



# County Contracts with Casa Pacifica

Audit Report

For the Two Year Period Ending June 30, 2014

November 19, 2015



*Casa Pacifica Office in Santa Maria*

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# Overview

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*County Contracts with Casa Pacifica*

## **OBJECTIVES & SCOPE**

The Internal Audit Division of the Auditor-Controller's Office performed an audit of the County of Santa Barbara (County) contracts with Casa Pacifica Centers for Children & Families (Casa Pacifica). Our objectives were to determine the adequacy of the County's monitoring of the terms and conditions of the contractual agreements between Casa Pacifica and the County. Our scope was limited to the three largest programs administered by Casa Pacifica in Santa Barbara County during fiscal years 2012-13 and 2013-14. The contracts were made with the departments of Social Service (DSS) and Alcohol, Drug, and Mental Health Services (ADMHS).

Our audit was limited to certain documents and reports that support Casa Pacifica's costs, performance, and adherence with the terms of its contracts during the years under audit. Our audit included inquiry with program and fiscal staff, review of the contracts, cost support, and performance reports, and analysis of financial and non-financial information.

We did not test or evaluate the quality of Casa Pacifica's services as part of our audit. However, the opinion of County staff and related entities is that Casa Pacifica provides a quality level of care. We also did not perform audit procedures on the data presented in the appendices. We compiled the appendix information from programmatic reports produced by Casa Pacifica.

## **BACKGROUND**

Casa Pacifica is a California nonprofit corporation that specializes in providing mental health services for children and families in Santa Barbara and Ventura counties. ADMHS has contracted with Casa Pacifica for various children's mental health services starting with Therapeutic Behavioral Services (TBS) in 2003, Safe Alternatives for Treating Youth (SAFTY) in 2006, and California Senate Bill 163 Wraparound Plan (Wraparound) in 2007. Casa Pacifica contracts through ADMHS and DSS to provide the County's Wraparound program and through ADMHS for the other programs. In fiscal years 2012-13 and 2013-14, payments under the County's contracts with Casa Pacifica were \$4.11 million and \$4.21 million, respectively. Casa Pacifica's only client in the county is the County of Santa Barbara.

# Overview

## County Contracts with Casa Pacifica

Funding for ADMHS' contract with Casa Pacifica comes from the following sources: Medicaid (48%), 2011 Realignment funding (35%), Mental Health Services Act (MHSA) (7%), and other sources (10%). Medicaid is the Federal funding source that is passed through the California Department of Health Care Services. Realignment is comprised of an allocation of sales tax and vehicle license fees. MHSA funds come from an allocation of personal income tax. Realignment, the MHSA funds, and other sources, although used as match in this contract, could be utilized on other programs. The Medicaid match for the Wraparound program comes from Senate Bill 163 funding through direct payments by DSS to Casa Pacifica.

The three largest programs provided by Casa Pacifica are TBS, Wraparound, and SAFTY. County payments, number of clients served, and units of service provided for each of these programs for fiscal years 2012-13 and 2013-14 are as follows:

	<u>TBS</u>	<u>Wraparound</u>	<u>Wraparound</u>	<u>SAFTY</u>	<u>Other</u>	<u>Total</u>
<i>Contracted by:</i>	<i>ADMHS</i>	<i>DSS</i>	<i>ADMHS</i>	<i>ADMHS</i>	<i>ADMHS</i>	<i>ADMHS &amp; DSS</i>
<b>FY 2012-13</b>						
County Payments	\$ 1,799,695	\$ 663,187	\$ 619,587	\$ 828,477	\$ 200,243	\$ 4,111,189
Clients Served	112		59	667		
Minutes of Service	748,058	*	327,511	210,460		
Cost Per Client	\$ 16,069		\$ 10,501	\$ 1,242		
Cost per Minute	\$ 2.41		\$ 1.89	\$ 3.94		
<b>FY 2013-14</b>						
County Payments	\$ 1,683,151	\$ 688,790	\$ 730,000	\$ 1,027,309	\$ 88,495	\$ 4,217,745
Clients Served	131		44	709		
Minutes of Service	830,581	*	381,248	252,538		
Cost Per Client	\$ 12,848		\$ 16,591	\$ 1,449		
Cost per Minute	\$ 2.03		\$ 1.91	\$ 4.07		

\* We were not provided support of how Wraparound non-Medicaid billable hours are tracked. These services are not tracked in the specialty mental health software (Clinician's Gateway).

Descriptions of the three largest programs are as follows:

- **TBS:** Therapeutic Behavioral Services are available for eligible children in jeopardy of being placed in a residential treatment facility or a high-level group home or who are returning home from such a placement. TBS is a short-term program that focuses on changing a child's behavior, while emphasizing the child's strengths.

# Overview

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## *County Contracts with Casa Pacifica*

TBS works in collaboration with the child, the child's caregivers and the primary mental health provider to address behaviors that jeopardize the child's ability to remain in his or her current home. TBS is a mandated Medicaid mental health service. Casa Pacifica's Santa Barbara County TBS program is designed to provide services to an average capacity of 60 clients. The program is contracted through ADMHS.

- **Wraparound:** Wraparound is a State initiated and State/County funded program intended to keep children in their own homes and communities who would otherwise be placed in out-of-home care settings. This goal is accomplished by bringing together a unique team of professionals and family supporters who help develop a plan that builds on the family's strengths and uses natural supports along with community resources. The Wraparound motto is doing "whatever it takes" to keep the child and family together safely. Once enrolled in Wraparound, children typically remain in the program for a year or more though each family's unique needs determine the length of stay. Casa Pacifica's Santa Barbara program is designed to provide services to a maximum of 25 families at a time. The program is contracted through DSS and ADMHS.
- **SAFTY:** SAFTY is a mobile crisis response service that provides specialized crisis intervention services to the youth of Santa Barbara County. The program is available 24 hours a day seven days a week, and serves youth up to the age of 21. The program operates a toll-free crisis telephone line that is available to youth, parents, foster parents, mental health providers, schools and law enforcement who request crisis support for youth. The phone line is staffed by Casa Pacifica's mental health staff who work collaboratively with the caller to assess the client's level of risk and develop an appropriate intervention plan that may include an in-person response. Program staff follow-up with the client and care-givers within 24 hours after a crisis call was received to provide additional support. The program also provides the client's care-givers with linkage to community organizations that can further assist the family, and provides certain mental health services other than crisis intervention and follow-up. The program is contracted through ADMHS.

## CONCLUSION

Based on our audit, we noted deficiencies in the performance and documentation of program evaluations by ADMHS and DSS. We also noted opportunities to increase efficiency and enhance communication between ADMHS and Casa Pacifica. We recommend that ADMHS, DSS, and Casa Pacifica implement the recommendations in this report.

