

MHSA Semi-Annual Budget Report

July 2017 through December 2017

Summary

<u>Component</u>	<u>Budgeted</u>	<u>Projected</u>	
		<u>Expense</u>	<u>Revenue</u>
CSS	37.6	32.3	34.9
PEI	8.7	7.7	7.9
INN	2.1	1.9	2.1
WET	2.5	2.0	0*
CF/TN	<u>.6</u>	<u>.6</u>	<u>0</u> *
Total	51.5	44.5	44.9

*Revenue for WET & CF/TN has been previously transferred from local MHSA unspent funds

New Programs for FY 2017-20

<u>CSS</u> –	TAY Transitional Facility	\$250,000
	No Place Like Home	TBD
	Special Needs Housing Program	1,722,000
	Expanded EPSDT for Children	2,500,000
	Mobile Crisis Response Teams	1,200,000
<u>PEI</u> -	First Break Program	700,000
<u>INN</u> -	Cognitive Behavioral Social Skills Training	200,000
	Center for Recovery and Empowerment	500,000
<u>WET</u> –	Family Volunteer Support Network	600,000
	Mental Health First Aid	20,000
	Loan Forgiveness Program	300,000
<u>CF/TN</u> –	Mental Health Electronic Records System	<u>643,000</u>
		\$8,635,000

*All budgeted amounts for new programs are approximate

MHSA Quarterly Budget Report
Fiscal Year 2017-18
July 2017 through December 2017

Summary

	<u>Approved MHSa Budget</u>	<u>Projected Expenditure</u>	<u>Expenditures</u>
CSS	37,602,567	32,294,938	11,301,126
PEI	8,668,448	7,679,739	3,044,516
INN	2,120,229	1,932,496	656,178
WET	2,539,664	1,964,299	738,593
CF/ TN	643,835	634,991	861
TOTAL	<u>51,574,743</u>	<u>44,506,463</u>	<u>15,741,274</u>

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

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

CSS Summary

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Full Service Partnerships			
Children	2,798,275	2,488,128	1,365,158
Transition Age Youth	2,407,611	1,909,753	520,486
Adults	5,288,696	5,053,822	1,569,741
Adult Clinic FSP Support	1,772,145	901,072	(212,124)
Recovery Center	901,250	1,190,687	380,552
Hope House	2,077,530	2,161,310	1,080,655
Housing Services	8,502,116	8,129,127	2,013,488
Full Service Partnership Sub-Total	<u>23,747,623</u>	<u>21,833,899</u>	<u>6,717,956</u>
General System Development			
Older Adults	3,388,068	3,518,131	1,720,895
Children's Wraparound	1,669,810	1,452,430	724,183
Assessment and Recovery Center - Miller Wellness Center	319,819	324,986	81,249
Clinic Support	1,355,630	1,050,632	214,962
Forensic Team	424,628	179,636	83,001
Mobile Response Team	550,000	72,881	-
MH Clinicians in Concord Health Center	281,686	317,074	52,329
EPSDT Expansion	2,500,000	311,667	-
Quality Assurance	1,255,831	1,117,161	527,156
Administrative Support	2,109,471	2,116,440	1,179,394
General System Development Sub-Total	<u>13,854,943</u>	<u>10,461,039</u>	<u>4,583,170</u>
	<u><u>37,602,567</u></u>	<u><u>32,294,938</u></u>	<u><u>11,301,126</u></u>

CSS- FSP Children

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Personal Service Coordinators- Seneca	808,215	622,244	259,268 ¹
Multi-dimensional Family Therapy- Lincoln Center	556,973	579,444	338,316
Multi-systemic Therapy- COFY	689,585	689,585	482,170
Children's Clinic Staff- County Staff	743,502	596,855	285,404
Total	2,798,275	2,488,128	1,365,158

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	1,258,692	375,933 1
Youth Homes	684,950	592,776	136,244 1
Oak Grove	250,000	41,667	- 1
Misc. Costs	30,000	16,619	8,309 2
Total	2,407,611	1,909,753	520,486

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	1,897,575	656,283 1
Anka	791,751	754,501	222,001 1
Familias Unidas (Desarrollo)	213,309	245,286	55,568 1
Hume Center	1,891,395	2,025,059	590,854 1
Crestwood Behavioral Health	-	129,549	43,183 1
Rubcon- Terminated FY16/17	-	1,853	1,853 2
Total	5,288,696	5,053,822	1,569,741

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) This contract was terminated in FY16/17. This amount is paid for missing invoices for FY16/17.

CSS- Supporting FSPs

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Adult Clinic Support			
FSP Support, Rapid Access, Wellness Nurses	1,772,145	901,072	(212,124) ²
Recovery Centers- Recovery Innovation	901,250	1,190,687	380,552 ¹
Hope House- Crisis Residential Program	2,077,530	2,161,310	1,080,655
Total	<u>4,750,925</u>	<u>4,253,069</u>	<u>1,249,083</u>

Note:

- 1) This is not reflective of the projected annual expenditures due to lags in receiving invoices from CBOs and Contracted Agencies.
- 2) Negative expenditure in these programs is due to temporary fiscal adjustment. The adjustment will be reversed in next quarter.

**CSS- Supporting FSPs
Housing Services**

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>	
Supporting Housing- Shelter, Inc	2,281,484	2,281,484	-	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	342,175	1
Augmented Board & Care - Divines	5,184	1,824	912	
Augmented Board & Care - Modesto Residential	71,175	77,353	43,875	
Augmented Board & Care - Oak Hills	16,315	16,315	8,158	
Augmented Board & Care - Pleasant Hill Manor	92,700	81,840	37,200	
Augmented Board & Care - United Family Care	453,840	414,725	152,458	1
Augmented Board & Care - Williams	31,889	30,560	15,280	
Augmented Board & Care - Woodhaven	12,360	9,270	4,635	
Shelter Beds- County Operated	1,931,296	1,931,296	1,172,169	
Housing Coordination Team - County Staff	522,510	484,988	236,626	3
Total	8,502,116	8,129,127	2,013,488	

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 MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Older Adult Clinic - Intensive Care Management, IMPACT	3,388,068	3,518,131	1,720,895 1
Wraparound Support - Children's Clinic	1,669,810	1,452,430	724,183 1
Assessment and Recovery Center (MWC)	319,819	324,986	81,249 1
Money Management - Adult Clinics	779,316	117,221	32,401 1
Transportation Support - Adult Clinics	151,951	97,321	52,092 1
Evidence Based Practices - Children's Clinics	424,363	356,086	169,215 1
Forensic Team - County Operated	424,628	179,636	83,001 1
Mobile Response Team	550,000	72,881	- 1
MH Clinicians in Concord Health Center	281,686	317,074	52,329 1
EPSDT Expansion	2,500,000	311,667	- 1
Misc. Costs	-	480,004	(38,746) 1,2
Total	10,489,641	7,227,438	2,876,619

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 MHA related program costs.
- 2) Negative expenditure in these programs is due to temporary fiscal adjustment. The adjustment will be reversed in next quarter.

**CSS- General System Development
Administrative Support**

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Quality Assurance			
Medication Monitoring	226,630	220,522	110,261 1
Clinical Quality Management	712,369	600,292	268,762 1
Clerical Support	316,833	296,347	148,133 1
Quality Assurance Total	1,255,831	1,117,161	527,156
Administrative Support			
Projected and Program Managers	698,838	729,097	435,789 1
Clinical Coordinators	118,265	117,955	58,977 1
Planner/ Evaluators	324,084	429,188	201,168 1
Family Service Coordinator	82,915	78,060	39,030 1
Administrative/ Fiscal Analysts	552,923	327,367	194,016 1
Clerical Support	220,086	191,268	92,768 1
Community Planning Process- Consultant Contracts	112,360	109,769	90,779 1
Misc. Costs	133,735	133,735	66,868 1
Administrative Support Total	2,109,471	2,116,440	1,179,394
Total	3,365,302	3,233,601	1,706,550

Note:

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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	1,022,168	339,161 1
Underserved Communities	1,580,477	1,613,659	643,160 1
Prevention	2,351,312	2,060,206	668,857 1
Stigma and Discrimination Reduction	295,211	305,688	113,538 1
Access and Linkage to Treatment	230,107	224,751	70,389 1
Perinatal Depression Project	201,632	34,003	- 1
Suicide Prevention	439,541	382,460	127,272 1
Prevention Sub-Total	6,133,854	5,642,934	1,962,376
Early Intervention - Project First Hope	2,377,280	1,846,887	1,005,910 1
Administrative Support	157,314	189,917	235,725 1
Total	8,668,448	7,679,739	3,204,012

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- Outreach for Increasing Recognition of Early Signs of Mental Illness

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Cc Interfaith	70,000	68,456	26,079 1
Triple P America Inc (COPE)	238,703	238,699	79,173 1
First 5 Cc Children & Fam	79,568	79,568	18,222 1
Latina Ctr, The	108,565	108,565	33,351 1
Asian Comm Mental Hlth	137,917	141,303	80,720
Jewish Family/Chld Svcs	169,403	143,196	54,855 1
Native American Hlth Ctr	231,419	242,382	46,761 1
Total	1,035,575	1,022,168	339,161

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 MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Rainbow Comm Ctr	737,245	737,245	355,346 1
La Clinica De La Raza	272,386	272,386	43,672 1
Lao Family Comm Devel	180,275	214,485	108,505
Center For Human Devel	142,129	141,100	50,659 1
Lifelong Medical Care	126,977	126,977	39,982 1
Child Abuse Preven Cncl	121,465	121,466	44,997 1
Total	1,580,477	1,613,659	643,160

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	56,918 1
People Who Care	216,604	188,009	88,453 1
Ryse Youth Center	488,368	488,368	- 1
Tides Center- BBK	210,580	210,580	68,654 1
Contra Costa Clubhouses	565,883	565,682	242,039 1
Families Experiencing Juvenile Justice System	689,524	472,098	212,793 1
Total	<u>2,351,312</u>	<u>2,060,206</u>	<u>668,857</u>

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			
CalMHSA PEI	78,000	78,000	-
Reducing Stigma	217,211	227,688	113,538
	<u>295,211</u>	<u>305,688</u>	<u>113,538</u>
PEI-Access and Linkage to Treatment			
West Contra Costa YMCA JMP	99,900	99,910	24,975
Stand	130,207	124,841	45,414
	<u>230,107</u>	<u>224,751</u>	<u>70,389</u>
PEI- Suicide Prevention			
C C Crisis Center	301,636	310,685	125,265
Preventing Suicide	137,905	71,775	2,007
	<u>439,541</u>	<u>382,460</u>	<u>127,272</u>
PEI- Perinatal Depression Project	201,632	34,003	-
Administrative Support	157,314	189,917	235,725
Early Intervention			
Project First Hope	2,377,280	1,846,887	1,005,910
Total	<u>3,701,084</u>	<u>2,983,706</u>	<u>1,552,834</u>

Note:

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INN

	<u>Approved MHSA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Supporting LGBTQ Youth- Rainbow Community Center	-	-	159,496 3
Reluctant to Rescue- Community Violence Solutions	100,000	21,972	9,155 1
CBSST	200,000	53,789	-
CORE	500,000	138,955	-
WELL Project	-	476,478	146,395 2
Coaching to Wellness	515,794	622,539	176,829 2
Partners in Aging	163,986	209,300	60,248 2
Overcoming Transportation Barriers	216,934	68,781	6,003 2
Administrative Support	423,515	340,682	98,051 2
Total	<u>2,120,229</u>	<u>1,932,496</u>	<u>656,178</u>

Note:

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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 contract is combined with the Rainbow contract in PEI component. Fiscal adjustment will be made to move the existing expenditure amount from INN to PEI.

WET

	<u>Approved MHSa Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Staff Training and Technical Assistant			
NAMI Basics and Faith Leadership Educational Programs	61,850	10,695	- 1
Crisis Intervention Training	35,000	35,000	1,200 1
Various Training and Technical Assistance Consultants	133,150	125,150	33,955 1
MH Career Pathway	400,938	339,710	65,800 1
Residency Internship Program			
Graduate Level Internships- Contract Agencies	100,000	140,000	24,051 1
Graduate Level Internships- County Operated	339,471	307,266	129,573 2
Financial Incentive Program	300,000	300,000	300,000
NAMi-Contra Costa Family Support Network Volunteer Program	600,000	300,000	- 3
Workforce Staffing Support	569,255	406,478	184,015 2
Total	<u>2,539,664</u>	<u>1,964,299</u>	<u>738,593</u>

Note:

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- 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 phase.

Capital Facilities/ Information Technology

	<u>Approved MHA Budget</u>	<u>Projected Expenditures</u>	<u>Expenditures</u>
Electronic Mental Health Records System	643,835	634,991	861 ¹
Total	643,835	634,991	861

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:** November 13, 2017
- II. **Date of Exit Meeting:** January 10, 2018
- III. **Review Team:** Jennifer Bruggeman, Windy Taylor
- III. **Name of Program/Plan Element:** Child Abuse Prevention Council (CAPC)
2120 Diamond Blvd #120
Concord, CA 94520
 - Nurturing Parent Program
- IV. **Program Description.** The *Nurturing Parent Program* of Child Abuse Prevention Council (CAPC) is a Prevention program within the category of **Prevention & Early Intervention (PEI)** programs funded through the Mental Health Services Act (MHSA). Per draft regulations put forth by the Mental Health Services Oversight and Accountability Commission (MHSOAC), a Prevention program is a “set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.” In light of widely accepted research, such as the “Adverse Childhood Experiences Study” that links childhood trauma with negative health and mental health outcomes later in life, the PEI regulations include as examples of risk factors for developing mental illness “adverse childhood experiences” and “family conflict or domestic violence.” Protective factors include healthy bonds within families and the connectedness of vulnerable families to the wider community and community resources. The goals of a prevention program should include the “reduction of applicable negative outcomes listed in the Welfare and Institutions Code Section 5840, subdivision (d) for individuals and members of groups of populations whose risk of developing a serious mental illness is significantly higher than average, and, as applicable, their parents, caregivers, and other family members.” The referenced list of negative outcomes includes suicide, incarcerations, school failure or drop out, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

In accordance with the community program planning process, the original three-year PEI plan for Contra Costa Behavioral Health Services (CCBHS), approved in 2009, set the goal of supporting families within communities that are

disproportionately affected by higher rates of poverty, school drop-out, and involvement in juvenile justice and child and family services programs.

The **Child Abuse Prevention Council** is an organization located in Concord that is focused on preventing maltreatment of children through providing education programs and family support services, linking families to community resources, mentoring, and steering county-wide collaborative initiatives. Prevention services consist of providing four *Nurturing Parenting* classes per fiscal year to Spanish speaking families in Central and East County. The Nurturing Parenting Program is a 22-week curriculum that helps families develop new communication skills, alter behavioral patterns, and strengthen healthy family bonds. Sessions include joint sections for groups of whole families as well as sections for which parents and children are separated. Participants develop skills along five domains of parenting: 1) age-appropriate expectations, 2) empathy, bonding and attachment, 3) non-violent nurturing discipline, 4) self-awareness and self-worth, and 5) empowerment, autonomy & independence. The Nurturing Parenting Programs are listed in the National Registry of Evidenced-Based Programs and Practices.

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	Yes	Services are community based and provided in a culturally competent manner.
2. Serve the agreed upon target	Yes	Services are provided to

population.		underserved communities.
3. Provide the services for which funding was allocated.	Yes	All MHSA funds directly support the prevention program.
4. Meet the needs of the community and/or population.	Yes	The program is consistent with community planning process and prevention strategies.
5. Serve the number of individuals that have been agreed upon.	Yes	Targeted service numbers are reached.
6. Achieve the outcomes that have been agreed upon.	Yes	Measures of success are met.
7. Quality Assurance	Yes	Program participants testified to high quality of services.
8. Ensure protection of confidentiality of protected health information.	Yes	Program has put measures in place to be consistent with regulations.
9. Staffing sufficient for the program	Yes	Staffing levels are sufficient.
10. Annual independent fiscal audit	Yes	No material or significant weaknesses were noted for FY 14/15. Awaiting 2016 external audit.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	The Child Abuse Prevention Council has significant net assets to withstand significant revenue interruptions.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Experienced staff implement sound checks and balance system.
13. Documentation sufficient to support invoices	Yes	Uses established software program with appropriate supporting documentation protocol.
14. Documentation sufficient to support allowable expenditures	Yes	Method of accounting for personnel time and operating costs appear to be supported.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently	Yes	All Indirect charged to

justified and appropriate to the total cost of the program		program costs.
17. Insurance policies sufficient to comply with contract	Yes	Necessary insurance is in place.
18. Effective communication between contract manager and contractor	Yes	Regular contact between manager and contractor.

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. Participant and service provider interviews, and consumer surveys.

