Required from Contract				458,088
6 FFP Shortfalls (Line 5 less Line 4; enter 0 if Line 4 is higher)				18,335

See Below

	Funding Sources From Contract	Funding Sources %	Generated Revenue	
Federal Financial Participation (FFP)	\$ 458,088	37%	\$ 439,753	50% of Ln 3
County Realignment	133,088	11%		
Mental Health Services Act	325,000	26%		
MHSA Matching	325,000	26%		
Others (Specify)		0%		
<b>Totals</b>	<b>\$ 1,241,176</b>	<b>100%</b>	<b>\$ 439,753</b>	<b>To line 4 above</b>
	Contract Payment Limit			

**Contra Costa County**

**Computation of Year-End Settlement for Contracted Services**

**Health Services Department  
Mental Health Division**

**COST REPORT**

**Fiscal Year: 15-16**

**Schedule IV-B**

**Page 9 of 10**

**Determination of SD/MC Reimbursement and  
Federal Financial Participation Requirement**

**Legal Entity Name: Community Options for Families and Youth**

**Legal Entity Number: 01529**

**Contract Number: \_**

FFT

	1	2	3	4
	Mode 05	Mode 10	Mode 15	Total
1 Medi-Cal Costs (from Line 8, Schedule III)			225,234	225,234
2				
3 Medi-Cal Gross Reimbursement (Line 1)				225,234
4 Federal Financial Participation (FFP) Amount (50% of Line 3)				112,617
5 Federal Financial Participation (FFP) Required from Contract				200,739
6 FFP Shortfalls (Line 5 less Line 4; enter 0 if Line 4 is higher)				88,122

See Below

	Funding Sources From Contract	Funding Sources %	Generated Revenue
Federal Financial Participation (FFP)	\$ 200,739	44%	\$ 112,617
County Realignment		0%	
Probation MIOCR Grant	200,739	44%	
Probation MIOCR Grant	58,522	13%	
Others (Specify)		0%	
Totals	\$ 460,000	100%	\$ 112,617 To line 4 above
	Contract Payment Limit		

**Contra Costa County**

**Computation of Year-End Settlement for  
Contracted Services**

**Health Services Department  
Mental Health Division**

**COST REPORT**

**Schedule V-A**

**Fiscal Year: 15-16**

**Calculation of Costs by Provider  
and Settlement for Cost Basis Contracts**

**Page 10 of 10**

**Legal Entity Name: Community Options for Families and Youth  
Legal Entity Number: 01529**

		Total	TBS Contract #1	MST Contract #2	FFT Contract #3	N/A Contract #4
		1	2	3	4	5
Provider Name: Community Options for Families and Youth						
Provider Number: 07HY						
Contract Number: 74-315-10			TBS	MST	FFT	
1	Total Costs	\$ 2,088,739	\$ 723,914	\$ 893,872	\$ 470,954	\$ -
2	Contract Payment Limit	2,551,176	850,000	1,241,176	460,000	
3	FFP Shortfalls	139,994	33,537	18,335	88,122	
4	Adjusted Contract Payment Limit (Line 2 Less Line 3)	2,411,182	816,463	1,222,841	371,878	
5	Reimbursable Amount (Lower of Line 1 or 4)	1,989,663	723,914	893,872	371,878	
6	Amount Received from Other Health Coverage (OHC)	-	-	-	-	
7	Net Reimbursable Amount (Line 5 Less Line 6)	1,989,663	723,914	893,872	371,878	
8	Less: Amount Received from County	1,907,330	782,879	872,574	251,877	
9	Balance Due Contractor (County) - To Summary	\$ 82,334	\$ (58,966)	\$ 21,298	\$ 120,001	\$ -

*Lower of cost or contract limit - FFP shortfalls.*

Org / Acct.	Description / Contract (PO) #	Employee / Vendor #	Position #	Name	Closing 7.26.16	Closing 7.28.16	YTD	YTD	Projected Expenditure	Annual Allocation / Budget	Variance Over Budget / (Under Budget)
					Actual Exp.	Actual Exp.	Actual Exp.	Accrued Expenditure			

**5722 Children Services**

**1000 County Personnel Expenses (Salaries and Employee Benefits)**

✓ 5722	VQVA	Mental Health Splclst II	67976	9546	✓ Martinez, Oscar A			56,452		56,452	57,000	(548)
✓ 5722	VQVB	Mental Health Comm Supp Wkr II	68434	9355	✓ Siliezar, Elizabeth I			43,536		43,536	45,000	(1,464)
✓ 5722	VPW9	Exempt Med Stf Physician	74393	13080	✓ Raphael, Deborah B			165,604		165,604	145,318	20,286
✓ 5722	VQVB	Mental Health Comm Supp Wkr II	77373	13679	✓ Serrano-Cardenas, Paula			43,536		43,536	45,000	(1,464)
✓ 5722	VQWE	MH Comm Support Wkr I	78563	13685	✓ <del>Guevas, Ruben</del> Mercedes Morqueez			18,156		18,156	40,000	(21,844)
✓ 5722	VQVB	Mental Health Comm Supp Wkr II	78630	13680	✓ Richardson, Lisa M			38,570		38,570	45,000	(6,430)
✓ 5722	VQSB	Mental Hlth Clinical Spec	80996	14307	✓ <del>Hamm, Kristin</del> Vacant			27,520		27,520	27,520	-
<del>X 5722</del>	<del>VQSB</del>	<del>Mental Hlth Clinical Spec</del>	<del>82931</del>	<del>14987</del>	<del>Pino, Nelly M</del>			<del>22,115</del>		<del>22,115</del>	<del>56,417</del>	<del>(34,302)</del>
<del>X 5722</del>	<del>VQDC</del>	<del>Mental Health Prog Manager</del>	<del>847549</del>	<del>TEMP</del>	<del>Weisgal, Richard P</del>			<del>28,298</del>		<del>28,298</del>	<del>37,800</del>	<del>(9,502)</del>
<del>X 5722</del>	<del>VSVK</del>	<del>OCCUPATIONAL THERAPIST-PER DM</del>	<del>79363</del>	<del>TEMP</del>	<del>Steinle, Danica R</del>			<del>170</del>		<del>170</del>	<del>170</del>	<del>0</del>
<del>X 5722</del>	<del>VSVF</del>	<del>Physical Therapist II</del>	<del>56524</del>		<del>Stevens, Linda B</del>			<del>79</del>		<del>79</del>	<del>79</del>	<del>0</del>
<del>X 5722</del>	<del>VSVF</del>	<del>Physical Therapist II</del>	<del>57460</del>	<del>9352</del>	<del>Karpinskas, Julie A</del>			<del>224</del>		<del>224</del>	<del>224</del>	<del>0</del>
<b>Wages Subtotal</b>								<b>444,262</b>		<b>444,262</b>	<b>499,055</b>	<b>(54,794)</b>
<b>Employee Benefits Subtotal</b>								<b>117</b>		<b>255,164</b>	<b>299,433</b>	<b>(44,269)</b>
<b>Total Salaries and Benefits</b>								<b>699,426</b>		<b>699,426</b>	<b>798,488</b>	<b>(99,062)</b>

**2000 Operating Expenses (Services and Supplies)**

**2310 Contracts with Individuals (Non Cnty Prof Splcd Svcs) Subtotal**

-	-	-	-	-	-	-
---	---	---	---	---	---	---

*Went over not fixed*

<del>X</del> F7431508	11454			COFY - MST children	872,574		872,574	650,000	222,574
<del>X</del> F2492522	00179			Lincoln Child Center - MDFT children	937,818		937,818	874,417	63,401
<del>X</del> F7405817	04175			Seneca Center	565,202	75,069	640,262	562,915	77,347
<b>2320 Contracts with Agencies (Outside Medical Services) Subtotal</b>					<b>2,375,594</b>	<b>75,059</b>	<b>2,450,653</b>	<b>2,087,332</b>	<b>363,321</b>

**Other Services and Supplies**

					162	31,011	31,011	(15,860)	46,871
--	--	--	--	--	-----	--------	--------	----------	--------

**Total Operating Expenses (Services and Supplies)**

-	162	2,406,605	75,059	2,481,664	2,071,472	410,192
---	-----	-----------	--------	-----------	-----------	---------

**5000 County Intra-fund Transfers (Expenditure Transfers)**

					17,147	17,147	15,860	1,287	
<b>5722 Children Services Total</b>					<b>3,123,177</b>	<b>75,059</b>	<b>3,198,237</b>	<b>2,885,820</b>	<b>312,417</b>

# **APPENDIX C**

## **Yearly External Fiscal Audit**

Community Options for Families and Youth, Inc.

Financial Statements  
with Independent Auditor's Report

June 30, 2016 and June 30, 2015



• PAMELA A. MAININI •

CERTIFIED PUBLIC ACCOUNTANT

*Specialist in Non-Profit Accounting, Audit and Tax*

1105 Kennedy Place, Suite 2 • Davis, CA 95616      Website: [www.npocpa.pro](http://www.npocpa.pro)  
Email: [pam@npocpa.pro](mailto:pam@npocpa.pro)    Office: (530) 758-3653    Cell: (530) 574-1327    Fax: (530) 792-1477



1105 Kennedy Place, Suite 2 • Davis, CA 95616

www.npocpa.pro  
pam@npocpa.pro

Phone: (530) 758-3653  
Cell: (530) 574-1327

• PAMELA A. MAININI •

CERTIFIED PUBLIC ACCOUNTANT

SPECIALIST IN NON-PROFIT ACCOUNTING, AUDIT AND TAX

## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Community Options for Family and Youth, Inc.  
Walnut Creek, California

I have audited the accompanying financial statements of Community Options for Family and Youth, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

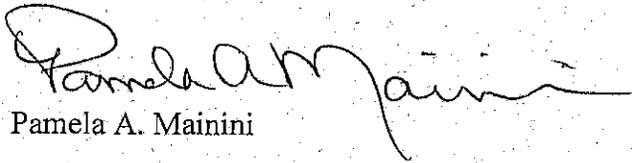
My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, 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 Community Options for Family and Youth, Inc. as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink, appearing to read "Pamela A. Mainini". The signature is fluid and cursive, with a large initial "P" and a long, sweeping tail.

Pamela A. Mainini

Davis, California

December 2, 2016

Community Options for Families and Youth, Inc.  
 Statements of Financial Position  
 June 30, 2016 and 2015

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

<u>ASSETS</u>	<u>2016</u>	<u>2015</u>
Current Assets		
Cash and cash equivalents	\$ 667,209	\$ 484,082
Government contracts receivable	331,828	448,238
Prepaid expenses	<u>38,808</u>	<u>37,077</u>
Total current assets	<u>1,037,845</u>	<u>969,397</u>
Land, Buildings and Equipment		
Furniture and equipment	74,549	58,375
Less: accumulated depreciation	<u>(42,353)</u>	<u>(31,570)</u>
Net land, buildings and equipment	<u>32,196</u>	<u>26,805</u>
Other Assets		
Deposits	<u>23,400</u>	<u>23,400</u>
Total other assets	<u>23,400</u>	<u>23,400</u>
Total Assets	<u>\$ 1,093,441</u>	<u>\$ 1,019,602</u>
 <u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities		
Accounts payable	\$ 62,077	\$ 30,128
Accrued payroll liabilities	93,948	75,927
Accrued vacation	<u>52,902</u>	<u>61,391</u>
Total current liabilities	<u>208,927</u>	<u>167,446</u>
Long-Term Debt		
Total long-term debt	<u>-</u>	<u>-</u>
Total liabilities	<u>208,927</u>	<u>167,446</u>
Net Assets		
Unrestricted net assets	\$ 881,314	\$ 848,956
Temporarily restricted net assets	<u>3,200</u>	<u>3,200</u>
Total net assets	<u>884,514</u>	<u>852,156</u>
Total Liabilities and Net Assets	<u>\$ 1,093,441</u>	<u>\$ 1,019,602</u>

Community Options for Families and Youth, Inc.  
 Statements of Activities  
 For the Years Ended June 30, 2016 and 2015

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

<u>UNRESTRICTED NET ASSETS</u>	<u>2016</u>	<u>2015</u>
Support, revenue and gains:		
Patient service fees	\$ 2,797,853	\$ 2,660,275
Contributions	29,691	3,398
Interest income	30	22
Loss on disposition of obsolete assets	-	(18,081)
Miscellaneous receipts	-	3,012
Total unrestricted support, revenue and gains	<u>2,827,574</u>	<u>2,648,626</u>
Expenses:		
Program Services		
EMHM Counseling	728,608	603,030
FFT Counseling	323,504	-
MST Counseling	749,196	861,265
TBS Counseling	<u>576,801</u>	<u>631,392</u>
Total program expenses	2,378,109	2,095,687
Supporting Services		
Management and general	<u>417,107</u>	<u>299,540</u>
Total supporting expenses	<u>417,107</u>	<u>299,540</u>
Total expenses	<u>2,795,216</u>	<u>2,395,227</u>
Net change in unrestricted net assets	<u>32,358</u>	<u>253,399</u>
 <u>TEMPORARILY RESTRICTED NET ASSETS</u>		
Restricted contributions	<u>-</u>	<u>-</u>
Net change in temporarily restricted net assets	<u>-</u>	<u>-</u>
 INCREASE (DECREASE) IN NET ASSETS	 32,358	 253,399
Net Assets at Beginning of Year	<u>852,156</u>	<u>598,757</u>
NET ASSETS AT END OF YEAR	<u>\$ 884,514</u>	<u>\$ 852,156</u>

Community Options for Families and Youth, Inc.  
Statement of Functional Expenses  
For the Year Ended June 30, 2016

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

	EMHM <u>Counseling</u>	FFT <u>Counseling</u>	MST <u>Counseling</u>	TBS <u>Counseling</u>	Management <u>and General</u>	2016 <u>Total</u>
Salaries and wages	\$ 457,508	\$ 224,972	\$ 485,159	\$ 408,028	\$ 304,185	\$ 1,879,852
Payroll taxes	36,957	18,173	39,190	32,960	24,571	151,851
Employee benefits	32,615	16,038	34,586	29,088	21,685	134,012
Advertising and promotion	7,910	1,626	1,008	609	5,791	16,944
Bank fees	-	-	-	-	737	737
Depreciation	2,625	1,290	2,783	2,340	1,745	10,783
Dues and subscriptions	2,000	-	-	-	3,567	5,567
Education	2,497	10,676	5,969	4,549	1,660	25,351
Insurance	4,993	2,455	5,295	4,453	3,320	20,516
Internet presence	5,498	2,703	5,830	4,903	3,655	22,589
Licenses and fees	1,965	233	326	293	156	2,973
Meeting expenses	3,233	4,811	2,708	1,771	1,110	13,633
Mileage	17,377	9,696	33,506	28,517	2,287	91,383
Miscellaneous	2,747	1,351	2,914	2,450	1,827	11,289
Office supplies	3,697	3,908	3,809	3,344	2,238	16,996
Payroll service fees	-	-	-	-	1,077	1,077
Postage	15	33	-	-	293	341
Professional fees	49,858	2,954	68,991	11,203	11,030	144,036
Rent	30,913	15,201	32,782	27,570	20,554	127,020
Supplies	2,887	46	6,147	7,611	493	17,184
Telephone	5,905	3,490	6,441	6,542	1,078	23,456
Travel	57,408	3,848	11,752	570	4,048	77,626
Total expenses	<u>\$ 728,608</u>	<u>\$ 323,504</u>	<u>\$ 749,196</u>	<u>\$ 576,801</u>	<u>\$ 417,107</u>	<u>\$ 2,795,216</u>
Percentage	26.07%	11.57%	26.80%	20.64%	14.92%	100.00%

Community Options for Families and Youth, Inc.  
Statement of Functional Expenses  
For the Year Ended June 30, 2015

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

	EMHM <u>Counseling</u>	MST <u>Counseling</u>	TBS <u>Counseling</u>	Management <u>and General</u>	2015 <u>Total</u>
Salaries and wages	\$ 374,822	\$ 579,478	\$ 446,899	\$ 217,772	\$ 1,618,971
Payroll taxes	30,367	46,881	35,437	17,647	130,332
Employee benefits	31,430	48,521	36,677	18,264	134,892
Advertising and promotion	5,792	2,903	2,205	979	11,879
Bank fees	-	-	-	421	421
Depreciation	1,882	2,905	2,196	1,094	8,077
Dues and subscriptions	1,500	220	20	728	2,468
Education	1,794	3,596	4,157	-	9,547
Insurance	4,597	7,098	5,364	2,671	19,730
Internet presence	8,691	11,289	8,916	4,250	33,146
Licenses and fees	163	172	140	41	516
Meeting expenses	2,630	3,524	2,540	1,088	9,782
Mileage	18,536	36,835	24,714	1,720	81,805
Miscellaneous	2,089	3,193	2,412	1,159	8,853
Office supplies	6,798	9,756	7,648	3,616	27,818
Payroll service fees	-	-	-	1,060	1,060
Postage	145	217	172	82	616
Professional fees	39,848	71,521	21,580	16,536	149,485
Rent	12,213	18,855	14,252	7,097	52,417
Supplies	2,242	3,316	9,339	-	14,897
Telephone	5,461	8,431	6,373	3,173	23,438
Travel	52,030	2,554	351	142	55,077
Total expenses	<u>\$ 603,030</u>	<u>\$ 861,265</u>	<u>\$ 631,392</u>	<u>\$ 299,540</u>	<u>\$ 2,395,227</u>
Percentage	25.18%	35.96%	26.36%	12.51%	100.00%

Community Options for Families and Youth, Inc.  
 Statements of Cash Flows  
 For the Years Ended June 30, 2016 and 2015

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

<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>	<u>2016</u>	<u>2015</u>
Increase (Decrease) in net assets:	\$ 32,358	\$ 253,399
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	10,783	8,077
Loss on disposition of obsolete assets	-	18,081
(Increase) Decrease in operating assets:		
Government contracts receivable	116,410	(298,933)
Prepaid expenses	(1,731)	(12,171)
Deposits	-	8,000
Increase (Decrease) in operating liabilities:		
Accounts payable	31,949	9,457
Accrued payroll liabilities	18,021	(10,775)
Accrued vacation	(8,489)	9,925
Net cash provided (used) by operating activities	<u>199,301</u>	<u>(14,940)</u>
 <u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Acquisition of fixed assets	<u>(16,174)</u>	<u>(13,536)</u>
Net cash used by investing activities	<u>(16,174)</u>	<u>(13,536)</u>
 <u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Payments on long-term debt	<u>-</u>	<u>-</u>
Net cash used by financing activities	<u>-</u>	<u>-</u>
 NET INCREASE (DECREASE) IN CASH AND CASH EQUI	183,127	(28,476)
 CASH, AS OF JULY 1	<u>484,082</u>	<u>512,558</u>
 CASH, AS OF JUNE 30	<u>\$ 667,209</u>	<u>\$ 484,082</u>

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES**

Community Options for Families and Youth, Inc. (COFY), a California public benefit corporation, was organized in 2007 for the purpose of providing services to families and to youth with emotional disturbances in order to enable these youth to maintain family and community relationships. Patient service revenue under various government contracts provides 97% of the revenue.

Program activity –

TBS Counseling - COFY provides a supplemental specialty mental health service under Therapeutic Behavioral Services for County authorized children and youth. The program is a short-term strength based intensive service intended to help overcome emotional and behavioral challenges that put a youth at risk of needing a higher level of care.

EMHM Counseling – Is a school based program whereby over 25 local school districts contract with COFY to provide a range of educationally-related mental health services. Therapists provide assessments and assist the district with managing cases for students with special needs who require placement outside of the district for their care.

MST Counseling – Multisystemic Therapy (MST) is an intensive family and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders.

FFT Counseling – Functional Family Therapy (FFT) is a new program in the June 30, 2016 fiscal year. FFT is a short-term family based prevention and intervention program. FFT works with youth (between ages 11 and 19) and their families. The overarching goals are to: improve the overall functioning of the family and decrease the youth's negative behaviors through implementation of therapeutic interventions,

Basis of presentation – The financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). Net assets are classified based on the existence of donor-imposed restrictions. Accordingly COFY classifies the net assets and changes in net assets as follows:

Unrestricted net assets – Net assets that are not subject to donor-imposed restrictions or the donor-imposed restrictions have expired.

Temporarily restricted net assets – Net assets that are subject to donor-imposed restrictions that may or will be met either by the actions of COFY and/or the passage of time.

Permanently restricted net assets – Net assets that are to be held in perpetuity as directed by donors. COFY has no permanently restricted net assets.

Community Options for Families and Youth, Inc.  
Notes to Financial Statements  
June 30, 2016 and 2015

---

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES  
(Continued)**

Revenue recognition – Contributions are recognized when a donor makes a promise to give to COFY that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Government contracts and other fee for service contract revenue is reported as income when earned and expenses are recognized when incurred.

Contributed services – Supporters of COFY donate their time to COFY, primarily in leadership or fundraising activities. The value of this contributed time is not reflected in the financial statements since it does not meet the criteria for recognition as a contribution.

Cash and cash equivalents - For financial statement purposes, COFY considers cash on hand, cash in banks and investments with maturities of three months or less at the time of purchase as cash and cash equivalents.

Property and equipment – Purchased property and equipment are carried at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. It is the policy of COFY to capitalize property and equipment over \$1,500. Depreciation of property and equipment is calculated using the straight line cost recovery system based on estimated useful lives.

Concentration of Revenue – During the years ended June 30, 2016 and 2015, COFY received 67.18% and 65.74% of its patient service fee revenue from Contra Costa County Health Services – Mental Health Division.

Advertising costs – Consists primarily of printed brochures for each program. Advertising costs are charged to expense as incurred. For the years ended June 30, 2016 and 2015 total advertising costs charged to expense were \$16,944 and \$11,879, respectively.

Income taxes – COFY is a California not-for-profit corporation that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and related California Code sections. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. COFY is considered a publicly supported organization.

Functional allocation of expenses – The costs of providing the various program services and activities have been summarized on a functional basis in the statements of activities and of functional expenses. Accordingly, certain costs have been allocated among the program services and activities based on estimates of employees' time incurred, and on the usage of resources.

Community Options for Families and Youth, Inc.  
Notes to Financial Statements  
June 30, 2016 and 2015

---

**NOTE 1 – ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES  
(Continued)**

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

Reclassifications – Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

**NOTE 2 – THIRD PARTY PAYERS – GOVERNMENT CONTRACTS**

Community Options for Families and Youth, Inc. has agreements with third-party payers that provide for payments to the Centers at fixed rates. A summary of the payment arrangements with major third-party payers follows:

Contra Costa County - Services rendered to TBS and MST and FFT program beneficiaries are paid at prospectively determined contracted rates per visit. The County will bill Medi-Cal and all Federal Participation Payments accrue to the County. The County reviews the amounts paid and costs incurred at the end of each fiscal year and adjusts the amounts paid for these program services to the actual costs incurred. During the years ended June 30, 2016 and 2015 COFY refunded the County \$42,208 and \$14,057, respectively.

Various Local School Districts - Each School District separately negotiates an hourly rate and a maximum annual contract for services not to exceed a specified amount for services to the children identified in their district.

Laws and regulations governing government contracts are extremely complex and subject to interpretation. Community Options for Families and Youth, Inc. believes that it is in compliance with all applicable laws and regulations in all material respects and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that would have a material adverse effect on COFY's financial position. While no such significant regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and exclusion from County programs.

**NOTE 3 – CONCENTRATION OF CREDIT RISK**

COFY maintains several accounts at a financial institution located in Walnut Creek, California. Amounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. COFY had uninsured cash balances for the years ended June 30, 2016 and 2015 of \$589,006 and \$237,472 in excess of federally insured limits.

Community Options for Families and Youth, Inc.  
Notes to Financial Statements  
June 30, 2016 and 2015

---

**NOTE 4 – OPERATING LEASES**

COFY maintains its headquarters in Walnut Creek, California, and has several non-cancelable operating leases, primarily for office space, software and a vehicle, which expire at various dates through May 2021. These leases generally contain renewal options ranging from one to three years and require COFY to pay all executor costs such as taxes, maintenance, and insurance. Rental expenses for these leases consisted of \$151,558 and \$115,174 for the years ended June 30, 2016 and 2015, respectively.

Future minimum lease payments under operating leases that have remaining terms in excess of one year as of June 30, 2016 are:

	Rent	Software	Equipment	Total
6/30/2017	130,385	3,000	9,366	12,366
6/30/2018	133,901	-	4,518	4,518
6/30/2019	137,417	-	1,669	1,669
6/30/2020	128,920	-	-	-

**NOTE 4 – TEMPORARILY RESTRICTED NET ASSETS**

In 2012 COFY received a \$3,200 contribution for a planned Victims of Crime program. The Victims of Crime program was suspended as COFY implemented the EMHM, MST and FFT programs. COFY plans to activate the Victims of Crime program.

**NOTE 5 – SUBSEQUENT EVENTS**

Management of COFY have evaluated events and transactions for potential recognition or disclosure for the period of time from the fiscal year end of June 30, 2016 through December 2, 2016, the date that the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in the financial statements.

# **APPENDIX D**

## **Organization Chart**



## Staff List

### Leadership

David J. Bergesen, President, Executive Director  
Sherry J. Burke, Associate Director  
Diana Salvestrin Bergesen, Business Manager

### Administration

Nancy Cody  
Becky Fallas

### Educational Mental Health Management (EMHM)

Megan O'Kane, Supervisor  
Geoffry Branagh  
Nicole Byrne  
Daniel Main  
Whitney Wright

### Functional Family Therapy (FFT)

Eva Gonzales, Supervisor  
Stan Best, Mental Health Clinician  
Julie Lindsay, Mental Health Clinician  
Pablo LoGuidice, Mental Health Clinician

### Multi Systemic Therapy (MST)

Brent Ringwood, Supervisor  
Leticia Espinosa, Mental Health Clinician  
Kiara Garcia, Mental Health Clinician  
Yvonne Garcia, Mental Health Clinician  
Colleen MacAdam, UR Coordinator  
Dawn Mehalakis, Mental Health Clinician  
Reena Mengotto, Mental Health Clinician  
Amanda Pearman, Mental Health Clinician

### Therapeutic Behavioral Service (TBS)

Natasa Nordman, Supervisor  
Monica Alcantara  
Dominic Gonzales  
Mariel Gonzales-Wilson  
Erin Haentjens  
Guy Hernandez  
Anthony Hill  
Aubrie Nuno-Pelayo  
Daphne Pleasant  
Briana Shewan  
Erin Smalley  
Basilius Sotiropulos

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** June 7, 2017  
**Date of Exit Meeting:** September 6, 2017
  
- II. **Review Team:** Stephanie Chenard, Warren Hayes, Liza Molina-Huntley
  
- III. **Name of Program:** C.O.P.E. Family Support Center  
2280 Diamond Blvd., Suite 460  
Concord, CA 94520
  
- IV. **Program Description.** C.O.P.E.'s mission is to prevent child abuse, by providing comprehensive services in order to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

In partnership with First 5 Contra Costa Children, Family Commission and County Behavioral Health, C.O.P.E. is funded to deliver Positive Parenting Program ("Triple P") classes to parent of children age 0 – 17. The C.O.P.E Family Support Center will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, and Level 5 Lifestyles Multi-Family Support Groups.

The program utilizes a self-regulatory model that focuses on strengthening the positive attachment between parents and children by helping parents to develop effective skills to manage common child behavioral issues. C.O.P.E.'s targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

All classes are available in Arabic, Farsi, Portuguese, Spanish and/or English languages and level 4 materials are also available in Spanish and Arabic. In regard to the curriculum on Triple P Parenting, C.O.P.E. provides management briefings, orientation and community awareness meetings to partner agencies.

They support and organize trainings, including pre-accreditation trainings, fidelity oversight and clinical and peer support in an effort to build and maintain a pool of Triple P practitioners

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

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSa	Met	Consumers and family members indicate the program meets the values of MHSa
2. Serve the agreed upon target population.	Met	Program improves timely access to an underserved population.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Met	Target service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its outcomes
7. Quality Assurance	Met	No reported grievances.
8. Ensure protection of confidentiality of protected health information.	Met	HIPAA compliant privacy policies in place.

9. Staffing sufficient for the program	Met	Staffing level supports targeted service numbers.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	CCBHS is C.O.P.E.'s major source of funding. Suggest pursuing additional funding streams, such as voluntary contributions, for program growth and sustainability.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Experienced staff implement sound check and balance system.
13. Documentation sufficient to support invoices	Met	Utilizes appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Recommend that the budget reflect all funding sources for PEI program.
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	Recommend all costs currently charged as indirect be reflected in the future in personnel and operating cost categories.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

**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.**

Survey Results

We received 7 responses to the survey. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=7				
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: 3.57 (n=7)				
2. Allow me to decide what my own strengths and needs	Average score: 4.00 (n=6)				
3. Work with me to determine the services that are most helpful	Average score: 3.71 (n=7)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.20 (n=5)				
5. Provide services that are in my preferred language	Average score: 3.86 (n=7)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.40 (n=5)				
7. Are open to my opinions as to how services should be provided	Average score: 3.86 (n=7)				

<p>8. What does this program do well?</p>	<ul style="list-style-type: none"> <li>• Provide help necessary for my communication in co-parenting</li> <li>• Catered to my specific needs (each individuals specific needs)</li> <li>• I think it does everything well, It opened my mind a little more about what co-parenting is about. It helps me as a single parent who doesn't have the other partner around.</li> <li>• Bringing together parents for mutual support and also providing support with various specific issues. Practitioners listen and are responsive with relevant advice in difficult situations.</li> </ul>			
<p>9. What does this program need to improve upon?</p>	<ul style="list-style-type: none"> <li>• We need books.</li> <li>• Maybe extending it a little bit longer. I took a 12-week class once per week and would have loved more classes.</li> <li>• Being a bit more organized through organization the class continued to improve</li> </ul>			
<p>10. What needed services and supports are missing?</p>	<ul style="list-style-type: none"> <li>• Give more support for parents going through transition (divorce, etc). So that they can co-parent better.</li> <li>• More focus on mental health (for this specific course). Addressing these issues sooner and possibly having another speaker from another organization to address insured and medical individuals (maybe someone from John Muir)</li> </ul>			
<p>11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?</p>	<p>Very Important 4</p>	<p>Important 3</p>	<p>Somewhat Important 2</p>	<p>Not Important 1</p>
<p>Average score: 3.29 (n=7)</p>				
<p>12. Any additional comments?</p>	<ul style="list-style-type: none"> <li>• This program has helped me gain knowledge in a variety of social services areas. C.O.P.E. goes above and beyond for their clients.</li> <li>• The teacher was great. I felt very comfortable in the class. We felt like a little family. I look forward to talking more classes in the future.</li> </ul>			

	<ul style="list-style-type: none"> <li>• I liked that I got a strong sense of dedication on the part of everyone at C.O.P.E. involved in the class. Helpful to share parent contact information for those parents who are interested in extra mutual support outside the program.</li> </ul>
--	--

Consumer Interview

The consumer interview was attended by seven people all of whom attend the parenting classes offered. The length of times that each family had been involved with the program varied from six weeks to nine months. Consumers reported their initial referrals to the C.O.P.E. classes and/or counseling programs were through recommendations from Children and Family Services, School Attendance Review Board (SARB), and individual therapists. Overall, the consumers were very appreciative of the services provided by C.O.P.E. They all felt generally that there was cultural grounding for them in their treatment, and that their input was solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

- Peer component to groups was extremely valuable – felt secure and supportive, and helped relieve feelings of isolation.
- Facilitators demonstrated empathy – felt like they were also “peers”.
- Gender mix was good – nice to have half men and women (men in the group advised that having father support was very helpful).
- Bringing in a juvenile probation officer also gave parents a safe setting to explore risky issues.
- Dinner time sessions, and sharing a meal/food with the group made it feel warmer and more welcoming.
- Co-parenting classes for parents who were not living together were beneficial.