# Observations & Recommendations

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*County Contracts with Casa Pacifica*

## 1 – Program Evaluation

Program evaluation is a process of collecting and analyzing information about a program in order to make necessary decisions about the program. When used appropriately, properly designed program evaluations can help increase the impact of services on clients, improve services to be more efficient and less costly, and provide verification that programs are achieving their intended outcomes. Both Departments have program goals, outcomes, and measures listed in their contracts with Casa Pacifica. However, we identified the following opportunities for improvement in the design and implementation of the County's process for evaluating Casa Pacifica's programs:

- To evaluate program effectiveness, ADMHS received reports from Casa Pacifica which included certain data elements that were required by the contract (see Appendix A). During fiscal year 2012-13, ADMHS used this information to prepare "scorecards" to evaluate Casa Pacifica's performance. However, it was not evident how ADMHS used the scorecards to determine whether program goals stated in the contract were being met. Furthermore, not all data elements required by the contract were presented in the scorecards. These scorecards were discontinued after fiscal year 2012-13 and have not been replaced with another tool to evaluate outcome measures as specified in the contract.
- The Outcome Evaluation section of the DSS contract specifies seven performance measures for evaluating outcomes of the Wraparound program. According to the fiscal year-end performance reports provided to DSS by Casa Pacifica, the program did not achieve five and four performance measures in fiscal years 2012-13 and 2013-14, respectively (see Appendix B). DSS informed us that the recommendations which impact performance measures are made in the weekly Wraparound meetings between the County and Casa Pacifica; however detailed meeting minutes are not taken to evidence the evaluation or resulting decisions. Failure to consistently achieve performance measures may indicate the program is underperforming or the performance measures are not realistic.
- Graduation from the Wraparound program is defined as successful completion of meeting the family's goals and needs. From May 2007 through December 2012, Wraparound graduation rates averaged 32%. In fiscal year 2012-13, 16 out of 34 (47%) individuals graduated from the program. In fiscal year 2013-2014, 10 out of 23 (43%) individuals graduated from the program. The majority of clients do not graduate from the program. There is no evidence of an evaluation on whether the program is successful.

# Observations & Recommendations

*County Contracts with Casa Pacifica*

## **Recommendations:**

ADMHS should develop a tool to evaluate and document program outcomes as well as provider performance. ADMHS should also evaluate the current performance measures related to each program and determine whether they are relevant and useful. For example, a relevant performance measure for the SAFTY program may include analyzing the number of crisis calls per client and whether that number has decreased over the years due to the SAFTY program.

DSS should further evaluate whether the performance measures for the Wraparound program are realistic considering actual results, or if the actual results indicate that the program is not producing the desired outcomes. DSS should also document meeting minutes to evidence client evaluations or resulting decisions which could impact performance measures.

## **2 – Monitoring of SAFTY Services**

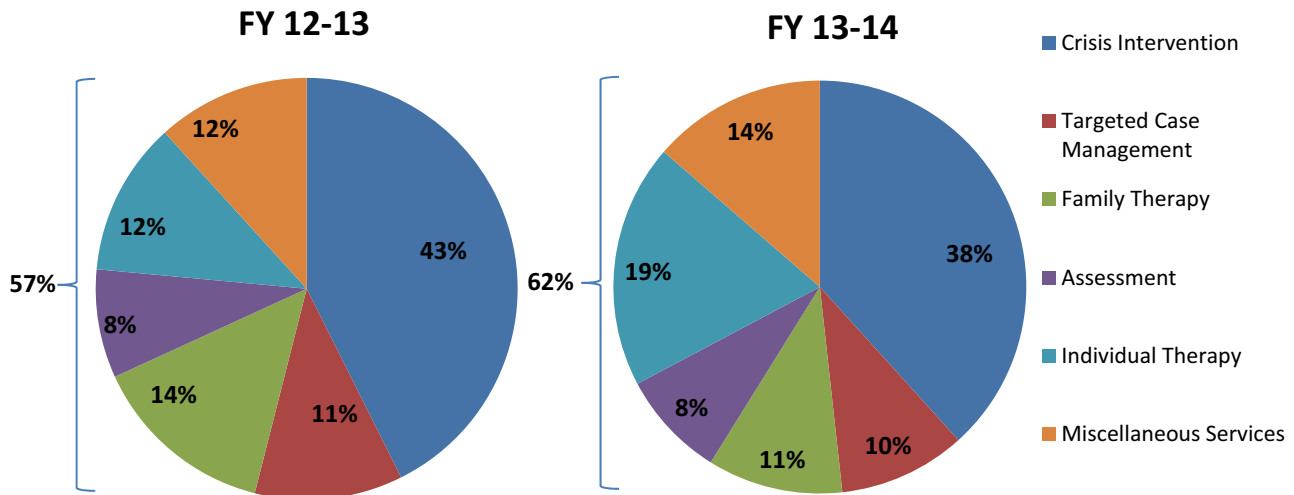
According to the contract, the purpose of the SAFTY program is to provide crisis intervention services, in-home support and linkage to ADMHS services or other appropriate agencies. During our audit, we discovered that other mental health services including follow-up and “proactive services” are also provided through the SAFTY program. Follow-up services are provided after a crisis occurs in order to stabilize the situation. Proactive services are provided to Medicaid beneficiaries in order to prevent future crises from occurring. Descriptions of the services provided under the contract are as follows:

- Crisis Intervention – provide short term immediate help to individuals who have experienced an event that produces mental, physical, emotional and behavioral distress.
- Targeted Case Management – assist Medicaid beneficiaries in gaining access to needed medical, social, and other resources.
- Family Therapy – provide therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.
- Assessment – provide formal documented evaluation or analysis of the cause or nature of the patient’s mental, emotional, or behavioral disorder.
- Individual Therapy – provide a goal directed therapeutic intervention with the patient that focuses on the mental health needs of the patient.