The following table summarizes the survey results:

Questions	Responses: 22										
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	<table border="1"> <thead> <tr> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>I Don't Know</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know	4	3	2	1	0
	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know						
	4	3	2	1	0						
1. Help me improve my health and wellness	Average score: 3.54 (<i>n</i> =22) “n” denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored “I don't know.”										
2. Allow me to decide my own strengths and needs.	Average score: 3.52 (<i>n</i> =21)										
3. Work with me to determine the services that are most helpful.	Average score: 3.45 (<i>n</i> =22)										
4. Provide services that are sensitive to my cultural background.	Average score: 3.33 (<i>n</i> =21)										
5. Provide services that are in my preferred language.	Average score: 3.77 (<i>n</i> =22)										
6. Help me in getting	Average score: 3.35 (<i>n</i> =20)										

needed health, employment, education and other benefits and services.	
7. Are open to my opinions as to how services should be provided.	Average score: 3.38 (n=21)
8. What does this program do well?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • Always makes me feel welcome • Family development resource for being a better parent • I can bring my child and we can come together as a family. Subject matter is informative and they help us become better parents • Respect • Confidence in talking more about the subject • How a child's brain develops and how abuse affects children and their brain development • They allow me to concentrate in class because they provide childcare • The people who are well trained on the subject matter • I like the easy and practical way the lessons are explained, the examples are simple, practical and easy to implement with children, and for families to follow the examples to raise their family based on love • Everything – how to be better parents, understand our children, share different perspectives, good advice is given, program is easy to follow and understand, teachers are great
9. What does this program need to improve upon?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • More variety of classes throughout the year • There is not much publicity about the program • Many families do not want to be in the program for five months • For me, everything was perfect • Revise and update the book/materials • I think everything is very good, and the people who instruct the workshop are very professional
10. What needed services	Answers included the following statements:

and supports are missing?	<ul style="list-style-type: none"> • More variety of classes throughout the year • There is not much publicity about the program • Many families do not want to be in the program for five months • For me, everything was perfect • Revise and update the book/materials • I think everything is very good, and the people who instruct the workshop are very professional 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential. (Options: very important, important, somewhat important, not important)	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
12. Any additional comments?	<p>Average score: 3.5 (n=33)</p> <p>Answers included the following statements:</p> <ul style="list-style-type: none"> • This program helps us become better parents and give our children respect • Thank you for providing the resources for us parents to continue to improve on the beautiful mission of parenting and nurturing • Awesome program, can't wait to finish and see what I will learn for the betterment of myself and my family 			

Discussion. Staff and participants both noted that a higher number of couples are enrolling in the parenting classes. They expressed that having an opportunity to attend the class with their partner was an invaluable experience. The fact that child care and dinner for the whole family are provided makes the class much more accessible for families, as noted in many of the comments made by participants. The classes are offered using multimodal teaching strategies (including exercises and role plays), as well as being culturally appropriate and inclusive. The material is presented in a way that parents are able to easily understand and find value in. Participants are able to learn transformative skills that improve family functioning, as well as develop social connections with peers.

Results. Interviews were conducted with three program participants who recently completed the Nurturing Parenting classes, one program facilitator, and one program supervisor. A twelve question survey was given to consumers prior to the site visit. Survey questions provided the opportunity to rate the program

on MHSA general standards and the importance of the program for the participants, as well as to answer open ended questions. Twenty-two surveys were completed.

2. **Serve the agreed upon target population.** As a Prevention and Early Intervention funded program, does the CAPC/Nurturing Parenting program prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in services? Does the program serve the agreed upon target population of parents of underserved Hispanic communities?

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

Discussion. Services are provided to parents who are referred by agencies such as First Five, Head Start and WIC. Participation in the Nurturing Parenting Program is voluntary. MHSA funded classes in East and Central County are conducted in Spanish, to meet the needs of participants. The program employs bi-lingual / bi-cultural staff to facilitate the Nurturing Parenting Classes.

Results. The program serves the agreed upon target population by providing free parenting classes at two locations. Classes are conducted in a culturally appropriate manner that is inclusive of the whole family.

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 and annual reports show that the program has consistently provided four 22-week Nurturing Parenting classes per year in East and Central County since the contract was created in 2009. The program offers Nurturing Parenting classes in 13 locations. Two are funded by MHSA.

Results. MHSA funds that are directed to the agency cover expenditures associated with supporting the provision of the four Nurturing Parenting classes in East and Central County. The program is providing the services that have been agreed upon.

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. This program 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 PEI regulations on prevention programs, and the goals of improving timely access to mental health services for underserved populations, specifically Spanish speaking families in East and Central County. Interviews with service providers and program participants support the notion that the program meets its goals and the needs of the community it serves. Two key program staff are current or former CCBHS employees, so they are well versed in recognizing signs of mental illness and know how to connect clients to county mental health clinics or other resources, should the need arise. The program employs a Spanish-speaking psychologist, Dr. Hector Rivera-Lopez, on a contract basis. He gives presentations to each class approximately once a month, or as appropriate. These are intended to reduce stigma around mental health, as well as educate families about how to access care.

Results. The program meets the needs of the community and the population for which it was 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 Service Work Plan indicates that the program will serve 60 parents and children. During the 16-17 year, the program served 31 parents and 29 children, thus meeting their goal. However, they did encounter a new challenge around enrollment. Their annual report indicates that “parents are afraid to access services in the community” due to the political climate that has developed since the last presidential election. Staff is having to work harder to identify mental health resources for the families they serve, due to increased levels of anxiety and fear. In addition, enrollment in the Brentwood location has been tapering due to participants not being able to afford to live in this area and

public transportation being limited. As a result, the program will be attempting to re-locate this class to Oakley, where it will be more accessible.

Results. The program is the serving the number of individuals 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.

Discussion. The program identifies the following five outcome indicators: 1) Appropriate Expectations of Children; 2) Empathy, 3) Non-Violent Discipline; 4) Self-Awareness; and 5) Empowerment. Results of the pre- and post-tests given to participants indicate consistent trending in a positive direction and enhancement of these five protective factors to replace risk of abuse behavior with positive parenting skills.

Results. The program achieves the agreed upon outcomes.

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 during the last three years.

Results. The program established an internal grievance process during the last program review.

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. The program has established practices to ensure the privacy of client information. As a provider of free, voluntary parent education classes, they do not transmit or receive electronic data associated with the provision of health care services. Staff indicated that they review the policies around confidentiality as well as mandated reporting, with participants at the beginning of each new series of classes. Staff also indicated that they have safeguards for keeping

records secure, such as using a password protected database for pre- and post-test data. Only authorized personnel have access to confidential information.

Results. The program is in compliance with HIPAA regulations.

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 program employs the following part-time staff to facilitate the Nurturing Parenting classes in East and Central County: 2 parent educators, 3 child care providers, and one supervisor. In addition, the program employs a Spanish speaking child psychologist, Dr. Hector Rivera-Lopez, who gives presentations to each class and is available for consultation, on a contract basis.

Results: Staffing is adequate to administer four 22-week classes per year.

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.**

The Child Abuse Prevention Council of Contra Costa County, Inc.,(CAPC), is a non-profit corporation incorporated under the laws of California in 1984. CAPC provides services to parents and their children through an evidence-based curriculum of cultural, linguistic, and developmentally appropriate parent education. CAPC's purpose is to promote the safety of children and prevent child abuse and neglect in Contra Costa County.

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. There were no issues identified in the Board of Director's minutes related to the program or organization's fiscal position. Their operating cash balance appears to be sufficient, and they have a daily process to track cash

flows. The organization is conservative with no line of credit, and they indicate that they have a reserve account with an equity ratio of 30%.

Results. Fiscal resources appear to be 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 Chief Financial Officer, Wilma Holgerson, and Accounting Manager, Lisa Heinrich, were interviewed. Wilma is a licensed CPA and has a background in non-profit accounting. She trained Lisa on payroll and monthly demand procedures. Both maintain that there is a segregation of financial duties and are cross trained on these various responsibilities. The organization uses QuickBooks software program to track personnel time recordings and aggregation to enable accurate summaries for billings and payments.

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 invoices.

Results. Uses established software program with appropriate supporting documentation protocol to ensure no duplicate billing occurs.

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. Personnel costs reflect staff time based on total amount of allocated hours worked for each program. The accounting system and spreadsheets used

by the program and the associated supporting documentation ensure expenses are tracked and reported appropriately.

Results. Method of allocation of percentage of personnel time and operating costs appear to be sufficient to support allowable expenses.

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. The program maintains accounting policies on how to treat month and year end transactions.

Results. CAPC 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. CAPS produced its methodology that justifies the 15% indirect rate charged to the contract. The controller indicated indirect costs are allocated to the different programs based on actual personnel hours associated to each program.

Results. At 15% the indirect rate appears justified and 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 valid proof of insurance covering automotive, general and professional liability, and property coverage.

Results. The program is in compliance with 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. The program has been submitting invoices, cost reports, and monthly and semi-annual service reports in a timely fashion. Program staff and contract manager meet on an as needed basis to discuss concerns and issues as they may arise. Program staff participates in quarterly PEI provider meetings.

Results. The program has good communication with the contract manager and is willing to address any issues as they may arise.

VIII. Summary of Results.

Child Abuse Prevention Council (CAPC) is a well-run organization with the clear focus on reducing the incidence of child abuse in Contra Costa County by providing parent education and other family supports. The program adheres to the principles of MHSA by providing culturally and linguistically appropriate services to underserved communities. Services are aimed at reducing risk factors for developing serious emotional disturbance and mental illness by increasing family bonds and family functioning, and reducing the risk of child maltreatment through non-stigmatizing evidenced based parenting classes. Consumers overwhelmingly endorsed the positive impact of the Nurturing Parenting Program on their families and the wider community. Staff running the classes are all experienced, long-time employees who are passionate about their work. The fiscal administration of the program and revenue sources are all sound.

IX. Findings for Further Attention.

Due to decreasing enrollment in the Brentwood location, the program will be re-locating this class in the upcoming year, to create greater accessibility for participants.

X. Next Review Date. 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

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

SERVICE WORK PLAN

Agency: The Child Abuse Prevention Council of Contra Costa

Name of Project: The Nurturing Parenting Program

Fiscal Year: July 2017- June 2018

I. Scope of Services

The Child Abuse Prevention Council of Contra Costa will provide an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. Four classes will be provided for 15 parents each session and approximately 15 children each session 0-12 years of age. The 22 week curriculum will immerse parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods.

The dates of the four classes are:

- East County – July 2017-December 2017
- East County- Jan 2018- June 2018
- Central – July 2017 –Dec 2017
- Central – Jan 2018- June 2018

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

During the term of this contract, the Child Abuse Prevention Council of Contra Costa will assist Contra Costa Behavioral Health Services (CCBHS) in implementing the Mental Health Services Act (MHSA), by providing Prevention and Early Intervention services to support healthy parenting skills. Nurturing Parenting staff will be provided with additional training in the Nurturing Parenting curriculum as well as in trauma informed practices. In addition, Dr. Hector Rivera-Lopez will facilitate two 1.5 parent group presentations per session at each site. Dr. Rivera will educate, raise mental health awareness and will offer guidance to parents to help identify early signs of mental health illness or behavioral challenges. Dr. Rivera will offer support and education to parents in understanding mental health illness to help decrease stigma of accessing mental health services. Dr. Rivera-Lopez will evaluate and assess individuals who may struggle with identifying or accepting mental health needs. Dr. Rivera-Lopez will collaborate with the CAPC supervisor to link and refer participants interested in receiving mental/behavioral health support. In addition to presentations Dr. Rivera-Lopez will be available to parents and their children to provide individual sessions to best support and provide linkage to resources in the community that will meet their needs. Dr. Hector Rivera-Lopez has 30+ years of experience offering mental health services to the Latino community, and is a most respected professional within the Latino community.

III. Program Facilities/Hours of Operation /Staffing

A. Program Facilities Location

2120 Diamond Blvd. # 120
Concord, CA 94520

Services will be provided at the following off-site locations:

- Brentwood First Five Center 760 First Street, Brentwood, 94513
- Monument Community First 5, 1736 Clayton Rd., Concord 94520

B. Contact Person, Phone Number, and Email

Carol Carrillo, MSW, Executive Director
925-798-0546 capccarol@gmail.com

C. Program Hours of Operation

The Child Abuse Prevention Council of Contra Costa will provide services between the hours of 9:00 a.m.–5:00 p.m., Monday thru Friday with some scheduled evening and weekend hours.

D. Program Staffing (including staffing pattern)

Initials: _____
County / Contractor

SERVICE WORK PLAN

Agency: The Child Abuse Prevention Council of Contra Costa
Name of Project: The Nurturing Parenting Program
Fiscal Year: July 2017- June 2018

Number: _____

Contractor will employ a minimum of 1.175 FTE to provide direct services.

IV. Volume of Services to be Provided

Contractor will provide services to 60 unduplicated parents and approximately 60 unduplicated children participants 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:

Contra Costa Behavioral Health Services
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Telephone: (925) 957-5118
Fax: (925) 957-5156

VI. Outcome Statements

A. Increase in positive parenting skills in the following five areas:

1. Appropriate expectations of children
2. Increase in empathy
3. Reduction in physical punishment
4. Reducing role reversal
5. Understanding appropriate developmental power and independence

B. Increase in competence and confidence in parenting for each parent in attendance.

C. Protective factors are well established for parents upon graduation from the program.

VII. Measures of Success

Contractor will track the following MHSA outcome measures:

- A. The average group score on four out of five targeted parenting constructs will show improvement between pre- and post- test on the AAPI.
- B. 80% of total instruction hours to parents and children (3,225 hours) in East County
- C. 80% of total instruction hours to parents and children (3,300 hours) in Central County.
- D. The year-end report will include a summary report on referrals of 'at risk' individuals in need for further mental health supports to clinical and other mental health supports.

VIII. Measurement/Evaluation Tools

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

Initials: _____
County / Contractor

SERVICE WORK PLAN

Agency: The Child Abuse Prevention Council of Contra Costa
Name of Project: The Nurturing Parenting Program
Fiscal Year: July 2017- June 2018

Number:

- A. Evidence-based AAPI pre- and post- test administered to parents during the first weeks of the class and again during the last weeks of the class; used to determine an increase in parenting skills. The test is comprised of 40 questions designed to measure the risk factors that have been addressed in the course of the curriculum:
1. Nurturing and attachment
 2. Knowledge of parent and child development
 3. Parental resilience
 4. Social connections
 5. Support for parents

IX. Reports Required

Contractor is asked to complete and submit semi-annual reports on 02/15/2018 and 08/15/2018 to document the program's services and progress, track statistical information (i.e. age, gender, ethnicity, language, and client residence) of the target population(s) actually served, and report on outcomes as defined by the Contractor and approved by the County during contract award and negotiation process.

Please submit all evaluation reports via email to:

Contra Costa Behavioral Health Services
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Telephone: (925) 957-5118
Fax: (925) 957-5156

X. Other

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

Initials: _____
County / Contractor

Appendix B - Service Provider Budget

CONTRA COSTA MENTAL HEALTH -- MHSA -- Prevention & Early Intervention Budget Worksheet -- 7/1/2017 - 6/30/2021						
Project: Empowerment -- LGBTQ Youth Development in East County						
Applicant Name: CENTER FOR HUMAN DEVELOPMENT		Date: 12/9/2016				
		Total Year 1 Request:		\$81,649		
		Total Year 2 Request:		\$83,916		
		Total Year 3 Request:		\$86,079		
<i>Note: Any funds going to a collaborating agency must be clearly identified in Budget Narrative</i>						
		Previous Year MHSA Budget	YEAR 1 2017-2018 Budget	YEAR 2 2018-2019 Budget	YEAR 3 2020-2021 Budget	
A. Expenditures						
1. Staffing						
0.075 Existing	Program Director (ED)	1,975	6,096	6,279	6,467	ED will assume responsibilities of Site Director
- Existing	Site Director	4,484	-	-	-	This role discontinued
1.00 Existing	Program Coordinator II	23,762	35,643	36,712	37,814	Includes 5% incr Year 1 for existing staff to work more independently
0.100 TBD	Program Assistant	500	2,808	2,892	2,979	Share of cost for administrative support
	<u>Subtotal</u>	<u>30,222</u>	<u>44,547</u>	<u>45,883</u>	<u>47,260</u>	
	Employee Benefits <i>25% of salary costs</i>	6,044	11,137	11,471	11,815	
	Total Personnel Expenditures (Salaries plus Benefits)	\$36,266	\$55,684	\$57,354	\$59,075	
	Other Personnel Costs					
a.	Consultant - clinical supervision	500	500	500	500	
b.	Consultant - focus group facilitation/evaluation	500	500	600	600	Share of cost incr to \$60 per hr in year 2
c.	Stipends for youth leaders	800	1,250	1,250	1,200	Stipends for 2 peer leaders @ \$600 per yr.
	Total Other Personnel Costs	1,800	2,250	2,350	2,300	
3. Operating Expenditures						
a.	Travel and Transportation	2,400	2699	2699	2699	Assume \$220.75 per mo.+ \$50
b.	General Office Expenditures - including postage	330	330	340	350	Assume .03% incr per yr.
c.	Facility rental & maintenance	2,400	3,744	3,931	4,128	2 FTE per 120 sq. ft. @ 1.30 sq. ft., assuming .5 incr per yr.
d.	Communications Expense - phone, fax, internet	1,000	1,000	1,000	1,000	Assume facility move IT cost
e.	Other Operating Expenses					
	Printing/Copying	200	500	500	500	Colateral materials for outreach per expanded activities
	Program expenses - outreach, food, beverages, incentives	2,800	2,800	2,800	2,800	
	Conferences/Staff Development	250	250	250	250	
	Audit	930	1,395	1,395	1,395	Increase 50% per 2 FTE
	Insurance	180	234	234	234	Adjust 30%
	Payroll Processing	110	113	117	120	
	Total Operating Expenditures	\$10,600	\$13,065	\$13,266	\$13,476	
4. Administrative Costs						
a.	Overhead <i>15%</i>	\$4,869	\$10,650	\$10,946	\$11,228	
	Total Proposed Budget	\$53,535	\$81,649	\$83,916	\$86,079	
B. Other Revenue (estimated)						
a.	Medi-Cal	0	0	0	0	
b.	Other: Donations	1,000	1,000	1,000	1,000	
c.	Other: Grant Funding	5,000	2,500	2,500	2,500	
	Total Other Revenue	\$6,000	\$3,500	\$3,500	\$3,500	
C. Total MHSA Operational Funds Requested						
		\$53,560	\$81,649	\$83,916	\$86,079	
In-Kind Applied to Project						
Describe		Estimated Value				
	Meeting space at various community sites	\$2,000	\$2,000	\$2,000	\$2,000	
	Unfunded share of cost for Program Assistant	1,515	\$1,515	\$1,515	\$1,515	
	Total In-Kind	\$3,515	\$3,515	\$3,515	\$3,515	
	Total	\$63,050	\$88,664	\$90,930	\$93,093	

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
With Independent Auditor's Report Thereon
FOR THE YEAR ENDED JUNE 30, 2016
(With Summarized Financial Information
For The Year Ended June 30, 2015)**

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
JUNE 30, 2016**

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Child Abuse Prevention Council
of Contra Costa County, Inc.
Concord, California

We have audited the accompanying statement of financial position of the Child Abuse Prevention Council of Contra Costa County, Inc., as of June 30, 2016, with summarized financial information 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.