These positives clearly speak to several of the MHSA values. However, the families also identified some areas of improvement. Several consumers mentioned they would like to have had more of a focus on mental health challenges for themselves and children. Consumers also expressed the desire for more types of groups. One family also mentioned they wished they had found out earlier about the parenting classes, prior to their involvement with social services; they wished that their faith community, or other community supports – particularly in the Latino community – had more information about the program. Lastly, several consumers mentioned that transportation could be a barrier to

regularly attending groups or individual sessions. While C.O.P.E. delivers classes in the east part of the county, the availability of those often didn't fit the parent's schedule.

### Staff Interviews

In addition to its core management team, C.O.P.E. has a few full-time administrative and support staff to help with operations. The program line staff comes primarily from a pool of social workers and other mental health professionals, who have been trained and certified to lead the Triple P classes. Most of these professionals have other employment, which presented a challenge to get most of them together for a face-to-face meeting. However, we were able to meet with one of the trainers, who took time from her normal full-time employment to meet with the review team and talk about her experience with C.O.P.E. and the Triple P program.

The trainer we spoke with is a full-time social worker, and her experience in this field and working with families attracted her to C.O.P.E.'s program. She has worked with C.O.P.E. as a trainer, delivering classes for several years. She noted that particularly in the past two years, her class sizes have been steadily increasing, and that demand seems to be growing beyond C.O.P.E.'s capacity to keep up. She also revealed that some of the positives about the program are being able to work with parents who may have been referred as part of a mandated process, are reluctant and perhaps a bit resistant, but the nature of the peer component and the materials itself allowed them to quickly and fully engage. She feels that there is strong support and assistance provided by C.O.P.E. to the trainers and ensuring fidelity to the Triple-P model.

C.O.P.E. strives to be a learning community where individuals learn how to manage their challenges, and serve as a provider of direct prevention services.

**Results.** C.O.P.E. delivers services according to the values of the MHSA. The program delivers programming at locations that are generally accessible to participants; staff is culturally and linguistically competent and maintains close ties to the community it serves.

2. **Serve the agreed upon target population.** For Prevention and Early Intervention, does the program serve individuals and families who are at risk for developing a serious mental illness or 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.** C.O.P.E.'s target population is Contra Costa County parents of children and youth with identified special needs. Often these individuals and families are subject to many high risk factors for developing mental health problems. The program also serves Hispanic families, many of whom are monolingual.

**Results.** The program serves the agreed upon target population.

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

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

**Discussion.** Monthly service summaries as well as semi-annual reports show that the program is consistently engaged in outreach activities, is providing support groups and individual navigation supports.

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

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.** Programming for *Building Connection in Underserved Cultural Communities* was included in the original PEI plan that was approved in May 2009 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 as well as the proposed PEI regulations on prevention programs. Programs and strategies pursue timely access and linkage to mental health services for individuals and families from underserved populations. 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 it is 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.** According to the Service Work Plan in the contract between the program and the County, the program's target service numbers is to serve 204 parents through Triple P seminars and group classes. Over the past three years, the program has consistently exceeded their target numbers.

**Results.** The program serves the number of people that have been agreed upon, and consistently exceeds the target enrollment number.

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.** C.O.P.E. has a few well-defined primary program objectives as part of the service work plan including: improving parenting skills, increasing sense of competence in parenting abilities, improving self-awareness of parenting issues, reducing parental stress, improving mental health outcomes for both children and parents. The program provides timely semi-annual reports summarizing their progress towards meeting their program outcomes.

**Results.** Overall, the program achieves its primary objectives.

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

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

**Discussion.** Contra Costa County did not receive any grievances toward the program. The program has an internal grievance policy in place. Since the program does not provide billable services, it not subject to utilization review.

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

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.** C.O.P.E. 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.** C.O.P.E.'s mental health team has a sufficient number and type of staff to support their operations. The experience level of the trainers tends towards highly experienced mental health and social work professionals. C.O.P.E. provides training to certify trainers in the Triple-P model and continues to provide ongoing support and training. However, as noted in #1, the demand for the program seems to be outpacing C.O.P.E.'s capacity. It is recommended that C.O.P.E. build relationships with other organizations in the community to explore potential partnerships to help keep up with increased demand.

**Results.** Sufficient staffing is in place to serve the number of clients outlined in the most recent Service Work Plan.

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.** C.O.P.E. is a non-profit corporation established in 2010 to prevent child abuse and encourage healthy growth and development of parents and children through the educational Positive Parenting Program. The organization has a total operating budget of approximately \$500,000, and receives the majority of its funding through financial agreements with CCBHS and First Five of California. Independent auditor reports from the last three years indicate that C.O.P.E. is not at risk for adverse fiscal consequences due to their fiscal and accounting systems.

**Results.** Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 were provided and reviewed. No material or significant findings were noted.

**11. Fiscal resources sufficient to deliver and sustain the services.** Does

organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.

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

**Discussion.** The organization appears to be operating within the budget constraints provided by their authorized contract amount, and thus appears to be able to sustain their stated costs of delivering PEI services for the entirety of the fiscal year. The site visit discussion surfaced that current revenue streams have constrained C.O.P.E.'s capacity to expand and respond to the number of parents wanting to participate in the Triple P classes. Since MHSA PEI funding is not expected to increase in the foreseeable future, C.O.P.E. was encouraged to explore strategies by which participating parents could contribute to the costs of the program, should they desire to do so.

**Results.** Fiscal resources are currently sufficient to deliver and sustain current level of services. It is suggested that C.O.P.E. pursuing additional funding streams.

**12. Oversight sufficient to comply with generally accepted accounting**

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

**Method.** Interview with fiscal manager.

**Discussion.** The Finance Manager is experienced with supporting non-profit organizations of this size, appears well qualified, and described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles. The organization uses an established software program for personnel and administrative activities.

**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.** A randomly selected invoice for each of the last three years was matched with supporting documentation provided by the agency. A clear and accurate connection was established between expenses incurred and submitted invoices. It appears that there is not duplicate billing to the major two funding sources of CCBHS and First Five, and that staff time and expenses dedicated to PEI activities are at least equal to or greater than the amount billed to CCBHS.

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

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

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

**Discussion.** Line item personnel and operating costs were matched against the approved CCBHS budget line items and reviewed for appropriateness. Supporting documentation only became clear when the First Five funding source was added. Should the CCBHS contract be audited this could make it difficult to accurately match funding sources to total PEI program costs and justify respective billings to the funding sources. It does appear that documentation could support allowable expenditures, and that expenses submitted were consistent with line items that are appropriate to support the service delivery.

**Results.** Method of allocation of percentage of personnel time and operating costs appear to be justified and documented. It is recommended that the total budget for fielding the Triple P program be depicted, and that all funding sources for this effort be specified, to include that portion in each line item that is funded by the CCBHS contract.

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.** Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year.

**Results.** C.O.P.E. 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.

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

**Discussion.** The management and general costs reflected in the independent auditor's report support an indirect cost amount that is in the CCBHS contract budget. However, the contract listed budget rate of 12.67% is misleading, in that while it is a correct calculation for the CCBHS contract revenue of \$231,750, the calculation does not include the First Five revenue that supports a total Triple P program cost of over \$400,000. Including First Five revenue would reduce the indirect rate to approximately 5%. It is recommended that in future budget calculations C.O.P.E. not budget an indirect rate, and include current indirect costs in the personnel and operating cost categories. This would eliminate the need to justify an indirect rate methodology. A review of the type of costs currently attributable to indirect costs could easily be added to operating cost line items.

**Results.** Indirect costs charged appear reasonable. Recommend all costs currently charged as indirect be reflected in the future in personnel and operating cost categories.

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 commercial general liability insurance, automobile liability, umbrella liability, professional liability and directors and officers liability policies that were in effect at the time of the site visit.

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

18. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.
- Method.** Interview contract manager and contractor staff.
- Discussion.** Program staff and county communicate regularly and in recent months increasingly to discuss outcomes and reporting requirements.
- Results.** The program has good communication with the contract manager.

## VIII. Summary of Results.

C.O.P.E. is committed to delivering culturally and linguistically appropriate mental health services to Contra Costa County parents of children and youth with identified special needs. Their prevention and early intervention services seek to provide families with grounded skills and supports to manage their challenges. The C.O.P.E. programs adhere to the values of MHSA and serving their target population. The program is meeting and often exceeding the outcomes detailed in their contract. C.O.P.E. appears to be a financially sound organization that follows generally accepted accounting principles, and maintains documentation that supports agreed upon service expenditures.

## IX. Findings for Further Attention.

- It is recommended that C.O.P.E. build relationships with other organizations in the community to explore potential partnerships to help keep up with increased demand.
- It is recommended that 1) the total budget for fielding the Triple P program be depicted, and that all funding sources for this effort be specified such as First Five, and include that portion in each line item that is funded by the CCBHS contract; and 2) all costs currently charged as indirect be reflected in the future in the personnel and operating cost categories.

## X. Next Review Date. June 2020

**XI. Appendices.**

Appendix A – Program Description

Appendix B – Service Provider Budget

Appendix C – Yearly External Fiscal Audit

Appendix D – Organization Chart

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

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

# APPENDIX A

## Program Description/Service Work Plan

### **Counseling Options Parent Education (C.O.P.E.)**

Point of Contact: Cathy Botello

Contact Information: 2280 Diamond Blvd #460, Concord, Ca 94520. (925) 689-5811  
[cathy.botello@copefamilysupport.org](mailto:cathy.botello@copefamilysupport.org)

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

C.O.P.E.'s mission is to prevent child abuse, by providing comprehensive services in order to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

#### **2. Programs: Triple P Positive Parenting Education and Support (PEI)**

##### a. Scope of Services:

In partnership with First 5 Contra Costa Children, Family Commission and County Behavioral Health, C.O.P.E. is funded to deliver Positive Parenting Program classes to parent of children age 0 – 17. The C.O.P.E Family Support Center (Contractor) will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyles Multi-Family Support Groups, at no cost to parents of children two years to seventeen years of age.

The program utilizes a self-regulatory model that focuses on strengthening the positive attachment between parents and children by helping parents to develop effective skills to manage common child behavioral issues. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

All classes are available in Spanish and/or English and level 4 is available in Arabic and Farsi. In regards to the curriculum on Triple P Parenting, C.O.P.E. provides management briefings, orientation and community awareness meetings to partner agencies. They support and organize trainings, including pre-accreditation trainings, fidelity oversight and clinical and peer support in an effort to build and maintain a pool of Triple P practitioners

- b. Target Population: Contra Costa County parents of children and youth with identified special needs.
- c. Payment Limit: \$231,750(6 – 17), through First Five: \$77,250 (0 – 5).

- d. Number served: For FY 15/16: 230 (6 – 17) and 241 (0 – 5).
- e. Outcomes:
- Completed 28 parent education classes of for various levels of parenting problems.
  - Pre and Post Test show improvements in measures of parenting style (laxness, over-reactivity, and hostility), decrease of depression/anxiety measures, and decrease in frequency of child problem behavior, improvement in child adjustment behavior and caregivers level of stress about these behaviors.

# Service Work Plan

Agency: C.O.P.E. Family Support Center

Number: #24-725-1

Name of Program: Triple P — Positive Parenting Program

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

## **I. Scope of Services**

The C.O.P.E Family Support Center (Contractor) will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyles Multi-Family Support Groups, at no cost to parents of children six years to seventeen years of age.

The C.O.P.E Family Support Center (Contractor) will provide approximately 17 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyles Multi-Family Support Groups, at no cost to parents of children two years to five years of age through a contract with First 5 Contra Costa Children and Families Commission in partnership with Mental Health Services Act in partnership with Contra Costa Mental Health.

The program utilizes a self-regulatory model that focuses on strengthening the positive attachment between parents and children by helping parents to develop effective skills to manage common child behavioral issues. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

- A. Provide fidelity, technical assistance and a co-facilitation staff for up to twenty-one (21) Triple P-Positive Parenting intervention with qualifying partner community agencies and certified accredited Triple P practitioners.
- B. Contractor will provide a *management briefing/orientations/outreach* to partnering agencies. The presentations are designed to outline the comprehensive overview of the Triple P multi-level system (e.g. levels of intervention, training programs, service delivery options) as required by MI-ISA and First 5, Contra Costa. The management briefing provides an opportunity to discuss the implementation of the program and ways to effectively support the partnering agency's staff while implementing the Triple P program.
- C. Coordinate Train the Trainers training in level most needed in Contra Costa County for up to twenty (20) Practitioners in Contra Costa County. Contractor will provide competency-based *pre-accreditation training hours* in preparation for the accreditation process. Pre-accreditation trainings are designed to provide an opportunity for individualized feedback on skill development, opportunities to practice specific competencies and clarifying program content relevant to quiz questions.
- D. Contractor will provide monthly *peer support* meetings designed to provide supervision to problem solve issues related to the delivery of Triple P to parents and support a continuing education environment that will facilitate the transfer of learning from the training course to everyday practice.
- E. Contractor will provide a Triple P Learning Community designed to promote capacity to offer evidence based Triple P programs by highly trained and qualified practitioners. Accredited Practitioners will be

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

# Service Work Plan

Agency: C.O.P.E. Family Support Center

Number: #24-725-1

Name of Program: Triple P — Positive Parenting Program

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

entitled to opportunities for additional trainings and updates in the Triple P System. Practitioners will be able to apply their learning skills as part of the Triple P Learning Community through their involvement in the Learning Community.

- F. Contractor will ***provide pre and post assessment*** information and input data to provide analysis and outcomes to practitioners for use in the coaching component and future referrals to other levels of Triple P. Contactor will also document demographics, attendance, and delivery of incentives, etc and provide a report to funder.
- G. Contractor will ***oversee fidelity*** through use of checklists and continued learning opportunities and trainings for practitioners.
- H. Contractor will attend monthly SARB meeting designed to promote Triple P Positive Parenting class attendance for mandated parents who have children with serious issues at school.
- I. Contractor will attend School Age and Teen Parent Truancy Courts to promote Triple P System to the courts and outreach to at risk parenting in the county.
- J. Contractor will provide outreach that is engaging, educating to potential responders.
- K. Contractor will outreach to the following but are not limited to, families, employers, primary health care, social services, faith based organizations and others in a position to identify early signs of MI, and provide support and/or refer for treatment.
- L. Contractor will outreach to individuals with signs and symptoms of mental illness, so that they can recognize and respond to their own symptoms.
- M. **Contractor will design and implement services to help create access and linkage to mental health treatment**
- N. **Contractor will design, implement and promote services in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations.**
- O. **Contractor will design, implement and promote services using strategies that are non-stigmatizing and non-discriminatory."**

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

Contractor will provide evidence based Triple P Positive Parenting Program Seminars and Level 4 group classes and Level 5 classes to parents throughout the county in collaboration with Contra Costa Mental Health by Certified Triple P Parenting Program Providers.

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

# Service Work Plan

Agency: C.O.P.E. Family Support Center

Number: #24-725-1

Name of Program: Triple P — Positive Parenting Program

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

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

#### **A. Program Facility and Contact**

C.O.P.E Family Support Center  
Cathy Botello, (925) 818-7583, [cathy.botello@comcast.net](mailto:cathy.botello@comcast.net)  
2280 Diamond Blvd., Suite 460  
Concord, CA 94520

(925) 689-5811 office  
(925) 818-7583

#### **B. Hours of Operation**

Mon through Friday  
9:00 am to 5:00 pm

#### **C. Program Staffing**

Executive Director - .44 FTE 44%  
Program Director – 0.22 FTE 22%  
Program Coordinator – 0.33 FTE 33%  
Admin Assistant – .26 FTE 26%  
Program Assistant - .22 FTE 22%  
Evaluation Assistant – 0.22 FTE 22%  
Technical Support – 0.01 FTE 1%  
Business/Accounting Manager– 0.32 FTE 32%  
Childcare- .19 FTE 19%  
Practitioners -61 FTE 61%  
Clinical Supervisor - .02 FTE 2%

### **IV. Volume of Services to be provided**

Contractor will provide evidence based Triple P Positive Parenting Program seminars and group classes to approximately 204 parents throughout the county.

### **V. Billing Procedure**

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

## Service Work Plan

Agency: C.O.P.E. Family Support Center

Number: #24-725-1

Name of Program: Triple P — Positive Parenting Program

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

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

Demands for payment should be submitted by mail to:

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

### VI. Outcome Statements

Contractor will track the following outcomes with measures to be determined in collaboration with First 5 Contra Costa County, Mental Health Services and C.O.P.E. Support Center.

- a) Improve parenting skills.
- b) Increase sense of competence in parenting abilities.
- c) Improve self-awareness of parenting issues.
- d) Reduce parental stress
- e) Improve mental health outcomes for both children and parents.

### VII. Measures of Success

- A. 80% of parents/caregivers enrolled in Level 2, Seminar Series will report an increase in confidence based on a parent survey after attending sessions in each of the various Triple P Discussion Group topics;."
- B. 80% of parents/caregivers enrolled in Level 4, Group &/or Group Teen Triple P Series will show increase skill development, competency and confidence in utilizing parenting skills. Improvement will be measured by a pre and post assessment after completing an eight to ten week intensive group training session.
- C. 80% of parents/caregivers receiving Level 5, Enhanced Triple P individualized intervention will report an increase in their ability to manage their mood and cope with everyday stress. Improvement will be measured by a pre and post assessment after completing two to four weeks of intensive individualized sessions. (Enhanced Triple P is a more intensive intervention of child behavior and family functioning, Group or Teen Group is a pre-requisite for Enhanced).

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

## Service Work Plan

Agency: C.O.P.E. Family Support Center

Number: #24-725-1

Name of Program: Triple P — Positive Parenting Program

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

- D. 80% of parents/caregivers enrolled in Level 5, Lifestyles Triple P will show an increase in skill development and strategies for managing their child's weight by introducing gradual permanent changes in their family's lifestyle (e.g., healthier family eating, encourage physical activity).
- E. 80% of parents/caregivers receiving Level 5, Transitions Triple P Group intervention will report an increase in their ability to manage the transition from a two-parent family to a single-parent family. It focuses on skills to resolve conflicts with former partners and how to cope positively with stress.

### **VIII. Measurement / Evaluation Tool**

- A. Family Background Form- pre only, all workshops,
- B. Eyberg Child Behavior Inventory- pre & post for all workshops, except seminars,
- C. Parent Scale – pre & post for all workshops except seminars,
- D. Depression, Anxiety, Stress Scale (DASS) – pre & post for all workshops except seminars,
- E. Parent Satisfaction Survey-pre & post for all workshops,
- F. Other tools as needed

### **IX. Reports Required**

Contractor is asked to submit a Demographics and Outcomes Measure Report to document the program's plan/do/check/act quality process and to track statistical information (i.e. age, gender, sexual orientation, ethnicity, race, veteran status, language, and client residence) of the target population(s) actually served, as defined by the Contractor and approved by the County during contract award and negotiation process. Demographic Reports are due on 1/15/2017 and 7/15/2017. Annual Outcomes Measure Report is due on 7/15/2017

Please submit all evaluation reports via email to:

Michelle Rodriguez-Ziemer, LCSW  
Mental Health Services Act Program Supervisor  
Prevention and Early Intervention  
[Michelle.Rodriguez-Ziemer@hsd.cccounty.us](mailto:Michelle.Rodriguez-Ziemer@hsd.cccounty.us)

### **X. Other**

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

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

# **APPENDIX B**

## **Service Provider Budget**

BUDGET OF ESTIMATED PROGRAM EXPENDITURES

Number 24-725

Agency:

Counseling Options and Parent Education, Inc. (C.O.P.E.)

*Fiscal Year 2016 – 2017*

*Program Category: Outreach*

	<u>Triple-P Parenting Program</u>
<b>A. GROSS OPERATIONAL BUDGET</b>	
<b>1. Cost Reimbursement Categories</b>	
a. Personnel Salaries and Benefits	\$166,075
b. Operational Costs (Direct)	39,608
c. Indirect Costs	<u>26,067</u>
<b>2. Total Gross Allowable Program Costs</b>	<b>\$231,750</b>
<b>B. LESS PROJECTED NON-COUNTY PROGRAM REVENUES</b>	
(To be collected and provided by Contractor)	<u>0</u>
<b>C. NET ALLOWABLE TOTAL COSTS</b>	<b>\$231,750</b>
<u><b>TOTAL CONTRACT PAYMENT LIMIT : \$ 231,750</b></u>	

**D. CHANGES IN COST CATEGORY AMOUNTS**

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

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

**E. PROGRAM BUDGET CHANGES**

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

**F. CONTRACTOR BUDGET**

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

Initials: \_\_\_\_\_  
Contractor      County Dept.

BUDGET OF ESTIMATED PROGRAM EXPENDITURES

Agency:

Number 24-725

**G. BUDGET REPORT**

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

Initials: \_\_\_\_\_  
Contractor      County Dept.

# **APPENDIX C**

## **Yearly External Fiscal Audit**

**COUNSELING OPTIONS AND  
PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
FINANCIAL STATEMENTS  
(With Independent Auditor's Report Thereon)  
THE YEAR ENDED JUNE 30, 2016  
(With Summarized Financial Information  
For The Year Ended June 30, 2015)**

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
FINANCIAL STATEMENTS  
JUNE 30, 2016**

**TABLE OF CONTENTS**

	<u>PAGE</u>
INDEPENDENT AUDITOR’S REPORT .....	1-2
FINANCIAL STATEMENTS	
Statement of Financial Position.....	3
Statement of Activities .....	4
Statement of Cash Flows .....	5
NOTES TO THE FINANCIAL STATEMENTS .....	6-14
SUPPLEMENTAL INFORMATION	
Statement of Functional Expenses.....	15
ADDITIONAL REPORTS	
Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i> .....	16-17



Craig R. Fechter, CPA, MST  
Scott A. German, CPA

**INDEPENDENT AUDITOR'S REPORT**

Board of Directors  
Counseling Options and Parenting Education  
Family Support Center, Inc. (C.O.P.E.)  
Concord, California

We have audited the accompanying statement of financial position of the Counseling Options and Parenting Education Family Support Center, Inc., (C.O.P.E.) as of June 30, 2016, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements. The prior year summarized comparative information has been derived from C.O.P.E.'s 2015 audited financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan 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 assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Board of Directors  
Counseling Options and Parenting Education  
Family Support Center, Inc. (C.O.P.E.)  
Concord, California

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

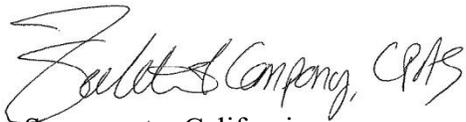
***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Counseling Options and Parenting Education Family Support Center, Inc. (C.O.P.E.) as of June 30, 2016, and changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

***Other Matter***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses on page 15 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Fechter & Company,  
Certified Public Accountants



Sacramento, California

March 2, 2017

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2016  
(With Summarized Financial Information at June 30, 2015)**

<b>ASSETS</b>	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTALS 2016</u>	<u>SUMMARIZED TOTALS 2015</u>
<u>CURRENT ASSETS</u>				
Cash and cash equivalents (Note 2)	\$ 3,009	\$ -	\$ 3,009	\$ -
Accounts and grants receivable (Note 4)	119,566	-	119,566	104,658
Inventory	1,866	-	1,866	2,462
Prepaid expenses	4,200	-	4,200	282
<b>TOTAL CURRENT ASSETS</b>	<b>128,641</b>	<b>-</b>	<b>128,641</b>	<b>107,402</b>
<b>DEPOSITS</b>	<b>500</b>	<b>-</b>	<b>500</b>	<b>500</b>
<b>TOTAL ASSETS</b>	<b>\$ 129,141</b>	<b>\$ -</b>	<b>\$ 129,141</b>	<b>\$ 107,902</b>
<b>LIABILITIES AND NET ASSETS</b>				
<u>CURRENT LIABILITIES</u>				
Cash overdraft	\$ -	\$ -	\$ -	\$ 14,299
Accounts payable - vendors	49,214	-	49,214	41,094
Commercial Insurance-Financed	4,200	-	4,200	-
Workers compensation clearing account	5,876	-	5,876	2,823
<b>TOTAL CURRENT LIABILITIES</b>	<b>59,290</b>	<b>-</b>	<b>59,290</b>	<b>58,216</b>
<u>NET ASSETS</u>				
Unrestricted	69,851	-	69,851	49,686
Temporarily restricted (Note 8)	-	-	-	-
<b>TOTAL NET ASSETS</b>	<b>69,851</b>	<b>-</b>	<b>69,851</b>	<b>49,686</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 129,141</b>	<b>\$ -</b>	<b>\$ 129,141</b>	<b>\$ 107,902</b>

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED JUNE 30, 2016  
(With Summarized Financial Information for the Year Ended June 30, 2015)**

<b>SUPPORT AND REVENUE</b>	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTAL 2016</u>	<u>SUMMARIZED TOTAL 2015</u>
<b>SUPPORT:</b>				
Individuals	\$ 2,532	\$ -	\$ 2,532	\$ 4,704
Fundraising	6,319	-	6,319	10,978
<b>TOTAL SUPPORT</b>	<u>8,851</u>	<u>-</u>	<u>8,851</u>	<u>15,682</u>
<b>REVENUE:</b>				
Government contracts	-	455,476	455,476	465,128
Sublease rental income	-	-	-	8,525
Fee for service	41,642	-	41,642	20,786
Interest income	18	-	18	29
Miscellaneous income	1,212	-	1,212	103
<b>TOTAL REVENUE</b>	<u>42,872</u>	<u>455,476</u>	<u>498,348</u>	<u>494,571</u>
Net Assets Released From Restrictions	455,476	(455,476)	-	-
<b>TOTAL SUPPORT AND REVENUE</b>	<u>507,199</u>	<u>-</u>	<u>507,199</u>	<u>510,253</u>
<b>EXPENSES</b>				
Program services	428,673	-	428,673	451,909
Management and general	23,895	-	23,895	36,344
Fundraising	34,466	-	34,466	7,340
<b>TOTAL EXPENSES</b>	<u>487,034</u>	<u>-</u>	<u>487,034</u>	<u>495,593</u>
<b>CHANGES IN NET ASSETS</b>	20,165	-	20,165	14,660
Net Assets, Beginning of year	49,686	-	49,686	35,026
Net Assets, End of year	<u>\$ 69,851</u>	<u>-</u>	<u>69,851</u>	<u>\$ 49,686</u>

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED JUNE 30, 2016  
(With Summarized Financial Information for the Year Ended June 30, 2015)**

	UNRESTRICTED	TEMPORARILY RESTRICTED	TOTALS 2016	SUMMARIZED TOTALS 2015
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>				
Changes in Net Assets	\$ 20,165	\$ -	\$ 20,165	\$ 14,660
Adjustment to reconcile change in net assets to cash provided (used) by operating activities				
<b>CHANGES IN CURRENT ASSETS AND CURRENT LIABILITIES</b>				
(Increase) in accounts and grants receivable	(14,908)	-	(14,908)	(13,577)
(Increase) in prepaid expenses	(3,918)	-	(3,918)	6,314
Decrease in inventory	526	-	526	7,701
Decrease in accounts payable	8,120	-	8,120	(27,340)
Increase in workers compensation clearing account	3,053	-	3,053	2,823
Increase in commercial insurance clearing account	4,200	-	4,200	
(Decrease) in deferred revenue	-	-	-	(7,762)
<b>NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES</b>	<u>17,238</u>	<u>-</u>	<u>17,238</u>	<u>(17,181)</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	17,238	-	17,238	(17,181)
CASH (OVERDRAFT) beginning of year	\$ (14,229)	\$ -	\$ (14,229)	\$ 2,952
CASH end of year	<u>\$ 3,009</u>	<u>\$ -</u>	<u>\$ 3,009</u>	<u>\$ (14,229)</u>

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 1: ORGANIZATION**

GENERAL

Counseling Options and Parent Education Family Support Center, Inc. (C.O.P.E.) (the Organization) is a non-profit corporation, established in September 2010, incorporated under the Nonprofit Benefit Corporate Law for public and charitable purposes. The Organization's mission is to prevent child abuse, provide comprehensive services to strengthen family relationships and bonds, empower parents, foster healthy relationships, and cultivate family units that encourage an optimal environment for the healthy growth and development of parents and children through parent education.

PROGRAMS AND CONTRACTS

The following are the Organization's programs and related funding sources:

Triple P Positive Parenting Program (Triple P) – A program that has demonstrated, through evidence, to prevent and treat behavioral, emotional and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. All of this is done through a strength-based and self-reflective approach that builds upon existing parenting strengths. The classes offered under this program are:

- **Group Triple P Classes:** these are groups of no more than 12 parents that attend 9-15 sessions and are supported with two phone counseling sessions at home. This program provides specialized strategies and education for parents of children in the age groups of 0-12. This service aids parents in
- **Group Teen Triple P Classes:** these are groups of no more than 12 parents that attend 9-15 sessions and are supported with two phone counseling sessions at home. This program provides specialized strategies and education for parents of teens in the age groups of 13-17.
- **Triple P Positive Parenting Seminars:** for groups of parents of children in elementary, middle and high schools that focus on positive ways to promote children's development. Each seminar is 1 ½ hours long and includes an informational presentation followed by a question and answer session. Participants will receive a tip-sheet with the information covered. Our seminars focus on a variety of topics including: 1. Positive Parenting; 2. Raising confident, competent children; 3. Raising resilient children 4. Dealing with bullying.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 1: ORGANIZATION (Continued)**

PROGRAMS AND CONTRACTS (Continued)

- **Triple P Primary Care Sessions (Coaching Sessions):** Primary Care Triple P is a brief targeted intervention in a one-to-one format that assists parents to develop parenting plans to manage behavioral issues (e.g. tantrums, fighting, going shopping) and skill development issues (e.g. eating independently, toilet training, staying in bed at night). Practitioners provide 3-4 sessions over a period of 4-6 weeks. Sessions can be done in a group or one-on-one.
- **Pathways Triple P:** Pathways Triple P has been developed as an intensive intervention program for parents who have difficulty regulating their emotions and as a result are considered at risk of physically or emotionally harming their children.
- **Enhanced Triple P Classes:** Parents who benefit from Enhanced Triple P are those who deal with family issues such as stress, poor coping, partner conflict or mental health issues. The program addresses family factors that may impact upon, and complicate the task of parenting (e.g., parental mood, partner conflict).
- **Stepping Stones Triple P Individual and Group classes for parents of special needs children:** Group Stepping Stones Triple P has been developed for parents of children with cognitive, physical, and/or developmental challenges that have behavior difficulties.
- **Parenting Classes for Parents of Truant Children and Teens:** This program is tailored for parents of teens who are consistently truant in their perspective schools. Both parents and teens are taught the tools necessary to address and resolve the issues surrounding the teen's school attendance. This program teaches parents how to identify truancy, the causes of teen truancy, how to work towards a solution, and improve communication with their teen to ensure regular school attendance. Small workshops are held in therapeutic settings.