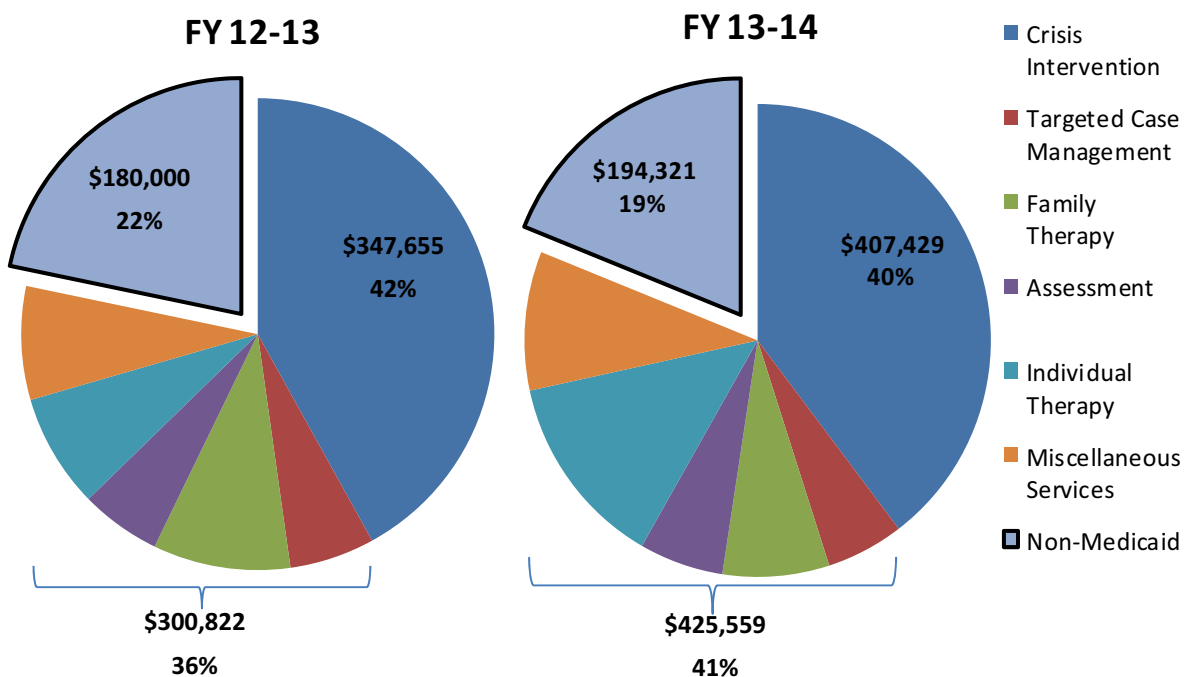
# Observations & Recommendations

## County Contracts with Casa Pacifica

The following chart shows the units of service (minutes) of crisis intervention and other mental health services provided by the SAFTY program to clients in fiscal years 2012-13 and 2013-14.



As demonstrated by the chart above, 57% and 62% of SAFTY services provided in fiscal year 2012-13 and 2013-14, respectively, were for services other than crisis intervention. The SAFTY payments attributable to Medicaid and non-Medicaid beneficiaries are as follows:



The Medicaid follow-up and proactive services comprised 36% of the \$828,477 program costs in fiscal year 2012-13 and 41% of the \$1,027,309 program costs in fiscal year 2013-14.



# Observations & Recommendations

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## *County Contracts with Casa Pacifica*

As noted above, other mental health services consist of follow-up and proactive services. Proactive services are provided when no crisis needs to be responded to or followed up on. No evidence was provided to us indicating these services were tracked separately, and the contract does not specify the amount or extent of proactive services to be provided.

ADMHS' contract states that non-Medicaid beneficiaries are allowed one follow-up session per crisis. The contract does not specify the number of follow up sessions that should be provided to Medicaid beneficiaries. According to Casa Pacifica, there is an unofficial policy that Medicaid beneficiaries may receive a maximum of eight follow-up sessions within 30 days of a crisis.

We selected a sample of clients and quantified the number of other mental health contacts provided by Casa Pacifica following a crisis. Out of 150 SAFTY clients selected, we identified seven non-Medicaid beneficiaries that received more than one follow-up service after a crisis. We also identified seven Medicaid beneficiaries that received more than eight follow-up sessions after a crisis. Based on our results, it appears the imposed limitations were exceeded in some instances.

**Recommendation:** ADMHS should determine if providing the majority of SAFTY services for non-crisis intervention is consistent with the purpose of the program. ADMHS should also revise the terms and conditions of its contract to specify the extent of follow-up and proactive services SAFTY staff should provide to Medicaid beneficiaries. ADMHS should also monitor services provided under the SAFTY program to identify and prevent services from exceeding the agreed upon contract limits.

# Observations & Recommendations

County Contracts with Casa Pacifica

## 3 – Monitoring of SAFTY Call Data

Casa Pacifica provides a quarterly report to ADMHS summarizing all SAFTY calls received. The annual data provided for fiscal year 2013-14 is as follows:

Crisis Calls Received From		Reason for Call		Crisis Call Outcomes	
Access *	6	Self Injurious Behaviors (non-suicidal)	106	Crisis Contained	686
Cares *	38	Suicide	502	Client Detained	11
Child Welfare Services *	16	Aggression (threatening/doing harm)	130	Involuntary Hospitalizations	14
Clients	112	Non-Compliance	73	Voluntary Hospitalizations	8
Community	88	Other unsafe behaviors (drugs/AWOL)	70	AWOL	7
Group Home	26	Information/Referral	558	Removed by CWS/Probation	0
Inpatient Facility	4	Other	27	Client referred, outside the scope of SAFTY	98
Juvenile Hall *	10	Total Calls	1466	5150 - no bed	2
Law Enforcement	171			Admitted to hospital for medical attention	29
Mental Health *	74			Non-Crisis Call Contact	533
Other/Unknown	129			Crisis not contained, caregivers refused intervention	27
Parents	478			Client not stabilized, Safety plan developed, follow up	20
Probation *	7			Third party call, directed to have family call	31
School	307			Total Calls	1466
Total Calls	1466				

**Legend:**

\* - County agencies and programs.

As demonstrated above, 558 out of 1466 calls to the crisis line in fiscal year 2013-14 were non-crisis related (information/referral). The data provided by Casa Pacifica does not match the reason for the calls with where the calls were received from nor does it present the duration of each type of call. No documentation was provided to us evidencing that ADMHS reviewed the reasons for the calls and determined whether the calls were directed through the appropriate resource. If the data matched the reasons for calls with the source of the call, the County could evaluate and monitor public utilization of the line.

We also noted 151 calls in fiscal year 2013-14 were received from County agencies and programs, including 118 from ADMHS and its programs. We were not provided with standardized criteria or documented procedures used by ADMHS to determine whether a child will be served by Casa Pacifica or ADMHS and when ADMHS staff will call the SAFTY line.

**Recommendation:** The data provided by Casa Pacifica should match the source of calls with the reason for the calls, and include the total minutes related to each category so ADMHS can evaluate and monitor both public and internal utilization of the line. We recommend ADMHS request Casa Pacifica to break out informational/referral calls into more descriptive categories on the report. ADMHS should also develop criteria for determining whether the County or Casa Pacifica will serve the client.

# Observations & Recommendations

County Contracts with Casa Pacifica

## 4 – SAFTY Cost of Services

Minutes of service, contract amounts, County payments, and actual costs for the SAFTY program from fiscal year 2007-08 through 2013-14 are as follows:

Fiscal Year *	Sum of Units of Service	Net Contract Amount	County Payments	Actual Costs
2007-08	296,432	\$ 601,250	\$ 561,434	\$ 893,446
2008-09	267,606	\$ 742,948	\$ 675,228	\$ 973,348
2009-10	272,661	\$ 862,948	\$ 862,948	\$ 1,109,623
2010-11	262,747	\$ 862,948	\$ 828,701	\$ 943,096
2011-12	237,425	\$ 862,948	\$ 734,346	\$ 824,489
2012-13	210,460	\$ 862,948	\$ 828,477	\$ 865,343
2013-14	252,538	\$ 965,956	\$ 1,027,309	\$ 1,030,813

\* The SAFTY program began in fiscal year 2005-06 but due to a technology change, units of service data could not be retrieved for fiscal years 2005-06 and 2006-07. Furthermore, County payment information provided by ADMHS was not clearly distinguished by program in earlier years. As such, this table begins with fiscal year 2007-08.