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.

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

Board of Directors
Child Abuse Prevention Council
of Contra Costa County, Inc.
Concord, California

Opinion

In our opinion, the combining financial statements referred to above present fairly, in all material respects, the financial position of the Child Abuse Prevention Council of Contra Costa County, Inc., 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.

Fechter & Company,
Certified Public Accountants

A handwritten signature in cursive script that reads "Fechter & Company, CPAs". The signature is written in black ink and is positioned above the printed name of the firm.

Sacramento, California

November 16, 2016

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2016**

(With Summarized Financial Information for the Year Ended June 30, 2015)

ASSETS	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTAL 2016</u>	<u>SUMMARIZED TOTAL 2015</u>
<u>CURRENT ASSETS</u>				
Cash and cash equivalents (Note 4 & 5)	\$ 274,564	\$ -	\$ 274,564	\$ 381,571
Accounts and grants receivable (Note 6)	295,046	-	295,046	208,038
Inventory	-	10,475	10,475	9,413
Prepaid expenses	28,711	-	28,711	3,424
TOTAL CURRENT ASSETS	598,321	10,475	608,796	602,446
Furniture and Equipment, net (Note 7)	1,711	-	1,711	3,030
Deposits	1,793	-	1,793	6,496
TOTAL ASSETS	\$ 601,825	\$ 10,475	\$ 612,300	\$ 611,972
<u>LIABILITIES AND NET ASSETS</u>				
<u>CURRENT LIABILITIES</u>				
Accounts payable	41,972	-	41,972	8,141
Accrued earned time off (Note 2)	48,772	-	48,772	37,052
Deferred revenue (Note 8)	4,310	-	4,310	60,437
TOTAL CURRENT LIABILITIES	95,054	-	95,054	105,630
<u>NET ASSETS</u>				
Unrestricted	506,771	-	506,771	496,929
Temporarily restricted	-	10,475	10,475	9,413
TOTAL NET ASSETS	506,771	10,475	517,246	506,342
TOTAL LIABILITIES AND NET ASSETS	\$ 601,825	\$ 10,475	\$ 612,300	\$ 611,972

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
STATEMENT OF ACTIVITIES
JUNE 30, 2016**

(With Summarized Financial Information for the Year Ended June 30, 2015)

SUPPORT AND REVENUE	UNRESTRICTED		TEMPORARILY RESTRICTED					TOTAL		SUMMARIZED	
	Fund	Baby Bags	Community Education	Parent Partner	Nurturing Parent Center Based	Nurturing Parenting Connection	Child Safety Awareness	TEMPORARILY RESTRICTED	TOTAL 2016	TOTAL 2015	
SUPPORT:											
Corporations and foundations	\$ 121,000	\$ -	\$ -	\$ -	\$ 20,000	\$ 36,000	\$ 10,000	\$ 66,000	\$ 187,000	\$ 157,951	
Individuals	35,933	-	350	-	-	5,677	-	6,027	41,960	57,149	
In-kind donations	24,164	-	-	-	-	-	-	-	24,164	57,871	
Fundraising	72,323	-	-	-	-	-	-	-	72,323	132,384	
TOTAL SUPPORT	253,420	-	350	-	20,000	41,677	10,000	72,027	325,447	405,355	
REVENUE:											
Government contracts	-	124,256	55,200	686,624	186,828	5,000	-	1,057,908	1,057,908	1,074,998	
Program service revenue	-	-	-	-	-	-	276,191	276,191	276,191	-	
Rental income	6,000	-	-	-	-	-	-	-	6,000	2,000	
Interest income	1,426	-	-	-	-	-	-	-	1,426	1,113	
TOTAL REVENUE	7,426	124,256	55,200	686,624	186,828	5,000	276,191	1,334,099	1,341,525	1,078,111	
Net Assets Released From Restrictions	1,405,064	(123,194)	(55,550)	(686,624)	(206,828)	(46,677)	(286,191)	(1,405,064)	-	-	
TOTAL SUPPORT AND REVENUE	1,665,910	1,062	-	-	-	-	-	1,062	1,666,972	1,483,466	
EXPENSES											
Program services	1,279,153	-	-	-	-	-	-	-	1,279,153	1,111,293	
Management and general	215,892	-	-	-	-	-	-	-	215,892	167,615	
Fundraising	161,019	-	-	-	-	-	-	-	161,019	194,566	
TOTAL EXPENSES	1,656,064	-	-	-	-	-	-	-	1,656,064	1,473,474	
CHANGES IN NET ASSETS	\$ 9,846	\$ 1,062	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,062	\$ 10,908	\$ 9,992	

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
STATEMENT OF CASH FLOWS
JUNE 30, 2016**

(With Summarized Financial Information for the Year Ended June 30, 2015)

	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>TOTAL 2016</u>	<u>TOTAL 2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES:				
Changes in Net Assets	\$ 9,846	\$ 1,062	\$ 10,908	\$ 9,992
Adjustment to reconcile change in net assets to cash (used) by operating activities				
Depreciation	1,319	-	1,319	1,319
CHANGES IN CURRENT ASSETS AND CURRENT LIABILITIES				
(Increase) decrease in accounts and contracts receivable	(87,012)	-	(87,012)	(40,614)
(Increase) decrease in prepaid expenses	(25,287)	-	(25,287)	13,180
(Increase) decrease in inventory	-	(1,062)	(1,062)	(1,653)
(Increase) decrease in deposits	4,703	-	4,703	4,621
Increase (decrease) in accounts payable	33,831	-	33,831	(32,305)
Increase (decrease) in accrued vacation	11,720	-	11,720	2,678
Increase (decrease) in deferred revenue	(56,127)	-	(56,127)	3,098
NET CASH (USED) BY OPERATING ACTIVITIES	<u>(118,172)</u>	<u>(1,062)</u>	<u>(119,234)</u>	<u>(50,995)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:				
Equipment purchases	-	-	-	(2,190)
NET CASH USED IN INVESTING ACTIVITIES	<u>-</u>	<u>-</u>	<u>-</u>	<u>(2,190)</u>
NET (DECREASE) IN CASH AND CASH EQUIVALENTS	(118,172)	(1,062)	(119,234)	(12,236)
CASH AND CASH EQUIVALENTS, beginning of year	<u>381,571</u>	<u>-</u>	<u>381,571</u>	<u>393,807</u>
CASH AND CASH EQUIVALENTS, end of year	<u>\$ 263,399</u>	<u>\$ (1,062)</u>	<u>\$ 262,337</u>	<u>\$ 381,571</u>

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
STATEMENT OF FUNCTIONAL EXPENSES
JUNE 30, 2016**

(With Summarized Financial Information for the Year Ended June 30, 2015)

	Baby Bags	Community Education	Parent Partner	Nurturing Parenting Center Based	Nurturing Parenting Connection	Child Safety Awareness	TOTAL PROGRAMS	SUPPORT		TOTAL SUPPORT	TOTAL 2016	SUMMARIZED TOTAL 2015
								Administration	Fundraising			
PERSONNEL												
Salaries	\$ 36,327	\$ 59,267	\$ 504,285	\$ 108,086	\$ 60,882	\$ 155,357	\$ 924,205	\$ 155,750	\$ 91,245	\$ 246,995	\$ 1,171,200	\$ 985,910
Payroll taxes	3,321	4,986	43,538	11,676	5,861	14,411	83,793	12,937	7,666	20,603	104,396	85,823
Employee benefits	(626)	920	11,160	3,220	949	2,346	17,969	2,060	1,190	3,250	21,219	7,663
Contract services	-	-	-	-	-	-	-	9,354	675	10,029	10,029	12,881
TOTAL PERSONNEL	39,022	65,173	558,983	122,982	67,692	172,114	1,025,966	180,101	100,776	280,877	1,306,843	1,092,277
Staff development	420	161	4,260	362	53	338	5,594	673	474	1,147	6,741	1,265
Staff mileage expense	40	1,834	41,156	303	5,900	145	49,378	1,378	158	1,536	50,914	58,048
Special needs	-	-	-	-	5,677	-	5,677	-	-	-	5,677	4,704
Education resources	56,480	1,734	-	-	1,168	45,197	104,579	-	52	52	104,631	70,972
Community service	-	-	-	48,394	-	-	48,394	-	-	-	48,394	52,919
Public relations/marketing	-	-	-	-	-	-	-	3,528	-	3,528	3,528	8,891
Occupancy	8,413	4,206	-	4,206	2,103	2,103	21,031	16,825	4,206	21,031	42,062	45,060
Insurance	76	124	1,058	233	128	853	2,472	2,076	190	2,266	4,738	5,115
Telephone	757	378	-	378	309	185	2,007	1,514	378	1,892	3,899	3,669
Office expense	2,091	144	-	1,802	262	1,678	5,977	1,453	1,977	3,430	9,407	9,282
Postage	324	22	-	279	40	266	931	132	847	979	1,910	1,119
Printing	8	1	-	7	22	6	44	3	7	10	54	658
Conferences	-	331	-	-	-	-	331	-	-	-	331	516
Dues, fees, & subscriptions	57	4	-	49	7	45	162	170	53	223	385	800
Equipment & equipment repair	56	4	-	48	7	2,248	2,363	989	51	1,040	3,403	5,326
Board expenses	-	-	-	-	-	-	-	5,234	-	5,234	5,234	6,250
In-kind volunteer services	-	-	-	-	-	-	-	-	24,164	24,164	24,164	57,871
Depreciation	-	-	-	-	-	-	-	1,319	-	1,319	1,319	1,319
Fundraising expense	-	-	-	-	-	-	-	-	27,224	27,224	27,224	44,280
Miscellaneous	197	184	1,523	411	196	541	3,052	497	462	959	4,011	3,130
TOTAL EXPENSES	\$ 107,941	\$ 74,300	\$ 606,980	\$ 179,454	\$ 83,564	\$ 225,719	\$ 1,277,958	\$ 215,892	\$ 161,019	\$ 376,911	\$ 1,654,869	\$ 1,473,471

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 1: ORGANIZATION

The Child Abuse Prevention Council of Contra Costa County, Inc., (CAPC), is a non-profit corporation incorporated under the laws of California in 1984. CAPC's purpose is to promote the safety of children and prevent child abuse and neglect in Contra Costa County by raising awareness, influencing public policy, educating our community, and providing resources.

CAPC's programs are primarily funded through grants under contractual agreement with local governments. CAPC implemented a program called Childhelp Speak Up Be Safe (SUBS), a fee for service program providing a school-based program that teaches 1st – 6th grade students skills to help prevent and interrupt child abuse - physical, emotional, sexual and neglect, as well as sexual harassment, bullying, and cyberbullying.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Reporting – The Organization maintains its accounting records on the accrual basis of accounting.

Use of Estimates – In preparing combining 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, savings, and certificate of deposit accounts in large financial institutions.

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.

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Inventory – Inventory consists of baby bags and informational materials and is recorded at its original cost using the first in first out method of accounting.

Furniture and Equipment – Furniture and equipment are stated at cost. Expenditures for furniture and equipment greater than \$1,500 per unit 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.

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.

Accrued Earned Time Off - Accumulated unpaid employee Earned Time Off (ETO) benefits are recognized as liabilities of the Organization. The liability is recognized in the program to which the liability relates.

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 a Section 501(c)(3) organization 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 2016.

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.

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes - continued

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 2013 through 2016 remain open and could be subject to examination by the federal tax jurisdiction. For the state tax jurisdiction, the tax years 2012 through 2016 remain open and could be subject to examination.

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. Amounts received but not yet earned are reported as deferred revenue.

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 Organizations are 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.

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Temporarily Restricted Net Assets – represent resources whose use by the Organization are 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. The Organization's temporarily restricted net assets consists of inventory temporarily restricted for the Baby Bag program.

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 to unrestrictive 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, is presented for comparative purposes, and is not intended to be a complete financial statement presentation.

Reclassifications – Certain reclassifications have been made in the 2015 comparative totals to conform to the classifications used in 2016.

NOTE 3: CONCENTRATION OF RISK

This provision provides a framework for measuring fair value of certain financial instruments under GAAP. It defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

It requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. It also establishes a fair value hierarchy, which prioritizes the valuation inputs into three broad levels: a market approach, a cost approach, and an income approach.

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 3: CONCENTRATION OF RISK (Continued)

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

The Organization place their temporary cash investments with high-credit, high quality financial institutions, and by policy, limits the amount of credit exposure to any one financial institution. The Organization maintains their operating cash accounts in one financial institution and maintains its cash/money market accounts and certificate of deposit accounts in another financial institution. The cash deposits maintained at each 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. The cash, money market and certificates of deposit balances were above the federally insured limit as of June 30, 2016. The Organization believes no significant concentration of credit risk exists with respect to these cash investments.

The Organization received significant amounts of revenue from governmental grants. 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: FAIR VALUE OF FINANCIAL INSTRUMENTS

ASC 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. ASC 820 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 the following three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in 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.

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets. The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statement of position, as well as the general classification of such assets pursuant to the valuation hierarchy.

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 4: FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Investments - Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investment includes money market funds and certificate of deposits. The Organization has no Level 2 or 3 investments.

The following table presents the fair value measurements of assets recognized in the accompanying statement of financial position measured at fair value on a recurring basis and at the level within the ASC 820 fair value hierarchy in which the fair value measurements fall at June 30, 2016:

	Fair Value Measurements Using			
	Fair Value	Level 1	Level 2	Level 3
Operating Cash	\$ 33,960	\$ 33,960	\$ --	\$ --
Auxiliary	1,727	1,727	--	--
Certificate of Deposits	238,877	238,877	--	--
Totals	\$ 274,564	\$ 274,564	\$ --	\$ --

NOTE 5: CASH HELD WITH OTHERS

CAPC functions as custodian for a cash account maintained by the Auxiliary. The Auxiliary's cash balances are segregated from the operating cash accounts of CAPC and are restricted for the Auxiliary's related activities. The amount of cash restricted for the Auxilliary for the fiscal year ended June 30, 2016, was \$1,726.

NOTE 6: 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:

Contra Costa County Health Services	\$ 23,556
Contra Costa County	181,021
First 5 Contra Costa	7,424
Child Safety Programs	58,051
Family and Children's Program	7,786
Other receivables	17,208
Total	\$ 295,046

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.

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 7: FURNITURE AND EQUIPMENT

Furniture and equipment consists of the following at June 30, 2016:

Equipment	\$ 33,845
Leasehold improvements	921
Furniture and fixtures	1,576
Total furniture and equipment	36,342
Less: Accumulated depreciation	(34,631)
Total	\$ 1,711

Depreciation expense for the years ended June 30, 2016, and June 30, 2015, was \$1,319 and \$1,319, respectively.

NOTE 8: DEFERRED REVENUE

Deferred revenue consists of the following at June 30, 2016:

Child Safety Program	4,200
Special Needs Funds	110
Total amount classified as temporarily restricted	\$ 4,310

NOTE 9: DEFINED CONTRIBUTION PLAN

CAPC has a defined contribution plan (the Plan) covering all employees who have completed 90 days of service. Eligible employees may contribute any amount up to the legal limit on a voluntary payroll deduction basis. The Organization does not make any contributions to the Plan.

NOTE 10: PUBLIC RELATIONS/MARKETING COSTS

The Organization used advertising to promote its programs among the audiences it serves. Advertising costs are expensed as incurred. Advertising expense for the years ended June 30, 2016, and June 30, 2015, was \$3,528 and \$8,891, respectively.

**CHILD ABUSE PREVENTION COUNCIL
OF CONTRA COSTA COUNTY, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 11: COMMITMENTS

CAPC leases office space in Concord, California under an office lease agreement. The terms of the office lease agreement start December 1, 2010, through March 30, 2017. The monthly rent of \$3,390 increased to \$3,507 due on the first day of each month. CAPC subleases an office to an unrelated party for under a sublease agreement for \$500 a month. CAPC is currently negotiating a five year lease extension.

Rent (including utilities) expense, for the years ended June 30, 2016, and June 30, 2015, was \$42,062, and \$45,060, respectively.

On June 14, 2014, CAPC executed a two year lease agreement for a copier machine. The lease agreement requires minimum lease payments of \$196 per month.

Lease expense, for the years ended June 30, 2016, and June 30, 2015, was \$1,800 and \$1,800, respectively.

Minimum future lease and rent payments are as follows:

Year ended June 30,	Amount
2017	8,769
2018	--
2019	--
2020	--
2021	--

NOTE 12: 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 Organization to the provisions of the grant. Management is of the opinion that the Organization has complied with the terms of all grants.

NOTE 13: 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 November 16, 2016, the date which the financial statements were available to be issued and have determined that no adjustments are necessary to the amounts reported in the accompanying financial statements nor have any subsequent events occurred, the nature of which would require disclosure.

ADDITIONAL REPORTS

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

Board of Directors
Child Abuse Prevention Council
of Contra Costa County, Inc.
Concord, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Child Abuse Prevention Council of Contra Costa County (a nonprofit organization) (the Organization), which comprise the statement of financial position as of June 30, 2016, and the related statement of activities, and cash flows for the year then ended and the related notes to the financial statements, and have issued our report thereon dated November 16, 2016.