**Family Transitions Triple P:** This program focuses on families going through a separation or divorce, and are experiencing unresolved conflicts or have difficulty communicating effectively. The course is designed to assist parents in building and maintaining a healthy co-parenting relationship, while providing strategies to manage conflicts and stressful situations.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 1: ORGANIZATION (Continued)**

PROGRAMS AND CONTRACTS (Continued)

The Triple P program is funded through:

- A contract agreement between the Mental Health Services Act (MHSA) Prevention and Early Intervention Services and the Contra Costa County Health Services-Behavioral Health Services/Mental Health (the County) with a subcontract provision for the Organization to administer the Triple P program. Under the terms of the agreement, the County paid the Organization an amount not to exceed \$225,000 for the period July 1, 2015, through June 30, 2016.
- A standard agreement with the First 5 Contra Costa Children and Families Commission under a contract for an amount not to exceed \$142,600 from July 1, 2015, through June 30, 2016.

Supporting Fatherhood Classes (SFI) – A program that encourages the father’s active involvement in their children’s lives. SFI examines five areas of growth, individual adjustment, couple relationship, skills and competence as a parent, impact of the larger community, and generational models. SFI is funded through:

- A standard agreement with the Contra Costa Employment and Human Services under a contract for an amount not to exceed \$82,746 from July 1, 2015, through June 30, 2016.

The following programs are funded by fee for service arrangements with the Organization’s clients.

- **Individual Psychotherapy:** Working one-on-one, with families or in group with a therapist on issues such as depression, anxiety, stress, post-traumatic stress disorder, anger management, life transitions, substance abuse, single or co-parenting, divorce mediation and other personal or emotional issues to help you move forward in life and reach your goals. Our therapists are from diverse backgrounds, orientations and culturally sensitive. Spanish, English, Arabic and Farsi languages available.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 1: ORGANIZATION (Continued)**

PROGRAMS AND CONTRACTS (Continued)

- **Anti-Bullying Program**: School Staff/Teacher support in identifying bullying behavior, providing evidence-based methods to intervene and address the issue, and creating safe and supportive classroom/school environments. \$250.00. Parent workshops teach strategies and support parents of children involved in any aspect of bullying or in need of general information. Cost TBA.
- **Anger Management**: Twenty-six-week anger management for adults or teens: Recognize and normalize anger, gain better understanding and self-control. Learn different ways to manage stress and improve emotional intelligence and communication. Registration and book fee: \$55.00; additionally, Group: \$25/session, or Individual sessions: \$60.00/session.
- **Teen Truancy**: This course is delivered over nine weeks for parents of truant children and teens who are truant to address these numerous issues. The class addresses the factors contributing to truancy, the consequences, and changes to be made.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting and Reporting – The Organization’s accounting records are maintained on the accrual basis of accounting generally accepted in the United States of America.

Use of Estimates – In preparing financial statements in conformity with Generally Accepted Accounting Principles, management must make estimates based on future events that affect the reported amounts of assets and liabilities; the disclosure of contingent assets and liabilities as of the date of the financial statements; and revenues and expenses during the reporting period. Actual results could differ from these estimates.

Cash and Cash Equivalents – The Organization’s cash and cash equivalents balance consists of amounts held in checking and savings accounts in large financial institutions and investments maturing in less than 90 days.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Fair Value of Financial Instruments – Financial instruments consist of financial assets and financial liabilities. The Organization’s financial assets are cash and cash equivalents and accounts receivable. The Organization’s financial liabilities are accounts payable and deferred revenue.

None of the financial instruments are held for trading. The fair value of these financial instruments approximate the carrying amounts because the value of the short maturity of these instruments. The fair value estimates have not been recorded or reported for financial statement purposes because of the short term maturity of these financial instruments and because the financial instruments are not held for trading.

Prepaid Expenses – Prepaid expenses are amortized over the period of future benefit.

Furniture and Equipment – Furniture and equipment are stated at cost. Expenditures for furniture and equipment purchases over \$1,500 are capitalized and depreciated over five to ten years using the straight-line method. When assets are retired or sold, the related cost and accumulated depreciation are removed from the accounts and gain or loss arising from such disposition is included as income or expense. Expenditures for repairs and maintenance are charged to expenses as incurred. There were no assets capitalized during the fiscal year ending June 30, 2016.

Donated Materials and Services – Donated materials are recorded at their fair value on the date of donation. Donated services by individuals providing administration services are not recorded as donated services as there are no special skills required for these services.

Deposits – Deposits consist of security deposit amounts held with a leasing company and are recorded at the time the lease agreement was signed.

Functional Allocation of Expenses – Costs of providing the programs, administrative duties, and fundraising activities have been summarized on a functional basis in the accompanying statement of functional expenses. Certain indirect costs have been allocated directly to programs and administration based upon ratios determined by management. These costs primarily include salaries, fringe benefits, occupancy, and other expenses.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code. There was no taxable unrelated business income during the year ended June 30, 2016.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Income Taxes – (Continued)

The Organization has implemented the accounting requirements associated with uncertainty in income taxes. The Financial Accounting Standards Board issued guidance that clarifies the accounting for uncertainty in income taxes recognized in an Organization's financial statements. Using that guidance, tax positions initially need to be recognized in the financial statements when it is more likely than not the positions will be sustained upon examination by the tax authorities.

For the year ended June 30, 2016, the Organization has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The Organization's tax years for 2012 through 2015 remain open and could be subject to examination by the federal tax jurisdiction. For the state tax jurisdiction, the tax years 2012 through 2015 remain open and could be subject to examination. There was no taxable unrelated business income during 2016.

Contributions and Grant Revenue – The Organization receives contributions and grants from corporations, foundations, charitable organizations and individuals. Contributions and grants are presented in accordance with presented Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, Not-For-Profit Entities. ASC 958, 605 *Not-For-Profit Entities-Revenue Recognition*.

The provisions of ASC 958, 605 require the Organization to recognize contributions and grants as either temporarily or permanently restricted support, if they are received with donor stipulations that limit the use of the contribution or grant.

When a temporary restriction expires, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

All other contributions are recognized upon receipt. Grant amounts received but not yet earned are reported as deferred revenue.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Financial Statement Presentation –The Organization’s financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, Not-For-Profit Entities. Under FASB ASC Topic 958, the Organization is required to report information regarding its financial position and activities according to three classes of net assets based upon the existence or absence of donor imposed restrictions, as follows:

Unrestricted Net Assets – represent resources over which the Board of Directors has discretionary control and that are neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

Temporarily Restricted Net Assets – represent resources whose use by the Organization is limited by donor imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations.

When a donor restriction expires, that is, when a stipulated purpose is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets. There were no temporarily restricted net assets as of June 30, 2016.

Permanently Restricted Net Assets – represent resources whose use by the Organization is limited by donor imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. The Organization has no permanently restricted net assets.

Generally, the donor of these assets permits the recipient organization unrestricted use of earnings from these assets to support the general operations of the recipient organization. There were no permanently restricted net assets as of June 30, 2016.

Summarized Financial Information for 2015 – The financial information for the year ended June 30, 2015, was presented for comparative purposes, and is not intended to be a complete financial statement presentation.

**NOTE 3: CONCENTRATION OF RISK**

Cash Deposits In Excess Of Federal Limits

The financial instruments, which potentially subject the Organization to concentrations of credit risk, consist principally of cash and temporary cash investments.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 3: CONCENTRATION OF RISK (Continued)**

Cash Deposits In Excess Of Federal Limits

The Organization maintains their operating cash accounts in one financial institution. The cash deposits maintained at the financial institution is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The operating cash account balance was below the federally insured limit at June 30, 2016.

Government Contracts

The Organization receives significant amounts of revenue from governmental contracts. Should funding from these grants be changed due to a change in budgeting or due to cutbacks, such reduction in funding might have an adverse effect on the Organization's programs and activities.

**NOTE 4: ACCOUNTS AND GRANTS RECEIVABLE**

Accounts and grants receivable at June 30, 2016, represent funds earned but not yet received from current contracts and grants as follows:

<u>Grantors</u>	
CC First 5 Children and Families Commission	\$ 22,070
CCC Behavior Health Services/Mental	52,626
Promoting Safe and Stable Families	44,737
Other	<u>133</u>
Total	<u>\$ 119,566</u>

The Organization does not believe that an allowance for doubtful accounts is required for any of the accounts and grants receivable as of June 30, 2016.

**NOTE 5: CREDIT CARDS**

The Organization used credit cards to facilitate purchases of supplies and other items used in operations. A description of the credit cards is as follows:

- A credit card which has a revolving credit limit of \$17,000. The annual interest rate is 14.24%. There is a balance outstanding at June 30, 2016, of \$1,556 which is included in accounts payable.
- A credit card which has a credit limit of \$11,000. The annual interest rates on the credit limit is 23.15%. There is a balance outstanding on the credit limit at June 30, 2016, of \$2,492 which is included in accounts payable.

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2016**

**NOTE 6: COMMITMENTS**

The Organization entered into a new lease agreement in the same office building to lease office space in Concord, California. The Organization is using the additional, unfurnished space for storage. The terms of the office lease agreement began December 31, 2013, and end on June 30, 2016. The monthly rent of \$1,550 is due on the first day of each month starting December 31, 2013, through June 30, 2016. The monthly rent increases to \$1,612 through the remainder of the lease term.

The Organization entered into a five year operating lease agreement to lease a copy machine. The lease agreement requires minimum lease payments of \$140 per month.

Lease expense for the year ended June 30, 2016, was \$1,680.

Minimum future lease and rent payments are as follows:

<u>Year ended June 30,</u>	<u>Amount</u>
2017	\$ 1,680
2018	1,680
2019	1,680
2020	1,680
2021	1,680
Totals	<u>\$ 8,400</u>

**NOTE 7: CONTINGENCIES**

Grant awards require the fulfillment of certain conditions as set forth in the instruments of the grant. Failure to fulfill the conditions could result in the return of the funds to the grantors. The Organization deems this contingency remote since, by accepting the grants and their terms, it has accommodated the objectives of the provisions of the grant. Management is of the opinion that the Organization has complied with the terms of all grants.

**NOTE 8: EVALUATION OF SUBSEQUENT EVENTS**

The Organization has reviewed the results of operations for the period of time from its year end June 30, 2016, through March 2, 2017, the date which the financial statements were available to be issued.

## **SUPPLEMENTAL INFORMATION**

**COUNSELING OPTIONS AND PARENTING EDUCATION  
FAMILY SUPPORT CENTER, INC. (C.O.P.E.)  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED JUNE 30, 2016  
(With Summarized Financial Information for the Year Ended June 30, 2015)**

	PROGRAM	MANAGEMENT/ GENERAL	FUNDRAISING	TOTALS 2016	SUMMARIZED TOTALS 2015
<b>PERSONNEL</b>					
Salaries	\$ 276,319	\$ 10,049	\$ 30,702	\$ 317,070	\$ 267,262
Payroll taxes	33,360	804	3,704	37,868	27,249
Workers compensation	3,884	89	-	3,973	3,763
<b>TOTAL PERSONNEL</b>	<b>313,563</b>	<b>10,942</b>	<b>34,406</b>	<b>358,911</b>	<b>298,274</b>
<b>OPERATING</b>					
Staff mileage expense	1,331	-	-	1,331	841
Facility costs	8,204	-	-	8,204	255
Insurance	3,827	2,286	-	6,113	-
Food and incentives	14,616	-	-	14,616	11,606
Program training	35,001	-	-	35,001	40,215
Supplies	28,336	62	-	28,398	31,179
Occupancy	13,837	1,851	-	15,688	16,720
Telephone	3,260	1,572	-	4,832	4,833
Office Expense	2,600	6,106	-	8,706	3,997
Postage	62	5	-	67	221
Printing	(310)	-	-	(310)	190
Dues, fees and subscriptions	346	167	-	513	570
Equipment lease	1,816	747	-	2,563	332
Board expenses	154	130	-	284	133
Fundraising expense	-	-	60	60	4,087
Fiscal fees	-	-	-	-	27,313
Indirect expense: outreach	638	20	-	658	-
Miscellaneous	1,392	7	-	1,399	2,047
<b>TOTAL EXPENSES</b>	<b>\$ 428,673</b>	<b>\$ 23,895</b>	<b>\$ 34,466</b>	<b>\$ 487,034</b>	<b>\$ 442,813</b>

## **ADDITIONAL REPORTS**

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

Board of Directors  
Counseling Options and Parenting Education  
Family Support Center, Inc. (C.O.P.E.)  
Concord, California

We have audited the financial statements of the Counseling Options and Parenting Education Family Support Center, Inc. (C.O.P.E.) (the Organization) as of and for the year ended June 30, 2016, and have issued our report thereon dated March 2, 2017. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control over Financial Reporting

In planning and performing our audit, we considered the Organization's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A control deficiency 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 significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the Organization's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles, such that there is more than a remote likelihood that a misstatement of the Organization's financial statements, that is more than inconsequential, will not be prevented or detected by the Organization's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the Organization's internal control.

Board of Directors  
Counseling Options and Parenting Education  
Family Support Center, Inc. (C.O.P.E.)  
Concord, California

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

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

This report is intended solely for the information and use of management, the Board of Directors, audit committee, and grant awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Fechter & Company,  
Certified Public Accountants



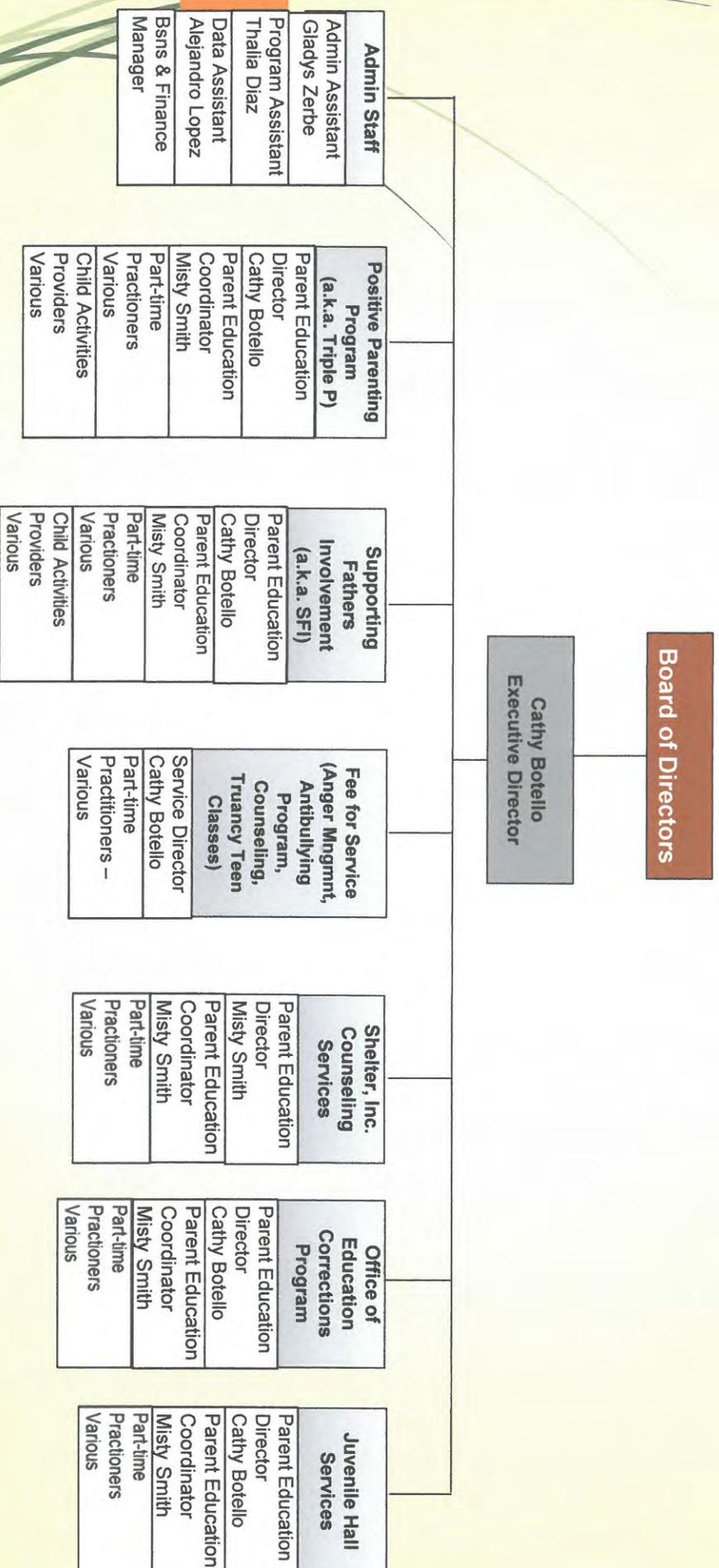
Sacramento, California

March 2, 2017

# **APPENDIX D**

## **Organization Chart**

# C.O.P.E. Family Support Center Organizational Chart



# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** June 29, 2017  
**Date of Exit Meeting:** September 26, 2017
  
- II. **Review Team:** Stephanie Chenard, Warren Hayes, Jennifer Bruggeman
  
- III. **Name of Plan Element:** First Hope  
1034 Oak Grove Road  
Concord, CA 94518
  
- IV. **Program Description.** The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Mental Health's Children's System of Care that serves children and young adults.

First Hope uses the PIER Model evidence-based practice focused on treatment of mental illness in young people. The model includes Multifamily Group treatment and is published, disseminated, and managed through the PIER Training Institute.

The mission of the First Hope program is to reduce the incidence and associated disability of psychotic illnesses in Contra Costa County through:

- Early Identification of young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
- Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work and social relationships.
- Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family counseling, case management, occupational therapy, supported education and vocation and psychiatric management within a single service model.
- Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.

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

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Consumers and family members indicate the program meets the values of MHSA
2. Serve the agreed upon target population.	Met	Program improves timely access to an underserved population.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Unmet	The number of individuals to be served has not been specified but should be identified for future evaluation
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its 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 levels support service provision as outlined in the Three Year Plan
10. Annual independent fiscal audit	N/A	This is a County operated program.
11. Fiscal resources sufficient to deliver and sustain the services	Met	MHSA funded share is appropriate for existing programming.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	The process has sufficient quality control to support expenditures.
13. Documentation sufficient to support invoices	Not Met	Allocation to appropriate cost centers needs correction, regular review and adjustment if needed.
14. Documentation sufficient to support allowable expenditures	Met	The program is in conformity with authorized budgeted amount.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	Documentation supports that funds are expended in the appropriate fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	N/A	The County does not apply indirect costs to the program.
17. Insurance policies sufficient to comply with contract	N/A	This is a County program
18. Effective communication between contract manager and contractor	Met	Regular communication between MHSA staff and program 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 plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

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

**Discussion.**

Survey Results

We received 18 responses to the survey. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=18				
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: 3.61 (n=18)				
2. Allow me to decide what my own strengths and needs	Average score: 3.59 (n=17)				
3. Work with me to determine the services that are most helpful	Average score: 3.65 (n=17)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.53 (n=17)				
5. Provide services that are in my preferred language	Average score: 3.89 (n=18)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.65 (n=17)				
7. Are open to my opinions as to how services should be provided	Average score: 3.65 (n=17)				
8. What does this program do well?	<ul style="list-style-type: none"> <li>• Provide help necessary for my communication in co-parenting</li> <li>• It really helps me with any problems I have and people are very patient.</li> <li>• This program does a good job providing a welcoming, friendly environment for me and other patients as well as providing great services to help aid with therapy, medication, etc.</li> <li>• Educating parents and patients alike and helping patients overcome their symptoms.</li> </ul>				

	<ul style="list-style-type: none"> <li>• Help me feel better, confident, stronger, and teach me and explain what I'm going through.</li> <li>• This program helps me to understand what my child is going through and how I can support her.</li> </ul>								
9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>• They really should get a working kitchen.</li> <li>• Automating the calendar for appointments.</li> <li>• Trying to explain more detailed what one might feel.</li> </ul>								
10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>• Give more support for parents going through transition (divorce, etc.) so that they can co-parent better.</li> <li>• I think this place needs to be shown to the public more.</li> </ul>								
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	<table border="1"> <tr> <td>Very Important</td> <td>Important</td> <td>Somewhat Important</td> <td>Not Important</td> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> </table>	Very Important	Important	Somewhat Important	Not Important	4	3	2	1
	Very Important	Important	Somewhat Important	Not Important					
4	3	2	1						
Average score: 3.72 (n=18)									
12. Any additional comments?	<ul style="list-style-type: none"> <li>• [This program] saved our family.</li> <li>• If it wasn't for First Hope, I don't know how we would have made it. We were very ignorant about psychosis.</li> <li>• This program is very helpful and the people here are very kind and respectful.</li> </ul>								

### Consumer Interview

The consumer interview session was attended by eleven consumers and family members. The length of times that each consumer/family had been involved with the program ranged from one to three years. Consumers reported their initial referrals to First Hope came from a variety of areas such as, psychiatric emergency services, therapists from private hospitals or county clinics, NAMI, and from church. Overall, the consumers and family members were very appreciative of the services provided by First Hope. They all felt strongly that there was cultural grounding for them in their treatment, and that their input was

solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

- Parents were better able to develop tools to recognize and handle the onset of an episode.
- The “whole family” approach of First Hope was useful – previous experience had been parents seeking “a la carte” services. The “one-stop-shop” programming of First Hope meant they didn’t have to keep retelling their stories or situation each time they saw a new service provider or specialist.
- The flexibility of the program was key – able to help with IEP meetings at school, could get services in their home, flexibility of times for appointments and groups.
- Multi-family groups were very helpful in reducing isolation and having peer perspective.

These positives clearly speak to several of the MHSA values. However, the families also identified some areas of improvement. Several consumers voiced a desire for separate peer support groups and other activities focused solely on youth without family members present. Both consumers and family members also felt there was a gap in after care – they weren’t quite sure what next steps or supports were available once the program concluded. Lastly, several participants indicated they thought the program could use more outreach to let more families know that the resource was there and available.

### Staff Interviews

Eleven line staff were interviewed in a group session. There was a breadth of staff, including an employment and education specialist, occupational therapist, community support worker, several clinicians, and a team lead. They have worked with First Hope ranging from a few weeks, to when the program first launched. Notably, there were several bilingual staff members to serve the County’s Latino population. The staff had many positive things to contribute about the program, including the ability to serve clients regardless of insurance; the family-based treatment model is very effective, particularly in cultures that are very family-centric; flexibility of the model to help “meet (clients) where they are;” fidelity to the model gives strong guidance to newer clinicians and helps all practitioners feel grounded in treatment strategies.

Staff also identified several areas of improvement. The limited space in the program has presented challenges to treatments, particularly when meeting with clients; the frequent shifting of meeting spaces due to lack of availability was called out as hindrance to the stabilizing factor of treatment. Staff also indicated

a desire for more possible locations in different regions of the county to host group sessions, citing transportation challenges as a barrier. Staff also noted a gap in discharge and post-discharge planning. They indicated that the transition out of the program is often difficult due to the lack of step-down programming and support; lack of family support or programming after discharge may often bring symptoms back to the youth consumer. This challenge is also echoed in the consumer and family feedback.

First Hope strives to be a supportive community where individuals and families learn how to manage their challenges, and serve as a provider of direct early intervention services.

**Results.** First Hope delivers services according to the values of the MHSA. The program delivers programming at locations that are generally accessible to participants; staff is culturally and linguistically competent and maintains close ties to the community it serves.

2. **Serve the agreed upon target population.** For Prevention and Early Intervention, does the program serve individuals and families who are at risk for developing a serious mental illness or 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.** First Hope's target population is 12-25 year old transition age youth Contra Costa County residents experiencing early symptoms of psychosis, and their families. The program also serves Hispanic families, many of whom are monolingual.

**Results.** The program serves the agreed upon target population.

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

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

**Discussion.** Monthly service summaries as well as semi-annual reports show that the program is consistently engaged in outreach and screening activities, is providing support groups and individual navigation supports.

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

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.** Programming for *Building Connection in Underserved Cultural Communities* was included in the original PEI plan that was approved in May 2009 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 as well as the proposed PEI regulations on prevention programs. Program strategies pursue timely access and linkage to mental health services for individuals and families from underserved populations, which are non-stigmatizing and non-discriminatory. 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 it is 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.** While First Hope consistently reports numbers served through monthly and semi-annual annual reports, there are no specified numbers of individuals to be served First Hope.

**Results.** The program needs to define the number of individuals to be served.

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

**Method.** Match outcomes reported for the last three years with outcomes projected in the program description, 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.** First Hope has identified its primary program objectives including: help clients manage prodromal symptoms; help clients maintain progress in school, work, relationships; reduce the stigma associated with symptoms; prevent development of psychotic illnesses; reduce necessity to access psychiatric emergency services/ inpatient care. The program provides monthly and semi-annual reports summarizing their progress towards meeting their program outcomes.

**Results.** Overall, the program achieves its primary objectives.

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.** No grievances were filed related to the clinic services that are the subject of this review. All clinic programs undergo Level One and Level Two Utilization Reviews on a regular basis. Percentage of disallowances found during Level Two Utilization Reviews of charts sampled from each County billing reporting unit are reported to the Quality Management Committee on a quarterly basis and findings are addressed at the clinic level. Additionally, staff from the First Hope participate on the Quality Management Committee. Implementation of the "Evidence-Based Practices" plan element is part of Behavioral Health Services' annual Quality Improvement Plan. Level 1 and Level 2 utilization review reports indicate that the First Hope Program generally meets documentation and quality standards.

On April 28, 2017, a Level Two Centralized Utilization Chart Review and a Focused Review was conducted by the CCBHS Utilization Review team. The results show that charts generally met documentation standards, with a few compliance issues, to include incorrect insurance coverage (private vs. Medi-Cal), incomplete assessments, incomplete partnership plans, and improperly corrected progress notes. There were several other findings related to disallowances for services outside of provider's scope of practice, missing progress notes, missing partnership plan and/or assessment, and incorrectly billed activities.

First Hope submitted an appeal on June 1, 2017 for several of the disallowances, with significant discussion on the progress notes determined to be out of scope for the provider at issue. The discussion focuses on the actual language in the notes that depict that the services delivered were in the scope allowable for the provider's licensure status. The County's Quality Improvement Coordinator granted the majority of their appeal. An additional plan of correction was submitted for the few follow-up items that remained in this review process.

**Results.** The program has a quality assurance process in place. However, it is recommended that First Hope continue to provide training to their clinical staff on consistent clinical documentation.

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 plan element's implementation of a protocol for safeguarding protected patient health information.

**Discussion.** Staff observe HIPAA requirements. All staff are required to complete HIPAA training on an annual basis. The County also has a Privacy Officer in charge of protecting client information.

**Results.** First Hope ensures the protection of confidential protected health information.

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.** All positions for which funding was allocated are filled.

**Results.** There is sufficient staffing for the program.

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

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

**Results.** The program is County operated and does not conduct an annual financial audit.

**Discussion.** Not applicable.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain plan element.  
**Method.** Interview fiscal manager of program.  
**Results.** First Hope has been authorized by the County with sufficient resources to maintain the existing program.  
**Discussion.** Fiscal resources are sufficient.
12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.  
**Method.** Interview with fiscal manager of program.  
**Results.** The lead Clerk Specialist was interviewed and demonstrated the process by which personnel and operating costs are entered and tracked.  
**Discussion.** First Hope operates in accordance with prescribed County policies and procedures.
13. **Documentation sufficient to support invoices.** Does the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.  
**Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program.  
**Results.** Expenses were reviewed for allocation to the appropriate County cost centers. The monthly MHSA financial cost summaries indicate that while costs are appropriate, the allocation to appropriate cost centers need review and action at CCBHS Administration. Charges for contract psychiatry time are being charged 100% cost center 5727 (MHSA), when the costs should be split between 5727 and 5948 (Children's Realignment). Also all operating costs are being charged to 5727, when differential cost centers should be considered and applied at CCBHS Administration, depending upon the particular expense.  
**Discussion.** Allocation of First Hope personnel and operating costs to the appropriate cost centers should be reviewed and adjusted on a regular basis at CCBHS Administration.
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 charged to the cost center (county) or invoiced to the county (contractor).

**Results.** Several random transactions were validated against supporting documentation for the program. Expenditures are in conformity with authorized amounts for both personnel and operating costs. .

**Discussion.** The program is in conformity with the authorized budgeted amounts for both personnel and operating costs.

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.

**Results.** This is a County operated program and complies with the accrual basis of accounting.

**Discussion.** There is sufficient documentation to support expenditures invoiced in the appropriate year.

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

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

**Results.** The County does not apply an indirect cost to the program.

**Discussion.** Not applicable

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 is part of the County and is not subject to maintaining separate insurance policies.

**Results.** Not applicable.

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.** Program staff and MHSA staff communicate regularly and in recent months increasingly to discuss outcomes and reporting requirements.

**Results.** The program has good communication with the contract manager.

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

First Hope is committed to delivering culturally and linguistically appropriate mental health services to Contra Costa County young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness. Their prevention and early intervention services seek to reduce the incidence and associated disability of psychotic illness by engaging the youth and their families. The First Hope program is appropriately staffed, adheres to the values of MHSA, and serves their target population. The program is meeting the outcomes detailed in the program description. Clients fully endorsed the positive impact the programs have had on their health and wellbeing.

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

- First Hope should work with the CCBHS administration to define the number of individuals to be served.
- It is recommended that First Hope continue to provide training to their clinical staff on consistent clinical documentation.
- Allocation of First Hope personnel and operating costs to the appropriate cost centers should be reviewed and adjusted on a regular basis at CCBHS Administration.

## **X. Next Review Date.** June 2020

## **II. Appendices.**

Appendix A – Program Description

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

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

County Utilization Review Report

Progress Reports, Outcomes

MHSA Three Year Plan and Update(s)

## Appendix A

### Program Description

#### First Hope (Contra Costa Behavioral Health)

Point of Contact: Jude Leung, Mental Health Program Manager

Contact Information: 1034 Oak Grove Rd, Concord, CA 94518 (925) 681-4450

[yatmingjude.leung@hsd.cccounty.us](mailto:yatmingjude.leung@hsd.cccounty.us)

#### 1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Mental Health's Children's System of Care but is a hybrid program serving both children and young adults.