We made the following observations regarding the cost of the SAFTY program based on the information presented in the table above:

- Casa Pacifica's 2005 proposal to the County to operate the SAFTY program included a proposed budget of \$673,871 for a "fully ramped" program over 12 months. However, actual costs of the program for all years presented have exceeded this 2005 proposed budget amount, with the fiscal year 2013-14 actual costs amounting to \$1,030,813. The contract has not been rebid since 2005.
- The program's actual costs have exceeded County payments in all years presented. These excess costs were funded by contributions made by Casa Pacifica, which have declined to \$3,504 in fiscal year 2013-14.
- In fiscal year 2013-14, ADMHS reallocated \$145,000 of funds from other programs to the SAFTY program, thereby increasing the SAFTY program's net contract amount from \$965,956 to \$1,110,956 while remaining within the total contract amount of \$3,763,805 for all programs. This reallocation of program funding was made upon Casa Pacifica's request and approved by the ADMHS Director as allowed for in the contract. However, the contract also only allows amendments or modifications that do not materially change the terms of the agreement to be approved by the ADMHS Director, while all other amendments and modifications must be approved by the County Board of Supervisors. The contract does not define "materially" nor is it clear if the reallocation of funds made in fiscal year 2013-14 constitutes a material change to the terms of the contract and therefore would require approval by the County Board of Supervisors.

# Observations & Recommendations

## *County Contracts with Casa Pacifica*

Based on these observations, we noted the SAFTY program is more expensive than what Casa Pacifica initially proposed. We also noted the program's actual costs have exceeded the contract amount for all years except fiscal year 2011-12 despite relatively consistent units of service. It appears ADMHS developed the contract amount without performing an analysis of the actual cost of providing the level of SAFTY services being used by the community.

In addition, we inquired if ADMHS performed a cost-benefit analysis to determine if it would be more cost-effective to provide any portion of the services delivered under the SAFTY program internally as opposed to through a contractor. According to ADMHS management, providing the service in house would be more expensive due to the cost of additional employees and benefits. We were not provided with documentation evidencing this service analysis.

**Recommendation:** ADMHS should develop the contract amount for the SAFTY program each year based on an analysis of the services they have determined need to be performed by a contractor in order to meet the program's goals and objectives. Part of this analysis may include making a request for proposal to determine if Casa Pacifica's costs for operating all or part of the program are commensurate with market rates. ADMHS should also document their analysis of the costs of providing all or a portion of program's services internally in order to support their conclusion that using one contractor to perform all services is more cost-effective.

In addition, ADMHS should define "materially" in the contract by including a percentage cap or dollar threshold on the amount of funds that may be reallocated between programs without the approval of the County Board of Supervisors.

## 5 – Productivity Evaluation

ADMHS has a definition of productivity under Medicaid which is a ratio of billable hours to actual staff hours worked. However, neither department has defined what productivity means for non-Medicaid services under each program. ADMHS and DSS do not perform productivity evaluations for Medicaid and non-Medicaid services. Productivity can assist in developing appropriate staffing levels for the service delivery of various programs.

**Recommendation:** ADMHS and DSS should evaluate the definition of productivity for each respective program to better evaluate program inputs and staffing levels.

# Observations & Recommendations

*County Contracts with Casa Pacifica*

## 6 – Collaboration and Training with the Provider

During our discussion with Casa Pacifica, we were notified that Casa Pacifica has limited knowledge on the usefulness and capabilities of the Clinician's Gateway system. Casa Pacifica currently maintains a separate database in addition to Clinician's Gateway to manage all the information required for reporting under the current contract.

Maintaining two databases may result in different data between Casa Pacifica's database and the information ADHMS has in Clinician's Gateway. The maintenance of two systems is also inefficient and may result in excess costs. Casa Pacifica has expressed interest in receiving training to help them determine if they can eliminate their separate database and use Clinician's Gateway for all of their data and reporting needs.

**Recommendation:** ADMHS staff should collaborate with Casa Pacifica on their data needs and utilization of Clinician's Gateway. If Casa Pacifica determines Clinician's Gateway provides the functions they need, they can eliminate use of their separate database which will result in less duplicative work and increase the consistency of information.

## 7 – Allocated Admin Charges

ADMHS' contract with Casa Pacifica contains a provision requiring that Casa Pacifica's expenses comply with the requirements established in the Office of Management and Budget Cost Principles for State, Local, and Indian Tribal Governments (OMB A-87) and applicable regulations. We selected a sample of 20 expenses amounting to \$67,823, which appeared unallowable based on the description of the item, out of total administrative expenses of \$3,456,089 and \$3,931,084 for fiscal year 2012-13 and 2013-14, respectively. Out of the 20 administrative expenses selected for allowable cost testing under OMB A-87, seven expenses appeared allowable, appropriately allocated to Santa Barbara programs, and reasonable. Eleven appeared unallowable as they related to entertainment, fundraising, public relation, and advertising costs. Two could not be determined based on the supporting documentation furnished by Casa Pacifica. We noted \$14,356 related to the 2013 Casa Pacifica holiday party. The expenses related to the 2014 holiday party included a \$150 fee for a (cash) bar where attendees could purchase drinks. These expenses were allocated to the County of Santa Barbara based upon its share of full-time equivalent staff.

**Recommendation:** Casa Pacifica should examine costs allocated to their various programs and reevaluate whether they are allowable in accordance with OMB A-87. We also recommend ADMHS and DSS examine allocated admin costs on a test basis to ensure the programs are being charged the appropriate amount for administrative costs.

# Observations & Recommendations

*County Contracts with Casa Pacifica*

## 8 – Duplicative Information Included in Reports

Program reports submitted to ADMHS by Casa Pacifica contain duplicative information. The SAFTY fiscal year 2012-13 Children's Contractor Quarterly Report and the SAFTY narrative both present the same call information. The TBS Children's Contractor Quarterly Report and the TBS Programmatic Report also present some of the same client outcome data. It is unnecessary to provide multiple reports presenting the same information.

**Recommendation:** ADMHS should review the uses and necessity of the reports currently provided. ADMHS should consider modifying the contract to require one report with all the necessary information, including outcome/performance results, to reduce unnecessary and redundant reporting.

## 9 – Wraparound Invoices

We reviewed 80 invoices provided by Casa Pacifica to DSS for purchases made by Casa Pacifica for the Wraparound program during fiscal year 2012-13. We noted various purchases of gift cards for Wraparound clients. Out of 15 gift card purchases that occurred during fiscal year 2012-13, 14 had no corresponding receipts to evidence what items were purchased with the gift cards. In nine of the 15 gift card purchases, a specific item was requested and instead of purchasing the specific item, Casa Pacifica distributed a gift card to the client. For example, a grill was requested to be purchased but instead a Walmart gift card was distributed to the family. Without proper support, misuse of funds could go undetected.

**Recommendation:** DSS and Casa Pacifica should develop a policy which requires receipts be submitted by clients for any purchases made with gift cards provided to them through the Wraparound program. DSS should also check that supporting documentation has been provided for fund requests.

# Observations & Recommendations

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*County Contracts with Casa Pacifica*

## 10 – Medicaid Federal Fund Reporting

Casa Pacifica reported \$1,628,858 of Medicaid funding as a Federal award on their Statement of Expenditures of Federal Awards (SEFA) in their 2012-13 Single Audit. According to ADMHS, these amounts should not be reported as federal awards on the SEFA. Federal Guidance states that any entities receiving federal funds must follow subrecipient monitoring procedures for subawards and procurement guidelines for contracts. According to ADMHS staff, ADMHS does not currently follow these guidelines for programs that receive Medicaid funds because they believe there is an exemption in the Federal guidelines for Medicaid funds.