Internal Control over Financial Reporting

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

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

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

Board of Directors
Child Abuse Prevention Council
of Contra Costa County, Inc.
Concord, California

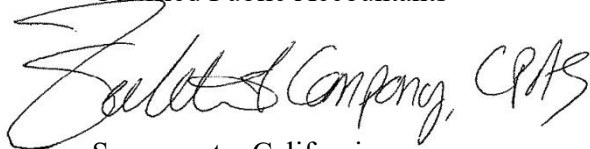
Compliance and Other Matters

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

Purpose of this Report

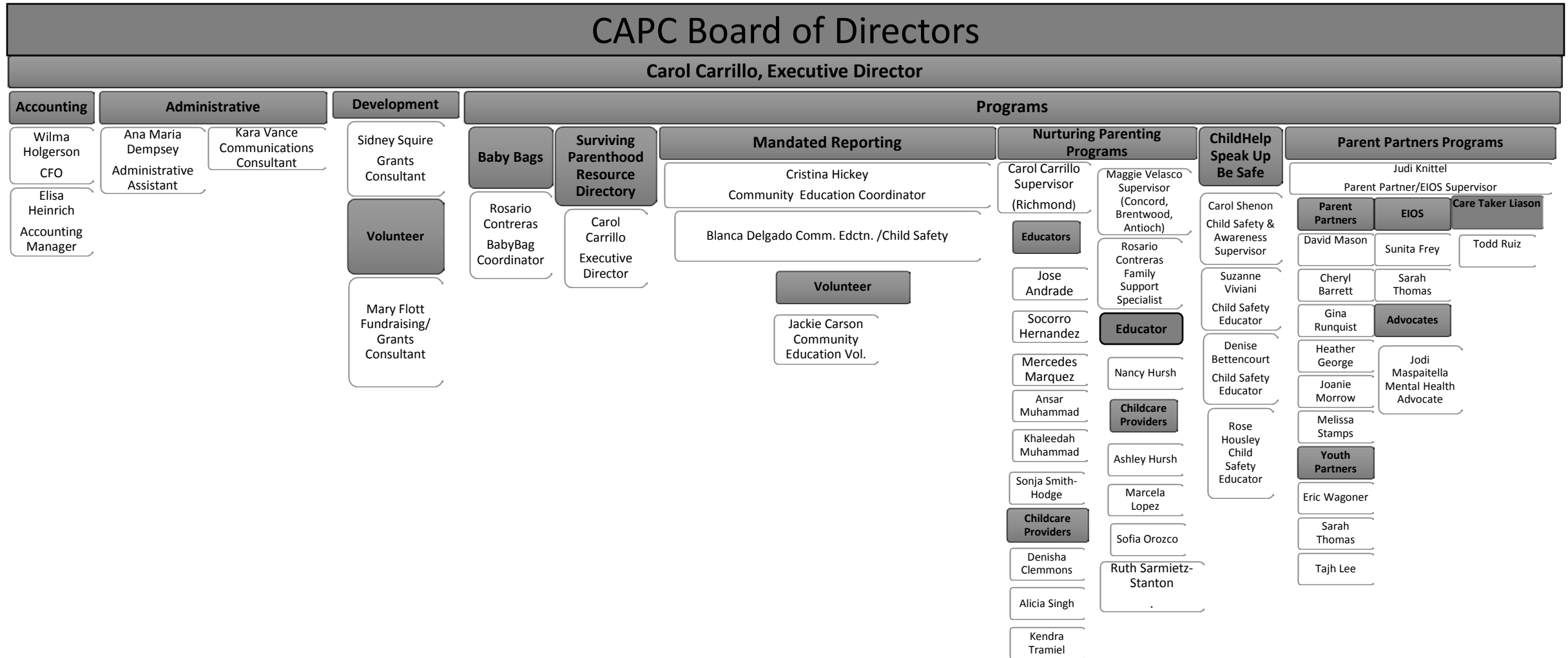
The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in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

Fechter & Company,
Certified Public Accountants

A handwritten signature in cursive script that reads "Fechter & Company, CPAs". The signature is written in dark ink and is positioned to the left of the printed name and address.

Sacramento, California
November 16, 2016

Organization Chart



Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** November 8, 2017
Date of Exit Meeting: January 29, 2018

- II. **Review Team:** Stephanie Chenard, Jennifer Bruggeman, Windy Taylor, Robin O'Neill, Chad Pierce

- III. **Name of Program:** Fred Finch Youth Center –
(CCTAY Full Service Partnership)
2523 El Portal Drive, Suite 201
San Pablo, CA 94806

- IV. **Program Description.**
Fred Finch Youth Center (Fred Finch) seeks to provide innovative, effective, caring mental health and social services to children, young adults, and their families that allow them to build on their strengths, overcome challenges, and live healthy and productive lives. Fred Finch serves children, adolescents, young adults, and families facing complex life challenges. Many have experienced trauma and abuse; live at or below the poverty line; have been institutionalized or incarcerated; have a family member that has been involved in the criminal justice system; have a history of substance abuse; or have experienced discrimination or stigma. Fred Finch Youth Center is the lead agency that collaborates with the Contra Costa Youth Continuum of Services, The Latina Center, and Contra Costa Behavioral Health Services to provide a full service partnership program for transition age youth in West and Central Contra Costa County.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of Fred Finch Youth Center's Full Service Partnership Program (FSP). 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. The review covered 18 topics related to MHSA guidelines, quality programming and fiscal responsibility.

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 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.	Partially Met	Program is close to their target number range, but should work on being fully staffed, and strengthen referral relationships.
6. Achieve the outcomes that have been agreed upon.	Met	Program meets its outcomes
7. Quality Assurance	Met	Utilization review indicated program meets 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 staffing 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	Fred Finch 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 appropriate indirect rate.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Partially Met	The County and program meet semi-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. Interviews were conducted with six consumer/family members (four youth program participants, two family members), seven line staff (three Personal Service Coordinators, one Peer Specialist, one Community Support Worker, one

Employment Specialist, and one Family Partner), and four program management staff (Northern California Regional Vice President, Senior Director, Program Director, and Clinical Supervisor).

Consumer Interview/Surveys:

A 12-question survey was given to clients. The first seven questions addressed the MHSA general standards and the remaining five questions asked about the overall quality and importance of the program. Surveys were received from three program participants. 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.

Surveys and interviews indicated the program does well in the following areas:

- The program staff make the participants feel very well supported
- Flexibility – able to provide services in the community
- The family partner provides peer support and advocacy to family members
- The program has been very key in helping families to learn more about mental illness and get support in crisis
- The program has bi-lingual staff to assist Spanish-speaking consumers and families
- Job preparation and support is vital to recovery
- Groups and activities are very helpful in building social skills, and reduce isolation.
- The Youth Advisory Council enables the participants to identify needs of the participants, and provides them with opportunities for leadership

These positives clearly speak to several of the MHSA values. When compared to the last Program Review conducted in March of 2014, these positives show that the program is continuing many of its established strengths (bi-lingual capacity, Youth Advisory Council, and services in the community), in addition to new aspects (job preparation). The consumers expressed that overall they were very happy with the program; however, they also identified areas of improvement: some consumers noticed that staff often appear to be over-stressed, and one consumer expressed a desire to see more male staff members.

Staff Interview:

Overall, 11 individual program staff were interviewed in two sessions: a program management session and a line staff group interview. Staff shared that the program receives their referrals primarily from the West County Adult Clinic, with

additional referrals from Seneca, Catalyst Academy, self-referrals, community engagement, and word of mouth. Fred Finch staff provide care as a team and offer case management, referrals to community resources, social and life skills training, job preparation, and housing supports. Program staff reported spending much of their time working with their clients through daily challenges, such as reducing their isolation and re-integrating them into the community, providing ongoing support to increase independent livings skills, and engaging families when possible. Moreover, program staff reported some of the strengths of the program are the team approach, ability to work in the community, and group sessions that help build social skills and reduce isolation.

During the interview, both program staff and program management also shared hindrances they faced in providing services to the youth. Program management and staff conveyed that they have recently started serving consumers who were also Regional Center consumers, often with developmental challenges in addition to mental health challenges. These clients often need a higher and different level of care and services than consumers they had previously served. Additionally, staff expressed that the time required to complete their administrative tasks encroaches on the time allotted for preparing for services (e.g., groups and other activities). Staff indicated this was linked to turnover and burn-out, and may contribute to the “over-stressed” quality that consumers have observed. This also mirrors concerns expressed by program management. It is recommended that Fred Finch review ways to streamline administrative tasks to optimize the administrative vs. services duties balance. Staff also faced difficulty coordinating aftercare, step-down services, or day services geared towards TAY consumers. 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 and program participant survey results all support that the program meets the values of MHSA.

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

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

Discussion. The Fred Finch Youth Center Full Service Partnership program accepts referrals upon receiving approval from the West County Adult Clinic.

The FSP program undergoes regular utilization reviews conducted by the West County Adult Mental Health Clinic's utilization review staff to ensure all clients meet the criteria for both specialty mental health services and adult full service partnerships. The MHSA chart review conducted by the MHSA Program and Fiscal Review team confirms that the five charts reviewed met the agreed upon target population for full service partnerships.

Results. The program serves the agreed upon population.

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

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

Discussion. Monthly service summaries and 931 and 864 Reports from Contra Costa County Behavioral Health's billing system, and a randomly selected chart review show that the Fred Finch Youth Center Full Service Partnership program is providing the number and type of services that have been agreed upon in the service work plan. Program staff interviews, program participant interviews, and family member interviews demonstrated staff available 24 hours a day, 7 days a week for Full Service Partnership clients. Services include outreach and engagement, case management, individual outpatient mental health services, group therapy/rehab, medication evaluation, crisis intervention, collateral, housing, and employment/vocational support. Nonetheless, one area that Fred Finch found a challenge to grapple with was money management. While money management is a service included in Service Work Plans for Full Service Partnerships, Fred Finch has found it more advantageous to their therapeutic outcomes to contract with a third party for money management. They previously subcontracted with Rubicon, but when that agency discontinued their money management services, they considered CrissCross and County money management services. However, the \$40 monthly charge that CrissCross leverages for their services has created a concern and hindrance from engaging with those services, as this is a significant percentage of the consumers' monthly payments. Therefore, most consumers requiring money management utilize the County's money management services. It is recommended that Fred Finch continue to work closely with the County to determine the best way to facilitate the money management services for their consumers.

Results. Interviews and chart reviews demonstrate that MHSA funds are directed to the agency to cover expenditures associated with supporting the provision of the Fred Finch Youth Center's Full Service Partnership program.

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 Fred Finch CCTAY program was originally authorized by County Board of Supervisors in fiscal year 2009/10. The service work plan is consistent with the current MHSA Three-Year Program and Expenditure Plan. Interviews with program staff, program participants and family members indicate services provided by program are consistent with the service work plan.

Results. Services delivered through program are consistent with service work plan and three year program and expenditure plan.

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. Fred Finch has a target enrollment goal of an average 70 consumers per month. They have been hovering around 50-60% capacity for the past two years. Several reasons have been identified, with the primary ones being the higher acuity level of clients and difficult referral process. Program management indicated that this may be due to a shift in the past few years in how the County utilizes FSP programs, as well as the need for consumers to stay in the program longer due to a gap in the availability of step-down care. Additionally, Fred Finch has recently started accepting consumers from the Regional Center, which require a more intensive level of care. Fred Finch also indicated that they currently have a wait list for consumers to enroll in their program; however, the reason disclosed for this was that recent staff turnover has resulted in a temporary lack of staff availability.

Results. Annually the program has served the number of individuals specified in the service work plan. Fred Finch and County staff may need to examine the current program caseload and re-evaluate appropriate staff-to-client ratios in the Service Work Plan to reflect the complexity of the clients being served.

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

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

Discussion. The program has five program objectives as part of the service work plan. The program provides an annual report summarizing their progress towards meeting the five outcomes. The program has continually met or exceeded the three primary objectives (including reduction in psychiatric emergency services and inpatient psychiatric services). Data provided by the County comes from (1) service data generated from the Contra Costa County claims processing system, (2) data collected by the program, and (3) the County's data system.

The County is also currently working with the Full Service Partnership programs to start capturing "meaningful activity" days for participants, particularly as it relates to vocational activities. Fred Finch currently engages in the IPS (Individual Placement and Support) Supported Employment evidence-based practice. It is suggested that Fred Finch may want work with the County to help streamline some of the principals of this practice with the Meaningful Activity outcome being developed.

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 associated with Fred Finch'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. However, the County's Utilization Review department has indicated that they have not conducted a Centralized Review in the past three years. In the meantime, the program relies on its Level 1 reviews conducted by the West County Clinic staff for guidance in County billing requirements. During the last program review, it was noted that the previous Centralized Review noted a minor issue associated with late billing. During this review process, it was clearly demonstrated that Fred Finch has corrected that issue in its regular practice. It is recommended that the County schedule a Centralized Review for Fred Finch's CCTAY program to support the clinical Level 1 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. Fred Finch has written policies and provides staff training on HIPAA requirements and safeguarding of patient information. The program has recently adopted a new electronic health record, where new charting is done. Paper charts are still kept on each client, and stored in a locked cabinet in an administrative office. The program has an internal auditing process that takes place every six months, to ensure sound record keeping practices. 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, Fred Finch indicated that there had been some recent turnover and they had two clinician vacancies on the CCTAY

team. However, the nature of the team approach Fred Finch's program and staff training allows Fred Finch to provide the services outlined in the Service Work Plan with current staffing. However, as mentioned above, they are currently unable to match the numbers in the Service Work Plan, and had a wait list at the time of this review. 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. Fred Finch has a robust internal training program aimed at identifying and addressing a variety of mental health issues in their training process. However, staff indicated that they often do not have the capacity to take advantage of the trainings due to the amount of administrative tasks.

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. It takes time for service providers to learn about the various resources available through Contra Costa Behavioral Health's System of Care, and 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. Fred Finch 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. Fred Finch Youth Center (FFYC) is a 501(c)3 tax exempt non-profit organization providing mental health and social services to children, young adults, and their families. Services are provide in three major settings: residential services at its campuses in Oakland and San Diego, California; community based programs in Alameda, Contra Costa, San Diego, San Francisco, and San Mateo counties; and services in schools in Alameda and Contra Costa counties. Funding is received substantially from local, county, and state agencies with certain portion of its funding originating with the federal government.

Results. Annual independent fiscal audits for FY 2013- 14, 2014-15 and 15-16 were provided and reviewed. Fred Finch has complied with annual audit requirements and 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. Review Board of Directors meeting minutes. Interview fiscal manager of program.
- Discussion.** The Board of Director meeting minutes indicate regular attention to the organization's fiscal well-being, as demonstrated by regular reports on the indicator of sufficient liquid fiscal reserves to carry on operations for over 90 days without revenue.
- Results.** Fred Finch's 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 of program.
- Discussion.** The Northern California Regional Vice President and Accounting Manager were interviewed. Both maintain that there is a segregation of financial duties. The Accounting Manager is a licensed CPA and confirmed that a total of nine staff are currently performing a variety of various duties, such as payroll, expense processing, billing and bank reconciliation. All duties are reviewed, approved and finalized by the Accounting Manager. The organization uses Financial Edge to track personnel time entry and aggregation to enable accurate summaries for billing and payment.
- Results.** Sufficient oversight exists to enable compliance with generally accepted accounting principles.
- 13. Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.
- Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program.
- Discussion.** A randomly selected invoice for each of the last three years was matched with supporting documentation provided by the agency. The amounts on each of the invoices were reconciled with the amounts shown in the detailed chart of accounts. A clear and accurate connection was established between documented hours worked and submitted invoices.
- Results.** The organization uses an established software program with appropriate supporting documentation protocol to ensure that there is no duplicate billing.

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

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

Discussion. Fred Finch Youth Center has a cost based contract with the county, and should be billing for actual allowable costs incurred and paid. Each staff position is assigned solely to the Contra Costa CCTAY FSP program and there are no other programs operated at that location, with the exception of Senior Director, whose salary is divided up among the programs he manages. Operating expenses are posted directly to the Contra Costa CCTAY FSP program. 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 charged to this contract 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. Fred Finch uses the accrual basis of accounting with a 12 month fiscal year end of June 30. Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year.

Results. Fred Finch 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 Accounting Manager for program.

Discussion. The Accounting Manager indicated indirect costs are allocated to the different programs based on the gross cost of each program. The current allocation is approximately 14-18%. This is an acceptable approach for

allocation consistent with Office of Management and Budget Circular A-133, Cost Principles for Non Profit Organizations.

Results. The organization allocates indirect costs using an appropriate methodology.

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. Fred Finch provided evidence that sufficient commercial general liability insurance, umbrella liability, workers compensation insurance, automobile insurance, and professional liability insurance was in place at the time of the site review.

Results. The organization is in compliance with the insurance requirements of the contract.

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. Fred Finch staff has semi-frequent communication with the County Contract Manager and MHSA staff to discuss outcomes and any fiscal challenges to the program. Additionally, the West County clinic staff meets with contract staff regularly to discuss referrals and outcomes. The contract manager tracks the outcome measures. However, increased regularity in communication between the contract manager and the program may be more beneficial to both CCBHS and Fred Finch. It is recommended that more regular communication occur between Fred Finch, the County contract monitor, and clinical staff to help ensure smoother referral process and help identify and address possible administrative and programming issues.

Results. The program has historically had relatively good communication with the contract manager and is receptive to feedback and willing to address concerns that may arise.