#### 2. Program: First Hope: Early Identification and Intervention in Psychosis - PEI

a. Scope of Service: The mission of the First Hope program is to reduce the incidence and associated disability of psychotic illnesses in Contra Costa County through:

- Early Identification of young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
- Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work and social relationships.
- Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family counseling, case management, occupational therapy, supported education and vocation and psychiatric management within a single service model.
- Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.

b. Target Population: 12-25 year old transition age youth and their families

c. Total Budget: \$1,685,607

d. Staff: 14 FTE full time equivalent multi-disciplinary staff

e. Number served: For FY 14-15: 124 clients and their families served (assessments and clinical services). On any given day, the between 55 and 70 clients and their families are open to services. Additionally, First Hope provided ongoing outreach education reaching 571 participants in the community and 155 initial phone screenings and consultation to at risk individuals, families, or providers.

f. Outcomes:

- Help clients manage prodromal symptoms
- Help clients maintain progress in school, work, relationships
- Reduce the stigma associated with symptoms
- Prevent development of psychotic illnesses

- Reduce necessity to access psychiatric emergency services/ inpatient care

Long Term Public Health Outcomes:

- Reduce conversion rate from prodromal symptoms to schizophrenia
- Reduce incidence of psychotic illnesses in Contra Costa County.
- Increase community awareness and acceptance of the value and advantages of seeking mental health care early.

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** May 18, 2017  
**Date of Exit Meeting:** September 28, 2017
  
- II. **Review Team:** Stephanie Chenard, Warren Hayes, Windy Murphy
  
- III. **Name of Program:** Familias Fuertes and Vías de Salud  
La Clinica Pittsburg, 2240 Gladstone Drive, Suite 4, Pittsburg, CA 94565  
La Clinica Monument, 2000 Sierra Road, Concord, CA, 94518
  
- IV. **Program Description.**
- V. With 34 sites spread across Alameda, Contra Costa and Solano Counties, La Clínica de La Raza, Inc. (La Clínica) has 46 years of experience delivering comprehensive, culturally and linguistically appropriate, clinical and community health care services to address the needs of the diverse populations it serves. La Clínica is the 8<sup>th</sup> largest federally qualified health center in California.  
  
Under MHSA funding, La Clínica delivers the *Vías de Salud* (Pathways to Health) program that targets Latinos residing in Central and East Contra Costa County with: a) 3,000 depression screenings; b) 500 assessment and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,000 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. This La Clínica PEI program category is Improving Timely Access to Services for Underserved Populations.  
  
Additionally, La Clinica also delivers the *Familias Fuertes* (Strong Families) program that seeks to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities include:  
1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 150 Assessments (includes child functioning and parent education/support) with a Behavioral Health Specialist provided to parents/caretakers of children ages 0-18; 3), Two hundred (200) follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues including

parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is designed to help create access and linkage to mental health treatment, promote ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and uses strategies that are non-stigmatizing and non-discriminatory.

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

**VII. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSa	Met	Consumers and family members indicate the program meets the values of MHSa
2. Serve the agreed upon target population.	Met	Program improves timely access to an underserved population.
3. Provide the services for which funding was allocated.	Met	Funds services consistent with the agreed upon Service Work Plan.
4. Meet the needs of the community and/or population.	Met	Services are consistent with the Three Year Plan
5. Serve the number of individuals that have been agreed upon.	Met	Target service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its outcomes
7. Quality Assurance	Met	No reported grievances.
8. Ensure protection of confidentiality of protected health information.	Met	HIPAA compliant privacy policies in place.

9. Staffing sufficient for the program	Met	Staffing level supports targeted service numbers.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	La Clinica has significant net assets to withstand significant revenue interruptions.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Experienced staff implement sound check and balance system.
13. Documentation sufficient to support invoices	Met	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Contract budget reflects indirect rate of 10%.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

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

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

## Discussion.

### Survey Results

We received 12 responses to the survey. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=12				
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: 3.42 (n=12)				
2. Allow me to decide what my own strengths and needs	Average score: 3.42 (n=12)				
3. Work with me to determine the services that are most helpful	Average score: 3.58 (n=12)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.42 (n=12)				
5. Provide services that are in my preferred language	Average score: 3.50 (n=12)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.54 (n=11)				
7. Are open to my opinions as to how services should be provided	Average score: 3.33 (n=12)				
8. What does this program do well?	<ul style="list-style-type: none"> <li>• Like that I can vent and be honest and get support welcoming</li> <li>• Listen to my concerns and help me find the doctor's I'm looking for to help me stay as healthy as possible.</li> <li>• It helps me get better</li> <li>• Treat it's patients well</li> <li>• To show me benefits I am eligible for and services available to me I didn't know about.</li> </ul>				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>• Be on time</li> <li>• It could be better at keeping the appointment times on schedule.</li> <li>• More connection on emotional &amp; mental health &amp; help</li> </ul>				

10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>• Phone counseling when can't come in.</li> <li>• A little wider services</li> </ul>			
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=12)			
12. Any additional comments?	<ul style="list-style-type: none"> <li>• Very good service</li> <li>• Thankful for the help</li> <li>• Helps by keeping confusion to a low.</li> </ul>			

Consumer Interview

The consumer interviews took place at both the Pittsburg and Concord sites. There were approximately 20 combined consumers interviewed at both sites. The length of times that each family had been involved with the program varied from three months to eight years. Consumers reported their initial referrals to the La Clinica group sessions or counseling programs were through recommendations from family and friends, or through their primary care they were seeking at La Clinica. There were several participants who were seeking counseling or group classes for help with individual needs, and the rest indicated that they were there for parenting/family-related issues.

Overall, the consumers were very appreciative of the services provided by La Clinica. They all felt very strongly that there was cultural grounding for them in their treatment, and that their input was solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

Overall, the families were very appreciative of the services provided. They all felt that there was strong cultural grounding for them in their treatment, and that their input was solicited and valued as part of the treatment plan. During the interview, some of the other things specifically identified as positives of the program were:

- La Clinica was able to respond much better to needs than county programs. The lack of bilingual providers in the County made it hard for consumers to fully take advantage of services. Some stated that they didn't feel

comfortable with County translation services and this was perceived as more of a barrier.

- The whole family can receive services without worrying about residency status for certain family members.
- Confidentiality makes consumers feel like they can get help
- Children are fully covered by insurance; program offers payment plans for insurance costs.
- Feel very well attended by doctors; clinicians make consumers feel very welcome and comfortable.
- Appreciate the “whole body” wellness approach – medical, emotional, etc.
- Assistants at the front desk make staff feel welcome and like they are family.

These positives clearly speak to several of the MHSA values. However, the families also identified some areas of improvement. Several consumers mentioned they had a hard time getting regular appointments with clinicians, or that the wait time was very long, sometimes two months. Consumers also expressed the desire for more types of groups, such as children or teen groups, pain management, women’s groups. Several also mentioned they would like more “hands-on” or practical skill-building activities and classes. Lastly, several consumers in both locations mentioned that transportation could be a barrier to regularly attending groups or individual sessions.

### Staff Interviews

Staff at both sites were interviewed in group sessions. Most were clinicians providing direct services, with a few support staff. Staff described La Clinica’s “no wrong door” approach to patient care as a key factor in the success of reaching and treating their consumers. Presenting needs and stressors may range from incarceration of a family member to fear of deportation, domestic violence and substance use problems, to pain management and challenges related to managing other chronic conditions. The intake process for new consumers screens specifically for depression and a history of trauma. The clinicians indicated that if their client needs longer term treatment, they will try to refer them to County services through the Access Line; however, many of the clients referred to County services come back to La Clinica due largely to the County’s shortage of availability of bilingual staff. Staff indicated that they are committed to providing whatever kind of care that a client may need, but also revealed that there are gaps in service delivery due to the fact that there is a much higher demand than what they can provide for in a timely way. It was also mentioned that this may be largely due to the shortage of County bilingual staffing, so many clients are staying longer in treatment, rather than moving to

higher level of services through the County system of care. Lastly, staff stated that having the mental health services in the same place as the medical services makes linking their clients with appropriate services much easier. They expressed that this linkage is a key attractor for consumers, and that this presented an immense opportunity to educate the community they serve and reduce stigma.

La Clinica strives to be a go-to place for linkage to a variety of resources, a learning community where individuals learn how to manage their challenges, and serve as a provider of direct prevention services.

**Results.** La Clinica delivers services according to the values of the MHSA. La Clinica reaches out to a community with a high incidence of chronic and traumatic stress that traditionally has lacked resources. The program delivers programming at locations that are generally accessible (both culturally and logistically) to participants; staff is culturally and linguistically competent and maintains close ties to the community it serves. However, it is recommended that the program work to build relationships with the County and other agencies to help relieve some of the backlog and demand of services.

2. **Serve the agreed upon target population.** For Prevention and Early Intervention, does the program serve individuals and families who are at risk for developing a serious mental illness or 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.** La Clinica's target population is Contra Costa County Latino residents at risk for developing a serious mental illness. Often these individuals and families are underprivileged, subject to many high risk factors for developing mental health problems, and from a community that has been underserved. The program serves largely Hispanic families, many of whom are monolingual.

**Results.** The program serves the agreed upon target population.

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

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

**Discussion.** Monthly service summaries as well as semi-annual reports show that the program is consistently engaged in outreach activities, is providing support groups and individual navigation supports.

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

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.** Programming for *Building Connection in Underserved Cultural Communities* was included in the original PEI plan that was approved in May 2009 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 as well as the proposed PEI regulations on prevention programs. Programs and strategies pursue timely access to mental health services and linkages for individuals and families from underserved populations. 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 it is 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.** The program's target service numbers for their *Vias de Salud* program, as detailed in the Service Work Plan of their contract, is to conduct 3,000 depression screenings, 500 assessments and 1,000 follow-up services. The target service numbers for their *Familias Fuertes* program is 750 screenings for patients 0-17, 150 assessments and/or parent coaching sessions, and 200 children/caretakers served for individual sessions. Over the past three years, the

program has often served close to their target, and at times, exceeded their target numbers.

**Results.** The program serves the number of people that have been agreed upon, and at times exceeds the target enrollment number.

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.** La Clinica has a few well-defined primary program objectives as part of the service work plan. For *Vías de Salud* these include: early identification of social isolation, mental distress, and severe mental illness; increased access to mental health services; increased connection and linkage to community services; reduction in social isolation and distress; improved adjustment to life in the US for immigrants, improved family communication across the generations. For *Familias Fuertes* these include: early identification of severe mental illness; identification of behavior problems and parenting issues; reductions in acuity of distress; increased access to mental health services; increased connection and linkage to community services. The program has provided an annual report summarizing their progress towards meeting their program outcomes.

**Results.** Overall, the program achieves its primary objectives.

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

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

**Discussion.** Contra Costa County did not receive any grievances toward the program. The program has an internal grievance policy in place. Since the program does not provide billable services, it not subject to utilization review.

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

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.** La Clinica 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.** La Clinica's mental health team has a sufficient number and type of staff to support their operations. The experience level of the treatment team varied from a few years of experience in mental health to this being their first position in mental health. La Clinica encourages their team to take up to two weeks of trainings per year, and has a reimbursement program for training. However, one area of opportunity that staff indicated they often are busy with client care and would like a little more space created to take advantage of the training programs.
- Results.** Sufficient staffing is in place to serve the number of clients outlined in the most recent Service Work Plan.
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.** La Clinica is a non-profit organization incorporated in 1971 for the purpose of operating a comprehensive community health center. It provides a full range of services, which include medical, dental, eye, mental health, health education, nutrition, social support, pharmacy, laboratory and x-ray. The organization's mission is to improve the quality of life of the diverse communities

it serves by providing culturally appropriate, high quality and accessible health care for all. The organization has a total operating budget of \$97 million, and operates more than three dozen locations in Alameda, Contra Costa and Solano counties. Independent auditor reports from the last three years indicate that La Clinica is not at risk for adverse fiscal consequences due to their fiscal and accounting systems.

**Results.** Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 were provided and reviewed. No material or significant findings were noted.

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

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

**Discussion.** The organization appears to be operating within the budget constraints provided by their authorized contract amount, and thus appears to be able to sustain their stated costs of delivering PEI services for the entirety of the fiscal year. La Clinica's financial documents indicate that the parent organization has been expanding incrementally each year, and both representatives from La Clinica's Finance Department articulated sound fiscal guidance and support being provided to their field offices. The Board of Director meeting minutes indicate regular attention to the organization's fiscal well-being, as exemplified by regular reports on the indicator of sufficient fiscal reserves to carry on operations for over 90 days without revenue.

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

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

**Method.** Interview with fiscal manager.

**Discussion.** The Controller has been with La Clinica for 15 years, appears well qualified, and described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles. The organization uses La Clinica's system-wide accounting software program (Sege MIP) for all facets of personnel and administrative activities.

**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.** A randomly selected invoice for each of the last three years was matched with supporting documentation provided by the agency. A clear and accurate connection was established between documented hours worked and submitted invoices. The two clinics operating in Contra Costa County are federally qualified health centers (FQHC). The organization's software program apportions the FQHC and PEI contract revenues to fully fund the staff and associated costs that provide mental health services in these two health clinics. It appears that there is not duplicate billing to the two funding sources, and that staff time and expenses dedicated to PEI activities are at least equal to or greater than the amount billed to CCBHS.

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

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

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

**Discussion.** Line item personnel and operating costs were reviewed for appropriateness. All line items submitted were consistent with line items that are appropriate to support the service delivery.

**Results.** Method of allocation of percentage of personnel time and operating costs appear to be justified and documented.

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.** Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year.

**Results.** La Clinica 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.

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

**Discussion.** The management and general costs reflected in the independent auditor's report support an indirect rate of 19.5%. The contract with CCBHS budgets 10%. La Clinica staff indicated that they were under the impression that CCBHS had instructed them to not exceed 10%. La Clinica staff were advised that this is a cost based contract, and that they had the flexibility to charge up to their approved rate as long as they did not exceed the total contract limit.

**Results.** At 10% the indirect appears reasonable.

**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 commercial general liability insurance, automobile liability, umbrella liability, professional liability and directors and officers liability policies that were in effect at the time of the site visit.

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

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

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

**Results.** Program staff and county communicate regularly and in recent months increasingly to discuss outcomes and reporting requirements.

**Discussion.** The program has good communication with the contract manager.

## **IX. Summary of Results.**

La Clinica is committed to delivering culturally and linguistically appropriate mental health services to address the needs of the diverse populations it serves. Their prevention and early intervention services seek to connect these families and consumers to sustainable resources and supports. The La Clinica programs adhere to the values of MHSA and serving their target population. The program is meeting and often exceeding the outcomes detailed in their contract. La Clinica appears to be a financially sound organization that follows generally accepted accounting principles, and maintains documentation that supports agreed upon service expenditures.

## **X. Findings for Further Attention.**

- It is recommended that the County and program work towards strengthening their relationships and other agencies to help relieve some of the backlog and demand of services.

## **XI. Next Review Date. May 2020**

## **XII. Appendices.**

Appendix A – Program Description

Appendix B - Service Work Plan

Appendix C – Service Provider Budget

Appendix D – Organizational Chart

Appendix E – Independent Audit

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

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation

Indirect Cost Allocation Methodology/Plan

Board of Directors' Meeting Minutes

Insurance Policies

MHSA Three Year Plan and Update(s)

## Appendix A - Program Description

### La Clinica de la Raza

Point of Contact: Leslie Preston and Nancy Facher

Contact Information: La Clinica Monument, 2000 Sierra Rd, Concord, 94518. (510) 535-6200 [nfacher@laclinica.org](mailto:nfacher@laclinica.org)

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

With 34 sites spread across Alameda, Contra Costa and Solano Counties, La Clínica has 46 years delivering culturally and linguistically appropriate health care services to address the needs of the diverse populations it serves. La Clínica is the 8<sup>th</sup> largest federally qualified health center in California.

#### 2. **Program: Vias de Salud and Familias Fuertes (PEI)**

- a. **Scope of Services:** *Vías de Salud* (Pathways to Health) serves Latinos residing in Central and East County with: a) 3,000 screenings for mental health risk factors; and b) 1,000 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional disturbance; and c) psycho-educational groups facilitated by a social worker for 68 adults to address isolation, stress, communication and cultural adjustment. La Clinica implements *Familias Fuertes* (Strong Families), to educate and support Latino parents and caregivers living in Central and East County in the healthy development of their children and youth. Project activities include: 1) Screening for risk factors in youth ages 0-18 (1,000 screenings); 2) 250 assessment and/or parent coaching sessions provided to parents/caretakers of children ages 0-18; 3) 48 parents/caretakers participating in individual education/support sessions with a social worker to include psycho-education, support and/or case management regarding psycho-social and behavioral health stressors; and 4) 24 parents/caretakers participating in parent education and support groups. The group utilizes the evidence based and culturally relevant curriculum entitled *Los Niños Bien Educados*.
- b. **Target Population:** Contra Costa County Latino residents at risk for developing a serious mental illness.
- c. **Payment Limit:** Vias de Salud: \$144,139. Familias Fuertes: \$112,611.
- d. **Number served** For FY 14/15 All programs combined: 3252. Vias de Salud provided 2488 screenings, 2087 behavioral health (BH) consultations, 63 clients participated in groups. Familias Fuertes: 784 screenings, 175 BH consultations, 159 individual education and support, 14 parent group participants.
- e. **Outcomes:** Vias de Salud - 91% of Participants of support groups reported reduction in isolation and depression. Familias Fuertes - 100% of parents reported increased knowledge about positive family communication, 100% of parents reported improved skills, behavior, and family relationships.

## Appendix B – Service Work Plan

### I. Scope of Services

La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with: a) 3,000 depression screenings; b) 500 assessment and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,000 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 150 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3), Two hundred (200) follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues.

As per California Code of Regulations (CCR) Title 9, Division 1, Chapter 14, Section 3735, La Clínica will include the following strategies, and report outcomes on these strategies as per County reporting requirements:

1. Be designed and implemented to help create access and linkage to mental health treatment,
2. Be designed, implemented and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations,
3. Be designed, implemented and promoted using strategies that are non-stigmatizing and non-discriminatory.

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

During the term of this contract, La Clínica will assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA), by providing Prevention and Early Intervention Services for Project #1, Building Connections in Underserved Cultural Communities, with its *Vías de Salud* program; and Project #6, Parenting Education and Support with its *Familias Fuertes* program.

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

#### A. Program Facilities Location

##### (1) **La Clínica de La Raza, La Clínica Monument**

2000 Sierra Road  
Concord, CA 94518  
925-363-2000

##### (2) **La Clínica de La Raza, La Clínica Pittsburg Medical**

2240 Gladstone Drive, Suite 4  
Pittsburg, CA 94565  
925-431-1230

B. Contact Person, Phone Number, and Email

Mistique Felton, Planner  
P.O. Box 22210  
Oakland, CA 94623-2210  
510-535-2973  
mfelton@laclinica.org

C. Program Hours of Operation

La Clínica de La Raza will provide services simultaneously at two sites:  
La Clínica Monument Medical Clinic: Monday – Friday: 8:30am - 5:30pm.  
La Clínica Pittsburg Medical Clinic: Monday – Friday: 8:30am - 5:30pm

D. Program Staffing (including staffing pattern)

Contractor will employ 2.8 FTE to provide direct services.  
This consists of: 0.15 FTE of an Integrated Behavioral Medicine Specialist, 1.0 FTE of Medical Assistants, and 1.5 FTE Integrated BH Clinicians.

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

Contractor will provide 3,750 screenings and 650 assessment/consultation/early intervention services, and 1,200 follow up consultation/brief treatment services on an annual basis. Contractor shall attach to the billing a Monthly Contract Service /Expenditure Summary (Form: MHP029) with the total number of services provided for the month and the additional unduplicated (for the year) number of clients served during the month.

**V. Billing Procedure**

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

Demands for payment should be submitted by mail to:

Jennifer Bruggeman, LMFT  
Program Supervisor, MHSA/PEI  
Contra Costa Mental Health  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553  
Telephone: (925) 957-7548  
Fax: (925) 957-5156

**VI. Outcome Statements**

For the *Vías de Salud* program:

- A. Reduce disparities and increase penetration of mental health services through culturally and linguistically competent early identification, assessment and brief intervention services integrated into the medical setting.
1. Early identification of social isolation, mental distress and severe mental illness
  2. Increased access to mental health services

3. Increased connection and linkage to community services
4. Reduction in social isolation and distress
5. Improved adjustment to life in the United States for immigrants
6. Improved family communication across the generations

For *Familias Fuertes* program, Project #6:

- A. Parents of youth 0-18 will receive education and support to be strong parents and to raise healthy and emotionally healthy children:
  1. Early identification of severe mental illness.
  2. Identification of behavior problems and parenting issues.
  3. Reduction in acuity of distress.
  4. Increased access to mental health services.
  5. Increased connection and linkage to community services.

## **VII. Measures of Success**

The contractor will track the following MHSA outcome measures:

For the *Vías de Salud* program (Project #1):

- A. 3,000 Depression Screenings will be completed annually by patients of La Clínica primary care.
- B. 500 Assessments will be provided by a Behavioral Health Specialists within the FY 16-17
- C. 1,000 Follow up services will be provided by a Behavioral Health Specialists within FY 16-17
- D. 75% of participants who complete three or more follow up visits will demonstrate reduction in mental health symptoms as measured through a standardized screen (PHQ-9, GAD-7, etc) in FY 16-17

For *Familias Fuertes* program, Project #6:

- A. 750 Behavioral Screenings of patients aged 0 – 17 will be completed during the 12-month period by parents (of children 0-12) and adolescents (age 12-17)
- B. A total of 150 Assessment and/or Parent coaching sessions will be provided for FY 16-17
- C. 200 children/caretakers will participate in follow up individual/family education/brief treatment sessions with a Behavioral Health Clinician
- D. 75% of children/parents who complete four or more follow up visits will self-report improvement in child's symptoms, improvement in communication and/or parenting in FY 16-17

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

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

For the *Vías de Salud* program:

- A. Tracking / La Clínica Practice Management Computer system and data reports (NextGen).
- B. Pre and Post Test: Participants of assessments/follow up visits will use standardized scales PHQ-9 (Depression) or GAD-7 (Anxiety Scale)

For *Familias Fuertes* program:

- A. Tracking / La Clínica Practice Management Computer system and data reports (NextGen).

- B. Pre and Post Test Assessment of children's behavioral health symptoms will use standardized clinical scales and parent education/support focused service will include Retrospective Assessment of Family Relationship Questionnaire which includes child and parent behavior questions. Outcome data will be collected through completed pre/post test designed for use with curriculum *Los Niños Bien Educados*.

**IX. Reports Required**

Contractor is asked to complete and submit a Semi Annual Reporting Form, on Jan 15, 2017 and July 15, 2017, to document the program's progress in implementing the contract and track statistical information (i.e. age, gender, ethnicity, language, and client residence) of the target population(s) actually served, as defined by the Contractor and approved by the County during contract award and negotiation process. The year-end report will also contain report on outcomes.

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

Jennifer Bruggeman, LMFT  
Contra Costa Mental Health  
Email: Jennifer.bruggeman@hsd.cccounty.us  
Telephone: (925) 957-7548

**X. Other**

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

**CONTRA COSTA MENTAL HEALTH -- MHTA -- Prevention & Early Intervention**

**#1: Vías de Salud (Pathways to Health/S3) and #6:  
Familias Fuertes (Strong Families/S2)**

**Project # 1 and 6**

**Applicant**

**Name: La Clínica de La Raza, Inc. (La Clínica)**

4/18/2016

**Budget Period: July 1, 2016-June 30, 2017**

**Total Dollars Requested:**

**A. Expenditures**

**1. Staffing**

- Behavioral Medicine Consultants (L. Lessenger)
- Medical Assistant (M. Escalante)
- Medical Assistant (E. Murillo)
- Integrated BH Clinician Monument (M. Gubser)
- Integrated BH Clinician Pittsburg (A. Lopez)
- Integrated BH Clinician Monument (A. Rangel)
- BH Supervisor
- Manager of Integrated Behavioral Health (N. Facher)

Total Salaries

Employee Benefits (26.5% of Salary Costs)

**Total Personnel Expenditures (Salaries plus Benefits)**

**3. Operating Expenditures**

- a. Professional Services
- b. Translation and Interpreter Services
- c. Travel and Transportation
- d. General Office Expenditures
- e. Facility rental & building maintenance
- F. Utilities
- f. Outreach Expense
- g. Communications Expense
- h. Other Program Related Expenses

**Total Operating Expenditures**

**4. Administrative Costs**

- a. Overhead (not to exceed 10%) 10 %

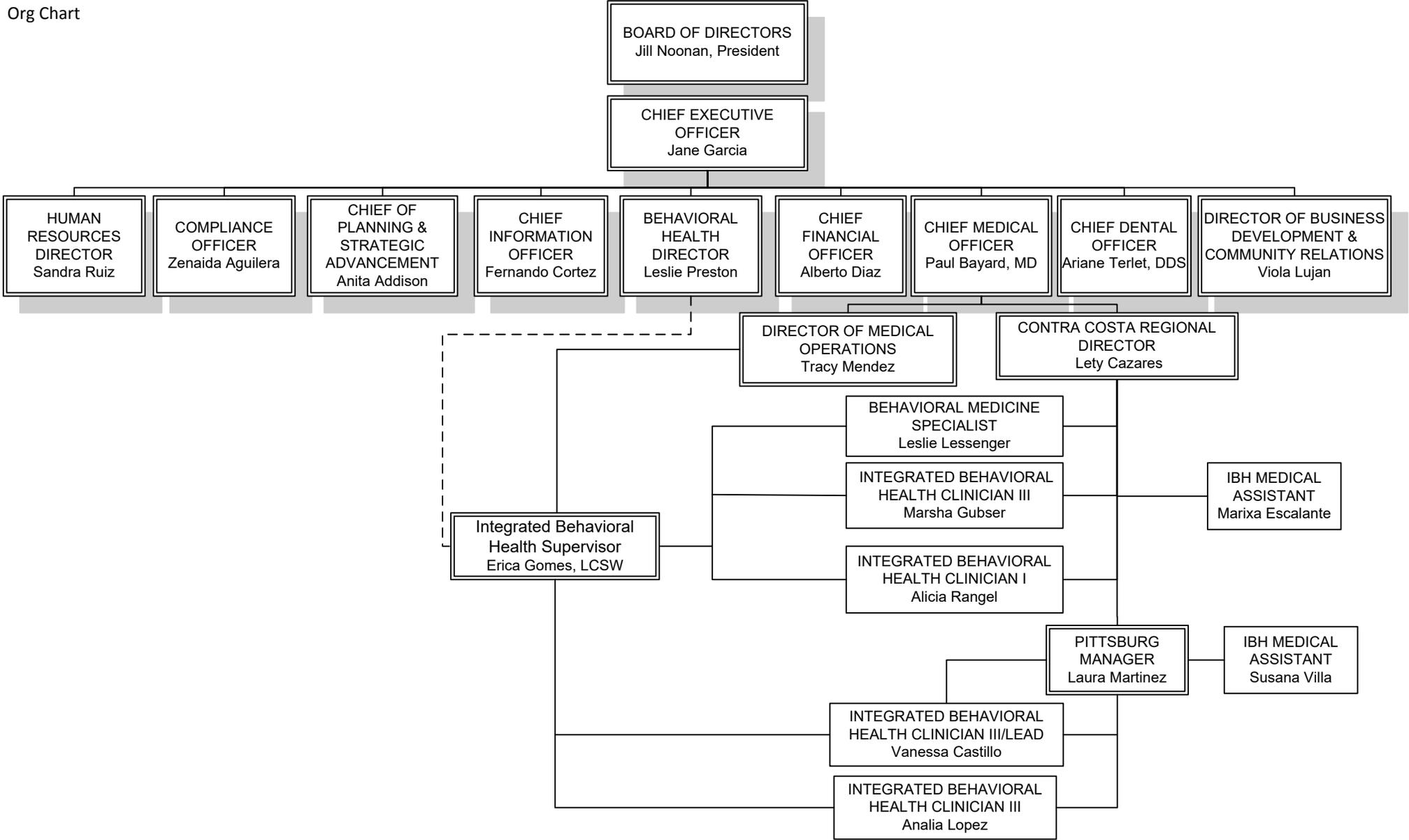
**TOTAL PROPOSED PROGRAM BUDGET**

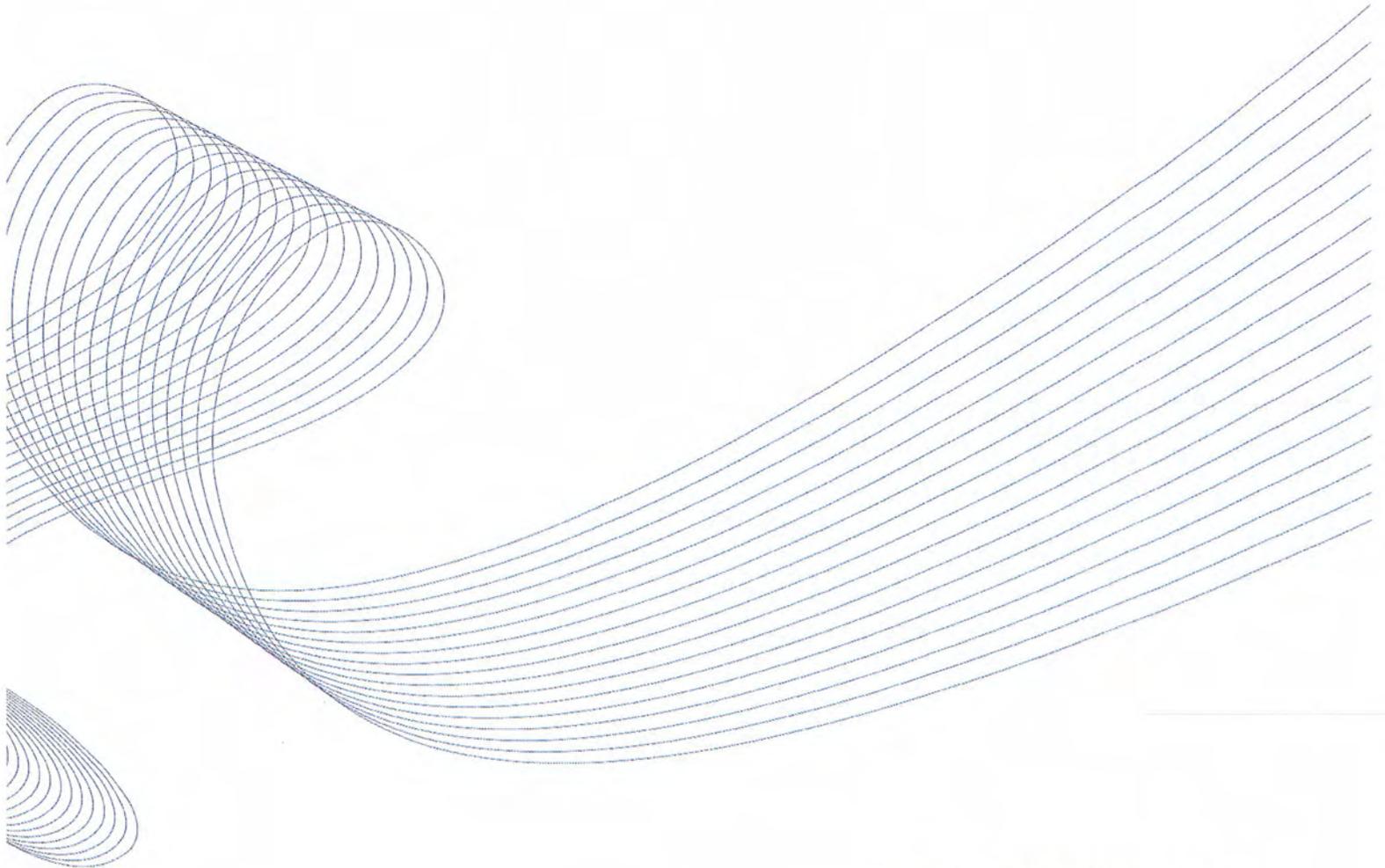
**B. Other Revenue (estimated)**

- a. Medi-Cal (Primary Care Medi-Cal revenue)
- b. Other: (specify)
- e. Total Revenue

**C. Total MHTA Operational Funds Requested**

S3 Budget (Adults)		S2 Budget		Combined S2/S3	
Proj #1 (MHTA)		Proj #6 (MHTA)		COMBINED PROJ 1 & 6 (MHTA)	
Proj #1 FTE	Proj. #1 12 mo. Budget	Proj. #6 FTE	Proj. #6 12 mo. Budget	Total La Clínica FTE	Total La Clínica 12 mo. Budget
0.10	\$ 9,853	0.05	\$ 4,926	0.15	\$ 14,779
0.30	\$ 13,000	0.20	\$ 8,667	0.50	\$ 21,667
0.25	\$ 10,865	0.25	\$ 10,865	0.50	\$ 21,731
0.30	\$ 17,249	0.25	\$ 14,374	0.55	
0.40	\$ 24,064	0.30	\$ 18,048	0.55	\$ 35,297
0.20	\$ 12,525	0.20	\$ 12,525	0.40	\$ 25,049
0.10	\$ 7,717	0.05	\$ 3,858	0.15	\$ 11,575
0.10	\$ 9,050	0.10	\$ 9,050	0.20	\$ 18,101
<b>1.75</b>		<b>1.40</b>		<b>3.15</b>	
	\$ 104,323		\$ 82,314		\$ 148,199
	\$ 27,646		\$ 21,813		\$ 49,459
	\$ 131,969		\$ 104,127		\$ 236,096
					\$ -
	\$ -				\$ -
	\$ 1,349		\$ 1,318		\$ 2,666
	\$ 1,649				\$ 1,649
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	\$ 2,997		\$ 1,318		\$ 4,315
	\$ 13,497		\$ 10,544		\$ 24,041
	\$ 148,463		\$ 115,989		\$ 264,452
					\$ -
	\$ -		\$ -		\$ -
	\$ -				\$ -
	\$ 148,463		\$ 115,989		\$ 264,452





Report of Independent Auditors and  
Financial Statements

**La Clinica de La Raza, Inc.**

June 30, 2016 and 2015

**MOSS ADAMS<sub>LLP</sub>**

Certified Public Accountants | Business Consultants

## CONTENTS

	PAGE
<b>REPORT OF INDEPENDENT AUDITORS</b> .....	1
<b>FINANCIAL STATEMENTS</b>	
Statements of financial position .....	3
Statements of operations and changes in net assets .....	4
Statements of functional expenses .....	5
Statements of cash flows .....	7
Notes to financial statements .....	8

## REPORT OF INDEPENDENT AUDITORS

The Board of Directors  
La Clinica de La Raza, Inc.