**Recommendation:** ADMHS should consult with the California Department of Health Care Services to determine specific requirements associated with their contracts and funding sources.

## 11 – Therapeutic Behavioral Support Services (TBSS) Purchase Order

ADMHS contracted with Casa Pacifica to provide TBS to non-Medicaid individuals, which is referred to as TBSS. TBSS was not included in the contract presented to the Board; instead ADMHS obtained a purchase order through Purchasing for Casa Pacifica to provide these services. These services were first provided under a \$65,000 purchase order in fiscal year 2011-12.

**Recommendation:** ADMHS should include TBSS in their Board contract.

# Acknowledgement

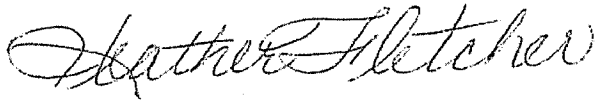
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The responses from ADMHS, DSS, and Casa Pacifica to the findings, conclusions, and recommendations included in this report, as well as any planned corrective actions, are presented as attachments to this report. We have not evaluated the validity of these comments.

We appreciate the courtesy extended to us by ADMHS, DSS, and Casa Pacifica. If we can be of further assistance, please contact us at (805) 568-2100.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Heather Fletcher".

Heather Fletcher, CPA  
Audit Manager



# Appendix A – ADMHS’ Performance Measure Results

## County Contracts with Casa Pacifica

The following table displays outcome data for the ADMHS contract performance measures in fiscal years 2012-13 and 2013-14. Performance measures are not specified for each program.

Program Outcomes	Performance Measures/ Data Elements	Qtr	FY 2012-13			FY 2013-14		
All Programs	All Programs		TBS	Wrap	SAFTY	TBS	Wrap	SAFTY
Maintain children in their homes or community.	Number of out-of-home placements (County and out-of-County).	Q1 Q2 Q3 Q4	1/53 0/47 2/56 2/63 <b>U</b>	5/30 0/21 0/28 0/31 <b>U</b>	No data provided	2/59 2/59 2/63 5/64 <b>U</b>	0/27 0/28 0/28 0/28 <b>U</b>	No data provided
Return children placed out-of-home and out-of-county to the most appropriate, safe and stable living environment.	Number of children returned to placement (home or out-of-home) in Santa Barbara County.	Q1 Q2 Q3 Q4	No data provided	No data provided	No data provided	No data provided	No data provided	No data provided
Improve quality of life for children.	No matching data element to determine if the program outcome is met.							
Engagement in and/or maintenance of mental health treatment activities.	No matching data element to determine if the program outcome is met.							
Reduced number of days in juvenile hall/jail/bookings.	Number of incarceration days.	Q1 Q2 Q3 Q4	1 23 0 38 <b>U</b>	277 124 52 76 <b>U</b>	No data provided	6 8 5 15 <b>U</b>	183 165 42 151 <b>U</b>	No data provided
Reduced number of crisis and acute care episodes.	No matching data element to determine if the program outcome is met.							

### Legend:

**U** - It is unclear whether the program outcome was met or there was not a set percentage or criteria target. Therefore, we could not determine whether the program outcome measure was successfully achieved.

Table continued on next page.

# Appendix A Cont.– ADMHS’ Performance Measure Results

*County Contracts with Casa Pacifica*

Program Outcomes	Performance Measures/ Data Elements	Qtr	FY 2012-13			FY 2013-14		
All Programs	All Programs		TBS	Wrap	SAFTY	TBS	Wrap	SAFTY
Reduced number of hospitalization days per episode.	Hospital admissions.	Q1	0/53	1/30	No data	3/59	2/27	No data
		Q2	0/47	0/21	provided	3/59	2/28	provided
		Q3	0/56	1/28		0/63	0/28	
		Q4	2/63	0/31		2/64	0/28	
	Length of hospital stay (days).	Q1	0	2	No data	16	5	No data
		Q2	0	0	provided	24	6	provided
		Q3	0	1		0	0	
		Q4	10	0		22	0	
	Reduction in hospitalization costs.	Q1	No data	No data	No data	No data	No data	No data
		Q2	provided	provided	provided	provided	provided	provided
		Q3						
		Q4						
Increased number of days in stable/permanent housing.	Number of clients with 100% of days in stable/permanent housing.	Q1	53/53	20/30	No data	56/59	18/27	No data
		Q2	47/47	16/21	provided	56/59	21/28	provided
		Q3	56/56	21/28		61/63	22/28	
		Q4	61/63	24/31		63/64	14/28	
Increased skill and success in vocational and educational activities.	Number of clients employed, enrolled in school or training, or volunteering.	Q1	51/53	30/30	No data	59/59	26/27	No data
		Q2	47/47	21/21	provided	58/59	26/28	provided
		Q3	56/56	28/28		63/63	26/28	
		Q4	61/63	31/31		64/64	27/28	

## Legend:

**U** - It is unclear whether the program outcome was met or there was not a set percentage or criteria target. Therefore, we could not determine whether the program outcome measure was successfully achieved.

## Appendix B – DSS’ Performance Measure Results

### *County Contracts with Casa Pacifica*

The following table displays whether the Wraparound performance measures in the DSS contract were met.

Performance Measure	FY 2012-13	FY 2013-14
90% of children receiving SB 163 Wraparound Program Services will not have any new, substantiated allegations of child abuse/neglect while receiving SB 163 Wraparound Program services.	88% <b>Not Met</b>	83% <b>Not Met</b>
90% of children will maintain community placement (parent, guardian, relative) at 3 month post-graduation follow-up point.	88% <b>Not Met</b>	100% <b>Met</b>
90% will have improved in emotional and behavioral adjustments by graduation date, or six months into the program, whichever comes first, as measured by CAFAS. (Cumulative score)	84% <b>Not Met</b>	72% <b>Not Met</b>
80% of children served have their case successfully closed within 12-18 months.	49% <b>Not Met</b>	48% <b>Not Met</b>
95% of care plans and “family budgets” will be completed within 60 days of child entering the SB 163 Wraparound Program.	61% <b>Not Met</b>	84% <b>Not Met</b>
75% of children not disenrolled by the County will be maintained in the SB 163 Wraparound Program for a minimum of three (3) months.	90% <b>Met</b>	97% <b>Met</b>
90% of children and families state overall satisfaction with SB 163 Wraparound Program services at the time of closure/graduation.	96% <b>Met</b>	100% <b>Met</b>



COUNTY OF SANTA BARBARA

*Making a Difference Since 1962*

Alcohol, Drug & Mental Health Services  
Administration

300 North San Antonio Road, Bldg.3, Santa Barbara, CA 93110-1332  
Telephone: (805) 681-5220 Facsimile: (805) 681-5262

Alice A. Gleghorn, Ph.D.  
Director

Robert W. Geis, C.P.A.  
Auditor-Controller  
105 E. Anapamu St, Room 303  
Santa Barbara, CA 93101

RE: County Contracts with Casa Pacifica Audit Report

Dear Mr. Geis:

We appreciate your review of Casa Pacifica's contract with the County. Alcohol, Drug, and Mental Health Service's responses to the audit report are as follows:

**Finding 1:**

ADMHS agrees with the finding.