VIII. Summary of Results.

Fred Finch is committed to providing innovative, effective, caring mental health and social services to children, young adults, and their families that allow them to build on their strengths, overcome challenges, and live healthy and productive lives. The Fred Finch Transition-Age Youth Full Service Partnership in West Contra Costa County serves their target population, meets the outcomes detailed in their contract, and adheres to the values of MHSA. The program staff and program participants believe the program is valuable. Fred Finch 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 Fred Finch review ways to streamline administrative tasks to optimize time for direct services. Fred Finch 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.
- Fred Finch and County staff may need to examine the current program caseload and re-evaluate staff-to-client ratios to appropriately reflect the complexity of the clients being served.
- It is recommended that Fred Finch continue to work closely with the County to determine the best way to facilitate money management services for their consumers.
- It is recommended that the County schedule a Centralized Review for Fred Finch's CCTAY program to support the clinical Level 1 review.
- It is recommended that more regular communication occur between Fred Finch, the County contract monitor, and clinical staff to help ensure a smoother referral process and help identify and address possible administrative and programming issues.

X. Next Review Date. November 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

Program and Fiscal Review from March 2014

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)

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** December 19, 2017 (Probation Liaisons)
January 16, 2018 (Orin Allen Youth Ranch Facility)
Date of Exit Meeting: February 14, 2018

II. **Review Team:** Warren Hayes, Jennifer Bruggeman

III. **Name of Program/Plan Element:** Families Experiencing Juvenile Justice

IV. **Program Description.**

The *Probation Liaisons* and *Clinicians at the Orin Allen Youth Ranch Facility (OAYRF)* are **Prevention** program components of *Mental Health and Probation Services (MHAPS)* at Contra Costa Behavioral Health Services (CCBHS). These components are part of the County's Prevention and Early Intervention (PEI) plan to serve *Families Experiencing Juvenile Justice*. In accordance with the community program planning process and responding to findings that establish a significant overlap between juvenile justice involvement and incidence of mental illness, the original three-year PEI plan for Contra Costa Mental Health (CCMH), approved in 2009, as well as subsequent plans, set the goal of supporting children and youth at risk of experiencing juvenile justice involvement.

The PEI program components at MHAPS consist of five Mental Health Clinical Specialist positions. These include: three Mental Health Probation Liaisons and two clinicians at the Orin Allen Youth Ranch Facility (OAYRF).

The **Probation Liaisons** provide a broad range of mental health services for juveniles on probation, including mental health screenings and assessments, short term treatment, consultation to the probation department, family support, and linkage to mental health, behavioral health, and other supports for juveniles on probation. A liaison is located in probation offices in East, Central and West County.

The **Clinicians at OAYRF** provide mental health assessment and treatment to youth (ages 13-21) who have been placed at the ranch. Treatment ranges from

supportive therapy to family interventions and specialized treatment for trauma related symptoms and traumatic grief. The clinicians work closely with the probation liaisons in helping their clients access further supports once they exit the ranch.

V. Purpose of Review. Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of ***Families Experiencing Juvenile Justice***. 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	Staff interviews, consumer surveys and interviews indicate program meets the values of MHSA, including being integrative and promoting wellness and resilience.
2. Serve the agreed upon target population.	Met	The program provides access and linkage to treatment for youth at risk of developing a serious mental illness.
3. Provide the services for which funding was allocated.	Met	Services are aimed at preventing development of severe mental illness and facilitating access and linkage to appropriate services.
4. Meet the needs of the community and/or population.	Met	Program is consistent with community program

		planning process.
5. Serve the number of individuals that have been agreed upon.	Partially Met	There have been some challenges in getting accurate consumer counts, especially for Probation Liaisons.
6. Achieve the outcomes that have been agreed upon.	Partially Met	Agreed upon success indicators are not fully tracked.
7. Quality Assurance	Met	Programmatic and clinical oversight by county.
8. Ensure protection of confidentiality of protected health information.	Met	Program complies with HIPAA regulations, program separates probation and mental health records.
9. Staffing sufficient for the program	Met	Staffing is sufficient with two FTE clinicians at OAYRF, and three FTE clinicians stationed in probation offices across the county. The five allocated positions are filled.
10. Annual independent fiscal audit	N/A	Not Applicable
11. Fiscal resources sufficient to deliver and sustain the services	Met	Sufficient funds are allocated
12. Oversight sufficient to comply with generally accepted accounting principles	N/A	Not Applicable
13. Documentation sufficient to support invoices	Met	Documentation supports the amount charged to the program
14. Documentation sufficient to support allowable expenditures	Met	The process has sufficient quality control to support expenditures
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	N/A	The program does not receive an allocation for

total cost of the program		County indirect costs
17. Insurance policies sufficient to comply with contract	N/A	County Program
18. Effective communication between contract manager and contractor	Met	Regular communication, as needed, between PEI coordinator 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 program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery & resilience, is it culturally competent, and client & family driven?

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

Discussion.

Interviews were conducted with eight consumers, five line staff (the two clinicians at OAYRF and the three mental health probation liaisons), the program director, and collaborative partners from probation, truancy court and CBO's.

Questions	Responses:				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
	1. Help me improve my health and wellness Average score: 3.25 (n=4) "n" denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored "I don't know."				
2. Allow me to decide	Average score: 3.50 (n=4)				

what my own strengths and needs					
3. Work with me to determine the services that are most helpful	Average score: 3.25 (n=4)				
4. Provide services that are sensitive to my cultural background.	Average score: 3.25 (n=4)				
5. Provide services that are in my preferred language	Average score: 3.75 (n=4)				
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.25 (n=4)				
7. Are open to my opinions as to how services should be provided	Average score: 3.33 (n=3)				
8. What does this program do well?	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • It actually makes you think about your life in the future • Helps get a plan for when I'm released • I don't need help but I do in fact enjoy discussing multiple topics with the instructor • It helps me realize things because you really have to think, and when you think you can't believe you're away from your family 				
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Nothing really; everything (clinician) did helped me really think about a lot of things • More therapy sessions • Having more time to work with us than once a week 				
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Family therapy • Actually talking about life and future goals because most people don't believe their goals will be good enough in life 				
11. How important is this program in	<table border="1"> <tr> <td>Very Important</td> <td>Important</td> <td>Somewhat Important</td> <td>Not Important</td> </tr> </table>	Very Important	Important	Somewhat Important	Not Important
Very Important	Important	Somewhat Important	Not Important		

	4	3	2	1
helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)	Average score: 4.00 (n=3)			
12. Any additional comments?	N/A			

Consumer Interview/Surveys:

A 12-question survey was given to clients. The first seven questions addressed the MHSA general standards and the remaining five questions asked about the overall quality and importance of the program. Surveys were received from four program participants at OAYRF, a relatively small sample. A group interview was conducted with eight youth at OAYRF. The majority of the survey responses were consistent with consumer interviews; namely, they show a positive evaluation of the mental health program; and that the program adheres to MHSA values.

Consumer surveys and interviews indicated the program does well in the following areas:

- The program staff help youth with future oriented goals and planning
- Youth are able to earn school credits (high school and community college)
- Guest speakers who have come and shared their own experiences have been very well received by youth
- Job preparation and support is vital to recovery, including resume building and job interviewing skills
- Groups and activities are helpful in building social skills, self-discipline and anger management
- The point system at OAYRF motivates youth; good behavior leads to increased privileges including off campus visits with family and other outings

These positives clearly speak to several of the MHS values. When compared to the last Program Review conducted in November of 2014, these positives show that the program is continuing many of its established strengths. The consumers expressed that overall they were happy with the mental health services they receive. Complaints and negative comments were not related to mental health services, but more to the conditions at the Ranch, such as uncomfortable furniture, poor plumbing, spiders, and specific complaints about the food, including a desire for more food.

Staff Interviews:

Six individual program staff were interviewed in two sessions (all five mental health clinicians and the program manager), as well as collaborative partners from probation, the community and the courts. Staff spoke of the integral role that mental health services play in the rehabilitation process for youth involved in the juvenile justice system, due to the significance of poverty, trauma, loss, grief and violence in the lives of these individuals and their families. As the program is embedded in probation, the staff have created good relationships within that system that allow for youth to move to the appropriate level of care through warm hand offs and on-going collaboration. Mental health probation liaisons are now working very closely with the Truancy Courts (both for parents with younger children and for teens). Liaisons are present at all truancy court hearings where they are able to refer families to appropriate community services that may aid in the prevention of further involvement with the juvenile justice system. Referrals are made to Full Service Partnership (FSP) programs, and other CBO's. Liaisons serve as a feedback loop between probation and mental health programs. Community partners who were present at the staff interviews expressed that the probation liaisons are extremely important in helping youth and families navigate the system, and that they play a key role in the integration of services. When asked about gaps or areas of need, mental health liaisons spoke to the significant lack of outpatient AOD programs for youth. They indicated that approximately 90% of the population they work with have AOD related issues, so this presents a huge problem when trying to re-integrate or maintain youth in the community. Additionally, they would like to see more youth outpatient services to address anger management. Staff at OAYRF also spoke to their positive relationship with probation, and with the mental health probation liaisons, as they help coordinate the discharge planning process as youth leave the program and return to the community. They expressed a desire to receive more clinical training, particularly around trauma related care and service delivery. Clinical staff at the Ranch spoke to their physical isolation from the rest of Behavioral Health, and to some of the challenges with the physical space,

such as lack of office space, equipment and technology. They play a key role in access to mental health services, and are able to see new clients within the first seven days of arrival at the Ranch.

Results. The program delivers services according to the values of MHSA. Services are delivered according to community and client needs and in a manner that takes into account client feedback. Services are provided in the language(s) of the clients, from a trauma informed perspective, and with an emphasis toward providing access and linkage to appropriate, culturally relevant services.

- 2. Serve the agreed upon target population.** As Prevention and Early Intervention funded program components, do the *Probation Liaisons* and *Ranch Clinicians* prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service? Does the program serve the agreed upon target population (such as age group, underserved community)?

Method. Compare the program description with a random sampling of client charts or case files.

Discussion. Services are provided to youth (and their families) who are involved in the juvenile justice system. This includes youth residing at the Orin Allen Youth Ranch Facility (OAYRF) in Byron, or youth recently discharging from OAYRF or those who've recently touched the juvenile justice system and are at risk of further involvement. Youth receiving services are identified as having significant mental health needs by way of carrying a diagnosis and/or undergoing a mental health assessment upon entering the program. Most youth have experienced significant trauma, including community violence and losses to violence.

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 program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.

Discussion. The program description, as well as client and staff interviews, show that program and staff activities are consistent with the goal of providing mental health supports to youth involved with the juvenile justice system. Roles of the staff positions are clearly defined, and located in distinct regions. The program has had some challenges around collecting and reporting accurate numbers. This is primarily due to all clinicians not yet being fully rolled into the new electronic health record (EHR) that the county implemented in fall 2017.

They expect to be trained within the next year, in the second wave of the roll out. This will improve their ability to track data and more efficiently obtain client information (such as historical information and services received). In consultation with County Provider Services, it was recently determined that once clinicians are trained in the EHR, all documentation will be done in that centralized system and Medi-Cal will be billed as appropriate. A specific reporting unit has been identified for use by the five clinicians.

Results. Staff activities are consistent with the goals of the program, and the agreed upon services are being provided. Pending administrative changes may make billing and documentation more efficient, and improve the program's ability to quantify services.

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 or plan element 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 initial PEI three year plan includes a project for serving families experiencing juvenile justice. Subsequent plan updates and the current three year plan have continued to provide funding for probation related mental health services to pursue the goal of youth "less likely to become chronically involved in the adult justice system and/or mental health systems" (from initial PEI Three Year Plan, May 2009). As determined through client and staff interviews, services are consistent with the initial PEI Three Year Plan, subsequent plan updates, and the current 2017-2020 Three Year Plan. Positions were vetted through the plan update process and approved by the Board of Supervisors.

Results. The program meets the needs of the community and population.

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, and how has the number served been trending the last three years?

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

Discussion. The previous triennial program evaluation in November 2014 suggested that an expected annual number of individuals served should be established against which the actual number is compared. The current Three

Year Program and Expenditure Plan (2017-2020) indicates that the program will seek to serve 300 youth per year. While the program is likely meeting this target, there are challenges in their ability to accurately report on this.

Results. The program is likely serving the target number of individuals, but has had challenges with reporting actual numbers. The annual goal for 2017-2018 is 300 clients. The program is currently fully staffed with an experienced and consistent team.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how have 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 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. During the last triennial program review in November 2014, it was noted that there were no outcome reports available. The program continues to face challenges in this area. Barriers are at least partially due to issues with the county's infrastructure and lack of electronic record keeping system (until very recently), which will allow clinicians to more accurately track client's movement through the system and progress, as well as numbers of clients served. This is expected to improve with the implementation of Epic. Once fully rolled out, all clinicians will chart in Epic. An appropriate reporting unit has been identified.

Results. Clinicians to be trained in Epic. All charting to be done in the new EHR. Clear method for reporting outcomes to be established.

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 regarding this program in the past three years. Program staff will be trained in use of the county's new electronic health record (EHR) within the next year. All billable services will be documented according to county standards and subject to the county's utilization review process. Quality review and monitoring is provided by Children's Behavioral Health program management.

Results. Quality of services is monitored and meets the standard.

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 requirements with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information.

Discussion. Staff observe HIPAA requirements, and the program has put adequate measures in place to keep mental health and probation records separate. Staff are required to complete annual HIPAA training. The County also has a privacy officer in charge of protecting client information.

Results. The program protects client 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 currently 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.

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

Results. 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 program or plan element.

Method. Review financial reports.

Discussion. The program has been authorized by the Board of Supervisors.

The current Three Year Plan allocates sufficient funding to field the five positions

authorized to support the behavioral health services that are offered by this program.

Results. Sufficient funds are allocated to fully support the five positions assigned to this program.

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.

Discussion. This is a county operated program, and complies with generally accepted accounting principles.

Results. Not applicable.

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. Fiscal documents are maintained by the County.

Results. Documentation maintained by the County supports the amount charged to the program.

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 county cost center.

Discussion. Documentation shows that five behavioral health positions are charged to the correct MHSA cost center.

Results. Documentation maintained by the County supports the personnel costs charged to the program.

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. The program is part of the County's accounting system, and complies with the accrual basis of accounting.

Results. There is sufficient documentation to support expenditures charged to 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.

Discussion. The County has opted not to charge any indirect cost to the program.

Results. No indirect costs have been charged to the program.

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

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 program manager and community organizations participating in the program. Do the program manager and MHSA Program Manager communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise?

Method. Interview program manager.

Discussion. MHAPS Program Manager and PEI coordinator communicate on a regular basis regarding program activities or other matters, as appropriate. PEI coordinator provides a link to MHSA Program Manager.

Results. PEI coordinator and MHAPS Program Manager will continue to communicate on a regular basis, as needed.

VIII. Summary of Results.

The *Probation Liaisons and Clinicians at OAYRF* at Mental Health and Probation Services (MHAPS) provide Prevention services as outlined in the original PEI Three Year Plan (2009), subsequent plan updates, and the current Three Year Plan. The program components are fully staffed and its mission and practices are consistent with the PEI regulations and core values of MHSA. Consumers and program partners fully endorsed the positive impact the clinicians have on

the system and the lives of the consumers. Since the last triennial review, the program has created a program description that outlines the components of the program. The program has also been successful in integrating mental health services into the probation system, thereby enhancing access and linkage for consumers and family members and improving their overall experience with the juvenile justice system.

IX. Findings for Further Attention.

- The program should seek to train all staff in Epic. At that point, all charting should be done in Epic for probation liaisons and clinicians at OAYRF to allow for appropriate Medi-Cal billing. The designated reporting unit shall be used.
- The program needs to identify and define performance measures so as to continually improve and maintain fidelity to the values of MHSA.
- The program needs to construct a system that allows for appropriate data collection.

X. Next Review Date. December 2020

XI. Appendices.

Appendix A – Program Description

Appendix B – Previous Program Review Report

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

MHSA Three Year Plan and Update(s)



Contra Costa Mental Health
Mental Health Services Act
Prevention Early Intervention Services



Appendix A

Mental Health and Probation Services (MHAPS)

Description of PEI Funded Program Components

The Contra Costa Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2017-18 through 2020-21) provides funding for **Probation Liaisons** and **Clinicians at the Orin Allen Youth Ranch Facility (OAYRF)**. The mission of these Prevention and Early Intervention (PEI) plan elements is to assist the Probation Department in meeting the mental health needs of youth involved in the juvenile justice system. This PEI plan elements consists of five Mental Health Clinical Specialist positions; three Mental Health Probation Liaisons and two clinicians at the Orin Allen Youth Ranch Facility (OAYRF, the Ranch). Services are provided irrespective of insurance status of the juveniles.

The **Probation Liaisons** provide a broad range of mental health services for juveniles on probation, including mental health screenings and assessments, short term treatment, consultation to the probation department, family support, linkage to behavioral health and other supports. The Liaisons are a vital link between the justice system, the larger mental health system of care, families, and the community: They educate the justice system about the mental health needs of youth and help juvenile justice involved families navigate the system. Liaisons receive requests for services from various sources: from the detention system for linkage when a juvenile is discharged into the community; from the court to provide mental health assessments and treatment recommendations; from probation officers for assessments, consultation and linkage to mental health resources. Staying abreast of resources in the community, liaisons help juvenile investigation officers make accurate recommendations to the court and link youth to the right resources. Liaisons extend their reach into the community to help at-risk youth link to resources aimed at avoiding further involvement with the justice system. Toward that end Liaisons work with schools and Student Attendance Review Boards (SARB) and Truancy Court to intervene early and preventively by identifying and meeting underlying mental health needs of at-risk youth. While Liaisons may occasionally provide short term treatment for youth, they more frequently work with care takers centrally involved with youth: the parents, probations officers, teachers, school administrators, and clinicians. In addition, liaisons are involved in mental health outreach activities, such as suicide prevention classes and parent education programs.