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

We have audited the accompanying financial statements of La Clinica de La Raza, Inc., which comprise the statement of financial position as of June 30, 2016, and the related statements of operations and changes in net assets, 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 financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

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

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

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

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of La Clinica de La Raza, Inc., as of June 30, 2016, 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***

*Report on Summarized Comparative Information*

We have previously audited La Clinica de La Raza, Inc.'s 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 15, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2015, is consistent in all material respects, with the audited financial statements from which it has been derived.

*Moss Adams LLP*

San Francisco, California  
December 20, 2016

**FINANCIAL STATEMENTS**

---

**LA CLINICA DE LA RAZA, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**June 30, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 9,196,845	\$ 13,989,802
Short-term investments	2,755,573	365,950
Short-term assets limited as to use	3,566,590	3,563,376
Patient accounts receivable, net of allowance for doubtful accounts of \$4,069,806 in 2016 and \$243,927 in 2015	5,895,809	4,373,064
Grants and contracts receivable	8,120,214	5,609,533
Other receivables	701,505	474,786
Inventory	245,804	249,961
Prepaid expenses	842,908	463,004
Total current assets	<u>31,325,248</u>	<u>29,089,476</u>
<b>NONCURRENT ASSETS</b>		
Long-term investments	11,220,442	11,024,409
Property, plant, and equipment, net of accumulated depreciation	28,549,107	29,235,883
Total assets	<u>\$ 71,094,797</u>	<u>\$ 69,349,768</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 2,076,333	\$ 2,292,556
Estimated third-party payor settlements	4,235,321	3,568,693
Accrued liabilities	6,441,872	6,596,838
Deferred revenue	5,821,331	4,285,899
Current portion of long-term obligations	386,545	4,966,278
Total current liabilities	<u>18,961,402</u>	<u>21,710,264</u>
<b>LONG-TERM OBLIGATIONS, net of current portion</b>	<u>9,877,767</u>	<u>5,929,296</u>
Total liabilities	<u>28,839,169</u>	<u>27,639,560</u>
<b>NET ASSETS</b>		
Unrestricted	41,219,241	40,738,656
Temporarily restricted	1,036,387	971,552
Total net assets	<u>42,255,628</u>	<u>41,710,208</u>
Total liabilities and net assets	<u>\$ 71,094,797</u>	<u>\$ 69,349,768</u>

*See accompanying notes.*

**LA CLINICA DE LA RAZA, INC.**  
**STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS**  
**Year Ended June 30, 2016 (With Summarized Comparative Totals for the Year Ended June 30, 2015)**

	Unrestricted	Temporarily Restricted	2016 Total	2015 Total
<b>REVENUES AND OTHER SUPPORT</b>				
Net patient service revenues	\$ 61,987,231	\$ -	\$ 61,987,231	\$ 64,560,483
Provision for bad debts	(3,826,212)	-	(3,826,212)	(3,051,833)
Net patient service revenue less provision for bad debts	<u>58,161,019</u>	<u>-</u>	<u>58,161,019</u>	<u>61,508,650</u>
Grants and contributions	26,806,413	236,035	27,042,448	25,320,729
Capitation revenue	6,555,249	-	6,555,249	5,801,401
Contributions in-kind	1,605,434	-	1,605,434	2,111,262
Other income	4,447,597	-	4,447,597	3,276,781
Net assets released from restrictions	94,355	(94,355)	-	-
Total revenues and other support	<u>97,670,067</u>	<u>141,680</u>	<u>97,811,747</u>	<u>98,018,823</u>
<b>EXPENDITURES</b>				
Program services	86,666,951	-	86,666,951	78,874,244
Support services	10,866,879	-	10,866,879	14,350,346
Total expenditures	<u>97,533,830</u>	<u>-</u>	<u>97,533,830</u>	<u>93,224,590</u>
Excess of revenues and other support over expenditures	136,237	141,680	277,917	4,794,233
<b>OTHER INCOME</b>				
Investment return - change in unrealized gains and (losses) on investment	267,503	-	267,503	(100,783)
Capital contributions	76,845	(76,845)	-	-
Total other income (loss)	344,348	(76,845)	267,503	(100,783)
<b>CHANGES IN NET ASSETS</b>	480,585	64,835	545,420	4,693,450
<b>NET ASSETS, beginning of year</b>	<u>40,738,656</u>	<u>971,552</u>	<u>41,710,208</u>	<u>37,016,758</u>
<b>NET ASSETS, end of year</b>	<u>\$ 41,219,241</u>	<u>\$ 1,036,387</u>	<u>\$ 42,255,628</u>	<u>\$ 41,710,208</u>

See accompanying notes.

LA CLINICA DE LA RAZA, INC.  
STATEMENTS OF FUNCTIONAL EXPENSES  
Year Ended June 30, 2016

	Program Services						Support Services			Total Program and Support Services	
	Medical	Dental	Vision	Ancillary	Mental Health	Health Education	Total Program Services	Management and General	Fundraising		Total Support Services
Personnel	\$ 28,757,177	\$ 10,354,070	\$ 998,595	\$ 2,962,554	\$ 2,721,605	\$ 2,487,167	\$ 48,201,168	\$ 8,449,551	\$ 103,405	\$ 8,552,956	\$ 56,834,124
Fringe benefits	7,855,960	2,740,689	262,645	831,005	751,646	682,753	13,144,698	2,342,919	26,732	2,369,651	15,514,349
Consultants	412,501	184,578	16,725	78,992	9,891	-	702,587	1,506,100	1,843	1,507,943	2,210,530
Contracted service	1,694,289	697,967	39,209	349,065	482,000	145,318	3,407,848	3,229,477	57,797	3,287,274	6,695,122
Space and utilities	1,557,537	274,959	156,366	51,342	139,116	106,807	2,286,127	643,483	-	643,483	2,929,610
Supplies	4,131,838	1,066,945	241,806	1,730,699	59,592	108,634	7,339,514	353,205	3,402	356,607	7,696,121
Equipment lease/maintenance	106,221	14,720	7,824	8,393	8,050	14,916	160,324	42,198	-	42,198	202,512
Travel	41,982	9,355	-	1,434	11,824	31,235	95,830	130,945	1,393	131,738	227,568
Other	2,025,731	666,085	83,113	77,014	588,721	511,835	3,952,499	(1,712,989)	32,370	(1,680,619)	2,271,880
La Clinica functions	11,410	475	-	-	-	6,177	18,070	121,583	26,588	148,171	166,241
Insurance	-	-	-	-	8,949	-	8,949	252,779	-	252,779	261,728
Interest	243,144	69,711	-	9,457	42	3,112	325,466	-	-	-	325,466
Recruitment	6,921	-	-	200	3,675	470	11,266	244,189	99	244,288	255,554
Fundraising	-	-	-	-	-	-	-	-	93,920	93,920	93,920
EHR expenses	3,967,768	906,802	146,279	390,043	-	106,431	5,517,323	(5,517,323)	-	(5,517,323)	-
Depreciation	918,122	351,449	5,606	43,694	43,235	53,176	1,415,282	433,823	-	433,823	1,849,105
<b>Total expenditures</b>	<b>\$ 51,730,609</b>	<b>\$ 17,357,805</b>	<b>\$ 1,958,168</b>	<b>\$ 6,533,992</b>	<b>\$ 4,828,346</b>	<b>\$ 4,258,031</b>	<b>\$ 86,666,951</b>	<b>\$ 10,519,330</b>	<b>\$ 347,549</b>	<b>\$ 10,866,879</b>	<b>\$ 97,533,830</b>

See accompanying notes.

LA CLINICA DE LA RAZA, INC.  
STATEMENTS OF FUNCTIONAL EXPENSES  
Year Ended June 30, 2015

	Program Services						Total Program Services	Support Services		Total Support Services	Total Program and Support Services
	Medical	Dental	Eye	Ancillary	Mental Health	Health Education		Management and General	Fundraising		
Personnel	\$ 26,607,225	\$ 10,296,597	\$ 906,649	\$ 2,938,326	\$ 2,705,095	\$ 2,502,954	\$ 45,954,846	\$ 8,993,998	\$ 130,514	\$ 9,124,512	\$ 55,079,358
Fringe benefits	6,722,039	2,940,092	236,152	776,639	679,777	641,943	11,586,642	2,501,711	35,327	2,537,038	14,123,680
Consultants	560,655	22,825	14,625	79,446	102,409	75	780,055	659,900	-	659,900	1,439,955
Contracted service	1,615,903	717,772	16,251	393,137	541,833	167,587	3,452,483	2,337,010	13,686	2,350,696	5,803,179
Space and utilities	1,413,363	302,872	159,309	53,884	139,620	107,050	2,176,098	621,585	-	621,585	2,797,683
Supplies	4,352,103	1,177,770	294,437	1,411,512	84,198	181,839	7,501,859	1,216,026	10,317	1,226,343	8,728,202
Equipment lease/maintenance	99,944	16,302	25,922	5,899	6,876	13,838	168,781	46,113	-	46,113	214,894
Travel	26,653	7,329	27	1,451	14,574	33,056	83,090	80,206	3,006	83,212	166,302
Other	1,683,905	617,662	64,128	80,243	747,535	503,467	3,696,940	(1,489,812)	20,555	(1,469,257)	2,227,683
La Clinica functions	5,831	186	-	-	2,721	3,731	12,469	50,145	32,885	83,030	95,499
Insurance	-	-	-	-	8,202	-	8,202	196,448	-	196,448	204,650
Interest	288,598	71,635	-	12,729	501	2,932	376,395	245	-	245	376,640
Recruitment	5,260	300	-	-	1,315	375	7,250	102,465	-	102,465	109,715
Fundraising	-	-	-	-	-	-	-	-	81,462	-	81,462
EHR expenses	1,359,066	39,439	97,524	51,397	-	51,822	1,599,248	(1,599,248)	-	(1,599,248)	-
Depreciation	980,080	330,325	8,434	43,880	49,169	57,998	1,469,886	305,802	-	305,802	1,775,688
<b>Total expenditures</b>	<b>\$ 45,720,625</b>	<b>\$ 16,141,106</b>	<b>\$ 1,811,458</b>	<b>\$ 5,848,563</b>	<b>\$ 5,083,825</b>	<b>\$ 4,268,667</b>	<b>\$ 78,874,244</b>	<b>\$ 14,022,594</b>	<b>\$ 327,752</b>	<b>\$ 14,350,346</b>	<b>\$ 93,224,590</b>

See accompanying notes.

**LA CLINICA DE LA RAZA, INC.**  
**STATEMENTS OF CASH FLOWS**  
**Years Ended June 30, 2016 and 2015**

	<b>2016</b>	<b>2015</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Changes in net assets	\$ 545,420	\$ 4,693,450
Adjustments to reconcile the change in net assets to net cash from operating activities		
Depreciation	1,849,105	1,775,689
Net unrealized (gain) loss on investments	(267,503)	100,783
Gain on loan forgiveness	-	(1,010,643)
Provision for bad debts	3,826,212	3,051,833
Changes in operating assets and liabilities		
Patient accounts receivable, net	(5,348,957)	(529,990)
Grants and contracts receivable	(2,510,681)	(1,499,396)
Other receivables	(226,719)	(48,839)
Inventory	4,157	96,531
Prepaid expenses	(379,904)	284,092
Accounts payable	(216,223)	396,938
Estimated third-party payor settlements	666,628	1,844,086
Accrued liabilities	(154,966)	1,375,128
Deferred revenue	1,535,432	1,324,142
Net cash (used in) provided by operating activities	(677,999)	11,853,804
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of investments	(2,318,153)	(596,183)
Proceeds from sale of investments	-	288,107
Purchases of property, plant, and equipment	(1,162,329)	(1,019,051)
Purchases of assets limited as to use	(3,214)	(2,892,030)
Net cash used in investing activities	(3,483,696)	(4,219,157)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Principal repayments on long-term obligations	(631,262)	(551,324)
Net cash used in financing activities	(631,262)	(551,324)
<b>CHANGES IN CASH AND CASH EQUIVALENTS</b>	(4,792,957)	7,083,323
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	13,989,802	6,906,479
<b>CASH AND CASH EQUIVALENTS, end of year</b>	\$ 9,196,845	\$ 13,989,802
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</b>		
Interest paid	\$ 323,731	\$ 453,747

*See accompanying notes.*

**LA CLINICA DE LA RAZA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

---

**NOTE 1 – DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Organization** – La Clinica de La Raza, Inc. (the “Organization”), is a nonprofit organization incorporated in February 1971 for the purpose of operating a comprehensive community health center. It provides a full range of services, which include medical, dental, eye, mental health, health education, nutrition, social support, pharmacy, laboratory, and X-ray. The Organization’s mission is to improve the quality of life of the diverse communities it serves by providing culturally appropriate, high-quality, and accessible health care for all.

Located in Oakland, San Leandro, and San Lorenzo of Alameda County; Pittsburg, Oakley, and Concord of Contra Costa County; and Vallejo of Solano County, the Organization served 91,750 patients last year. The Organization operates at more than three dozen locations, including the following clinics: medical, dental, and behavioral health clinics at La Clinica de La Raza (at the Fruitvale Transit Village) which includes pharmacy, laboratory, and radiology; La Clinica de La Raza – Dental (on Fruitvale Avenue); Casa del Sol (mental health clinic) I, II, and III; Clinica Alta Vista (a teen clinic); San Antonio Neighborhood Health Center which includes pharmacy; Family Optical (eye clinic); two Women Infants and Children (“WIC”) programs, one in the San Antonio Neighborhood Health Center and one in a free-standing site; a dental clinic at Children’s Hospital Oakland; a medical clinic in Pittsburg; a dental clinic in Pittsburg; a mobile dental clinic serving Contra Costa County; a medical, dental, and optical clinic in Concord; a medical clinic in Oakley; three medical clinics in Vallejo; and a dental clinic in Vallejo. The Organization also runs eight school-based clinics: Hawthorne Elementary School-Based Clinic, Roosevelt Health Center, Tiger Health Clinic (at Fremont High), San Lorenzo High Health Center, TechniClinic (at Oakland Technical High), Havenscourt Health Center, Youth Heart Health Center (at Downtown Educational Complex), and Fuente Wellness Center (at REACH Ashland Youth Center).

The Organization derives its support from grants and contracts awarded by the United States Department of Health and Human Services, State of California, Alameda County, City of Oakland, and a host of other local governments, private foundations, and corporations.

The following programs and supporting services are included in the accompanying financial statements:

**PROGRAMS:**

**Medical** – The medical clinics provide basic health care for people of all ages: family medicine, internal medicine, pediatrics, and obstetrics-gynecology.

**Dental** – The dental department offers the following dental services: dental hygiene, general dentistry, orthodontics, periodontics, pedodontics, endodontics, and oral surgery.

**Vision** – The vision or eye care department offers optometry and ophthalmology services.

**Ancillary** – The ancillary department includes in-patient, pharmacy, radiology, and laboratory services.

**Mental health** – The mental health department offers counseling services for children and adults.

**Health education** – The clinic provides nutritional programs such as therapeutic nutritional counseling, nutrition education, and WIC program. The clinic also includes the health education department which offers classes, support groups and other activities on various health topics, including diabetes, cholesterol, chronic illness, prenatal, smoking prevention, smoking cessation, high blood pressure, HIV/AIDS, and family planning. These services are provided to community residents and patients.

**SUPPORT SERVICES:**

**Management and general** – Management and general services include the functions necessary to maintain a viable community health services program, ensure an adequate working environment, provide coordination and articulation of the Organization’s program strategy through the Office of the Chief Executive Officer, secure proper administrative functioning of the Board of Directors, assure compliance for the program administration of the Organization, and manage the financial and budgetary responsibilities of the Organization.

**Fundraising** – Fundraising expenses are the costs related to activities that involve encouraging potential donors to contribute assets, services, or time. Fundraising costs are expensed when incurred.

**Summarized financial information** – The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient information to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization’s financial statements as of June 30, 2016.

**Cash and cash equivalents** – Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less.

**Assets limited as to use** – Assets limited as to use primarily include assets held by trustees under indenture agreements and designated assets set aside by the Board of Directors for specific purposes including future capital improvements over which the Board of Directors retains control and may, at its discretion, subsequently use for other purposes.

**Investments** – All investments in money market funds, mutual funds, debt securities, and equity investments are measured at fair value in the statement of financial position. Investment income or loss is included in unrestricted net assets unless their use is temporarily or permanently restricted by donor or law. Unrealized gains and losses on investments are included in changes in unrestricted net assets unless the income or loss is restricted by donor or law.

**Inventory** – Inventory consists of office and medical supplies, and is stated at lower of cost or market.

**Property, plant, and equipment** – Property, plant, and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Leasehold improvements are amortized over the shorter of the life of the lease or the useful life of the improvements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. Cost or maintenance and repairs are charged to expense as incurred. Estimated useful lives are as follows:

Buildings and improvements	15 - 40 years
Furniture and equipment	5 - 7 years
Software	5 years

The Organization periodically evaluates prominent events or changes in circumstances affecting capital assets to determine whether impairment of a capital asset has occurred. Impairment losses on capital assets are measured using the method that best reflects the diminished service utility of the capital asset. No asset impairment was recognized during the years ended June 30, 2016 and 2015.

**Deferred revenue** – Deferred revenue primarily consists of contracts billings or payments received in advance of revenue recognition from the Organization’s service for Short Doyle contracts with Alameda County to provide mental health services, Department of Health and Human Services contracts to provide primary and preventive health services, as well as grants from various organizations. The Organization generally recognizes the revenue when the revenue recognition criteria are met through performance of services as stipulated in the respective contracts.

**Professional liability insurance** – The Organization, including officers, governing board members, employees, and contractors who are physicians or other licensed or certified health care practitioners, are covered under the Federal Tort Claims Act (“FTCA”), which is available to clinics funded under §330 of the Public Health Service Act. The Organization has been deemed to be a federal agency for the purposes of §224 of the FTCA. FTCA coverage is comparable to an occurrence policy without a monetary cap. The Organization also has supplemental professional liability coverage for individual claims up to \$1,000,000 and aggregate annual claims up to \$6,000,000 based upon occurrence.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Organization’s claim experience, no such accrual has been made and there are no known claims or incidents that may result in the assertion of additional claims as of the date of this report. It is reasonably possible that this estimate could change materially in the near term.

**LA CLINICA DE LA RAZA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

---

**Basis of presentation** – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets, revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

*Unrestricted net assets* – Net assets that are not subject to donor imposed stipulations. Investment earnings are recorded as unrestricted net assets for certain temporarily restricted funds in accordance with the Organization's spending rule and for certain funds in accordance with donor stipulations.

*Temporarily restricted net assets* – Net assets subject to donor-imposed stipulations that will be met either by actions of the Organization and/or passage of time. When a restriction is met, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of operations as net assets released from restrictions.

*Permanently restricted net assets* – Net assets subject to donor imposed stipulations are maintained by the Organization in perpetuity. At June 30, 2016 and 2015, the Organization had no permanently restricted net assets.

**Revenue recognition** – The Organization has agreements with third-party payors that provide for payment amounts, which differ from its standard charges. A summary of major payment arrangements is as follows:

**Patient services revenue** – For the years ended June 30, 2016 and 2015, approximately 63% and 66%, respectively, of the Organization's revenues are from patients who are covered by Medicare, Medi-Cal, or third-party insurance carriers. These payors limit payment for services based upon their respective schedules of usual, customary, and reasonable fees. An allowance for contractual adjustments results from the difference between the payment based on the usual, customary, and reasonable fee and the Organization's standard charge. The allowance is recorded as a deduction from patient revenues. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

**Capitation revenue** – The Organization contracts with health maintenance organizations ("HMOs") to provide health care services to HMO enrollees. Under the various contracts, the Organization receives a per-enrollee amount (capitated payment) each month covering all primary care physicians services needed by the HMO enrollees. Capitation payments are recognized as premium revenue during the period in which the Organization is obligated to provide services to HMO enrollees.

**Federal funding** – The Organization participates in the Medi-Cal and Medicare programs as a Federally Qualified Health Center ("FQHC"), which provides for cost reimbursement as an all-inclusive provider. This program provides reimbursement at a single rate for all types of services provided by the Organization on an encounter reporting basis.

**Sliding fee scales** – The Organization provides medical, dental, and optometry services to eligible patients at a discounted rate or for a nominal fee, based on eligibility determined by the patient's household size and income.

**Grants and contributions** – The Organization receives grants from federal agencies, the State of California, and Alameda County, City of Oakland, as well as contributions from private organizations. Government grants are reimbursed based on actual expenses incurred or units of services provided. Revenue from these grants is recognized either when expenses are incurred or when services are provided. Revenue recognition depends on the grant award agreements. Contribution revenue is reported when cash is received, unconditional promises are made, or ownership of other assets is transferred to the organization. Contributions may be restricted for either specific operating purposes or for capital purposes.

**Donations** – Donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Noncash donations are recorded at their estimated fair values at the date of donation. Donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation are reported as donated services.

**Functional allocation of expenses** – In order to provide information in regard to service efforts, the costs of providing each of the Organization's programs and support services have been presented in a separate statement of functional expenses. In order to provide this presentation, certain costs were required to be allocated among the programs and services.

**Excess of revenues and other support over expenditures** – The statement of operations and changes in net assets include excess of revenues and other support over expenditures. Changes in unrestricted net assets which are excluded from excess of revenues and other support over expenditures, consistent with industry practice, include unrealized gains and losses on investments other than trading securities and contributions of long-lived assets (including assets acquired using contributions which by donor restriction are to be used for the purpose of acquiring such assets).

**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 revenues and expenses during the reporting period. Actual results may differ from those estimates.

The Organization provides for estimated losses on accounts receivable based on prior bad debt experience and generally does not charge interest on past due balances. Past due status is based upon the date of services provided. Uncollectible receivables are charged-off when deemed uncollectible. Recoveries from previously charged-off accounts are recorded when received.

**Income taxes** – The Organization is a nonprofit corporation under Internal Revenue Code Section 501(c)(3) and has been granted tax-exempt status by the Internal Revenue Service and the California Revenue and Taxation Code. As of June 30, 2016 and 2015, the Organization had no unrecognized tax positions or uncertain tax positions requiring accrual. Therefore, no provision for income taxes has been provided in the financial statements.

**Reclassification** – Certain financial statement reclassifications have been made to prior year balances for comparability purposes and had no impact on the changes in net assets as previously reported.

**Fair value measurements** – Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, prescribes fair value measurements and disclosures for financial and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the financial statements. FASB ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC Topic 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements.

The carrying amounts reported in the statements of financial position for cash and cash equivalents, grants, contributions and other contracts receivables, inventory, prepaid expenses, accrued expenses, and deferred revenue approximate fair value. The fair values of investments and long-term debt are disclosed in Note 4 and Note 6, respectively.

**New accounting pronouncements** – In August 2014, the FASB issued Accounting Standards Update (“ASU”) No. 2014-15, *Presentation of Financial Statements – Going Concern (Subtopic 205-40) – Disclosure of Uncertainties about an Entity’s Ability to Continue as a Going Concern* (“ASU 2014-15”). ASU 2014-15 is intended to define management’s responsibility to evaluate whether there is substantial doubt about an organization’s ability to continue as a going concern and to provide related footnote disclosures. The adoption of ASU 2014-15 is effective for the Organization beginning July 1, 2016. Management is currently evaluating the impact of the provisions of ASU No. 2014-15 on the financial statements.

In April 2015, the FASB issued ASU No. 2015-03, *Interest-Imputation of Interest (Subtopic 835-30) Simplifying the Presentation of Debt Issuance Costs* (“ASU 2015-03”), that affect limited partnerships and similar entities, evaluating fees paid to a decision maker or a service provider as a variable interest, effect of fee arrangements on the primary beneficiary determination, effect of related parties on the primary beneficiary determination, and certain investment funds. The adoption of ASU 2015-03 is effective for the Organization beginning July 1, 2016. Management is currently evaluating the impact of the provisions of ASU No. 2015-03 on the financial statements.

In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments* (“ASU 2016-01”), which requires an entity to: (i) measure equity investments at fair value through net income, with certain exceptions; (ii) present in OCI the changes in instrument-specific credit risk for financial liabilities measured using the fair value option; (iii) present financial assets and financial liabilities by measurement category and form of financial asset; (iv) calculate the fair value of financial instruments for disclosure purposes based on an exit price and; (v) assess a valuation allowance on deferred tax assets related to unrealized losses of available-for-sale debt securities in combination with other deferred tax assets. The update provides an election to subsequently measure certain nonmarketable equity investments at cost less any impairment and adjusted for certain observable price changes. The update also requires a qualitative impairment assessment of such equity investments and amends certain fair value disclosure requirements. The adoption of ASU 2016-01 is effective for the Organization beginning July 1, 2018. Management is currently evaluating the impact of the provisions of ASU No. 2016-01 on the financial statements.

**LA CLINICA DE LA RAZA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)* ("ASU 2016-02"), to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the statement of financial position and disclosing key information about leasing arrangements. The adoption of ASU 2016-02 is effective for the Organization beginning July 1, 2019. Management is currently evaluating the impact of the provisions of ASU No. 2016-02 on the financial statements.

**NOTE 2 – CONCENTRATIONS OF CREDIT RISK**

Financial instruments potentially subjecting the Organization to concentrations of credit risk consist primarily of bank demand deposits in excess of the Federal Deposit Insurance Corporation insurance thresholds, cash held in money market accounts in excess of the amounts insured by the U.S. Treasury insurance for money market funds, and various debt and equity investments in excess of the Securities Investor Protection Corporation insurance threshold. Demand deposits are placed with a local financial institution, and management has not experienced any loss related to these demand deposits in the past. Investment securities are exposed to various risks, such as interest rate, market and credit risk. It is at least reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect the amount reported in the statements. The risk associated with the investments is mitigated through diversification.

Credit risk related to patient accounts receivable arises from the granting of credit without collateral to patients, most of whom are residents of Alameda County and Contra Costa County in the State of California. The mix of receivables from patients and third-party payors is as follows as of June 30:

	<u>2016</u>	<u>2015</u>
Medi-Cal	55%	88%
Medicare	22%	5%
Self-pay	11%	2%
Other third-party payors	12%	5%
	<u>100%</u>	<u>100%</u>

Patient accounts receivable consisted of the following as of June 30:

	<u>2016</u>	<u>2015</u>
Receivable from patients and their insurance carriers	\$ 2,263,411	\$ 318,320
Receivable from Medicare	2,227,875	276,203
Receivable from Medi-Cal	5,474,329	4,022,468
Total patient accounts receivable	9,965,615	4,616,991
Less: allowance for uncollectible accounts	4,069,806	243,927
Patient accounts receivable, net	<u>\$ 5,895,809</u>	<u>\$ 4,373,064</u>

#### NOTE 3 – NET PATIENT SERVICE REVENUE

The Organization is approved as a FQHC for both Medicare and Medi-Cal reimbursement purposes. The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. These payment arrangements include:

*Medicare* – Covered FQHC services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology. The Organization is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of an annual cost report by the Organization and audit thereof by the Medicare fiscal intermediary. Services not covered under the FQHC benefit are paid based on established fee schedules. Effective July 1, 2015, covered FQHC services rendered to Medicare program beneficiaries will be paid on a prospective payment system (PPS). Medicare payment under the FQHC PPS will be 80% of the lesser of the Organization's actual charge or the applicable PPS rate (patient coinsurance will be 20% of the lesser of the Organization's actual charge or the applicable PPS rate). Accordingly, to the extent the Organization's charge is below the applicable PPS rate, Medicare FQHC reimbursement will be limited.