**SAFTY**

The primary purpose of the SAFTY program is to respond to emerging crises, stabilize children in their homes and work with the family to develop safety plans. SAFTY also creates a transition for children returning to their home and community after placement in higher levels of care. At present, SAFTY and ADMHS monitor the number of calls for crisis services, clients served by the program and hospital/placement admissions. Reducing the overall number of calls for crisis service may, in general be a desired outcome. However, it is not always in the best clinical interest of the child or family with complex needs to reduce or disconnect from services. Thus, including reduced calls for service as an outcome would be considered within the context of the client and family.

The following outcome measures are included in Casa Pacifica's FY15/16 contract:

- Maintain children in their homes or community, and the number of new out-of-primary home placements (county and out-of-county) per year at 10 or less.
- Maintain the average number of psychiatric inpatient admissions per quarter at 5% or less per program per quarter.
- For children and youth in the Proactive SAFTY program, maintain the percent of clients employed, enrolled in school or training, or volunteering per quarter at 90%.
- For children and youth in the Proactive SAFTY program, reduce homelessness by maintaining the percent of clients with stable/permanent housing at 90% or more.

Ole Behrendtsen, MD  
Medical Director  
Assistant Director

Lindsay Walter  
Interim CFO  
Finance 18

Chris Ribeiro  
Interim CFO  
Finance

## **Wraparound**

Wraparound is a research-based program with several key outcome measures for children, youth and families. These include maintaining children in the home, minimized psychiatric hospitalizations, stabilization in academic settings, reduced juvenile justice involvement, and returning children to their communities after placement. The best practice for determining effectiveness of Wraparound and successful outcomes for clients is to use the Wraparound Fidelity and Assessment System (WFAS). The WFAS is a multi-method approach to assessing the quality of individualized care planning and coordination for children and youth with complex needs and their families. WFAS instruments include the Wraparound Fidelity Index, interviews with multiple stakeholders, a Team Observation Measure, a document review measure, and an instrument to assess the level of community and system support for Wraparound. The instruments that comprise the WFAS can be used individually or in combination with one another. These measures are also supported by an online data entry and reporting system that can produce customized reports for user sites. The WFAS is proprietary, which means that there is a cost associated with implementing the system. The cost is dependent on the needs of the organization and client population.

### **Finding 2:**

ADMHS agrees with the finding. Non-crisis intervention, also commonly known as proactive crisis response, is a critical element of children's mental health. The development of a proactive crisis plan, in-home support and linkage to ADMHS or other appropriate services (either after an initial crisis response visit or as a proactive measure) is critical in preventing crisis which may lead to hospitalizations or out of home placement. The recommendation of revising the Casa Pacifica/SAFTY contract to specify the extent of follow-up and proactive services may be challenging given the unknown nature of crisis work, however, with recurrent review and adjustment if necessary, will be possible.

### **Finding 3:**

ADMHS agrees with the finding. ADMHS will develop categorization to break out the range of information/referral calls to calls requiring urgent or crisis response and will require data reporting on call categorization from Casa Pacifica. ADMHS and Casa Pacifica's SAFTY team do not replicate services for children and families, however, given the recommendation, ADMHS will work to develop contract language to better articulate roles and the SAFTY role for proactive or linkage services.

### **Finding 4:**

ADMHS agrees with the finding. ADMHS will ensure that the contract development process includes an analysis of services, costs, and contractor performance. ADMHS is considering issuing a request for proposal in the near future to ensure that high quality crisis services are secured at a competitive rate. ADMHS has evaluated the cost of providing crisis services internally vs. externally and has concluded that it is more cost effective to keep the services outsourced to an external provider due to the high staffing costs and additional training that would be required to perform the service internally. In regards to defining "materially" in the contract, ADMHS will evaluate the standard agreement language and ensure that there is a clear threshold as to when the ADMHS Director may reallocate funds between programs without seeking further Board approval or a contract amendment.

### **Finding 5:**

ADMHS partially agrees with this finding. The department does have a definition of productivity for all service classifications. ADMHS' definition of productivity is the ratio of documented service hours to actual staff hours worked. Productive hours include both billable and non-billable hours of service documented in Clinicians Gateway. Productivity is a measure used to evaluate efficiency of service

delivery, including non-Medicaid services. ADMHS does not however feel that productivity is an appropriate measure of effectiveness for all of the contractor's programs. For example, SAFTY requires mandated staffing levels as a crisis response program and services are irregular and unpredictable due to the nature of crisis type situations. A more appropriate measure of this program's success would be outcomes rather than productivity. ADMHS will explore the possibility of using productivity calculations, where appropriate, in the contract monitoring and development process to ensure that staffing levels are optimized.

**Finding 6:**

ADMHS partially agrees with this finding. Casa Pacifica's contract with the County requires the use of Clinician's Gateway to document services provided. It was Casa Pacifica's conscious choice to utilize a system other than Clinicians Gateway as their primary Electronic Health Record, thereby resulting in the need to use two systems. ADMHS contracts with several Community Based Organizations who use Clinicians Gateway as their Primary Electronic Health Record. ADMHS will collaborate with Casa Pacifica to educate them on the functions of Clinician's Gateway and evaluate potential methods to efficiently transfer data between the two systems.

**Finding 7:**

ADMHS agrees with the finding. ADMHS did not have adequate resources to perform routine audits of contractor's costs during the period examined. We have since hired a Cost Analyst and are in the process of developing an audit plan to ensure compliance with contract terms and provisions as well as compliance with Federal and State cost guidelines. ADMHS has met with Casa Pacifica and requested that they restate their financial statements to remove unallowable costs and reminded them that supporting documentation must be retained to support all contract charges.

**Finding 8:**

ADMHS agrees that previous formats of the two programmatic reports have resulted in the reporting of some duplicate information. Per the ADMHS contract, contracted providers are required to submit three types of quarterly reports: Program Narrative, Programmatic Metrics and Staffing. The department and the CBO Coalition have been working collaboratively to design a new format for programmatic reporting which will include key program areas such as program goals, performance outcomes, etc. The reports will be streamlined to ensure that duplicate information is eliminated. Once implemented, contractors would be asked to populate the form for each of their programs. ADMHS is also exploring the development of a web-based solution to upload the quarterly reports directly into a database system. Having such a system in place would help improve the timeliness and efficiency of the data analysis process and allow ADMHS the ability to create reports to capture data anomalies and exceptions as well as report on trends.

**Finding 9:** N/A

**Finding 10:**

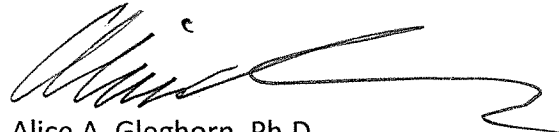
ADMHS agrees with the finding and has contacted the California Department of Health Care Services and requested clarification as to which federal guidelines apply to funding passed through to contractors. The State indicated that they have forwarded the County's question to their legal counsel for response. No formal response has been received by the State.