The **Clinicians at OAYRF** provide mental health assessment and treatment to youth placed at the youth ranch. Many youths at the Ranch have experienced community violence, traumatic loss, and dysfunctional family situations. For many, the Ranch provides an opportunity for learning basic social-emotional skills. The clinicians ensure that the Ranch provides an environment for such learning by adding a mental health perspective to the team. They assist



Contra Costa Mental Health
Mental Health Services Act
Prevention Early Intervention Services



probation staff to understand and support the mental health needs of youth attending the program. Treatment provided by clinicians range from supportive therapy to family intervention and specialized treatment for trauma related symptoms and grief. The clinicians work closely with the probation liaisons in helping their clients get linked to further supports once they exit the ranch. Clinicians at the Ranch participate in additional activities, such as providing parent education classes and outreach presentations.

Number Served

The Liaisons will annually serve approximately 200 youth involved with, or at risk of, becoming involved with the juvenile justice system. The clinicians at the Ranch will serve approximately 100 youth per fiscal year.

In addition, liaison and Ranch clinicians provide annual demographic reports on youth served.

Outcomes

Goals for Liaisons

- Increased involvement in treatment due to liaison services

Method of Tracking

- Tracking youth involvement in post-release services through the Contra Costa County Electronic Medical Record System (EPIC)

Goals for Ranch Clinicians

- Increased mental health functioning of at-risk youth exiting Ranch program

Method of Tracking

- Pre- and post- Functional Impairment measures as determined by Contra Costa County (currently CALOCUS, possibly migrating to CANS).

Appendix B

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:** November, 13 and November 14
Date of Exit Meeting: January 5, 2015
- II. **Review Team:** Erin McCarty, Michelle Nobori, Louis Buckingham, Gerold Loenicker
- III. **Name of Program/Plan Element:** Families Experiencing Juvenile Justice
- IV. **Program Description.**

The *Probation Liaisons and Clinicians at the Orin Allen Youth Ranch Facility (OAYRF)* are **Prevention** program components of *Mental Health and Probation Services (MHAPS)* at Contra Costa Mental Health (CCMH). These components are part of the County's Prevention and Early Intervention (PEI) plan to serve *Families Experiencing Juvenile Justice*. Per draft regulations put forth by the Mental Health Services Oversight and Accountability Commission (MHSOAC), a **Prevention** program is a "set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors". The goals of a prevention program should include the "reduction of applicable negative outcomes listed in the Welfare and Institutions Code Section 5840, subdivision (d) for individuals and members of groups of populations whose risk of developing a serious mental illness is significantly higher than average, and, as applicable, their parents, caregivers, and other family members". The referenced list of negative outcomes includes suicide, incarcerations, school failure or drop out, unemployment, prolonged suffering, homelessness, and removal of children from their homes. The draft regulations list the creation of Access and Linkage for mentally ill individuals and severely emotionally disturbed children and youth as a core strategy for Prevention programs.

In accordance with the community program planning process and responding to findings that establish a significant overlap between juvenile justice involvement and incidence of mental illness, the original three-year PEI plan for Contra Costa Mental Health (CCMH), approved in 2009, set the goal of supporting children and youth at risk of experiencing juvenile justice involvement.

The PEI program components at MHAPS consist of five Mental Health Clinical Specialist positions, three Mental Health Probation Liaisons and two clinicians at the Orin Allen Youth Ranch Facility (OAYRF).

The **Probation Liaisons** provide a broad range of mental health services for juveniles on probation, including mental health screenings and assessments, short term treatment, consultation to the probation department, family support, and linkage to mental health, behavioral health, and other supports for juveniles on probation.

The **Clinicians at OAYRF** provide mental health assessment and treatment to youth placed at the youth ranch. Treatment ranges from supportive therapy to family interventions and specialized treatment for trauma related symptoms and traumatic grief. The clinicians work closely with the probation liaisons in helping their clients link up to further supports once they exit the ranch.

V. Purpose of Review. Contra Costa Mental Health is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above plan element. 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	yes	Services are delivered where they are needed, the type of services is dependent on consumer need
2. Serve the agreed upon target population.	yes	Services target youth involved in juvenile justice
3. Provide the services for which	yes	All services are aimed at

funding was allocated.		preventing development of severe mental illness or facilitating access to services
4. Meet the needs of the community and/or population.	yes	Program is consistent with community planning process
5. Serve the number for individuals that have been agreed upon.	yes	While there is no annual target number, the program exceeds target numbers formulated in the initial PEI Three-Year-Plan
6. Achieve the outcomes that have been agreed upon.	--	Currently, there are no outcome measures established. Measures need to be put in place.
7. Quality Assurance	yes	Programmatic and clinical oversight by county
8. Ensure protection of confidentiality of protected health information.	yes	Program complies with HIPAA regulations, programs separates probation and mental health records
9. Staffing sufficient for the program	yes	All allocated positions are filled.
10. Annual independent fiscal audit	n/a	County program
11. Fiscal resources sufficient to deliver and sustain the services	no	Program budget in current MHSA Three-Year-Plan not sufficient to fund all positions
12. Oversight sufficient to comply with generally accepted accounting principles	n/a	County program
13. Documentation sufficient to support invoices	yes	Sufficient MHSA funds are allocated
14. Documentation sufficient to support allowable expenditures	yes	County provides sufficient programmatic oversight to support expenditures
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	yes	Documentations supports that funds are expended in appropriate

		fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	yes	There is no allocation of indirect cost to plan element
17. Insurance policies sufficient to comply with contract	n/a	County program
18. Effective communication between contract manager and contractor	yes	Regular communication between PEI coordinator 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 Families Experiencing Juvenile Justice collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven?

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

Results. Consumer surveys were made available. At the Youth Ranch, the team interviewed program staff, including the two clinicians, the program manager, and probation supervisor. The team also spoke to seven youth placed at the Ranch, all recipients of mental health services. For the Probation Liaison program element, the team interviewed the liaisons and their program manager. The team then met with recipients of liaison services, including probation officers, clinical staff from community organizations to which clients are referred, and one parent.

The following table summarizes the survey results:

Questions	Responses: 11 (Orin Allen Youth Ranch)				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: (Options: strongly agree, agree, disagree, strongly disagree, I don't know)	Strongly Agree	Agree	Disagree	Strongly disagree	I don't know
	1. Help me improve my health and wellness	4	5	1	1
2. Allow me to decide what my own strengths and needs	3	6	1	-	1
3. Work with me to determine the services that are most helpful	7	3	-	-	1

4. Provide services that are sensitive to my cultural background.	3	4	3	-	1
5. Provide services that are in my preferred language	3	6	1	-	1
6. Help me in getting needed health, employment, education and other benefits and services.	5	3	1	-	2
7. Are open to my opinions as to how services should be provided	4	5	-	-	2
Your response to the following questions is appreciated:					
8. What does this program do well?	Staff always helpful and responsive, helps getting life on track, substance abuse counseling and education, provides space to share things that youth would otherwise not share, one can ask questions about personal life, helps open up, help me with my problems and solve them				
9. What does this program need to improve upon?	Help with getting sports scholarship, relate to "patients" on a more real level, more time for some people				
10. What needed services and supports are missing?	Physical proximity to other residents with whom there are conflicts, help with feeling connected to the world outside, more online help with jobs				
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? (Options: Very important, Important, Somewhat important, Not Important.)	Very Important	Important	Somewhat Important	Not Important	
	5	4	2	-	
12. Any additional comments?	"I like receiving help from this program, it is very helpful", "this program can help me get ahead in life", "[staff name] is a very nice lady"				

Interviews at the Orin Allen Youth Ranch

Youth at the Ranch overwhelmingly testified to the importance of mental health services for their recovery. Youth participants pointed to treatment programs like "Aggression Replacement Therapy" and "Thinking for Change" as opportunities that help them with their automatic reactions, ways of thinking, and making changes in how they act in social situations. Some participants pointed out that at the Ranch, with the help of Mental Health, they learn "how to be a man" and develop an outlook to the future that did not seem possible in the past, such as applying to college or job training. The great majority of participants spoke to the role violence, loss, and lack of opportunity has played in their lives. Some valued the trusting relationship to the therapist as a new experience that allows them develop a language for feelings and develop a different self-image. Others spoke to the help they get around taking the SAT and applying for college. Some spoke about the family therapy that is available to them and that some participants experience quality time with their families for the first time at the Ranch.

Complaints and negative comments were mostly related to some of the restrictive conditions in the Ranch, such as limited phone time, grievances not being heard, shower conditions, etc. None of the negative comments or suggestions for improvements related to mental health supports.

Staff talked about the integral role of mental health services for the success of the Ranch as a whole, the mission of which is to help youth toward full rehabilitation. They pointed out that supports are available to everybody who screens positive for mental health risk factors and symptoms. Staff reported on the overwhelming and persistent role of poverty, loss and grief, and violence in the lives of the youth at the Ranch. Probation staff and mental health clinicians stressed that they work hand in hand, while respecting their different roles and confidentiality. Staff pointed out that all mental health supports are voluntary. All arrivals at the Ranch are screened for mental health needs and referred for further services if indicated. Referrals are also made based on behavioral incidents. Mental health staff works closely with the Probation Mental Health Liaisons to set up post release services. Asked about areas of unmet need, staff named better identification of learning disabilities, more specialized support for grief, psychiatry services, and gang intervention programming.

Interviews with Mental Health Probation Liaisons, Probation Officers, parent, and community partners

Probation officers emphasized how critical mental health liaisons are to quickly assess youth on probation for mental health needs and add suggestions for mental health supports during the short window of time probations officers have to formulate recommendations to the court. The presence of probation liaisons shortens the time considerably that it takes to connect youth with needed mental health supports to successfully comply with probation requirements. With probation liaison spending some of their time staying abreast of available resources and developments in the field, probation officers can confidently connect youth with the right types of services. Many of the referrals are made to Full Service Partnership (FSP) programs, specifically Multi-Systemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), and the Transition Age Youth FSPs in Contra Costa County, but also to less formal and less intensive treatment options. The two clinicians from Youth Homes (TAY FSP) and COFY (MST), respectively, reported that the probation liaisons facilitate the constant feedback loop between mental health organizations and probation re: clients, adequacy of referrals, and probation processes and requirements. The participating parent spoke to the crucial role the liaison had helping her family navigate the system and helping her child accept the need for services. When

asked about gaps and what is missing, interviewees listed homeless services and alcohol/other drug services as their first priorities.

The probation liaison reported that in addition to providing linkage and consultation to probation, they conduct court ordered assessments, brief therapy, and parent education groups. They also participate in initiatives to keep youth in school, by attending School Attendance Review Board (SARB) meetings and providing mental health consultation to SARB, and by collaborating with officers who are stationed at high schools.

Discussion. The program delivers services according to the values of the MHSA. Services are delivered according to community and client needs and in a manner that takes into account client feedback. Services are provided in the language(s) of the clients, from a trauma informed perspective, and with an emphasis toward linking clients to appropriate, culturally competent services

2. **Serve the agreed upon target population.** As Prevention and Early Intervention funded program components, do the *Probation Liaisons* and the *Ranch clinicians* prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service? Does the program serve the agreed upon target population?

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

Results. Services are provided to youth who are involved in the juvenile justice system, and their families. Youth receiving services are identified as having significant mental health needs by way of carrying a diagnosis and/or undergoing a mental health assessment upon commencement of services. Most youth have experienced significant trauma, including community violence and losses to violence.

Discussion. The program serves the agreed upon target population.

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

Method. Compare program service goals as outlined in the three-year-plan and plan updates with regular reports, client/family member interviews, and service provider interviews.

Results. While there is no formal program description associated with the staff positions, client and staff interviews show that program and staff activities are consistent with the goal of providing mental health supports to youth involved with juvenile justice. Roles of the staff positions are clearly defined. The program

has provided demographic data for number of individuals served on a regular basis.

Discussion. A formal program description should be developed.

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

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

Results. The initial PEI three-year-plan includes a project for serving families experiencing juvenile justice. Subsequent plan updates and the current three-year-plan have continued to provide funding for probation related mental health services to pursue the goal of youth “less likely to become chronically involved in the adult justice system and/or mental health systems” (from initial PEI Three-Year-Plan, May 2009). As determined through client and staff interviews, services are consistent with the initial PEI Three-Year-Plan, subsequent plan updates, and the current 2014-2017 Three-Year-Plan. Positions were vetted through plan update process. Two of the positions were newly created and authorized by the Board of Supervisors, and three previously authorized positions were moved into the PEI cost center.

Discussion. The program meets the needs of the community.

5. **Serve the number of individuals that have been agreed upon.** Have the program components been serving the number of individuals specified in the program description, and how has the number served been trending the last three years?

Method. Match program description with history of demographic reports.

Results. The initial target for this plan element was to serve 250 individuals (PEI Three-Year-Plan, May 2009). In FY 11-12, 128 individual were served (program not fully staffed); in FY 12-13, 302 individuals were served; in FY 13-14, 413 individuals were served.

Discussion. An expected annual number of individual served should be established against which the actual number is compared.

6. **Achieve the outcomes that have been agreed upon.** Have the program components been meeting the agreed upon outcome goals, and how have the outcomes been trending?

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

Results. While the numbers served also indicate the volume of linkages provided (one of the expected outcomes), there are no outcome reports available beyond numbers.

Discussion. Establish method for reporting outcomes

7. **Quality Assurance.** How do the program components assure quality of service provision?

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

Results. No grievances were filed related to the probation related mental health services that are subject to this review. For Probation Liaison services, billable services are documented according to County standards and are subject to the County's utilization review. At OAYR, charts are kept according to County clinical standards. Quality review and monitoring is provided by Children's Mental Health program management.

Discussion. Quality of services is monitored. The program provides quality services as evidenced by the above.

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. HIPAA compliance was reviewed by observing implementation of the County's policies for safeguarding protected patient health information.

Results. Staff are observing HIPAA requirements. The program has put adequate measures in place to keep mental health and probation records

separate. All staff are required to complete HIPAA training annually. The County has also a Privacy Officer in charge of protecting client information.

Discussion. The program protects client 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.

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

Discussion. 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 the program have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.?

Method. Review financial reports.

Results. The program is authorized by the County. However, currently, insufficient resources are authorized to maintain the program. The current Three-Year Plan allocates \$500,000 to the program. Per MHSA monthly budget report, the program expenses are projected to amount to \$643,535 in FY14-15.

Discussion. In the next plan update, projected program cost and allocated funds need to be matched.

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 program is part of the County and by definition complies with generally accepted accounting principles.

Discussion. Not applicable.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing?
- Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program.
- Results.** Review of fiscal documents maintained by the County.
- Discussion.** Documentation maintained by the County supports the amount charged to the program.
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 one month of supporting documentation (MHSA Monthly Budget Report) for identification of personnel costs and operating expenditures charged to the cost center.
- Results.** Documentation shows that five probation mental health positions are charged against the PEI center.
- Discussion.** Documentation maintained by the County supports the personnel costs charged to the program.
15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows)?
- Method.** Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program or plan element.
- Results.** The program is part of the County and by definition 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 program's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element?
- Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.

Results. The County has opted not to charge any indirect cost to the program.
Discussion. The County could have charged indirect costs to the program consistent with Office of Management and Budget Circular A-87, but has opted not to do so.

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

Method. Review insurance policies.

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

Discussion. Not applicable.

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

Method. Interview PEI coordinator and Mental Health and Probation (MHAPS) Program Manager.

Results. MHAPS Program Manager and PEI coordinator communicate on regular basis re: program activities. PEI coordinator provides a link to MHSA Program Manager.

Discussion. There needs to be regular communication between MHSA Program Manager and the MHAPS Manager in order to standardize program expectations and mutually agreed upon outcomes.

VIII. **Summary of Results.**

The *Probation Liaisons* and *Clinicians at OAYRF* at Mental Health and Probation Services (MHAPS) provide Prevention services as outlined in the PEI Three-Year-Plan (2009), subsequent plan updates, and the current Three-Year-Plan. The program components are fully staffed and its mission and practices are consistent with draft PEI regulations and principles of the MHSA. Consumers and program partners fully endorsed the positive impact the clinicians on the overall system and the lives of consumers.

IX. **Findings for Further Attention.**

- The program needs to formalize a program description that outlines the functions fulfilled by PEI funded positions
- The program needs to identify and define performance measures so as to continually improve and maintain fidelity to the values of the MHSA.

- The program needs to construct a system that allows to gather data required by PEI regulations
- In the next MHSA Plan Update, allocation of funds and expected programs expenses need to be matched.

X. Nov 2017

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

Contra Costa County Behavioral Health Mental Health Services Act (MHSA) Program and Fiscal Review

- I. **Date of On-Site Review:** October 26, 2017
Date of Exit Interview: December 14, 2017

- II. **Review Team:** Jennifer Bruggeman, Warren Hayes, Windy Taylor

- III. **Program:** RYSE, Inc.
205 41st Street
Richmond, CA 94805

- IV. **Program Description.** RYSE is a youth center in Richmond that offers a wide range of activities, programs, and classes for young people, including media arts, health education, career and educational support, and youth leadership and advocacy. RYSE operates within a community behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. In these areas, RYSE focuses on the conditions, impact and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all program areas and levels of engagement.

Prevention and Early Intervention (PEI) services include the following program components: A) Trauma Response and Resilience System (TRRS): develop and implement trauma and healing learning for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practices, and provide critical response and crisis relief for young people experiencing acute incidents of violence. B) Health and Wellness: support young people (ages 13 to 21) from the diverse communities of West County to become better informed consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and 'edutainment'

activities that promote inclusion, healing and justice, and youth assessment and implementation of partnership plans (Chat it Up Plans). C) Inclusive Schools: facilitate collaborative work with West Contra Costa (WCC) schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBTQ specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools.