*Medi-Cal* – Covered FQHC services rendered to Medi-Cal program beneficiaries are paid based on a prospective reimbursement methodology. The Organization is reimbursed a prospectively determined encounter rate for covered services provided.

Approximately 84% and 83% of net patient service revenue is from participation in the Medicare and Medi-Cal programs for the years ended June 30, 2016 and 2015 respectively.

#### NOTE 4 – INVESTMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

**Level 1** – Quoted prices in active markets for identical assets or liabilities.

**Level 2** – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

**Level 3** – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying financial statements, as well as the general classification of such instruments pursuant to the valuation hierarchy:

**Available-for-sale securities** – Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include exchange-traded equities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with identical characteristics or discounted cash flows. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Organization does not have investments classified as Level 3.

**LA CLINICA DE LA RAZA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying statements of financial position measured at fair value on a recurring basis and the level within the FASB ASC Topic 820 fair value hierarchy in which the fair value measurements fall at June 30:

	2016			
	Fair Value	Level 1	Level 2	Level 3
Available-for-sale				
Cash and cash equivalents and money market	\$ 2,386,748	\$ 2,386,748	\$ -	\$ -
Domestic corporate notes	6,673,592	6,673,592	-	-
Government notes	4,303,723	4,303,723	-	-
International corporate note	611,952	611,952	-	-
Total available-for-sale investments	<u>13,976,015</u>	<u>13,976,015</u>	<u>-</u>	<u>-</u>
Assets limited as to use				
Mutual funds	544,633	544,633		-
Cash and cash equivalents and money market	3,021,957	63,310	2,958,647	-
Total assets limited as to use	<u>3,566,590</u>	<u>607,943</u>	<u>2,958,647</u>	<u>-</u>
Total	<u>\$ 17,542,605</u>	<u>\$ 14,583,958</u>	<u>\$ 2,958,647</u>	<u>\$ -</u>
	2015			
	Fair Value	Level 1	Level 2	Level 3
Available-for-sale				
Cash and cash equivalents and money market	\$ 416,960	\$ 416,960	\$ -	\$ -
Domestic corporate notes	6,020,006	6,020,006	-	-
Government notes	4,072,046	4,072,046	-	-
International corporate note	881,347	881,347	-	-
Total available-for-sale investments	<u>11,390,359</u>	<u>11,390,359</u>	<u>-</u>	<u>-</u>
Assets limited as to use				
Mutual funds	479,143	479,143	-	-
Cash and cash equivalents and money market	3,084,233	136,292	2,947,941	-
Total assets limited as to use	<u>3,563,376</u>	<u>615,435</u>	<u>2,947,941</u>	<u>-</u>
Total	<u>\$ 14,953,735</u>	<u>\$ 12,005,794</u>	<u>\$ 2,947,941</u>	<u>\$ -</u>

The following methods were used to estimate the fair value of all other financial instruments:

**Cash and cash equivalents** – The carrying amount approximates fair value.

**Assets limited as to use** – These assets consist primarily of mutual funds, and money market accounts. The carrying amount reported in the statement of financial position is fair value.

**Available-for-sale securities** – Fair values, which are the amounts reported in the statement of financial position, are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

**Long-term obligations** – The fair value of the Organization's long-term debt is estimated to equal its carrying value based on Level 2 inputs, such as the quoted market prices for the same or similar issues or on the current rates offered to the Organization for debt of the same remaining maturities. The debt instruments as of June 30, 2016 and 2015, materially approximate their carrying values (Note 6).

Unless otherwise indicated, the fair value of all reported assets and liabilities that represent financial instruments approximate their carrying values.

**LA CLINICA DE LA RAZA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

Investments, stated at fair value, at June 30, include:

	<u>2016</u>	<u>2015</u>
Cash and cash equivalents and money market	\$ 2,386,748	\$ 416,960
Domestic corporate notes	6,673,592	6,020,006
Government notes	4,303,723	4,072,046
International corporate note	611,952	881,347
	<u>13,976,015</u>	<u>11,390,359</u>
Less: current portion	2,755,573	365,950
Long-term portion	<u>\$ 11,220,442</u>	<u>\$ 11,024,409</u>

Investment income for assets limited as to use, and investments are primarily comprised of interest income. Investment income, realized and unrealized gains and losses included in other income consist of the following for the year ended June 30:

	<u>2016</u>	<u>2015</u>
Investment income	\$ 347,027	\$ 387,301
Net unrealized gain (loss) on investments	<u>\$ 267,503</u>	<u>\$ (100,783)</u>

**NOTE 5 – PROPERTY, PLANT, AND EQUIPMENT, NET OF ACCUMULATED DEPRECIATION**

Property, plant, and equipment consist of the following:

	<u>2016</u>	<u>2015</u>
Land	\$ 2,326,503	\$ 2,085,517
Buildings and improvements	35,934,253	35,371,952
Furniture and equipment	8,489,429	8,436,516
Total	<u>46,750,185</u>	<u>45,893,985</u>
Less accumulated depreciation	<u>18,517,681</u>	<u>16,682,876</u>
Total	28,232,504	29,211,109
Construction in progress	316,603	24,774
Property, plant, and equipment, net of accumulated depreciation	<u>\$ 28,549,107</u>	<u>\$ 29,235,883</u>

Depreciation expense for the years ended June 30, 2016 and 2015, totaled \$1,849,105 and \$1,775,688, respectively.

**LA CLINICA DE LA RAZA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 6 – LONG-TERM OBLIGATIONS**

Bonds and notes payable are as follows:

	<u>2016</u>	<u>2015</u>
Revenue bonds, 2013; monthly payments with interest payments at LIBOR, maturing in April 2019; the bonds are secured by property located at 3451 East 12th St, Oakland, CA, and are subject to certain financial performance covenants.	\$ 4,603,111	\$ 4,796,278
Revenue bonds, 2010; interest payments at fixed rate of 3.95%, payable on June 1 and December 1 of each year commencing June 1, 2011, to but not including December 1, 2017, thereupon may be converted to variable rate; maturing December 2030; the bonds are guaranteed by a letter of credit in the amount of \$3,993,251 from Union Bank and are subject to certain financial performance covenants.	3,205,000	3,375,000
Note payable to NCB, FSB, monthly interest payments of bank deposit rate plus 1.5%, maturing at September 2024, at which time a balloon payment ; secured by the Organization's deposit with the bank, and are subject to certain financial performance covenants.	<u>2,456,201</u>	<u>2,724,296</u>
	10,264,312	10,895,574
Less current portion	<u>386,545</u>	<u>4,966,278</u>
Long-term portion	<u>\$ 9,877,767</u>	<u>\$ 5,929,296</u>

Scheduled principal repayments on long-term obligations are as follows:

**Year Ending June 30.**

2017	\$ 386,545
2018	391,545
2019	4,180,021
2020	-
2021	-
Thereafter	<u>5,306,201</u>
	<u>\$ 10,264,312</u>

There are certain financial covenants related to its long-term debt with which the Organization was required to comply.

The Organization has a \$500,000 revolving loan from MUFG Union Bank, N.A. The revolving loan was secured with inventory, accounts, equipment, and general intangibles of the Organization. The Organization has no outstanding borrowings on this revolving loan as of June 30, 2016 and 2015.

**NOTE 7 – EMPLOYEE TAX-DEFERRED ANNUITY PLAN**

The Organization entered into a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code. The plan covers full-time employees who have completed the probation period. Effective July 1, 2007, the Employer shall contribute \$1.00 to \$1.53 per hour for eligible employees. Employees hired on or after May 8, 1995, shall be required to serve three years with the Organization before they are fully vested for accumulated pension contributions upon separation. Employees hired on or after February 17, 1999, will be entitled to 33% of accumulated contributions upon separation after one year of service, 66% after two years of service, and 100% after three years of service.

Employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code, if they wish. Plan expense was \$1,515,051 and \$1,471,401 for the years ended June 30, 2016 and 2015, respectively.

**NOTE 8 – TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets are comprised of the following:

	<b>2016</b>	<b>2015</b>
Restricted contributions for capital improvements	\$ 405,327	\$ 595,442
Restricted contributions for program purposes	631,060	376,110
	<b>\$ 1,036,387</b>	<b>\$ 971,552</b>

**NOTE 9 – CONTRIBUTIONS IN-KIND**

Contributions in-kind consist of the following:

	<b>2016</b>	<b>2015</b>
Pharmaceuticals	\$ 1,336,001	\$ 1,809,352
Donated services	269,433	301,910
	<b>\$ 1,605,434</b>	<b>\$ 2,111,262</b>

**NOTE 10 – COMMITMENTS**

The Organization has entered into several noncancelable operating leases primarily for facilities and vehicles that are expiring at various dates through April 2019. The leases also require the Organization to pay certain annual operating costs, including maintenance and insurance. Lease expense for the years ended June 30, 2016 and 2015, is \$1,750,172 and \$1,661,554, respectively.

Future minimum lease payments are as follows:

**Year Ending June 30.**

2017	\$ 1,549,741
2018	1,474,779
2019	1,078,576
2020	516,025
2021	245,066
Thereafter	40,978
	<b>\$ 4,905,165</b>

**NOTE 11 – RELATED-PARTY TRANSACTIONS**

The Community Health Center Network (“CHCN”) is a California nonprofit public benefit corporation. Eight community primary care clinics (including the Organization) participate in CHCN. CHCN has entered into Participation Agreements with the eight primary clinics, including the Organization. Under the Participation Agreements CHCN provides certain services in connection with managed care contracts. Under the managed care contracts, the managed care plans make payments that cover primary care services that are offered by the participating primary care clinics as well as specialty services that are not offered by the primary care clinics and which are not included in the clinics’ Medi-Cal Prospective Payment System (“PPS”) rates.

The services that CHCN provides under the Participation Agreements include: (1) the distribution of capitation payments to participating primary care clinics for primary health care services. CHCN calculates the capitation rates based on analysis by a third-party actuary; (2) the distribution of fee for service payments to the participating clinics for certain primary care services that are not included in the capitation rates; (3) the distribution of payments to third-parties that provide specialty medical services that are not provided by the participating clinics and not included in the participating clinics’ PPS rates; and (4) the management of a risk pool to cover the specialty services that the participating clinics do not provide. CHCN periodically distributes incentive-based risk pool payments, based on pay-for performance metrics such as quality outcomes and utilization management, to the Organization, as well as to the other seven participating clinics.

**LA CLINICA DE LA RAZA, INC.**  
**NOTES TO FINANCIAL STATEMENTS**

---

During the years ended June 30, 2016 and 2015, incentive payments from the risk pool totaled \$5,347,579 and \$4,048,653, respectively. CHCN has not determined whether there is an operating surplus and has not approved a distribution amount to the Organization as of the date of issuance of the financial statements.

**NOTE 12 – CONTINGENCIES**

The Organization is aware of certain asserted and unasserted legal claims. While the outcome cannot be determined at this time, it is management's opinion that the liability, if any, from these actions will not have a material adverse effect on the Organization's financial position.

The Organization participates in the 340B Drug Pricing Program ("340B Program") enabling the Organization to receive discounted prices from drug manufacturers on outpatient pharmaceutical purchases. This program is overseen by the Health Resources and Services Administration ("HRSA") Office of Pharmacy Affairs. HRSA is currently conducting routine audits of these programs at health care organizations and increasing its compliance monitoring processes. Laws and regulations governing the 340B program are complex and subject to interpretation and change.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not limited to, accreditation, licensure, government health care program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in exclusion from government health care program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. While the Organization is subject to similar regulatory reviews, there are no reviews currently underway, and management believes that the outcome of any potential regulatory review will not have a material adverse effect on the Organization's financial position or changes in net assets.

**NOTE 13 – HEALTH CARE REFORM**

In March 2010, President Obama signed the Health Care Reform Legislation into law. The new law has resulted and will continue to result in sweeping changes across the health care industry. The primary goal of this comprehensive legislation is to extend health care coverage to approximately 32 million uninsured legal U.S. residents through a combination of public program expansion and private sector health insurance reforms. To fund the expansion of insurance coverage, the legislation contains measures designed to promote quality and cost efficiency in health care delivery and to generate budgetary savings in the Medicare and Medicaid programs. The Organization is unable to predict the full impact of the Health Care Reform Legislation at this time due to the law's complexity and current lack of implementing regulations and or interpretive guidance. However, the Organization expects that several provisions of the Health Care Reform Legislation will have a material effect on its business.

**NOTE 14 – SUBSEQUENT EVENTS**

Subsequent events are events or transactions that occur after the statement of financial position date but before financial statements are issued. The Organization recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of financial position, including the estimates inherent in the process of preparing the financial statements. The Organization's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of financial position but arose after the statement of financial position date and before financial statements are issued.

The Organization has evaluated subsequent events through December 20, 2016, which is the date the financial statements are issued.

# Mental Health Services Act (MHSA)

## Program and Fiscal Review

- I. **Date of On-site Review:** May 30, 2017  
**Date of Exit Meeting:** September 18, 2017
  
- II. **Review Team:** Stephanie Chenard and Gerold Loenicker
  
- III. **Name of Program:** Lincoln  
51 Marina Blvd, Suite D  
Pittsburg, CA 94565
  
- IV. **Program Description.** Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, Lincoln has a continuum of programs to serve challenged children and families throughout the Bay Area. Their community based services include early intervention programs in several Bay Area school districts aimed at stopping the cycle of violence, abuse and mental health problems for at-risk children and families.

Lincoln works with Contra Costa Behavioral Health Services (CCBHS) to provide a Full Service Partnership Program for youth throughout the County. As part of the Full Service Partnership, Lincoln utilizes the evidence based practice of Multidimensional Family Therapy (MDFT). This is a comprehensive and multi-systemic family-based outpatient therapeutic intervention for youth and adolescents with co-occurring substance use and mental health disorders or who may be at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. The age range of the consumers they serve is 11-19 (up until the consumer's 20<sup>th</sup> birthday). Working with the youth and their families, MDFT helps youth develop more effective coping and problem solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 4 to 6 months with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic. After care services are additionally available for up to three months after the conclusion of the program.

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

**VI. Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSa	Met	Consumers and family members indicate the program meets the values of MHSa
2. Serve the agreed upon target population.	Met	Program only serves clients that meet criteria for the County’s children’s full service partnership admission criteria.
3. Provide the services for which funding was allocated.	Met	MHSa only funds services consistent with the Three Year 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.	Met	Target service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its 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 supports targeted service numbers.
10. Annual independent fiscal audit	Met	No material or significant weaknesses were noted.
11. Fiscal resources sufficient to deliver and sustain the services	Met	Lincoln has significant net assets to withstand significant revenue interruptions.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Staff is well qualified and program has good internal controls and monthly review processes.
13. Documentation sufficient to support invoices	Met	Organization provided documentation that reconciles to monthly invoices.
14. Documentation sufficient to support allowable expenditures	Met	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses and documentation supports that funds are invoiced in the appropriate fiscal year.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Contract budget reflects indirect rate of 16.4%.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program meet regularly.

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

- 1. Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards). Does the program/plan element collaborate with the community, provide an

integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

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

**Discussion.** The results of 11 consumer surveys were received. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the program; and that the program adheres to MHSA values.

Questions	Responses: n=11				
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: 3.28 (n=11)				
2. Allow me to decide what my own strengths and needs	Average score: 3.40 (n=10)				
3. Work with me to determine the services that are most helpful	Average score: 3.50 (n=10)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.50 (n=10)				
5. Provide services that are in my preferred language	Average score: 3.55 (n=11)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.37 (n=11)				
7. Are open to my opinions as to how services should be provided	Average score: 3.55 (n=11)				
8. What does this program do well?	<ul style="list-style-type: none"> <li>• Helped with school</li> <li>• Responds quickly to the needs of the child and the family as a whole. Shows compassion and respect for each family members position. Willing to travel for the needs of the family.</li> <li>• Being able to empathize and relate to personal life and relationships. Also appointments are well scheduled.</li> <li>• Acts like it really cares. Provides in depth counseling.</li> </ul>				

	<ul style="list-style-type: none"> <li>This program helps me communicate with my family in a healthy manner.</li> <li>I like being able to talk about my problems and working on how to solve them.</li> </ul>				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> <li>Help with housing</li> <li>“My mom needs therapy.”</li> </ul>				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> <li>Housing</li> </ul>				
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	<table border="1"> <tr> <td>Very Important 4</td> <td>Important 3</td> <td>Somewhat Important 2</td> <td>Not Important 1</td> </tr> </table>	Very Important 4	Important 3	Somewhat Important 2	Not Important 1
	Very Important 4	Important 3	Somewhat Important 2	Not Important 1	
Average score: 3.64 (n=11)					
12. Any additional comments?	<ul style="list-style-type: none"> <li>I really appreciate the help</li> </ul>				

### Consumer Interview

Due to the nature of the services being delivered almost exclusively in the field, and because of the time commitments of the families and consumers, we were only able to meet with one consumer for a face-to-face interview. The consumer had been referred to the program through juvenile probation and had just finished the full six month program. She had tried several different programs before Lincoln’s MDFT program, but none of the previous programs were a good fit for her or her family’s needs.

Overall, the consumer was very appreciative of the services provided by Lincoln. She felt that there was strong cultural grounding in the treatment plan, and that input from her and her family was solicited and valued as part of the treatment plan, empowering her to put in greater effort, and gaining confidence. During the interview, some of the other things specifically identified as positives of the program were:

- The family component was key to success – it helped repair and strengthen family relationships, and was useful in helping to find common ground with family members.
- The skills and coping activities learned helped to moderate emotions and control anger.
- Flexibility – able to provide services in the community.

These positives clearly speak to several of the MHSA values. However, the consumer also identified some areas of improvement. She indicated that she felt the program could benefit from more therapist availability. She also indicated that she was interested in participating in some kind of mentorship program as part of the next steps in her recovery. Determining linkages to organizations that specialize in peer volunteer mentoring may be an opportunity for Lincoln to explore.

#### Staff Interview:

Overall, five individual program staff were interviewed in two sessions: a program management session and a line staff group interview (two clinicians and a family advocate). Staff shared that the program receives their referrals from several sources, primarily from juvenile probation, county children's clinics, or Seneca's START program (as a next step in treatment). Lincoln's MDFT team provides care to the child and whole family, according to the MDFT evidence-based model, which focuses on larger goals for the program, then smaller goals for each session. This is achieved through multiple sessions: individual child/consumer sessions, parenting sessions, and whole family sessions. The MDFT uses a "parents are the medicine" philosophy. Staff reported that "collateral support" can be providing support to youth in court or in schools, and providing support to the family to build and empower them. According to program staff, one of the principal strengths of the program is the flexibility the model allows, especially for the family advocate, who can be very responsive to the needs of the family. Program management indicated that the model can be used in a cross-over situation with youth who are receiving Educationally Related Mental Health Services (ERMHS) as long as MDFT has the lead in treatment, and reported that this cross-over appears to be working well, so far.

During the interview, staff also shared hindrances they faced in providing services to the youth, such as youth aging out of the system of care while still in the program. Turning 18 presents challenges working with parents or the foster care system. Staff also faced difficulty coordinating aftercare, and linking the youth to other county services. However, staff did indicate that overall they felt like they were meeting the needs of their clients, and appreciated the flexibility to tailor treatment to their client's cultural background.

**Results.** Interviews with program participants and service providers as well as program participant survey results all support that Lincoln delivers services in accordance with the values of MHSA.

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve 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 Lincoln MDFT Full Service Partnership program accepts referrals from the County, often through the juvenile probation department, clinics, and other full-service partnership providers. The MHSA chart review conducted by the MHSA Program and Fiscal Review team confirms the agreed upon target population for full service partnerships.

Contra Costa Behavioral Health Services also performs a utilization review on all programs which bill Medi-Cal, including Lincoln. On July 6, 2016 a Level Two Centralized Utilization Chart Review was conducted. 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(a).

*\*(Please see longer discussion about this review in Section 7 below.)*

**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 CCBHS's billing system show that the Lincoln's Full Service Partnership program is providing the number and type of services that have been agreed upon. Services include Multidimensional Family Therapy (MDFT) services, outreach and engagement, case management, outpatient mental health services, crisis intervention, and flexible funds. Both program staff and participants indicated services are available on a 24-7 basis via an after-hours crisis phone line.  
**Results.** The program provides the services for which funding was allocated.
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 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.** Upon initial award of the children's FSP contract, Lincoln's MDFT target enrollment number was 50 clients. The program launched in the 2013, and at the end of their first full fiscal year of operation (13/14FY) they were reporting serving 57 clients -- well within their target. They have continued to meet their target numbers.

**Results.** The program serves the number of people that have been agreed upon.

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.** Lincoln's MDFT program started during FY 13/14, and started reporting on early outcomes for that year. The program has a few well-defined primary program objectives as part of the service work plan: reduction in substance use or maintained abstinence, reduction in delinquency or maintained positive functioning, and demonstrated improvement in functioning. The program has provided an annual report summarizing their progress towards meeting their program outcomes.

**Results.** Overall, the program achieves its primary objectives.

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 Lincoln's MDFT 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 CCBHS's utilization review teams to ensure that program services and documentation meet regulatory standards. Level 1 and Level 2 utilization review reports indicate that Lincoln generally meets documentation and quality standards.

On July 6, 2016, a Level Two Centralized Utilization Chart Review and a Focused Review was conducted by CCBHS. The results show that charts generally met documentation standards, with a few compliance issues, to include incomplete or incorrectly completed forms. There were several other findings related to disallowances for incomplete and late assessments, notes not being completed in a timely manner, and incorrectly billed activities. Notably, however, was a larger disallowance for two of the five charts reviewed for not meeting service necessity for MDFT. Specifically, these two clients did not document a co-occurring substance abuse disorder diagnosis. While the clients seemed to have met medical necessity for a full service partnership, without documentation of substance use, they did not qualify for MDFT under the Service Work Plan that Utilization Review (UR) staff used as a guideline for allowable services. Utilization Review staff provided feedback around standardized notes, defining allowable billable services, and timeliness of completing notes.

Lincoln submitted an appeal on July 27, 2016 for several of the disallowances, with significant discussion on the substance use criteria. In their appeal, Lincoln noted that an agreement was arrived at between the program and the CCBHS Adult Program Chief and Children Program Chief that MDFT would no longer need to require a co-occurring substance use disorder diagnosis to be treated, in order to better serve the needs of the community. While this verbal arrangement had clearly been made, the Service Work Plan with the County had not been updated to reflect this change. The County denied their appeal, citing that they could only go by the most current Service Work Plan at the time of the review. In the same appeal document, Lincoln also submitted a plan of correction for the remaining findings. At the time of this MHSA program review, Lincoln indicated that the Service Work Plan had been updated to reflect this change in criteria and services.

**Results.** The program has a quality assurance process in place. However, it is recommended that Lincoln continue to work with the County to ensure that any change in services is updated in the Service Work Plan on file in a timely fashion to avoid any future disallowances. It is further recommended that the program continue to provide training to their clinical staff on consistent clinical documentation.

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

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

**Discussion.** Lincoln 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.** At the time of the site visit, Lincoln indicated that there had been some recent turnover and they had two clinician vacancies on the MDFT team. However, the nature of the team approach of MDFT evidence-based treatment and program staff training allows Lincoln to provide the services outlined in the Service Work Plan with current staffing, and they seemed to be on track to hit their target number of clients served. The experience level of the treatment team varied from a few years of experience in mental health to this being their first position in mental health. Lincoln has a robust internal training program aimed at identifying and addressing a variety of mental health issues in their training process. However, one area of opportunity that staff indicated they would like to receive more training in was on trauma-specific treatment.

**Results.** Sufficient staffing is in place to serve the number of clients outlined in the most recent Service Work Plan.

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.** Lincoln is a not-for-profit agency impacts the lives of children and families through evolving programs. The organization has a total operating budget of \$19 million and provides services for outreach and engagement, case management, outpatient mental health and crisis intervention. Today, Lincoln provides preventive, individualized, and comprehensive support services with a focus on three core areas that disrupt cycles of poverty and trauma. These areas are education – addressing obstacles that impact academic attendance and achievement; family – strengthening stability and creating permanence; and well-being- improving resiliency and wellness.

**Results.** Annual independent fiscal audits for FY 2013-14, 14-15 and 15-16 were provided and reviewed. No material or significant findings were noted.

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

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

**Discussion.** The Controller indicated that current expenses are exceeding revenue due to staffing insufficiency, and when operating with a deficit, program utilizes investments to stay afloat. The program has hired new staff and expects to see changes this fiscal year that promotes growth in revenue. The outstanding

balance for line of credit significantly increased for FY 15-16 but has decreased for FY 16-17. There were no issues identified in the Board of Directors minutes related to the program or organization's fiscal position, indicating their operating cash balance is sufficient and that they have a daily process to track cash flows. **Results.** Fiscal resources are currently sufficient to deliver and sustain services.

**12. Oversight sufficient to comply with generally accepted accounting**

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

**Method.** Interview with fiscal manager.

**Discussion.** The Controller has been with Lincoln for seven years, appears well qualified, and described established protocols that are in place to enable a check and balance system to assure compliance with generally accepted accounting principles.

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

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

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

**Discussion.** A randomly selected invoice for each of the last three years was matched with supporting documentation provided by the agency. A clear and accurate connection was established between documented hours worked and submitted invoices. A clear and accurate connection was established between documented hours/types of mental health services and submitted invoices. Lincoln's FSP program is a specialty mental health service contract with CCBHS that is based upon established rates and billed monthly according to the documented level of service provided.

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

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

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

**Discussion.** Line item personnel and operating costs were reviewed for appropriateness. All line items submitted were consistent with line items that are appropriate to support the service delivery.

**Results.** Method of allocation of percentage of personnel time and operating costs appear to be justified and documented.

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.** Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year.

**Results.** Lincoln appears to be implementing an appropriate year end closing system with reporting signed by the CFO.

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

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

**Discussion.** Lincoln produced its methodology that justifies the 16.4% indirect rate charged to the contract. The controller indicated indirect costs are allocated to the different programs based on actual personnel hours of each program.

**Results.** At 16.4% the indirect rate appears reasonable.

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 commercial general liability insurance, automobile liability, umbrella liability, professional liability and directors and officers liability policies that were in effect at the time of the site visit.

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

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

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

**Discussion.** To date contract management duties have been centralized within CCBHS's children's system. Moreover, the contract manager and Children's Chief meet with the program for regular monthly meetings.

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

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

Lincoln is committed to stabilizing youth with co-occurring substance use and mental health disorders or who may be at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. Their services seek to help youth develop more effective coping and problem solving skills for better decision making, and help the family improve interpersonal functioning as a protective factor. The Lincoln Full Service Partnership adheres to the values of MHSA and serves their target population. The program is meeting the outcomes detailed in their contract. Lincoln appears to be a financially sound organization that follows generally accepted accounting principles, and maintains documentation that supports agreed upon service expenditures.

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

- It is recommended that Lincoln continue to work with the County to ensure that any change in services is updated in the Service Work Plan on file in a timely fashion to avoid any future disallowances.
- The program should continue to provide training to their clinical staff on
- consistent clinical documentation.

### **X. Next Review Date.** May 2020

## **XI. Appendices.**

Appendix A – Program MDFT Fidelity & Outcomes 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**

## **Program MDFT Fidelity & Outcomes Report**



## MDFT Fidelity & Outcomes Report

**Reporting Period:** From: 7/1/2016 To: 6/30/2017  
**Program Name -** Lincoln MDFT Program Contra Costa County - Lincoln Child  
**Agency Name:** Center ( Standard Dose )  
**Date of Report:** 08/11/2017

---

### Service Delivery Report

- |   |        |
|---|--------|
| 1. Percentage of therapy sessions held in clinic:   | 11.64% |
| 2. Average case duration (in months):   | 5.32   |
| 3. Total number of cases served during reporting period:                                    | 63     |
| 4. Total number of cases closed during reporting period:                                    | 49     |
| 5. Percentage of cases closed that completed at least 8 sessions (Benchmark 85% or higher): | 95.92% |

### Percent Improvement Report

(Only includes cases closed during the reporting period)

**Reporting Period:** From: 7/1/2016 To: 6/30/2017  
**Program Name -** Lincoln MDFT Program Contra Costa County - Lincoln Child  
**Agency Name:** Center  
**Date of Report:** 08/11/2017  
**Number of Closed Cases:** 49

---

Benchmark 30% or more

---

1. Marijuana and/or Alcohol Use:	63
2. Hard Drug Use:	75
3. Delinquency/Crime:	69
4. Aggressive and Violent Behavior:	71
5. School Attendance:	34
6. Mental Health Functioning:	39
7. Family Violence:	47
8. Family functioning:	39
9. School Grades/Performance:	45
10. Peer Affiliation:	38

## Behavioral Outcomes Report

(Only includes cases closed during the reporting period)

**Reporting Period:** From: 7/1/2016 To: 6/30/2017  
**Program Name - Agency Name:** Lincoln MDFT Program Contra Costa County - Lincoln Child Center  
**Date of Report:** 08/11/2017  
**Number of Closed Cases:** 49

---

Benchmark 80% or more

---

1. Percent of youth living at home/not in placement:	95.92%
2. Percent of youth in school/working:	77.55%
3. Percent of youth with no new arrests:	93.88%
4. Percent of families with no new child abuse/neglect reports:	97.96%
5. Percent of youth with marijuana/alcohol use less than 10 days per month:	77.55%
6. Percent of youth with no hard drug use:	85.71%
7. Percent of youth who never or rarely engage in illegal activities other than drug/alcohol use, shoplifting, trespassing, loitering, truancy, etc.:	79.59%
8. Percent of youth who never or rarely engage in violent behavior:	91.84%
9. Percent of youth with stable mental health functioning:	79.59%

10. Percent of youth who do not affiliate mostly or exclusively with anti-social peers:	79.59%
11. Percent of youth not at high risk for STDs and pregnancy:	91.84%
12. Percent of families who are not characterized by poor family functioning:	81.63%
13. Percent of families who do not regularly resort to family violence:	95.92%
14. Percent of youth not on probation:	26.53%
15. Percent of youth with no open child welfare case:	95.92%
16. Percent of cases closed successfully:	73.47%
17. Reason for treatment discharge:	
a. Percentage met most treatment goals:	53.06%
b. Percentage maximum gain:	24.49%
c. Percentage discharged to juvenile justice facility:	4.08%
d. Percentage moved out of area/unable to locate:	4.08%
e. Percentage discharged to residential/inpatient treatment care:	2.04%
f. Percentage youth/family dropped out of treatment before goals were met:	12.24%
g. Percentage unknown:	0%

## SUMMARY:

*Implementation is related to Outcomes. In general, research shows that outcomes improve as adherence to implementation requirements improve.*

### **Service Delivery & Therapy Sessions:**

#### **Case Duration:**

Case duration is within the target of 90 – 180 days at 5.32 months per case on average. This shows that cases are being retained but also closed within a reasonable time frame (not dragging cases out too long). Engagement (cases closed with 8 sessions or more completed) was 95%, which is above the 85% target. These figures were based on a total of 63 cases seen in the year and 49 closed, which is impressive.