**Finding 11:**

ADMHS agrees that County purchasing guidelines should be followed but disagrees with the audit report language indicating that Board authorization was not received. The FY 2011/12-2012/13 TBSS purchase

order was a result of a legal settlement with the contractor and was authorized by the Board in closed session. The FY 2013/14 purchase order was authorized through Board resolution 84-183. The TBSS purchase order was eliminated effective FY 2014/15 and funding for TBSS services are included in the standard agreement approved by the Board.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alice', followed by a long, sweeping horizontal line that ends in a small upward flick.

Alice A. Gleghorn, Ph.D.  
Director





County of Santa Barbara  
**DEPARTMENT OF SOCIAL SERVICES**

234 Camino del Remedio, Santa Barbara CA 93110-1369 (805) 681-4401 Fax (805) 681-4403

**Daniel Nielson**  
**Director**

October 2, 2015

Mr. Robert W. Geis, Auditor-Controller  
County of Santa Barbara  
105 East Anapamu Street  
Santa Barbara, California 93101

RE: County Contracts with Casa Pacifica Audit Report

Thank you for the opportunity to provide responses to the Casa Pacifica Audit recommendations. Below are the DSS responses to the recommendations. We appreciate the opportunity to provide additional information and clarification on the audit issues and look forward to working with the Auditor-Controller's office on this and any future efforts to improve the contract monitoring process.

## **1 – Program Evaluation**

### ***Recommendations:***

ADMHS should develop a tool to evaluate and document program outcomes as well as provider performance. ADMHS should also evaluate the current performance measures related to each program and determine whether they are relevant and useful. For example, a relevant performance measure for the SAFTY program may include analyzing the number of crisis calls per client and whether that number has decreased over the years due to the SAFTY program.

DSS should further evaluate whether the performance measures for the Wraparound program are realistic considering actual results, or if the actual results indicate that the program is not producing the desired outcomes. DSS should also document meeting minutes to evidence client evaluations or resulting decisions which could impact performance measures.

### ***DSS Response: Agree***

*Due to the small number of youth included in the annual performance measures, one child, or one family, may be the difference between success or failure in meeting a performance measure. In monitoring the current contract, we have determined that Casa Pacifica's inability to consistently achieve current performance measures indicates the performance measures are not realistic. We plan to re-evaluate the performance measures during the upcoming request-for-proposal process anticipated to be released during fiscal year 2015-16, as a comparison of outcome indicators*

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**Devin Drake, M.A., M.F.T.**  
**Deputy Director**  
Adult & Children Services



for Wraparound programs in other Counties including Ventura, (who also contracts with Casa Pacifica), reveal the need to adjust percentile targets.

Regarding program graduation rates, according to the California Alliance benchmarking initiative with 17 agencies reporting, the average Wraparound graduation rate is 55%. In evaluating the Wraparound program's performance, several factors impact the graduation rate for Santa Barbara County, most notably the characteristics of the youth being served; a high percentage of probation youth (64% in FY13-14), many of whom come from Juvenile Hall, youth with serious mental health diagnoses, and youth with complex needs including physically assaultive behavior, self-injurious behavior, substance abuse, absence without leave (AWOL) behavior. As the Wraparound program is used to work with the most challenging and highest-risk youth in the system, it is expected that there may be a lower graduation rate in Santa Barbara County as compared to the average per the benchmarking initiative.

## 5 – Productivity Evaluation

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**Recommendation:** ADMHS and DSS should evaluate the definition of productivity for each respective program to better evaluate program inputs and staffing levels.

### **DSS Response: Agree**

Casa Pacifica's staffing levels for the wraparound program are consistent with the recommended staff/client ratios of many high quality wraparound models. The Program is currently staffed to provide services to 25 youth; however decreases in referrals to the program can result in lower productivity. Currently the program is full with a waiting list and all staff are at maximum recommended caseloads. DSS will continue to assess productivity to ensure staffing levels are appropriate.

## 7 – Allocated Admin Charges

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**Recommendation:** Casa Pacifica should examine costs allocated to their various programs and reevaluate whether they are allowable in accordance with OMB A-87. We also recommend ADMHS and DSS examine allocated admin costs on a test basis to ensure the programs are being charged the appropriate amount for administrative costs.

### **DSS Response: Agree**

SB 163 Wraparound program is a State only funded program and is not subject to OMB A-87 guidelines. However, in compliance with the Countywide Service Contract and Grant Compliance requirements, DSS will be conducting the required on-site monitoring review in October, 2015. The onsite monitoring review will include the examination of Casa Pacifica's administrative cost allocation methodology to determine whether cost allocated to various programs are allowable and being charged appropriately. If Casa Pacifica is charging SB 163 unallowable costs under OMB A-87, DSS proposes to disallow these costs in the future in order to be consistent with federal guidelines.



## 9 – Wraparound Invoices

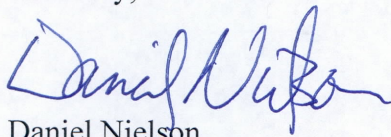
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**Recommendation:** DSS and Casa Pacifica should develop a policy which requires receipts be submitted by clients for any purchases made with gift cards provided to them through the Wraparound program. DSS should also check that supporting documentation has been provided for fund requests.

**DSS Response: Partially Agree**

*Although it would not be practical to require receipts from clients for purchases made with a gift card, DSS will require the vendor to receive a signed statement that the client received the gift card in question. Typically, gift cards are for purchases with specific vendors, i.e. grocery store, fuel, shoe, clothing, etc. and can only be used at those location. Receipts for these transactions after the fact would put an undue burden on the clients.*

Sincerely,



Daniel Nielson  
Director  
Department of Social Services



## CASA PACIFICA

CENTERS FOR CHILDREN & FAMILIES

*Providing Hope & Help*

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September 21, 2015

Mr. Robert W. Geis, Auditor-Controller  
County of Santa Barbara  
105 East Anapamu Street  
Santa Barbara, California 93101

*RE: County Contracts with Casa Pacifica:  
Audit Report*

Dear Mr. Geis,

Over the last 13 years Casa Pacifica has provided intensive mental health services to more than 7,800 of Santa Barbara County's most vulnerable yet valuable children and youth. These youngsters have experienced profound trauma and exhibit the most complex emotional and behavioral challenges imaginable. They are either at high risk of out-of-home placement and/or hospitalization or they have been hospitalized or placed out-of-county/out-of-state. Casa Pacifica's task is to provide services and supports to keep them in their homes, schools and communities and/or help them transition back home.

We value our partnership with Santa Barbara County "safety net" agencies – DSS, ADMHS, and Probation – as we work shoulder-to-shoulder to positively impact the lives and opportunities of these challenging children and their families and, indeed, by supporting these children and strengthening families our programs enhance the quality of life in our communities on the Central Coast.

We appreciate the opportunity to assist the Auditor-Controller's Office in your efforts to improve contract monitoring processes and program outcome measures. We also embrace the report's emphasis on seizing opportunities to increase efficiencies between Casa Pacifica and ADMHS. Here is our response to the Audit Report issued in September of 2015. Comments below are geared to the numbered sections of the report.