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

VI. Executive Summary of Findings. The review covered 18 topics related to MHSa guidelines, quality programming and fiscal responsibility.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSa	Yes	Program has referred many participants to the CCMH system
2. Serve the agreed upon target population	Yes	Program serves participants that have been exposed to risk factors associated with developing mental illness
3. Provide the services for which funding was allocated	Yes	The entire RYSE program is a prevention service, with MHSa only a partial funding source
4. Meet the needs of the community and/or population	Yes	Program is consistent with CCMH prevention strategy
5. Serve the number of individuals that have been agreed upon	Yes	Program meets or exceeds the targeted number of participants
6. Achieve the outcomes that have been agreed upon	Yes	Success indicators should be refined and simplified based on program’s experience
7. Quality Assurance	Yes	Participants indicated program

Topic	Met Standard	Notes
		provides quality services
8. Ensure protection of confidentiality of protected health information	Yes	The program is HIPAA compliant but should develop written policies and procedures
9. Staffing sufficient for the program	Yes	Participants indicate staffing is sufficient
10. Annual independent fiscal audit	Yes	No concerns indicated by independent auditor for last 3 years
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Program receives funding from multiple sources
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	It is suggested that the program's written accounting policies and procedures be updated to reflect current practices
13. Documentation sufficient to support invoices	Yes	MHSA funds less than 25% of the program
14. Documentation sufficient to support allowable expenditures	Yes	It is suggested that staffing time directly attributable to mental health care be depicted in the contract with CCBHS
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Yes	Documentation supports that funds are fully expended prior to the end of the fiscal year
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Yes	The program follows an accepted allocation approach for indirect costs
17. Insurance policies sufficient to comply with contract	Yes	Organization maintains appropriate insurance policies
18. Effective communication between contract manager and contractor	Yes	Contract manager and contractor meet at least quarterly

VII. Review Results. Results for each of the 18 elements/topics listed above are described below.

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

Method. Consumer and service provider interviews and consumer surveys.

Discussion. Interviews were conducted with six program participants and six program staff. A 12-question survey was given to participants. We received a total of 34 surveys. The following table summarizes the survey results. Responses are consistent with consumer interviews, show an overwhelmingly positive evaluation of the program by participants, and show adherence to MHSA values.

Questions	Responses: 34														
<p>Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i></p>	<table border="1" data-bbox="748 596 1446 743"> <thead> <tr> <th data-bbox="748 596 907 705">Strongly Agree</th> <th data-bbox="907 596 1021 705">Agree</th> <th data-bbox="1021 596 1180 705">Disagree</th> <th data-bbox="1180 596 1339 705">Strongly Disagree</th> <th data-bbox="1339 596 1446 705">I Don't Know</th> </tr> </thead> <tbody> <tr> <td data-bbox="748 705 907 743">4</td> <td data-bbox="907 705 1021 743">3</td> <td data-bbox="1021 705 1180 743">2</td> <td data-bbox="1180 705 1339 743">1</td> <td data-bbox="1339 705 1446 743">0</td> </tr> </tbody> </table>					Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know	4	3	2	1	0
Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know											
4	3	2	1	0											
1. Help me improve my health and wellness	Average score: 3.4 (n=32) “n” denotes the number of respondents who scored the item between 1 and 4. The remainder of respondents either did not score or scored “I don’t know.”														
2. Allow me to decide my own strengths and needs.	Average score: 3.3 (n=32)														
3. Work with me to determine the services that are most helpful.	Average score: 3.3 (n=33)														
4. Provide services that are sensitive to my cultural background.	Average score: 3.4 (n=31)														
5. Provide services that are in my preferred language.	Average score: 3.5 (n=33)														
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.6 (n=33)														
7. Are open to my opinions as to how services should be provided.	Average score: 3.5 (n=30)														
8. What does this program do well?	Answers included the following statements: <ul style="list-style-type: none"> • They are very good with advice, you can count on them for anything 														

	<ul style="list-style-type: none"> • Feed us • Computers, homework • Keeping you safe and entertained • Provide space to do work • Keep me off the street and connect with people • Help me find my voice • Provide safe spaces, educational and artistic classes • RYSE makes you feel more like yourself, they bring out the real you! • Listen to our needs, try to provide us with answers • They make people feel safe and they have something for everyone • Makes everyone feel welcome • Helps out with school/life problems • Speak with me about my health • RYSE is good at providing us with a space to heal and talk about our feelings, which we may not get at home • They don't turn away anyone
<p>9. What does this program need to improve upon?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • More cooking classes along with more financial help with events, and financial help with transportation for kids who might need help to get home • Maintenance • The kitchen area and the food • If a person doesn't want a check-in, they shouldn't get one • Be more strict on making sure no one gets bullied • More Tasty Tuesdays • Member attitudes
<p>10. What needed services and supports are missing?</p>	<p>Answers included the following statements:</p> <ul style="list-style-type: none"> • A chill-out room for members to hang and have a bonding area zone with no staff • Space to lounge • Communication • Provide mental health classes, self-defense classes, job searching classes • Services for people with mental illness • Sports programs

11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential. (Options: very important, important, somewhat important, not important)	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
Average score: 3.5 (n=33)				
12. Any additional comments?	Answers included the following statements: <ul style="list-style-type: none"> • RYSE is a place for others to come and have something to do when members don't have any other plans • Helps understand what you'll need in life • I love RYSE, RYSE should have more recommendations • I come to RYSE everyday 			

Most of the six staff interviewed are former RYSE members. They reported feeling that RYSE promotes their career growth and is a supportive environment to work in. Staff get to vote on what trainings are provided, and they receive two weeks per year of staff development time. They acknowledged that while the trauma and healing focused work they do is intense, they identified means of self-care and reported that the administration supports this by offering things such as: Restoration Week, a quality health plan (that includes acupuncture), and an infrastructure that speaks to overall wellness.

Positive feedback from the six youth interviewed included a collective feeling that RYSE is a safe place to come where everyone is welcome and wanted just as they are. They spoke to the many positive activities (including cooking, art, dance, music) as well as the opportunity to connect with people and make friends. They indicated that RYSE offers a non-judgmental space, and that the staff meets members where they are at. They said that RYSE has opened doors for them to better themselves and find out what motivates them.

Results.

The program delivers services according to the values of the MHSA, as staff and consumers both report a healing atmosphere that promotes wellness and recovery for youth in West Contra Costa County who experience persistent atmospheric trauma. RYSE provides an integrated service by referring members

to Contra Costa Children's Mental Health Services or Seneca's Mobile Response Team, when the need arises. In addition, through their hospital linked violence intervention program, they have taken many referrals from John Muir hospital this year.

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

Method. Compare the program description and/or service work plan with results of client and staff interviews.

Discussion. The program applies an integrated approach to identifying youth who may be seriously mentally ill or seriously emotionally disturbed and whom staff can refer to a case conference or a counselor. This program is a model of what a prevention program should be in terms of serving a target population that is exposed to many risk factors associated with developing mental illness (such as community violence and poverty). The program also provides outreach services to individuals outside and inside the program. The program is able to make appropriate referrals because it is well connected to different systems (hospitals, probation, schools). The facility is located in the heart of an underserved community. The program models a safe, healthy environment in an area challenged by violence, poverty and lack of opportunity.

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 goals with regular reports and match with client and service provider interviews.

Discussion. Contra Costa Mental Health currently funds \$474,144 of a \$2.2 million total budget (approximately 22 percent). The following RYSE programs are funded by MHSA: Health and Wellness, Trauma Response and Resiliency, and Inclusive Schools.

Results. Monthly service summaries as well as semi-annual reports are provided by the program. Services are offered both on site, as well as offsite through events, trainings and workshops at local schools, partner agency sites and within juvenile hall. The program is providing 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 and program description with the MHSA Three Year Plan. Compare with consumer member and service provider interviews. Review client surveys.

Discussion. This program was included in the original PEI plan that was approved by the state in May 2010. The program has been authorized by the Board of Supervisors and is consistent with the current three year program and expenditure plan as well as the PEI regulations on prevention programs. RYSE has plans for expansion in the upcoming triennial cycle, which will further meet the needs of consumers and provide much needed space for additional programming. Interviews with program participants and service providers support the service work plan as an MHSA Prevention strategy.

Results. The program meets the needs of the community and the population for which it is designed.

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

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

Discussion. The program provides monthly and semiannual reports which are reviewed by the contract manager. Per discussion, they have calculated the number of individuals served differently than in previous years in order to determine unduplicated numbers. Individuals are served on site, as well as offsite through various outreach efforts.

Results. It is recommended that the Service Work Plan be modified to reflect the actual number of clients being served.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how have 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. The service work plan describes numerous agreed upon measures of success. Measurement is conducted through member surveys and number of clients served. The service work plan had a total of nine success indicators and the program met or exceeded all of the indicators.

Results. The program reduced the number of indicators reported during the last triennial review, per recommendation. The indicators are focused on improving mental health and overall wellness, increasing positive relationships and self-efficacy, and are offered through culturally relevant and trauma informed practices.

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 towards the program. The program has an internal grievance process and allows program participants to address issues during house meetings.

Results. Interviews with program staff and participants indicated the program provides quality services.

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. The program does not have established written policies, as the program is not a Medi-Cal provider. All staff receive training around confidentiality practices. Files and documents containing protected health information (PHI) are stored in a double locked cabinet.

Results. The program complies with appropriate confidentiality guidelines and protocols.

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. Program staffing is fairly robust due to the diversity of funding streams. Since the previous triennial review, RYSE has expanded its staffing in both fiscal and programming (direct services) departments.

Results. Interviews with program participants and staff indicate the program has sufficient staffing.

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. The organization provided single audit reports for the last three years. The auditors did not identify any material concerns and stated the financial statements fairly represent the consolidated financial position of RYSE. RYSE's revenues significantly increased this last year. In particular, fund raising increases have enabled RYSE to responsibly expand goods and services that directly benefit the youth who participate in their programming.

Results. RYSE complied with the annual audit requirement and there were no findings or concerns expressed by the independent auditors. The reliance on Contra Costa County funding is not considered a concern given the fairly significant assets on hand.

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

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

Discussion. The financial statements indicated fairly significant assets on hand which could be used to sustain services. The Board of Directors minutes did not identify any issues related to the fiscal operations. The program is fairly well diversified with respect to revenues and management and appears to have the ability to obtain additional funding as needed. RYSE has a significant line of credit that they have not needed to use for cash flow purposes.

Results. RYSE has sufficient fiscal resources to deliver and sustain the services.

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

Method. Interview with fiscal manager of program.

Discussion. The program has doubled their fiscal staff in the last three years, and utilizes considerably more sophisticated software programming to track and manage staff time and operating costs. It was noted that this significant improvement in the last three years has understandably adjusted accounting policies and procedures. It is suggested that RYSE re-visit and revise, if necessary, their written fiscal policies and procedures. Fiscal staff have extensive accounting experience, and have appropriate checks and balances in place to ensure segregation of duties.

Results. RYSE has sufficient qualified personnel and oversight protocols to appropriately follow 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. The program invoices for actual personnel and operating expenditures and provides the supporting summary documentation as part of the monthly invoice. The supporting documentation, such as time tracking and operating cost receipts, reconciled with the monthly invoices.

Results. The documentation is sufficient to support the amount of expenditures charged to the program.

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. Personnel costs are charged to the program based on the actual personnel costs by position for the month multiplied by the percentage of time allocated to the program in the budget for each position. The percentage of time

by position was developed based on the initial program inception and has not been revised in recent years to reflect actual experience. Also, the total actual costs of the program exceed what is paid for by MHSA and is supported by other funding sources. All staff materially contribute to the prevention and early intervention mission of reducing risk for developing a serious mental illness. However, RYSE is strategically planning on continued expansion, and will be adding to their community activism and social justice efforts.

Results. While documentation is sufficient to support allowable expenses it is suggested that the program align the activities of each position more closely with the amount of time spent on activities directly related to mental health care, crisis intervention, and warm handoffs to programs providing a higher acuity of behavioral health care.

- 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. The program maintains written accounting policies on how to treat year end transactions. For the last three years RYSE has not billed the County for expenses that were incurred in the previous fiscal year.

Results. The program invoices for expenditures in the appropriate fiscal year.

- 16. Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program 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. Indirect costs consist of all costs that cannot be directly charged to a funding source. The auditor has reviewed the approach and has not indicated any concerns. The agreed upon amount of 10 percent of actual expenses is what has been charged to the program on a monthly basis.

Results. Administrative costs are sufficiently justified and appropriate to the total cost of the program.

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

Method. Review insurance policies.

Discussion. The program provided general liability insurance policies, auto insurance policies and workers compensation 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. The program has complied with PEI Regulations imposed by the state in 2016 that require the collection of new data. The program participates in quarterly PEI Roundtable meetings, and additional as needed meetings with the contract manager. The program submits documentation in a timely fashion.

Results. The program has good communication with the contract manager and appears to be willing to address data issues and other concerns of the contract manager, as they may arise.

VIII. **Summary of Results.**

The RYSE Center is a much needed, well run program in an economically disadvantaged area of Contra Costa County. The program adheres to the principles of Prevention as defined by MHSA. RYSE provides a safe and healing space for youth in Richmond to receive trauma informed services, activities and supports, including academic and employment counseling, health advocacy, mental health care, engagement in a wide range of creative activities, as well as opportunities for youth leadership and advocacy. MHSA funding covers approximately 22 percent of the costs of the program. The fiscal administration of the program is sound. The program has good linkages to other services within the community, including specialty mental health services, and can make referrals when program participants are identified as needing such services. The program participants and staff see the program as a model in the community. The program has plans to expand through the purchase of the adjacent lot where they will build "RYSE Commons", an indoor/outdoor space for additional programming. The program plans to hire up to 32 additional staff under this expansion.

IX. **Findings for Further Attention.**

Fiscal. It is suggested that RYSE 1) review and update their written fiscal policies and procedures, and 2) review staff allocated time to the MHSA contract, and for FY 2018-19 align the percentage budgeted for each position to more

closely align with the amount of time spent on activities directly related to mental health care, crisis intervention, and warm handoffs to programs providing a higher acuity of behavioral health care.

This program models appropriate use of MHSA funds to field an effective prevention strategy. The culturally appropriate outreach and engagement strategies and subsequent linkage to mental health care for at-risk youth are exemplary.

X. Next Review Date. Fiscal Year 2020-21

XI. Appendices.

Appendix A – Program Description/Service Plan

Appendix B – Yearly External Fiscal Audit

Appendix C – Organization Chart

XII. Working Documents that Support Findings.

Consumer, Family Member, Provider Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

MHSA Three Year Plan and Update(s)

Monthly Invoices (Contractor)

Board of Directors' Meeting Minutes

Appendix A

RYSE Center

Point of Contact: Kanwarpal Dhaliwal

Contact Information: 205 41st Street, Richmond, CA 94805 (925) 374-3401

Kanwarpal@rysecenter.org <http://www.rysecenter.org/>

1. General Description of the Organization

RYSE is a youth center in Richmond that offers a wide range of activities, programs, and classes for young people including media arts, health education, career and educational support, and youth leadership and advocacy. RYSE operates within a community Behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. In these areas, RYSE focuses on the conditions, impact, and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all our program areas and levels of engagement.

2. Program: Supporting Youth - PEI.

a. Scope of Services:

- i. Trauma Response and Resilience System (TRRS): develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
- ii. Health and Wellness: support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and 'edutainment' activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
- iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBTQ specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools, etc.

- b. Target Population: West County Youth at risk for developing serious mental illness.
- c. Payment Limit: FY 15-16: \$474,144
- d. Unique Number served: For FY 15/16: 408 youths
- e. Outcomes:
 - iv. Trauma and Resilience
 - RYSE Youth Restorative Justice (formerly Justice Project) served young people through probation referrals, community service, juvenile hall workshops and/or presentations, and drop-in programming
 - 90% of total number of youth involved in the Youth Restorative Justice Project reported increased and/or strong sense of self-efficacy, hope, and community engagement
 - Participants in each session report increased understanding of trauma-informed youth development.
 - 200 stakeholders and 87 organizations participated in Trauma and Healing Learning Series local sessions.
 - v. Health and Wellness/Youth Development
 - Members will complete wellness plans
 - Members will participate in at least 2 program activities aimed at supporting healthy peer relationships, community engagement, and leadership
 - RYSE youth members will report positively on indicators of social-emotional well-being such as increased feelings of hope, control over their lives, and a sense of stability and safety, and reduced feelings of isolation.
 - 100% of RYSE staff (youth and adults) were trained to utilize RYSE social media as a means to address stigma and inequity, elevate stories of resiliency, and foster peer-lead/consumer-lead information sharing and education around mental health issues impacting young people in West Contra Costa County
 - vi. Inclusive Schools
 - Youth members who identify as LGBTQQ report positive sense of self-efficacy, positive peer relations, youth-adult relations, and agency consistent with all survey respondents (see above).
 - Stakeholders involved in the Inclusive Schools Coalition (renamed West Contra Costa LGBTQQ Youth Advocacy Network) will report increased understanding of the priorities and needs of LGBTQ youth and their peers.

Appendix B

RYSE, INC.

REPORT ON AUDIT OF FINANCIAL STATEMENTS

For the Year Ended June 30, 2016

(With Comparative Totals for 2015)

CONTENTS

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Statement of functional expenses	4
Statement of cash flows	5
Notes to financial statements	6 – 12

CLARIDAD & CROWE

INDEPENDENT AUDITOR'S REPORT

Board of Directors
RYSE, Inc.
Richmond, California

Report on the Financial Statements

We have audited the accompanying financial statements of RYSE, Inc. (a nonprofit organization) which comprise the statements of financial position 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.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; 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. We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization'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 organization'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.