### **Clinical Improvement**

The Behavioral Outcomes at discharge were exceptional, with 12 of 15 indicators at or above the 80% benchmark and another 2 indicators above the 75% mark. In particular,

96% of youth were still living in the home at treatment completion (this is outstanding), and hence costly out-of-home placement was prevented. Additionally, 94% had no new arrests and 92% were never/rarely engaging in violence. Family-level outcomes were excellent, with 96% not resorting to violence, 98% having no child neglect or abuse reports, 82% exhibiting decent family functioning, and 96% not having an open child welfare case at discharge. An impressive 92% of youth were not at high risk for STDs, 94% had no new arrests, and 86% had no hard drug use at the end of treatment.

The majority of youth and families had stable functioning at discharge according to virtually all indicators: having stable mental health functioning (80%), never/rarely engaging in major criminal acts (80%), not affiliating mainly with anti-social peers (80%), and less than 10 days of marijuana/alcohol use (78%). In addition, 78% were in school or working at the end of treatment.

A remarkable 78% of cases met most or all of their treatment goals or maximum gains. Only 2% were discharged to residential/inpatient treatment care, and only 4% were placed in the juvenile justice system. Only 12% of youth and their families dropped out of treatment before treatment goals were met. Wow!

Only one area was below 50%: only 27% were off probation at the end of treatment.

Overall, 74% of cases were reported to have closed successfully. This is exceptional!

Percent Improvement: The average percent improvement on key outcomes from Intake to Discharge was outstanding, with ALL of the 10 key areas showing improvement of 30% or greater. This is unheard of even among other exceptional MDFT programs. The greatest improvements were in the most important areas of crime, violence, and substance use: there was a 69% improvement in delinquency/crime, 71% improvement in aggression/violence, 63% average reduction in marijuana and/or alcohol use, and 75% reduction in hard drug use. Data also show a 47% decrease in family violence and 39% improvement in family functioning. School attendance increased by 34% and school grades/performance improved by 45%. There was a 38% reduction in negative peer affiliation and 39% improvement in mental health functioning. Outstanding!

## **RECOMMENDATIONS**

We note exceptional improvements in ALL areas, most notably in terms of crime, violence, and substance use. Outstanding outcomes were seen across domains. Excellent outcomes were noted across the board, and no declines in any area were seen. Wonderful work!

Overall, this is outstanding given the sheer number of cases seen, and the fact that this was a challenging year in terms of staff turnover, training, and demands on supervisors. We understand the supervisors and trainer were stretched thin, and therapists were going above and beyond to meet the needs of their families. We commend the team for

excellent adherence to implementation parameters and outstanding clinical work and outcomes with their cases!

# APPENDIX B

## Program Description/Service Work Plan

### Lincoln

Point of Contact: Christine Stoner-Mertz, CEO

Contact Information: 1266 14<sup>th</sup> St, Oakland CA 94607, (510) 273-4700

[chrisstoner@lincolnchildcenter.org](mailto:chrisstoner@lincolnchildcenter.org)

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

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of children's services, Lincoln has a continuum of programs to serve challenged children and families throughout the Bay Area. Their community based services include early intervention programs in the Oakland and Pittsburg School Districts aimed at stopping the cycle of violence, abuse and mental health problems for at-risk children and families.

#### **2. Program: Multi-Dimensional Family Therapy (MDFT) – Full Service Partnership CSS**

Multidimensional Family Therapy (MDFT), an evidence-based practice, is a comprehensive and multi-systemic family-based outpatient program for youth and adolescents with co-occurring substance use and mental health disorders who may be at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. Working with the youth and their families, MDFT helps youth develop more effective coping and problem solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 4 to 6 months, with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic.

##### **a. Scope of Services**

- Services include but are not limited to:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services
- Crisis Intervention
- Collateral Services

- Group Rehab
  - Flexible funds
  - Contractor must be available to consumer on 24/7 basis
- b. Target Population: Children ages 11 to 19 years in West, Central and East County experiencing co-occurring serious mental health and substance abuse disorders. Youth and their families can be served by this program.
- c. Payment Limit: \$874,417
- d. Number served: The program served 78 clients in FY15/16.
- e. Outcomes: For FY 15/16:
- Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction

**Table 5. Pre- and post-enrollment utilization rates for 78 Lincoln Child Center, 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>	19	9	0.032	0.012	-62.5
<i>Inpatient episodes</i>	2	2	0.003	0.004	+33.3
<i>Inpatient days</i>	6	8	0.010	0.004	-60
<i>JACS</i>	25	15	0.037	0.022	-40.5

## SERVICE WORK PLAN

**Agency:** Lincoln  
**Contract #:**  
**Fiscal Year:** 2016/2017  
**Title of Program:** Multidimensional Family Therapy (MDFT)

### I. Scope of Services

Lincoln will provide a Children's Behavioral Health Program funded by EPSDT and MHSA, utilizing Multidimensional Family Therapy to 11-19 year olds experiencing either co-occurring mental health and substance abuse related disorders or solely mental health disorders that qualify youth for a Full Service Partnership MH program. Youth and their families throughout Contra Costa County can be served through this program. The length of treatment in the MDFT model ranges. On average, treatment lasts 4-6 months, plus After-Care services lasting 6-8 weeks in which MH services are provided as needed. Thus, MDFT length of treatment, which includes After-Care services per the EBP model, ranges from 5-9 months in total. Treatment may be extended past 9 months if the need is determined. If additional services are required after 9 months, additional authorization would be requested.

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

Lincoln will provide mental health services for 50-100 youth per fiscal year. Services include, but are not limited to:

- \* Outreach and engagement
- \* Case Management
- \* Outpatient Mental Health Services
- \* Crisis Intervention
- \* Flexible Funding

On-Call Policy: Lincoln MDFT staff will provide 24 hour coverage for open cases in the MDFT program. Families will be provided with a dedicated on-call number for the MDFT program and encouraged to call that line for all after-hours and weekend emergencies. Clinicians and

supervisors will share on-call duties based on a rotating weekly schedule. Family Advocates will not be included in the on-call coverage plan.

Program Manager will be responsible for creating and maintaining the schedule to ensure coverage. To coordinate care, all clinicians will complete data forms (On-Call Notes) about their cases, including all necessary emergency information and relevant case information, including current interventions and strategies. On-Call Notes will be updated monthly to provide up to date information. The on-call staff will have these forms compiled in an on-call binder to assist them with any after-hour work. Emergency calls made to the on-call line will be assessed for need and triaged. Possible on-call responses include phone de-escalation of client/family crisis and/or assisting the client/family to call emergency services.

### **III. Criteria for Eligibility of Services:**

#### **A. Admissions:**

County Mental Health shall determine eligibility criteria to ensure clients meet FSP level of need. All participants eligible to be enrolled will meet the following criteria:

1. Youth 11-19 years of age and their families
2. Must meet medical necessity in accordance with Medi-Cal requirements
3. Must meet MDFT model criteria for appropriateness of fit
4. Must meet *one* of the following criteria:
  - a. On probation
  - b. Referred from the Contra Costa Mental Health Children's System of Care
  - c. CALOCUS 17+

#### **B. Discharge Criteria:**

Participants will be discharged from services in the following scenarios: (1) The youth has completed the course of treatment as determined by the MDFT model (2) It is determined that the youth requires a higher level of care to address substance use issues (3) The guardians and/or youth refuses to participate in services by not being involved in the development of the Partnership Plan and/or refusal to attend services, or (4) The guardian requests (either written or verbal form) state that they no longer wish to have services for their child, or (5) The youth and family moves away from the specified service area. For those youth whose families move away from the specified service area, Contractor will work with existing mental health programs and attempts to provide a smooth transition for the child/family.

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

##### **A. Program Facilities Location(s)**

Main site will be located at 51 Marina Boulevard, 1<sup>st</sup> floor, Pittsburg, CA 94565. Services will mainly take place in locations such as participant's home and in the community. On occasion, clients may be seen at the Pittsburg office for assessments, family meetings, and/or other required appointments.

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

Kelly Collyer, Director Family Therapy, for Lincoln. (510) 867-1006.  
Renee Lesti, Clinical Program Manager, for Lincoln MDFT. (510) 421-6866.  
General information can also be obtained by calling Lincoln's main offices at (510) 273-4700.

##### **C. Program Hours of Operation**

Lincoln will provide services between the hours of 8:00a, and 8:00pm Monday through Friday, with on-call services available 24/7.

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

Lincoln will employ a minimum of 10.25 FTE. In the MDFT Program Lincoln will employ 8 FTE to provide direct service. Of the direct service positions, there are 6 MDFT Clinicians and 2 Family Advocates. 1 FTE and 0.6 FTE managers, and 0.5 clerical support.

#### **V. Service Documentation**

Lincoln will provide documentation of services as determined by Medi-Cal and MHSA requirements and will collaborate with County personnel to enter PSP data. Assessments and treatment plans will be completed within the first 60 days. A Discharge Summary will be completed at discharge. This information will be entered into PSP and charts will be brought to CCCBHS Central County Clinic for Utilization Review. Other components of evaluation and outcomes tracking are to be determined in accordance with State and County guidelines.

#### **VI. Billing Procedure**

Contractor shall submit to Mental Health each month a Demand for Payment (Form D15) for services rendered.

Demands for payment should be submitted by mail to:

Helen Kearns, Project Manager  
Contra Costa County Children's Mental Health Division  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553  
(925) 957-5125

**VII. Program Outcomes**

- A. Seventy percent of youth who complete treatment will have reduced substance use or maintained abstinence.
- B. Seventy percent of youth who complete treatment will have reduced delinquency or maintained positive functioning in this target area.
- C. Sixty percent of youth enrolled will demonstrate improvement in functioning.

**VIII. Performance Outcome Measures**

- A. CANS to measure functioning in multiple domains during Initial Assessment and at discharge.
- B. GAIN-Q3 to measure functioning in the following domains: school, work, stress, physical health, HIV risk behaviors, mental health (internalizing and externalizing disorders), substance use, crime and violence. Completed at intake, discharge, and 3 months post treatment.
- C. Youth and caregiver surveys to assess satisfaction with services.

# **APPENDIX C**

## **Service Provider Budget**

Lincoln FY 2016-2017

Service Function	Time Base	County Maximum Allowance Rate (CMA)
Case Management, Brokerage	Staff Minute	\$2.08
Mental Health Services	Staff Minute	\$2.69
Crisis Intervention	Staff Minute	\$4.00

Funding Sources	EPSDT - School	MHSA-FSP	Katie A IHBS	CC School Engagement
Federal Financial Participation	\$ 2,181,951.00	\$ 462,890.00	\$ 553,872.00	\$ 200,000.00
County Realignment	\$ 2,031,951.00	\$ 103,000.00	\$ 553,872.00	
Mental Health Services Act for EPSDT Match		\$ 359,900.00		
Mental Health Services Act for uninsured		\$ 180,851.00		
Pittsburg Unified School District	\$ 150,000.00			
Tides Center (Matching funds)				\$ 200,000.00
Tides Center (Flex funds)				\$ 53,000.00
	\$ 4,363,902.00	\$ 1,106,641.00	\$ 1,107,744.00	\$ 453,000.00
<b>Contract Payment Limit</b>	<b><u>\$ 7,032,087.00</u></b>			

Note:

- (1) For all eligible services, Contractor will bill Medi-Cal, using County's Medi-Cal Billing system under the rehabilitation option. All Federal Financial Participation (FFP) payments shall accrue to the County.

**Medicare Certification and Other Health Care Insurance**

If Contractor is providing Medicare services they are required to apply for Medicare certification. If Contractor is denied Medicare certification, Contractor must submit the Medicare denial notice to County before services can qualify for Medi-Cal payment. If Contractor is certified by Medicare and renders services at a place of service eligible for reimbursement under the Medicare program, Contractor must claim Medicare for services prior to claiming Medi-Cal, except as described in California Department of Health Care Services Information Notice 10-23.

If Contractor is certified by Medicare, Contractor is responsible for billing Medicare, obtaining an Explanation of Benefits (EOB) or Denial of Payment (DOP) prior to submitting a Medi-Cal bill to County for balance due for any non-covered Medicare portion to Medi-Cal. EOBs and/or DOPs must accompany Medi-Cal billing submissions. Contractor shall be solely responsible for any Medi-Cal losses resulting from their late or incorrect billings to Medicare, and late or incorrect submissions of the requisite EOBs/DOPs.

If the beneficiary has any Other Health Care (OHC) Insurance, Contractor is responsible for billing OHC Insurance and obtaining an EOB or DOP prior to submitting a Medi-Cal bill to County for balance due for any non-covered OHC portion to Medi-Cal. EOBs and/or DOPs must accompany Medi-Cal billing submissions. Contractor shall be solely responsible for any Medi-Cal losses resulting from their late or incorrect billings to OHC Insurance, and late or incorrect submissions of the requisite EOBs/DOPs.

Initials: AM WJW  
Contractor County Dept.

# **APPENDIX D**

## **Yearly External Fiscal Audit**

**LINCOLN**

---

**FINANCIAL STATEMENTS,  
SUPPLEMENTAL SCHEDULES,  
and  
ADDITIONAL INFORMATION**

**JUNE 30, 2016 and 2015**

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

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

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

## CONTENTS

---

Independent Auditors' Report	1-2
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7-20
Supplemental Schedules:	
Schedule of Expenditures of Federal Awards	21
Statement of Expenditures of County of Alameda Grants	22-23
Additional Information:	
Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With <i>Government Auditing Standards</i>	24
Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance	25-26
Schedule of Findings and Questioned Costs	27

## INDEPENDENT AUDITORS' REPORT

---

To the Board of Directors  
Lincoln

### Report on the Financial Statements

We have audited the accompanying financial statements of Lincoln (a nonprofit organization), which comprise the Statements of Financial Position as of June 30, 2016 and 2015, and the related Statements of Activities, Functional Expenses, and Cash Flows for the years then ended and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditors' Responsibility

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

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

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

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lincoln as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## INDEPENDENT AUDITORS' REPORT

continued

---

### **Other Matter**

#### *Other Information*

Our audit was conducted for the purpose of forming an opinion on the financial statements of Lincoln as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying Statement of Expenditures of County of Alameda Grants is also presented for additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated January 17, 2017, on our consideration of Lincoln's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Lincoln internal control over financial reporting and compliance.

*Harrington Group*

San Francisco, California

January 17, 2017

# LINCOLN

## STATEMENTS OF FINANCIAL POSITION

June 30, 2016 and 2015

	2016	2015
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 158,570	\$ 781,144
Accounts receivable, net of allowance of \$41,064	2,744,668	2,394,877
Pledges receivable (Note 3)	54,523	112,590
Prepaid expenses	195,575	142,526
<b>TOTAL CURRENT ASSETS</b>	<b>3,153,336</b>	<b>3,431,137</b>
<b>NON-CURRENT ASSETS</b>		
Intangible asset (Note 4)	325,104	136,120
Investments (Note 5)	11,418,727	9,441,995
Property and equipment (Note 7)	2,388,100	2,705,936
Receivable from split-interest agreement (Note 8)	1,487,640	1,517,092
Note receivable (Note 9)	-	2,800,000
<b>TOTAL NON-CURRENT ASSETS</b>	<b>15,619,571</b>	<b>16,601,143</b>
<b>TOTAL ASSETS</b>	<b>\$ 18,772,907</b>	<b>\$ 20,032,280</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 362,388	\$ 206,215
Accrued liabilities (Note 10)	1,552,366	1,834,222
Line of credit (Note 11)	1,100,000	350,000
Current portion of notes payable (Note 12)	-	5,344
<b>TOTAL CURRENT LIABILITIES</b>	<b>3,014,754</b>	<b>2,395,781</b>
<b>NON-CURRENT LIABILITIES</b>		
Non-current portion of notes payable (Note 12)	-	7,929
Contingency liability (Note 9)	-	2,800,000
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>-</b>	<b>2,807,929</b>
<b>TOTAL LIABILITIES</b>	<b>3,014,754</b>	<b>5,203,710</b>
<b>NET ASSETS</b>		
Unrestricted	10,516,422	9,032,523
Unrestricted - Board designated (Note 2)	-	59,625
Total unrestricted net assets	<b>10,516,422</b>	<b>9,092,148</b>
Temporarily restricted (Note 14)	2,430,796	2,925,487
Permanently restricted (Note 15)	2,810,935	2,810,935
<b>TOTAL NET ASSETS</b>	<b>15,758,153</b>	<b>14,828,570</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 18,772,907</b>	<b>\$ 20,032,280</b>

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

LINCOLN

STATEMENTS OF ACTIVITIES  
For the years ended June 30, 2016 and 2015

	Year ended June 30, 2016				Year ended June 30, 2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>REVENUE AND SUPPORT</b>								
Program revenues (Note 16)	\$ 17,765,157	\$ -	\$ -	\$ 17,765,157	\$ 17,686,550	\$ -	\$ -	\$ 17,686,550
Contributions	488,749	91,647		580,396	296,348	453,150		749,498
Interest and dividends	259,361			259,361	202,708			202,708
Special events	151,162			151,162	154,921			154,921
Cost settlement adjustments	148,915			148,915	902,455			902,455
In-kind contributions (Note 2)	21,502			21,502	122,133			122,133
Other revenue	21,084			21,084	1,112			1,112
Net assets released from purpose restrictions	435,338	(435,338)		-	422,373	(422,373)		-
<b>TOTAL REVENUE AND SUPPORT</b>	<b>19,291,268</b>	<b>(343,691)</b>	<b>-</b>	<b>18,947,577</b>	<b>19,788,600</b>	<b>30,777</b>	<b>-</b>	<b>19,819,377</b>
<b>EXPENSES</b>								
Program services	16,534,621			16,534,621	15,988,940			15,988,940
Support services	3,512,224			3,512,224	3,451,728			3,451,728
<b>TOTAL EXPENSES</b>	<b>20,046,845</b>	<b>-</b>	<b>-</b>	<b>20,046,845</b>	<b>19,440,668</b>	<b>-</b>	<b>-</b>	<b>19,440,668</b>
<b>CHANGE IN NET ASSETS BEFORE OTHER</b>	<b>(755,577)</b>	<b>(343,691)</b>	<b>-</b>	<b>(1,099,268)</b>	<b>347,932</b>	<b>30,777</b>	<b>-</b>	<b>378,709</b>
<b>OTHER</b>								
Gain on sale of property (Note 9)	2,800,000			2,800,000				-
Change in value of split-interest agreement		(100,336)		(100,336)		58,380		58,380
Legal fees (Note 18)	(133,689)			(133,689)	(223,090)			(223,090)
Net (loss) gain on investments	(486,460)	(50,664)		(537,124)	87,359	20,924		108,283
<b>CHANGE IN NET ASSETS</b>	<b>1,424,274</b>	<b>(494,691)</b>	<b>-</b>	<b>929,583</b>	<b>212,201</b>	<b>110,081</b>	<b>-</b>	<b>322,282</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>9,092,148</b>	<b>2,925,487</b>	<b>2,810,935</b>	<b>14,828,570</b>	<b>8,879,947</b>	<b>2,815,406</b>	<b>2,810,935</b>	<b>14,506,288</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$ 10,516,422</b>	<b>\$ 2,430,796</b>	<b>\$ 2,810,935</b>	<b>\$ 15,758,153</b>	<b>\$ 9,092,148</b>	<b>\$ 2,925,487</b>	<b>\$ 2,810,935</b>	<b>\$ 14,828,570</b>

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

LINCOLN

STATEMENTS OF FUNCTIONAL EXPENSES  
For the years ended June 30, 2016 and 2015

	Year ended June 30, 2016				Year ended June 30, 2015					
	Total Program Services	Support Services		Total Support Services	Total Program Services	Support Services		Total Support Services	Total Expenses	
		Management and General	Fundraising			Management and General	Fundraising			
Salaries	\$ 10,809,606	\$ 1,277,170	\$ 353,814	\$ 1,630,984	\$ 12,440,590	\$ 10,372,998	\$ 1,346,292	\$ 267,609	\$ 1,613,901	\$ 11,986,899
Payroll taxes and benefits	2,664,835	314,794	72,799	387,593	3,052,428	2,504,642	360,006	51,099	411,105	2,915,747
Total personnel costs	13,474,441	1,591,964	426,613	2,018,577	15,493,018	12,877,640	1,706,298	318,708	2,025,006	14,902,646
Professional fees	583,445	442,117	76,595	518,712	1,102,157	518,188	170,124	114,571	284,695	802,883
Occupancy	727,700	130,879	40,727	171,606	899,306	741,868	206,603	37,118	243,721	985,589
Office expenses	416,384	204,860	69,761	274,621	691,005	400,340	201,909	81,152	283,061	683,401
Client-related expenses	634,700	4,703	32,696	37,399	672,099	679,322	5,731		5,731	685,053
Depreciation	282,355	121,957	11,086	133,043	415,398	267,698	106,621	12,577	119,198	386,896
Training and recruiting	188,515	64,388	3,482	67,870	256,385	206,143	84,784	5,090	89,874	296,017
Insurance and taxes	97,774	78,003	3,576	81,579	179,353	149,748	26,469	4,094	30,563	180,311
Transportation	128,210	27,115	2,567	29,682	157,892	143,813	36,288	1,699	37,987	181,800
Special events	-	-	103,000	103,000	103,000	-	-	142,428	142,428	142,428
Other	1,097	49,998	4,635	54,633	55,730	4,180	52,921	14,410	67,331	71,511
In-kind expenses	-	-	21,502	21,502	21,502	-	122,133	-	122,133	122,133
<b>TOTAL FUNCTIONAL EXPENSES</b>	<b>\$ 16,534,621</b>	<b>\$ 2,715,984</b>	<b>\$ 796,240</b>	<b>\$ 3,512,224</b>	<b>\$ 20,046,845</b>	<b>\$ 15,988,940</b>	<b>\$ 2,719,881</b>	<b>\$ 731,847</b>	<b>\$ 3,451,728</b>	<b>\$ 19,440,668</b>

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

# LINCOLN

## STATEMENTS OF CASH FLOWS For the years ended June 30, 2016 and 2015

	2016	2015
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 929,583	\$ 322,282
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	415,398	386,896
Net loss (gain) on investments	537,124	(108,283)
Change in value of split-interest agreement	29,452	(58,380)
(Increase) decrease in operating assets:		
Accounts receivable	(349,791)	211,253
Pledges receivable	58,067	(60,350)
Prepaid expenses	(53,049)	31,802
Intangible asset	(188,984)	(136,120)
Increase (decrease) in operating liabilities:		
Accounts payable	156,173	(437,043)
Accrued liabilities	(281,856)	142,761
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>1,252,117</b>	<b>294,818</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of investments	(4,031,806)	(1,417,538)
Purchase of property and equipment	(97,562)	(205,339)
Proceeds from sales of investments	1,517,950	1,776,921
<b>NET CASH (USED) PROVIDED BY INVESTING ACTIVITIES</b>	<b>(2,611,418)</b>	<b>154,044</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Payments on line of credit	(4,260,000)	(4,580,000)
Proceeds from borrowings on line of credit	5,010,000	4,680,000
Principal payments on notes payable	(13,273)	(13,132)
<b>NET CASH PROVIDED BY FINANCING ACTIVITIES</b>	<b>736,727</b>	<b>86,868</b>
<b>NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS</b>	<b>(622,574)</b>	<b>535,730</b>
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<b>781,144</b>	<b>245,414</b>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 158,570</b>	<b>\$ 781,144</b>
<b>SUPPLEMENTAL DISCLOSURE:</b>		
Operating activities reflect interest paid of:	<b>\$ 37,934</b>	<b>\$ 34,216</b>

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

### 1. **Organization**

Lincoln is a not-for-profit agency founded in 1883 as the first racially integrated orphanage in Northern California. Since its founding, Lincoln has impacted the lives of children and families through evolving programs. Today, Lincoln provides preventative, individualized, and comprehensive support services with a focus on three core areas that disrupt cycles of poverty and trauma:

- Education – Addressing obstacles that impact academic attendance and achievement;
- Family – Strengthening stability and creating permanency; and
- Well-Being – Improving resiliency and wellness.

Every day, Lincoln provides real solutions to the unique issues children, youth and families face in communities throughout our region. Lincoln goes where children and youth are, helping them to develop skills to stay at home and in school. Teams of skilled and diverse staff work together with youth and families to utilize their strengths to build a plan for success. With this critical support, children, youth, and families thrive and build bold futures. Only Lincoln has the culturally relevant, adaptive approach that meets the needs of children and families.

Lincoln provides a unique array of comprehensive programs and services for some of the Bay Area's most vulnerable populations. Ninety percent of families served have income levels at or below the poverty level; 42% are African American, 27% are Hispanic/Latino, 13% are Caucasian, 3% are Asian/Pacific Islander, 1% are Native American, 6% are Multi- or Bi-racial, and 8% are Other or no indication.

Lincoln provides children with support and services as young as possible and make a continuum of programs available during their school years and through graduation from high school. Lincoln further ensures children's success by providing services to strengthen and engage their family and community. This is how *Lincoln disrupts the cycle of poverty and trauma, empowering children and families to build strong futures*. Lincoln's unique multi-generational model sets a new standard of support that changes lives.

Fundraising strategies include an annual campaign, one annual major fundraising event, direct mail appeals, and the ongoing submission of grant proposals to foundations, corporations, and government sources. Annual income comes from these sources as well as program fees, investment spending, and earned interest.

## 2. Summary of Significant Accounting Policies

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

### **Basis of Presentation**

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

### **Accounting**

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

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

**Unrestricted Board Designated.** These are comprised of resources that the Board of Directors has established as being designated for particular purposes. For purposes of complying with net assets accounting, these funds are included in unrestricted net assets at June 30, 2016 and 2015.

**Temporarily Restricted.** Lincoln reports grants and contributions, investments and other income as temporarily restricted support if they are received with donor stipulations that limit the use to a fiscally sponsored project. All funds transferred for a newly sponsored project into Lincoln are temporarily restricted for the sponsored project. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from program or capital restrictions.

**Permanently Restricted.** These net assets are restricted by donors who stipulate that resources are to be maintained permanently, but permit Lincoln and the fiscally sponsored projects to expend all of the income (or other economic benefits) derived from the donated assets. As of June 30, 2016 and 2015, Lincoln had \$2,810,935 in permanently restricted net assets.

### **Accounts Receivable**

Accounts receivable are receivables from governmental agencies. The allowance represents an estimated amount of accounts receivable estimated to be potentially uncollectible.

### **Investments**

Lincoln values its investment at fair value. Unrealized and realized gain or losses (including investments bought, sold, and held during the year) are reflected in the Statement of Activities as gain or loss on investments.

continued

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

Short-term highly liquid money market deposits which are not used for operations are treated as investments.

**Contributions and Pledges Receivable**

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discount is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met. Management provides an allowance for doubtful accounts receivable that is based on a review of outstanding receivables, historic collection information, and existing economic conditions.

**Concentration of Credit Risks**

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

The primary receivable balance outstanding at June 30, 2016 and 2015, consists of government contract receivables due from county, state, federal granting agencies. Concentrations of credit risks with respect to trade receivables are limited, as the majority of Lincoln's receivables consist of earned fees from contract programs granted by governmental agencies.

Lincoln holds investments in the form of mutual funds, corporate bonds and common stocks of publicly held companies, as well as U.S. Governmental debt securities. The Board of Directors routinely reviews the allocation of such investments.

Approximately 85% and 88% of revenue and support generated by Lincoln for the years ended June 30, 2016 and 2015 respectively were related to government contracts.

**Fair Value Measurements**

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

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

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

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

Lincoln is required to measure pledged contributions, split interest agreements, certain investments, and in-kind contributions at fair value. The specific techniques used to measure fair value for financial statement elements are described in the notes below that relate to each element.

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

**Property and Equipment**

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

**Donated Materials and Services**

Contributions of donated non-cash assets are measured on a non-recurring basis and recorded at fair value in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at fair value in the period received. The fair value of donated materials and services has been measured on a non-recurring basis using quoted prices of similar assets in inactive markets (Level 2 inputs). For the years ended June 30, 2016 and 2015, Lincoln received in-kind contributions of \$21,502 and \$122,133, respectively.

**Income Taxes**

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

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

**Functional Allocation of Expenses**

Costs of providing fiscal sponsorship by Lincoln have been presented in the Statement of Functional Expenses. During the year, such costs are accumulated into separate groupings as either direct or indirect. Indirect or shared costs are allocated among program and support services by a method that best measures the relative degree of benefit. Lincoln primarily uses units of service, full-time equivalents, or square footage to allocate indirect costs.

**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 reported amounts of assets, liabilities, revenues, and expenses as of the date and for the period presented. Actual results could differ from those estimates.

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

**Reclassification**

Certain amounts from the June 30, 2015 financial statements have been reclassified to conform to the June 30, 2016 presentation.

**Subsequent Events**

Management has evaluated subsequent events through January 17, 2017, the date which the financial statements were available for issue. No events or transactions have occurred during this period that appears to require recognition or disclosure in the financial statements.

**3. Pledges Receivable**

Pledges receivable are recorded as support when pledged unless designated otherwise. All pledges are valued at the estimated fair present value at June 30, 2016 and are deemed fully collectible. Accordingly, no allowance for uncollectible pledges has been recorded as of June 30, 2016. Total amount of pledges receivable is \$54,523 as of June 30, 2016 and are expected to be collected within one year. There were pledges receivables of \$112,590 at June 30, 2015.

**4. Intangible Asset**

Lincoln started its rebranding in 2015 from its former name, "Lincoln Child Center" to eliminate the misconception associated with the "Child Center" connotation, whereby the public often perceived that Lincoln provided child care services (i.e. day care center).

Lincoln have determined that the rebranding costs incurred would result in future economic benefits such as securing new contracts for the provision of services to all age groups other than just children, which would include teens, youths, adults and seniors. As such, Lincoln has recorded these costs as an intangible asset and will be amortized once all rebranding work has been wholly completed. The fair value of the Intangibles Asset at June 30, 2016 and 2015 was \$325,104 and \$136,120, respectively.

# LINCOLN

## NOTES TO FINANCIAL STATEMENTS

### 5. Investments

Investments at June 30, 2016 and 2015 consist of the following:

	<u>2016</u>	<u>2015</u>
Equities	\$ 5,291,920	\$4,356,601
Fixed income	2,371,180	1,988,652
Exchange traded funds	1,783,047	1,620,473
Money markets	1,547,082	1,318,569
Mutual Funds	<u>425,498</u>	<u>127,700</u>
	<u>\$11,418,727</u>	<u>\$9,411,995</u>

Investment income on the Statement of Activities for the years ended June 30, 2016 and 2015 is shown net of management fees of \$62,927 and \$71,910, respectively.