### 1 – Program Evaluation

**Wraparound.** Wraparound programs throughout California and the nation typically target one of two populations – those children/youth "at risk" of out-of-home placement or those who have already been placed out-of-home and are seeking to return. Agencies focusing on the first group have much better outcomes than those focusing on the second. Likewise, programs that focus on a child welfare population rather than youth in the juvenile justice system tend to show better outcomes. As a result of referrals to Wraparound, Casa Pacifica's program has served far more youth in the juvenile justice system with a history of law enforcement contact and incarceration, than those in child welfare. Despite our recommendations at

contract monitoring meetings to change performance targets to reflect who we serve – especially “graduation rates” and how they are calculated – the outcome measures established in 2007 have not been changed and do not take these population differences into account.

Nevertheless, we should point out (a) these results are for years in which the client load was not at capacity so low graduation rates as a percentage are magnified (NOTE: Wraparound is now full with a waiting list) and (b) even during those years the results achieved in the Wraparound program as measured by existing criteria are predominately in the 80% range while the target is 90% (see Appendix B of the Audit Report. Note also that Ventura County’s Wraparound outcome measures are the 70% range). Moreover, between 96% and 100% of children and families completing Wraparound state overall satisfaction with services.

*We support the recommendation to revisit the program outcome measures for all three programs and develop ones that are both relevant and useful.*

## **2 – Monitoring of SAFTY Services**

**Services Other Than Crisis Intervention.** The auditors appear to question the distribution of services implying that documented services other than Crisis Intervention are somehow irrelevant to responding to a crisis. However, an in-person response to a crisis typically results in documentation that includes a cluster of billing codes – crisis intervention, targeted case management, assessment and therapy. For example, after a youth has been stabilized (assessment and crisis intervention), the crisis specialist will spend time with the family processing the incident and developing a safety plan (therapy) and finding/linking the youth and family to services (targeted case management).

The billing codes used in the SAFTY program reflect the actual activity of the crisis specialist during a crisis response. The inference included in the Auditors Report is misleading.

**Proactive and Follow-up Services.** Similar to a fire station, mental health crisis services are low volume and unplanned. In order to make the most efficient and effective use of staff time and skills SAFTY was designed to include “planned” services – proactive and follow-up services. Pro-active services are delivered to clients who are involved in an ADMHS program and are deemed by a County or provider clinician to be at high-risk of a crisis. SAFTY staff meet referred clients and help create a SAFTY plan in advance of a crisis. Pro-active services not only take advantage of staff time and skills they also prevent hospitalizations and unnecessary use of other public resources such as law enforcement and emergency rooms.

Follow-up services are designed to assure that the youth and family are linked to community resources and are comfortable with and making use of the services. Follow-up services help reduce hospitalization recidivism.

*We concur with the recommendation that the contract should provide for both proactive and follow-up services. Furthermore, we suggest that these services be based on child, youth and family needs and not on an arbitrary limit. This issue could also be handled with an authorization process.*

## **3 – Monitoring of SAFTY Call Data**

**Information and Referral (I & R).** The data cited in the Audit Report shows that over a third of the calls received by SAFTY are coded as Information and Referral. Crisis staff indicate that most calls identified as I & R involve mental health questions and concerns. They estimate that the average

time spent on an I & R call is eight minutes – about 3% of total time crisis staff spend on all SAFTY services. These calls are inevitable in a crisis “hotline” and handling these calls appropriately offers an important resource/response in the overall children’s system of care.

*We concur with the recommendation in this section that Information and Referral be broken into more descriptive categories and that the time of each call be recorded.*

#### **4 – SAFTY Cost of Services**

The 2005 assumptions underlying a fully ramped SAFTY program were based on research we had done on adult crisis programs around the country. Experience soon showed that given both the geographic size of Santa Barbara County and the needs of children and youth in crisis we were understaffed and needed additional clinical oversight and supervision. Though we asked for contract increases over the years we continued to use private funds to subsidize the contract. Because the continued use of private funds is both unpredictable and unsustainable, we are grateful that the County has increased the contract to cover true costs more adequately. Furthermore, note that since 2005 the cost of doing business has risen by approximately 22%.

*We support the recommendation that ADMHS annually re-examine contract limits in light of the goals and objectives of the program and the needs of the community. Contract limits should be adequate for the provider to fulfill the intended purpose of the program.*

#### **5 – Productivity Evaluation**

*We concur with the recommendation.*

#### **6 – Collaboration and Training with the Provider**

Since 2011 Casa Pacifica has been using an Electronic Health Record (EHR) called Avatar developed by Netsmart which many Counties use including Ventura County. Indeed, Netsmart has the largest market share of any EHR provider in California. We contract with a number of Counties and use Avatar to aggregate data, evaluate all of our programs, create standard reports, and respond in real time to the reporting requirements included in numerous contracts. Also note that the majority of the information maintained in our database is not required or able to be kept in Clinician’s Gateway, e.g., Wraparound Plans of Care, ROI’s, informed consents, grievance procedure acknowledgements, etc.

*We would welcome the opportunity to collaborate with the county on ways to eliminate duplication. Moreover, we understand that ADMHS may be considering different software for documentation and billing purposes and we urge the County to consider the Netsmart product.*

#### **7 – Allocated Admin Charges**

Our Board of Directors requires an annual independent audit. Moreover, we undergo audits by several regulatory agencies and numerous County agencies. We take our stewardship and reporting obligations seriously and to the best of our knowledge have not claimed unallowable costs. Nor has any other audit questioned our costs.

We do not purchase alcohol for our holiday parties and invoices from the event discussed in the Audit Report reflect this practice.



*We concur with this recommendation.*

## **8 – Duplicative Information Included in Reports**

*We agree with this recommendation.*

## **9 – Wraparound Invoices**

We have found gift cards (versus cash) to be the most effective and accountable method for using “flex” funds to support Wraparound clients. The decisions about which clients receive these funds, the intended purpose, and the amount, are made collectively by the Wraparound Implementation Team comprised of county representatives and Casa Pacifica staff. These funds help actualize the Wraparound motto of “whatever it takes” to keep children and families together. In monitoring “flex” fund expenses we retain copies of the receipts for each gift card purchased and we make a best effort to obtain receipts of purchases made with these gift cards to monitor compliance with the authorized purpose of the card.

*We agree with this recommendation and on a go-forward basis we will work with county personnel to develop and implement a more detailed process to provide assurance that funds are being used by clients for the intended purpose.*

## **10 – Medicaid Federal Fund Reporting**


*We agree with this recommendation and will be happy to work with ADMHS and DSS to surface relevant information from a provider perspective.*

## **11. – Therapeutic Behavioral Support Services (TBSS) Purchase Order**

*We agree with this recommendation.*

Thank you for the opportunity to respond to this report. We look forward to continue to work with our County partners to provide the highest quality and most effective services possible to our region’s most challenging children and youth.

Sincerely,



Steven E. Elson, Ph.D.  
Chief Executive Officer

SEE:cad