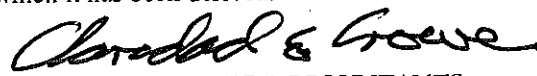
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of RYSE, Inc. as of June, 30, 2016 and the results of its changes in net assets and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

Report on Summarized Comparative Information

We have previously audited RYSE, Inc.'s 2015 financial statements, and we expressed an unmodified audit opinion on those financial statements in our report dated October 2, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2015, is consistent in all material respects, with the audited financial statements from which it has been derived.


CERTIFIED PUBLIC ACCOUNTANTS
Mill Valley, California

March 6, 2017

RYSE, INC.
STATEMENT OF FINANCIAL POSITION
June 30, 2016
(With Comparative Totals as of June 30, 2015)

	<u>2016</u>	<u>2015</u>
Cash and cash equivalents	\$ 1,360,543	\$ 961,486
Grants and contracts receivable	761,208	1,191,154
Prepaid expenses	4,606	23,216
Furniture and equipment, net	<u>219,758</u>	<u>245,378</u>
TOTAL ASSETS	<u>\$ 2,346,115</u>	<u>\$ 2,421,234</u>
LIABILITIES		
Accounts payable	\$ 17,594	\$ 9,864
Deferred revenue	1,500	
Vacation payable	<u>54,591</u>	<u>54,706</u>
TOTAL LIABILITIES	73,685	64,570
NET ASSETS		
Unrestricted	1,094,879	831,753
Temporarily restricted	<u>1,177,551</u>	<u>1,524,911</u>
TOTAL NET ASSETS	<u>2,272,430</u>	<u>2,356,664</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,346,115</u>	<u>\$ 2,421,234</u>

See notes to financial statements.

RYSE, INC.
STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

	<u>2016</u>	<u>2015</u>
CHANGES IN UNRESTRICTED NET ASSETS		
Revenue and Support		
Foundation grants	\$ 657,710	\$ 319,171
Government contracts	974,181	750,128
Contributions	93,455	33,223
Program service fees		1,000
Other income	<u>10,672</u>	<u>9,525</u>
Total unrestricted revenues and support	1,736,018	1,113,047
Net assets released from restrictions		
Satisfaction of program restrictions	<u>868,621</u>	<u>713,135</u>
Total revenues and support	2,604,639	1,826,182
Expenses		
Program services	2,097,721	1,574,984
Supporting services		
Management and general	64,164	85,491
Fund-raising	<u>179,629</u>	<u>125,121</u>
	<u>243,793</u>	<u>210,612</u>
Total expenses	<u>2,341,514</u>	<u>1,785,596</u>
INCREASE IN UNRESTRICTED NET ASSETS	<u>263,125</u>	<u>40,586</u>
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS		
Foundation grants	521,262	1,279,099
Satisfaction of program restrictions	<u>(868,621)</u>	<u>(713,135)</u>
(DECREASE) INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	<u>(347,359)</u>	<u>565,964</u>
(DECREASE) INCREASE IN NET ASSETS	(84,234)	606,550
NET ASSETS, beginning of year	<u>2,356,664</u>	<u>1,750,114</u>
NET ASSETS, end of year	<u>\$ 2,272,430</u>	<u>\$ 2,356,664</u>

See notes to financial statements.

RYSE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

	<u>2016</u>			<u>Total</u>	<u>2015</u> <u>Total</u>
	<u>Program</u> <u>Services</u>	<u>Supporting Services</u> <u>Management</u> <u>and General</u>	<u>Fund</u> <u>Raising</u>		
Salaries	\$ 1,191,001	\$ 39,252	\$ 126,974	\$ 1,357,227	\$ 1,137,221
Employee benefits	261,412	9,887	23,381	294,680	236,414
Occupancy - other	40,697	1,680	4,157	46,534	34,709
Subcontractors	197,363			197,363	71,861
Consultants	28,049	1,134	2,865	32,048	27,400
Stipends	27,958			27,958	35,775
Office expenses	21,444	736	2,062	24,242	15,150
Other program expenses	236,813	5,813	6,093	248,719	126,316
Depreciation	41,699	3,175	481	45,355	49,981
Other expenses	<u>51,285</u>	<u>2,487</u>	<u>13,616</u>	<u>67,388</u>	<u>50,769</u>
	<u>\$ 2,097,721</u>	<u>\$ 64,164</u>	<u>\$ 179,629</u>	<u>\$ 2,341,514</u>	<u>\$ 1,785,596</u>

See notes to financial statements.

RYSE, INC.
STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (84,234)	\$ 606,550
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	45,355	49,981
Inkind donation- equipment		
(Increase) decrease in:		
Grants and contracts receivable	429,946	(472,534)
Prepaid expenses	18,610	(15,768)
Increase (decrease) in:		
Accounts payable	7,730	(31,218)
Deferred revenue	1,500	
Vacation payable	<u>(115)</u>	<u>13,925</u>
Total adjustments	<u>503,026</u>	<u>(455,614)</u>
Net cash provided by operating activities	<u>418,792</u>	<u>150,936</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash payments for purchase of equipment and leasehold improvements	<u>(19,735)</u>	<u>(47,694)</u>
Net cash used by investing activities	<u>(19,735)</u>	<u>(47,694)</u>
Net increase in cash and cash equivalents	399,057	103,242
CASH AND CASH EQUIVALENTS, beginning of year	<u>961,486</u>	<u>858,244</u>
CASH AND CASH EQUIVALENTS, end of year	<u>\$ 1,360,543</u>	<u>\$ 961,486</u>

See notes to financial statements.

RYSE, INC.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

NOTE A – General and Summary of Significant Accounting Policies

Background and General

RYSE, Inc. (RYSE)(the Organization), emerged out of the needs articulated by local youth organizers after the tragic killing of four high school students in December, 2000. The deaths galvanized youth and adult allies to address the root causes of violence in and around their communities. In 2002, Youth Together, a community based leadership development and educational justice organization, organized a forum to acknowledge the experiences and insights of young people in the community. In the following months, Youth Together conducted a community-wide survey to gather information about resources needed in the community.

In late 2005, almost three years after the survey was published and after dozens of presentations to public officials and agencies on the identified need for such space, Contra Costa County Supervisor John Gioia identified a 6,600 square foot vacant county building in Richmond near a major bus line and County Health Center. In partnership with city, county, school district, community and youth partners, Supervisor Gioia and Youth Together spearheaded a three year effort to plan and secure resources for the building's conversion into a comprehensive youth center. RYSE's facilities are located within the center. (See Note J)

RYSE became a fiscally sponsored project under Youth Together on September 15, 2006. RYSE was incorporated in California in July, 2007 and granted its tax exemption in February, 2008. As of October 1, 2008, RYSE (the Organization) commenced operations as an independent entity and is no longer a fiscal sponsored project of Youth Together.

RYSE supports the healthy development of young people through a holistic approach that engages young people in programs and services grounded in principles of youth leadership and social justice. RYSE contributes to the health and economic vitality of youth and the communities they live in by reducing violence, increasing youth participation and leadership in civic activities, improving physical and mental health, increasing educational attainment and expanding career options for Richmond and West Contra Costa youth.

RYSE's integrative program model allows young people to engage in services and programs and through multiple points of entry. We do this by meeting and welcoming young people wherever they are in their lives, continually assessing their interests and priorities, and developing and adjusting programs and services so that we are relevant and responsive to our constituents. In addition to serving as a drop-in space, RYSE offers the following structured programs: intensive case management, and direct health services and linkages; education and career advancement courses and supports; leadership, advocacy, and civic engagement; health education workshops and wellness programs including cooking, gardening and dance; and media, arts, and culture programming including visual, video, music and performing arts.

RYSE, INC.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

NOTE A – General and Summary of Significant Accounting Policies (Continued)

Income Tax Status

The Organization is tax exempt as an organization under section 501(c)(3) of the Internal Revenue Code and similar statutes of the State of California.

GAAP provides 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 the Organization in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. The Organization's returns are subject to examination by federal and state taxing authorities, generally for three years and four years, respectively, after they are filed.

Furniture, Equipment and Leasehold Improvements

Furniture and equipment are recorded at cost and depreciated using the accelerated methods over the estimated useful life (5 to 7 years) of the assets. The Organization's policy is to capitalize furniture and equipment purchases greater than \$500. Leasehold improvements are amortized over 15 years.

Cash and Cash Equivalents

The Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Basis of Accounting and Reporting Accounting Method

The Organization maintains its accounting records on the accrual basis.

Support and Revenue Recognition

Support and revenue are recognized when the donor or grantee makes a promise to give to the Organization 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 restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

RYSE, INC.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

NOTE A – General and Summary of Significant Accounting Policies (Continued)

Grants and Contracts Receivable

Grants receivable consist primarily of amounts due from Contra Costa Health Services and other nonprofit organizations under contractual agreements. The Organization believes that all receivables will be fully collected within one year. Accordingly, no allowance for doubtful accounts is required. If amounts become uncollectible, they are charged to expense in the period in which that determination is made.

Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and support services benefitted based on management's estimates.

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.

Description of Net Assets:

Unrestricted

Support is provided to the Organization from grants, individuals and foundations.

Temporarily restricted

The Organization reports contributions as temporarily restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor imposed restrictions are accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Financial Instruments

The Organization's financial instruments consist of cash, grants receivables and accounts and vacation payable. It is management's opinion that the Organization is not exposed to significant interest rate or credit risk arising from these instruments. Unless otherwise noted, the fair values of these financial instruments are the market values of these financial instruments and approximate their carrying values.

RYSE, INC.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

NOTE A – General and Summary of Significant Accounting Policies (Continued)

Inkind Contribution

The value of the donated facilities, if any, is recorded at the estimated fair market value determined by the donor in the period in which the facilities are provided. Donated furniture and equipment, when received, is reflected in the accompanying statements as in-kind donations at their estimated fair market values at date of receipt.

NOTE B – Concentration of Credit Risk

The Organization maintains cash balances at one financial institution. Accounts which are insured by the Federal Deposit Insurance Corporation up to \$250,000 exceeded this limitation at June 30, 2016 and 2015 by \$1,151,186 and \$779,439, respectively.

NOTE C – Grants and Contracts Receivable

Grants and contracts receivable at June 30 consist of the following:

	<u>2016</u>	<u>2015</u>
The California Endowment	\$ 50,000	\$ 383,000
Sutter East Bay Hospitals	14,079	73,382
The William & Flora Hewlett Foundation	100,000	
John Muir Health		40,000
The ELMA Music Foundation	190,000	
Thomas J. Long Foundation	230,000	465,000
Cal OES	24,426	
City of Richmond – CalGRIP	20,375	
Contra Costa Mental Health Services	44,072	20,000
Contra Costa Health Services	76,376	81,355
Contra Costa CDBG		106,481
Other	<u>11,739</u>	<u>21,936</u>
	<u>\$ 761,067</u>	<u>\$1,191,154</u>

RYSE, INC.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

NOTE D – Furniture and Equipment

Furniture and equipment consist of the following:

	<u>2016</u>	<u>2015</u>
Equipment and furniture	\$211,894	\$192,519
Building improvements	233,992	233,992
Less accumulated depreciation	<u>(226,128)</u>	<u>(180,773)</u>
	<u>\$219,758</u>	<u>\$245,378</u>

NOTE E – Grant Contingencies

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

NOTE F – Retirement Plan

The Organization provides retirement benefits to eligible employees, by discretionary contributions to a Savings Incentive Match Plan for Employees of Small Employers retirement plan (SIMPLE). The amount contributed by the Organization to the plan for the years ended June 30, 2016 and 2015 was \$24,087 and \$10,535, respectively.

NOTE G – Economic Dependence

The Organization receives a significant portion of its total revenues and support (41% and 42% for the years ended June 30, 2016 and 2015, respectively) from government contracts with Contra Costa County. Reductions in this support could have a significant impact on the Organization's operations.

RYSE, INC.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

NOTE H – Temporarily Restricted Net Assets

At June 30, temporarily restricted net assets were available for the following purposes:

<u>Source</u>	<u>Purpose</u>	<u>2016</u>	<u>2015</u>
The ELMA Music Foundation	MAC Program	\$ 190,000	\$
The California Wellness Foundation	Health and Wellness	70,000	
The San Francisco Foundation	Education and Career Programs	13,333	
The William & Flora Hewlett Foundation	MAC Program	100,000	10,417
The California Endowment	Youth Justice	20,000	
The California Endowment	Health and Wellness	100,000	127,170
The California Endowment	MAC Program	13,179	47,006
The California Endowment	Administration	197,917	447,917
Irene S. Scully Family Foundation	Education and Career Programs	10,000	
John Muir Health	Health and Wellness	20,000	60,000
Kaiser East Bay Community Benefit	Health and Wellness		45,035
Kaiser Northern CA Community Benefit	Health and Wellness		
Various foundations	Health and Wellness		6,433
Sutter East Bay Hospitals	Health and Wellness	10,594	49,970
Thomas J. Long Foundation	Administration	427,778	661,111
Richmond Arts & Culture Commission	MAC Program		2,500
East Bay Community Funds	Various programs		55,686
Morris Stulsaft Foundation	Education and Career Programs		8,333
Various Donors	Various programs	4,750	
Various Donors	RAW Talent Program	-	3,333
		<u>\$1,177,551</u>	<u>\$1,524,911</u>

RYSE, INC.
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2016
(With Comparative Totals for 2015)

NOTE I – Line of Credit

The Organization is subject to a revolving line of credit agreement with a bank, which renews annually. The terms of the agreement allow the Organization to borrow up to \$100,000, with interest at prime plus 6.75% (10.25% at June 30, 2016). During the years ended June 30, 2016 and 2015, no amounts were borrowed under this agreement.

NOTE J – Lease Commitment

Effective July 1, 2014, the Organization executed an extended lease agreement with the County of Contra Costa for its facilities located at 205 – 41st Street in Richmond, California for the period July 1, 2014 through June 30, 2019. During the extended lease term, minimum lease payments under the non-cancelable operating lease will be \$10,800 annually through the year ended June 30, 2019 for a total lease commitment of \$32,400 as of June 30, 2016.

NOTE K – Evaluation of Subsequent Events

Subsequent to the initial release of the financial statements with a report date of November 17, 2016, management discovered that the total of net assets released from restrictions and corresponding satisfaction of program restrictions in the changes in temporarily restricted net assets in the statement of activities was understated by \$212,332. The statement of activities has been revised to report the correct total of \$868,621. The decrease in net assets for the year ended June 30, 2016 remains unchanged.

The Organization has evaluated subsequent events through March 6, 2017, the date which the financial statements were available to be issued.

Appendix C

Board of Directors
 (Chair: S.Ahuja, Treasurer: A. Fuentes, Secretary: A.Clausen, L.Tate, T. Hester, T. Samuelu, M. Seville, S. Bustamante)

Executive Director
 (1 FTE)
 K. Aceves

Associate Director
 (1 FTE)
 K. Dhaliwal

Director of Finance and Operations
 (.8 FTE)
 J. Chien

Youth Organizing Director
 (1 FTE)
 J. Ebrahimi

Education & Justice Director
 (1FTE)
 S. Medley

Director of Community Health
 (1 FTE)
 J.Kim

Director of Media Arts
 (1 FTE)
 TBD

**Innovations Director/
 RYSE Commons**
 (1 FTE)
 D. Reilly

Senior Accountant
 R. Alejandrino
 (1 FTE)

Youth Justice Program Manager
 (1 FTE)
 A. Murdock

Economic Justice Program Manager
 (1 FTE)
 A. Yeung

Lead Therapist
 (1 FTE)
 M. Snoddy

Community Health Program Manager
 B. Villa
 (1 FTE)

Media Arts Program Manager
 C. Gordon
 (1 FTE)

Grassroots Fundraising Manager
 (1 FTE)
 M. Lin

**Grants Manager/
 Storyteller**
 1 FTE
 L. Tilley

Administrative Manager
 (1 FTE)
 M. Diaz

**Oversight of:
 Bookkeeper
 Auditor
 Accountant**

Youth Organizing Coord.
 (1 FTE)
 D. Diaz

Youth Success Counselor
 (1 FTE)
 B. Urrutia

Education Justice Coordinator
 (1 FTE)
 V. Jameson

College Access Coord
 (1 FTE)
 D. Iwuoma

Career Pathways Coord.
 (1FTE)
 M. Wilburn

Therapist Intern
 (.5FTE)
 A. Lucas

**Trauma Response Specialist/
 Victim Advocate**
 (1 FTE)
 L. Vaughn

Clinical Case Manager
 (1 FTE)
 D. Scott

Member Engagement Coord.
 (1 FTE)
 R. Joseph
 (1FTE)
 D. Ramos

Community Health Coordinator
 TBD
 (1 FTE)

Video Coord.
 (1 FTE)
 G. Henderson

Music & Performing Arts Coord.
 (1 FTE)
 TBD

Visual Arts Coordr
 (1 FTE)
 V. Espinoza

**Fellow(s)/
 RYOT
 interns**

Fellows

Fellows

Member Engagement Assistant
 (.75 FTE)

Community Health Assistant
 (.6 FTE)
 J.Mendoza

Studio Technician
 (1 FTE)
 TBD

Creative & Healing Arts Assistant
 (1 FTE)
 N. McDowell

Visual Arts Assistant
 (.6 FTE)
 F. Rojas

**AMP
 Fellows**

Instructors, Program Consultants, Technical Assistants, Community Program Partners, Partner Interns

Contra Costa Behavioral Health Stakeholder Calendar

March 2018

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