### 6. Fair Value Measurements

The table below presents the balances of the respective components of the assets or liabilities measured at fair value at June 30, 2016 on a recurring basis:

<u>June 30, 2016</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Equities</b>				
Technology	\$1,522,386	\$ -	\$ -	\$ 1,522,386
Healthcare	1,048,731			1,048,731
Basic materials	694,496			694,496
Services	635,049			635,049
Financial	586,966			586,966
Consumer goods	550,097			550,097
Industrial goods	143,570			143,570
Utilities	<u>110,625</u>			<u>110,625</u>
<b>Total equities</b>	<u>5,291,920</u>	<u>-</u>	<u>-</u>	<u>5,291,920</u>
<b>Fixed income</b>				
Corporate bonds		821,252		821,252
Agency securities		673,330		673,330
Government securities	657,690			657,690
Municipal bonds		203,240		203,240
Mortgage pools		<u>15,668</u>		<u>15,668</u>
<b>Total fixed income</b>	<u>657,690</u>	<u>1,713,490</u>	<u>-</u>	<u>2,371,180</u>

continued

LINCOLN

NOTES TO FINANCIAL STATEMENTS

6. Fair Value Measurements, continued

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Exchange traded funds</b>				
Bonds	727,153			727,153
Foreign large cap	475,774			475,774
Financial	183,842			183,842
Healthcare	140,972			140,972
Real estate	128,572			128,572
Technology	93,171			93,171
Large cap	26,790			26,790
Diversified emerging markets	4,228			4,228
Energy	2,545			2,545
<b>Total exchange traded funds</b>	<u>1,783,047</u>	<u>-</u>	<u>-</u>	<u>1,783,047</u>
<b>Mutual funds</b>				
Foreign large cap	425,498			425,498
<b>Total mutual funds</b>	<u>425,498</u>	<u>-</u>	<u>-</u>	<u>425,498</u>
<b>Money market funds</b>	<u>1,547,082</u>	<u>-</u>	<u>-</u>	<u>1,547,082</u>
<b>Total investments</b>	<u>9,705,237</u>	<u>1,713,490</u>	<u>-</u>	<u>11,418,727</u>
<b>Split-interest agreement</b>	<u>-</u>	<u>1,487,640</u>	<u>-</u>	<u>1,487,640</u>
<b>Fair value at June 30, 2016</b>	<u>\$9,705,237</u>	<u>\$3,201,130</u>	<u>\$-</u>	<u>\$12,906,367</u>
<u>June 30, 2015</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Equities</b>				
Technology	\$1,008,339	\$-	\$-	\$ 1,008,339
Healthcare	736,486			736,486
Services	694,554			694,554
Financial	583,038			583,038
Basic materials	566,350			566,350
Consumer goods	430,996			430,996
Industrial goods	336,838			336,838
<b>Total equities</b>	<u>4,356,601</u>	<u>-</u>	<u>-</u>	<u>4,356,601</u>
<b>Fixed income</b>				
Corporate bonds		865,055		865,055
Government securities	600,966			600,966
Agency securities		501,210		501,210
Mortgage pools		21,421		21,421
<b>Total fixed income</b>	<u>600,966</u>	<u>1,387,686</u>	<u>-</u>	<u>1,988,652</u>

continued

LINCOLN

NOTES TO FINANCIAL STATEMENTS

6. Fair Value Measurements, continued

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Exchange traded funds</b>				
Foreign large cap	543,033			543,033
Bonds	512,157			512,157
Diversified emerging markets	182,938			182,938
Real estate	108,301			108,301
Miscellaneous	83,583			83,583
Foreign real estate	70,116			70,116
Financial	66,662			66,662
Energy	26,928			26,928
Large cap	<u>26,755</u>			<u>26,755</u>
<b>Total exchange traded funds</b>	<u>1,620,473</u>	<u>-</u>	<u>-</u>	<u>1,620,473</u>
<b>Mutual funds</b>				
Foreign large cap	<u>127,700</u>			<u>127,700</u>
<b>Total mutual funds</b>	<u>127,700</u>	<u>-</u>	<u>-</u>	<u>127,700</u>
<b>Money market funds</b>	<u>1,318,569</u>	<u>-</u>	<u>-</u>	<u>1,318,569</u>
<b>Total investments</b>	<u>8,024,309</u>	<u>1,387,686</u>	<u>-</u>	<u>9,411,995</u>
<b>Split-interest agreement</b>	<u>-</u>	<u>1,517,092</u>	<u>-</u>	<u>1,517,092</u>
<b>Fair value at June 30, 2015</b>	<u>\$8,024,309</u>	<u>\$2,904,778</u>	<u>\$ -</u>	<u>\$10,110,723</u>

The fair value of investment components have been measured on a recurring basis using quoted prices in active markets for identical assets (Level 1 inputs) and quoted prices in active or inactive markets for the same or similar assets (Level 2 inputs).

The fair value of the split-interest agreement has been measured on a recurring basis by calculating the present value of future distributions expected to be received, using published life expectancy and a 7.75% discount rate (Level 2 inputs).

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>June 30, 2016</b>				
In-kind contributions	<u>\$ -</u>	<u>\$21,502</u>	<u>\$ -</u>	<u>\$21,502</u>
<b>June 30, 2015</b>				
In-kind contributions	\$ -	\$122,133	\$ -	\$122,133
Pledged contributions – new			140,814	140,814
	<u>\$ -</u>	<u>\$122,133</u>	<u>\$140,814</u>	<u>\$262,947</u>

The fair value of in-kind contributions has been measured on a non-recurring basis using quoted prices for similar services and assets in inactive markets (Level 2 inputs).

The fair values of pledged contributions are measured on a non-recurring basis, based on the value provided by the donor at the date of pledge (Level 3 inputs).

continued

# LINCOLN

## NOTES TO FINANCIAL STATEMENTS

### 7. Property and Equipment

Property and equipment at June 30, 2016 and 2015 consist of the following:

	<u>2016</u>	<u>2015</u>
Buildings and improvements	\$ 3,004,976	\$2,916,524
Furniture and equipment	388,932	355,077
Automobiles	49,276	52,376
Software	72,347	65,147
Work in progress	<u>-</u>	<u>31,946</u>
	3,515,531	3,421,070
Less: accumulated depreciation	<u>(1,127,431)</u>	<u>(715,134)</u>
	<u>\$ 2,388,100</u>	<u>\$2,705,936</u>

Depreciation and amortization expense for the years ended June 30, 2016 and 2015 were \$415,397 and \$386,896 respectively.

### 8. Split-Interest Agreement

Lincoln holds a remainder interest in two irrevocable split-interest agreements. The fair value for the contribution receivable from a beneficial interest in a charitable remainder trust within the Level 2 inputs is determined by calculating the present value of the future distributions expected to be received, using published life expectancy tables and discount rates of 7.75% and 3.34% respectively. These agreements are valued at net present value at June 30, 2016 and 2015, based on Internal Revenue Service guidelines as follows:

	<u>2016</u>		<u>2015</u>	
	Significant Other Observable		Significant Other Observable	
	<u>Fair Value</u>	<u>Assets (Level 2)</u>	<u>Fair Value</u>	<u>Assets (Level 2)</u>
A charitable remainder trust naming Lincoln as a beneficiary with a 22.22% interest. Lincoln does not have possession of the assets or control of the trust administration.	\$1,143,453	\$1,143,453	\$1,161,135	\$1,161,135
A charitable remainder trust naming Lincoln as a beneficiary with a 50% interest. Lincoln does not have possession of the assets or control of the trust administration.	<u>344,187</u>	<u>344,187</u>	<u>355,957</u>	<u>355,957</u>
	<u>\$1,487,640</u>	<u>\$1,487,640</u>	<u>\$1,517,092</u>	<u>\$1,517,092</u>

continued

# LINCOLN

## NOTES TO FINANCIAL STATEMENTS

---

### 9. Note Receivable and Contingency Liability

Note receivable of \$2,800,000 at June 30, 2015 consists of the outstanding amount due from the entity that acquired Lincoln's properties. This amount is being retained and will be paid to Lincoln after all issues relating to the development of the property, which has been opposed by the property's neighbors have been resolved. Since any costs arising from resolving this issue will applied against the noted receivable, a contingency liability of \$2,800,000 has been provided for by Lincoln at June 30, 2015.

During the year ended June 30, 2016, the litigation pursued by the property's neighbors against the entity that acquired Lincoln's properties was settled, resulting in the payment of the note receivable of \$2,800,000, additionally the contingency liability in the amount of \$2,800,000 has been recognized as gain on sale of property for the year ended June 30, 2016.

### 10. Accrued Liabilities

Accrued liabilities at June 30, 2016 and 2015 consist of the following:

	<u>2016</u>	<u>2015</u>
Accrued vacation	\$ 673,445	\$ 649,628
Accrued payroll, taxes, and benefits	249,084	603,261
Deferred rent credits	456,207	479,213
Other accrued liabilities	162,609	88,811
Accrued unemployment liability	<u>11,021</u>	<u>13,309</u>
	<u>\$1,552,366</u>	<u>\$1,834,222</u>

Lincoln has elected to be self-insured for the purposes of California State Unemployment Insurance. Estimated accrued unemployment liability at June 30, 2016 and 2015, of \$11,021 and \$13,309, respectively, represents estimated future claims arising from payroll paid to date. Unemployment expense for the years ended June 30, 2016 and 2015 were \$72,471 and \$73,783, respectively.

### 11. Line of Credit

Lincoln has a revolving line of credit with Wells Fargo Bank, in the amount of \$1,500,000, at an interest rate equal to the bank's prime rate plus 1.5% due March 2017. Interest rates at June 30, 2016 and 2015 were 4.50% and 4.25% with maturity dates of March 10, 2017 and August 9, 2015, respectively. Outstanding balances on the line of credit at June 30, 2016 and 2015 were \$1,100,000 and \$350,000 respectively.

continued

# LINCOLN

## NOTES TO FINANCIAL STATEMENTS

---

### 12. Note Payable

Note payable at June 30, 2016 and 2015 consist of the following:

	<u>2016</u>	<u>2015</u>
Note payable to Honda Financial Services unsecured, monthly payments of \$679, including interest at 3.45%, due June 16, 2015, Note payable to Dublin Chevrolet secured by vehicle, monthly payments of \$480, including interest at 3.9%, due November 22, 2017.	\$ -	\$13,273
Less: current portion	<u>-</u>	<u>(5,344)</u>
	<u>\$ -</u>	<u>\$ 7,929</u>

### 13. Commitments and Contingencies

#### Obligations Under Operating Leases

Lincoln leases various facilities and equipment under operating leases with various terms. Future minimum payments, by year and in the aggregate, under these leases with initial or remaining terms of one year or more, consist of the following:

<u>Year ended June 30,</u>	
2017	\$ 504,025
2018	478,389
2019	449,880
2020	459,109
2021	414,200
Thereafter	<u>1,173,105</u>
	<u>\$3,478,708</u>

Rent and equipment lease expenses under operating leases for the years ended June 30, 2016 and 2015 were \$427,955 and \$462,789, respectively.

#### Contracts

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

continued

# LINCOLN

## NOTES TO FINANCIAL STATEMENTS

---

### 14. Temporarily Restricted Net Assets

Temporarily restricted net assets as of June 30, 2016 and 2015 consist of the following:

	<u>2016</u>	<u>2015</u>
Florence French Trust/Darrow & Helen Chase Trust	<b>\$1,487,640</b>	\$1,517,092
Endowment fund	<b>735,139</b>	1,021,833
Philip Harley Memorial Fund	<b>98,862</b>	98,862
Other funds - various programs	<b>70,846</b>	78,918
Champlin House - residential program	<b>38,309</b>	48,309
Freedom School	<u>-</u>	<u>160,473</u>
	<b><u>\$2,430,796</u></b>	<b><u>\$2,925,487</u></b>

For the years ended June 30, 2016 and 2015, net assets released from restrictions were \$435,338 and \$422,373, which consist of \$435,338 released for purpose restrictions in 2016, while \$422,373 was released from purpose restrictions in 2015.

### 15. Permanently Restricted Net Assets and Endowment Funds

Permanently restricted net assets represent contributions which the donor has stipulated that the principal is to be kept intact in perpetuity and only the interest and dividends wherefrom may be expended for unrestricted purposes. At June 30, 2016 and 2015, permanently restricted net assets were \$2,810,935.

Generally accepted accounting principles provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization and also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and Board-designated endowment funds).

Lincoln's Endowment Fund is held in its investment funds with Charles Schwab. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

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

# LINCOLN

## NOTES TO FINANCIAL STATEMENTS

### 15. Permanently Restricted Net Assets and Endowment Funds, continued

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

Lincoln has adopted investment and spending policies, approved by the Board of Directors, for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment funds while also maintaining the purchasing power of those endowment assets over the long-term. Lincoln has a moderate risk tolerance, with a goal of steadily increasing the corpus of the endowment funds over an extended period of time in a way that is consistent with the desired level of risk.

Lincoln's spending policy is anticipated to be withdrawals that will not result in the value of the portfolio being reduced to below the permanently restricted net assets and will be 5% of the average market value calculated from the prior twelve quarter-end balances (3-year trailing value).

Endowment net assets composition by type of fund as of June 30, 2016:

	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total Assets</b>
Donor restricted endowment	<u>\$735,139</u>	<u>\$2,810,935</u>	<u>\$3,546,074</u>

Changes in endowment net assets for the years ended:

#### **June 30, 2016**

	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total Assets</b>
Endowment net assets, beginning of year	\$1,021,833	\$2,810,935	\$3,832,768
Investment return:			
Net depreciation (realized and unrealized)	(137,938)		(137,938)
Investment income expended	<u>(148,756)</u>		<u>(148,756)</u>
Endowment net assets, end of year	<u>\$ 735,139</u>	<u>\$2,810,935</u>	<u>\$3,546,074</u>

#### **June 30, 2015**

	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total Assets</b>
Endowment net assets, beginning of year	\$1,027,339	\$2,810,935	\$3,838,274
Investment return:			
Net appreciation (realized and unrealized)	134,059		134,059
Investment income expended	<u>(139,565)</u>		<u>(139,565)</u>
Endowment net assets, end of year	<u>\$1,021,833</u>	<u>\$2,810,935</u>	<u>\$3,832,768</u>

continued

# LINCOLN

## NOTES TO FINANCIAL STATEMENTS

---

### 15. Permanently Restricted Net Assets and Endowment Funds, continued

Endowment net assets at June 30, 2016 and 2015 consist of the following investment portfolios held with Charles Schwab:

	<u>2016</u>	<u>2015</u>
2 <sup>nd</sup> Century Fund	\$2,177,449	\$2,380,700
Edoff Fund	1,290,906	1,375,170
Siegmund Fund	<u>77,719</u>	<u>76,898</u>
	<u>\$3,546,074</u>	<u>\$3,832,768</u>

Investment earnings including gains and losses on the Edoff and Siegmund Funds are temporarily restricted for use in educational instruction and activities for the children at Lincoln. Investment earnings on the 2nd Century Fund may be used for general operations.

### 16. Program Service Fees from Government Agencies/Contracts and Grants

Program service fees from government agencies/contracts and grants for the years ended June 30, 2016 and 2015 consist of the following:

	<u>2016</u>	<u>2015</u>
Community-based services	\$15,846,797	\$15,602,369
Other programs	1,918,360	1,833,876
Day treatment	-	174,537
Non-public school	<u>-</u>	<u>75,768</u>
	<u>\$17,765,157</u>	<u>\$17,686,550</u>

### 17. Employee Benefit Plan

Lincoln has a defined contribution plan available to substantially all employees. Employer contributions for non-union employees' are based on tenure and range from 5% to 9%. Lincoln makes matching contributions up to a maximum of 5% for union employees. Employer contributions under this plan for the years ended June 30, 2016 and 2015 were \$478,524 and \$452,735, respectively.

### 18. Related Party Transaction

One of the Partners of a law firm that was engaged by Lincoln is a member of the Board of Directors. The engagement of that law firm to represent Lincoln in litigation surrounding its property that was sold in 2013 and the neighbors of the said property was done at "arm's length transaction", whereby the respective board member was not involved in the selection of the law firm to represent Lincoln, nor did the board member influence the outcome of the selection process. Total amount paid to the firm for the years ended June 30, 2016 and 2015 was \$133,689 and \$223,090, respectively.

**SUPPLEMENTAL SCHEDULES**

---

**LINCOLN**

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
For the year ended June 30, 2016

<u>Program Name</u>	<u>Contract Number</u>	<u>Federal CFDA No.</u>	<u>Contract Term</u>	<u>Program Award</u>	<u>Federal Program Expenditure</u>
<b>Federal Awards</b>					
U.S. Department of Health and Human Services ("DHHS"):					
Pass-through, County of Contra Costa:					
Medical Assistance Program (a)	24-925-26	93.778	07/01/15 - 06/30/16	\$ 6,513,799	\$ 3,030,052
Pass-through, Chabot-Las Positas Community College District:					
Foster Care - Title IV-E, Contract Education and Training		93.658	07/01/15 - 06/30/16	500,000	500,000
Pass-through, County of Alameda Social Services Agency:					
Foster Care - Title IV-E, Kinship Support Services Program	900117-10428	93.658	07/01/15 - 06/30/16	<u>650,000</u>	<u>227,500</u>
<b>Total DHHS</b>				<u>7,663,799</u>	<u>3,757,552</u>
<b>Total Federal Awards</b>				<u>\$ 7,663,799</u>	<u>\$ 3,757,552</u>

(a) Audited as a major program

**Summary of Significant Accounting Policies:**

1. Basis of Accounting - The Schedule of Expenditures of Federal Awards has been reported on the accrual basis of accounting.
2. Lincoln is exempt from income taxation under Internal Revenue Code Section 501(c)(3) and California Revenue Taxation Code Section 23701d.

See independent auditors' report.

LINCOLN

STATEMENT OF EXPENDITURES OF COUNTY OF ALAMEDA GRANTS  
For the year ended June 30, 2016

	ICESDC- Fremont HS (Mandela Architecture)	ICESDC- Hoover Elementary / Prescott/Howard and Lafayette (Summer School)	Wraparound Program	Wraparound Program / Probation	School Engagement Program	TBS	Parenting with Love and Limits / ATP	Parenting with Love and Limits / Licensing Fee	Parenting with Love and Limits / Re-Entry	Total
	RU# 01KZ1	RU# 010C1 / RU# 010B1	RU# 01FB1	RU# 01FB1	RU# 01FB2	RU# 01FB3	RU# 01FB4		RU# 01FB5	
Contract number:	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16
Contract period:										
Total contract amount	\$ 230,464	\$ 239,350	\$ 2,533,740	\$ 815,000	\$ 1,137,308	\$ 1,058,609	\$ 368,932	\$ 126,816	\$ 188,462	\$ 6,698,681
Salaries	\$ 187,449	\$ 216,839	\$ 1,363,851	\$ 460,254	\$ 645,382	\$ 612,218	\$ 156,771	\$ -	\$ 62,440	\$ 3,705,204
Benefits	51,346	59,485	337,974	114,055	156,162	147,125	35,629	-	11,798	913,574
Total salaries and benefits	238,795	276,324	1,701,825	574,309	801,544	759,343	192,400	-	74,238	4,618,778
Administrative cost	39,311	45,915	356,252	119,664	165,260	141,371	38,986	-	12,909	919,668
Occupancy	12,716	12,716	76,757	25,903	29,869	36,353	12,583	-	1,104	208,001
Professional & specialized services	4,696	27,823	10,455	3,529	4,680	4,502	899	-	74	183,474
Transportation	793	793	71,468	24,118	34,564	27,051	2,190	126,816	343	161,320
Program/service related expenses	3,793	3,793	53,845	18,171	16,208	11,505	6,495	-	235	114,045
Depreciation	7,619	7,619	34,140	11,521	7,282	9,373	10,492	-	-	88,046
Furniture & equipment	5,924	5,924	19,372	6,537	11,374	10,080	7,562	-	4,215	70,988
Communication	2,277	2,277	28,622	9,659	10,352	9,159	3,987	-	972	67,305
Insurance, taxes & other fees	2,706	2,706	23,882	8,059	10,572	10,216	937	-	3,784	62,862
Staff development/trainings	2,773	2,773	11,683	3,943	8,437	6,372	8,619	-	42	44,642
Staff travel	2,541	2,542	8,736	2,948	10,480	4,058	1,089	-	2,857	35,251
Debt/capital payments	1,344	1,344	10,901	3,679	5,173	4,346	1,142	-	1,076	29,005
Office related expenses	930	930	8,727	2,945	3,226	3,591	2,065	-	2,273	24,687
Organizational dues & fees	267	267	45	15	307	37	2	-	2,249	3,189
<b>Total expenses</b>	<b>\$ 326,485</b>	<b>\$ 393,746</b>	<b>\$ 2,416,710</b>	<b>\$ 815,000</b>	<b>\$ 1,119,328</b>	<b>\$ 1,037,357</b>	<b>\$ 289,448</b>	<b>\$ 126,816</b>	<b>\$ 106,371</b>	<b>\$ 6,631,261</b>

LINCOLN

STATEMENT OF EXPENDITURES OF COUNTY OF ALAMEDA GRANTS  
For the year ended June 30, 2016

Helping Open Pathways to Education (HOPE)

	Met West HS/ La Esquelita Elementary School	Esperanza/ Korematan Discovery Academies	Laurel Elementary	Fruitvale Elementary	New Highland	Sankofa Elementary	Oakland Technical HS - Upper Campus (Far West)	Oakland Technical High - Lower Campus	Vincent Academy Charter School	Oakland High School	Total	Total Master Contract
	RU# 018331 / 01NJ1	RU# 01LAI	RU# 01LB1	RU# 018335 / 01NB1	RU# 018337	RU# 01FN1	RU# 01HC1	RU# 01LC1	RU# 01LD1	RU# 01NB1		MCR# 900117
Contract number:												
Contract period:	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16	7/1/15 - 6/30/16		7/1/15 - 6/30/16
Total contract amount	\$ 175,751	\$ 369,999	\$ 252,000	\$ 241,500	\$ 369,998	\$ 220,500	\$ 5,500	\$ 141,678	\$ 238,678	\$ 141,678	\$ 2,157,282	\$ 8,855,963
Salaries	\$ 84,194	\$ 199,576	\$ 156,333	\$ 124,644	\$ 176,251	\$ 115,311	\$ 2,118	\$ 94,123	\$ 119,353	\$ 79,518	\$ 1,151,421	\$ 4,856,625
Benefits	20,441	48,440	37,943	30,243	42,773	27,986	514	22,842	28,947	19,302	279,431	1,193,005
Total salaries and benefits	104,635	248,016	194,276	154,887	219,024	143,297	2,632	116,965	148,300	98,820	1,430,852	6,049,630
Administrative cost	20,112	53,498	42,540	37,236	49,492	31,072	518	26,246	40,204	20,418	321,336	1,241,004
Occupancy	3,090	8,219	6,536	5,720	7,603	4,774	80	4,032	6,177	3,137	49,368	257,369
Professional & specialized services	2,632	7,953	5,609	4,909	6,525	4,097	68	3,461	5,301	2,692	42,367	225,841
Transportation	285	757	602	527	700	439	7	372	569	289	4,547	165,867
Program/service related expenses	1,088	2,894	2,301	2,014	2,677	1,681	28	1,420	2,175	1,104	17,382	131,427
Depreciation	1,455	3,869	3,077	2,693	3,580	2,247	37	1,898	2,747	1,395	23,953	92,941
Furniture & equipment	1,374	3,655	2,906	2,544	3,381	2,122	36	1,793	2,461	1,249	19,667	86,972
Communication	1,231	3,274	2,604	2,279	3,029	1,902	32	1,606	2,461	1,249	18,300	81,162
Insurance, taxes & other fees	1,146	3,047	2,423	2,121	2,817	1,770	29	1,495	2,289	1,163	15,300	68,572
Staff development/trainings	1,498	3,984	3,168	2,773	3,686	2,314	39	1,954	2,994	1,520	23,930	92,941
Staff travel	1,371	3,646	2,899	2,538	3,373	2,117	35	1,788	2,740	1,392	21,899	57,150
Debt/capital payments	566	1,505	1,197	1,048	1,392	874	15	738	1,131	574	9,040	38,045
Office related expenses	354	942	749	655	871	547	10	461	708	359	5,656	30,343
Organizational dues & fees	2	6	4	4	6	4		2	4	2	34	3,223
<b>Total expenses</b>	<b>\$ 140,859</b>	<b>\$ 344,365</b>	<b>\$ 270,891</b>	<b>\$ 221,948</b>	<b>\$ 308,156</b>	<b>\$ 199,257</b>	<b>\$ 3,566</b>	<b>\$ 164,231</b>	<b>\$ 220,708</b>	<b>\$ 135,591</b>	<b>\$ 2,009,572</b>	<b>\$ 8,640,833</b>
Amount reimbursed by Alameda County as of 6/30/16												8,143,332
Revenue excess/(deficit)												\$ (497,501)

See independent auditors' report.

**ADDITIONAL INFORMATION**

---

**Independent Auditors' Report on Internal Control Over Financial Reporting  
and on Compliance and Other Matters Based on an Audit of Financial Statements  
Performed in Accordance With *Government Auditing Standards***

---

To the Board of Directors  
Lincoln

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Lincoln which comprise the Statement of Financial Positions as of June 30, 2016, and the related Statements of Activities, Functional Expenses, and Cash Flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated January 17, 2017.

**Internal Control Over Financial Reporting**

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

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

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

**Compliance and Other Matters**

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

**Purpose of this Report**

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

*Harrington Group*

San Francisco, California  
January 17, 2017

**Independent Auditors' Report on Compliance for Each Major Program  
and on Internal Control Over Compliance Required by the Uniform Guidance**

---

To the Board of Directors  
Lincoln

**Report on Compliance for Each Major Federal Program**

We have audited Lincoln compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Lincoln's major federal programs for the year ended June 30, 2016. Lincoln's major federal programs for the year ended June 30, 2016 are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

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

**Auditors' Responsibility**

Our responsibility is to express an opinion on compliance for each of Lincoln's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Lincoln's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

**Opinion on Each Major Federal Program**

In our opinion, Lincoln complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2016.

**Report on Internal Control Over Compliance**

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

**Independent Auditors' Report on Compliance for Each Major Program  
and on Internal Control Over Compliance Required by the Uniform Guidance**  
continued

---

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

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

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

*Harrington Group*

San Francisco, California  
January 17, 2017

LINCOLN  
**Schedule of Findings and Questioned Costs**  
For the year ended June 30, 2016

---

**Section I – Summary of Auditors’ Results**

Financial Statements:

Type of auditors’ report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified? No

Significant deficiencies identified? None reported

Noncompliance material to financial statements noted? No

Federal Awards:

Internal control over major programs:

Material weakness(es) identified? No

Significant deficiencies identified? None reported

Type of auditors’ report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with section 200.516 Audit Findings of the Uniform Guidance? No

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000

Auditee qualified as low-risk auditee? Yes

Identification of Major Programs:

U.S. Department of Health and Human Services:

Medical Assistance Program 93.778

**Section II – Financial Statements Findings**

There are no findings required to be reported in accordance with *Generally Accepted Government Auditing Standards*.

**Section III – Federal Award Findings and Questioned Costs**

There are neither findings nor questioned costs for Federal Awards as defined in the Uniform Guidance.

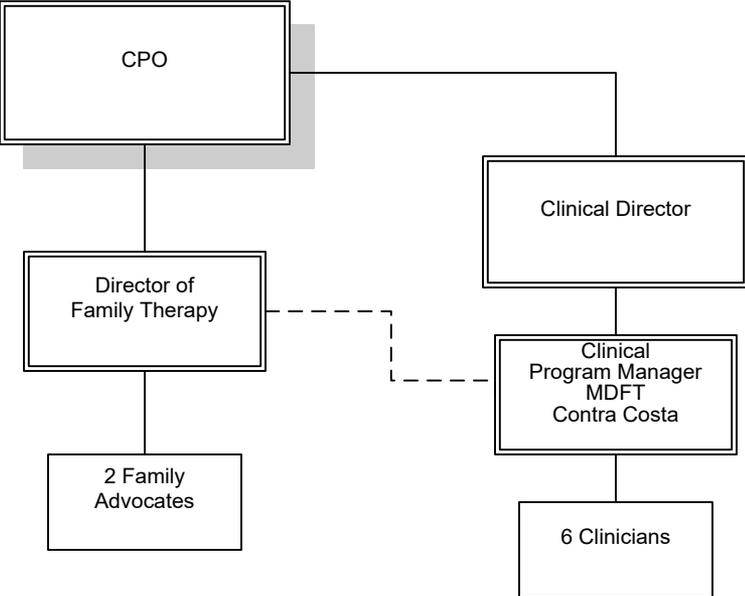
**Section IV – Summary Schedule of Prior Year Findings**

None.

# **APPENDIX E**

## **Organization Chart**

# Multi-Dimensional Family Therapy



MDFT CC Employee List

Last Name	First Name	Department
Caputo	Zena	540
Hodge	Jocelyn	540
Hoover Collyer	Kelly	540
Lesti	Renee	540
Rizzo	Gianna	540
Rodriguez	Janitzia	540
Scott	Evangeline	540
Simpson	Diatra	540
Ward	William	540



# CCBH Stakeholder Calendar

## January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				<b>4</b> <b>CPAW:</b> 2:00—5:00 pm 2425 Bisso Lane Concord		
7	8	9	<b>10</b> <b>MH Commission:</b> 4:30—6:30 pm 2425 Bisso Lane Concord <b>Systems of Care:</b> 10:00—12:00 pm 1340 Arnold Dr, Ste 200, Martinez	<b>11</b> <b>Children's:</b> 11:00 am—1:00 pm 1340 Arnold Dr, Ste 200, Martinez <b>Social Inclusion:</b> 1:30—3:30 pm 2425 Bisso Lane Concord	12	13
14	15	16	17	<b>18</b> <b>CPAW Steering:</b> 3:00 — 4:00 pm 1340 Arnold Dr, Ste 200, Martinez	19	20
21	<b>22</b> <b>CPAW Innovation:</b> 2:30 — 4:00 pm 1340 Arnold Dr, Ste 200, Martinez	<b>23</b> <b>Adults:</b> 3:00 — 4:30 pm 1340 Arnold Dr, Ste 200, Martinez	<b>24</b> <b>Aging /Older Adults:</b> 2:00—4:30 pm 2425 Bisso Lane Concord <b>AOD Advisory Board:</b> 4:00 — 6:00 pm 1220 Morello , Martinez	25	26	27
28	29	30	31			<b>H3 Housing Mtg</b> <b>February 6, 2018</b> 1:00—3:00 pm 2425 Bisso Lane Concord