### **CAPACITY BUILDING INTIATIVE OVERVIEW**

SAPC CONTRACT SERVICES DIVISION Contract Compliance and Monitoring



# **CAPACITY BUILDING INITIATIVE**

#### OBJECTIVES

- Understand the purpose and goals of the Capacity Building Initiative and related statements of work.
- Understand what specific capacity building and infrastructure development efforts can be funded.
- Understand the contract requirements and expectations, and associated deliverables such as work plans and budgets.
- Understand key components of the SAPC recommended organizational capacity building assessment tool to help identify provider-level priority investment areas.



# **CAPACITY BUILDING**

"Capacity building is not just about the capacity of a nonprofit today -- it's about the nonprofit's ability to deliver its mission effectively now, and in the future. Capacity building is an investment in the effectiveness and future sustainability of a nonprofit."

National Center for Nonprofit



# **CAPACITY BUILDING INITIATIVE**

Two Statements of Work have been added to GPS contracts and are effective January 17 to June 30, 2017 ONLY:

- **1.** <u>Organizational Capacity (OC)</u>- Support contracted agencies, particularly those with least access to other resources, in developing and strengthening their organizational capacity to expand and sustain effective treatment and recovery services
- 2. <u>Strengthening Residential Facility Infrastructure (SRFI)</u> Support SAPC-contracted residential treatment providers in improving or maintaining the quality, efficiency, accessibility, and reach of their residential facilities.





#### FUNDABLE ORGANIZAITONAL CAPACITY AND INFRASTRUCTURE

CAPACITY BUILDING INITIATIVE

#### **ORGANIZATIONAL CAPACITY SOW ALLOWABLE ACTIVTIES**

**1. Organizational Leadership and Planning** – capacity to address organizational leadership and planning challenges.

**2. Strategic Relationships** – effectively develop and cultivate alliances and partnerships.

**3. Internal Operations and Management** –capacity to manage operations and improve efficiencies and practices to enhance service delivery.

**4. Technology Infrastructure Development/Improvement** –capacity to meet technological needs required under the START–ODS.

**5. Clinical Practices and Workforce Development** – capacity to meet the clinical standards under START ODS and implement systems which ensure a strong clinical workforce.



#### STRENGTHENING RESIDENTIAL FACILITY INFRASTRUCTURE SOW ALLOWABLE ACTIVTIES

Repairs or improvements can ONLY be conducted to an existing SAPC-contracted agency's residential facility space currently or expected to be used for direct program services.

- **1. General Repairs and Improvements**
- 2. Health and Safety Repairs and Improvements

**3.** Accessibility Improvements to comply with the Americans with Disabilities Act (ADA)

#### **UNALLOWABLE ACTIVITIES:**

- Purchasing furniture or renovating employee offices
   Ongoing or routine maintenance of existing accessibility
   components
- Projects/repairs that have already been started prior to this amendment
- Any repairs or improvements that cannot be completed within the term of this amendment

- Repairs or improvement to buildings used for religious worship
- New construction including additions or extensions that add square footage beyond the existing footprint of the building



# **OTHER UNALLOWABLE COSTS**

- ✓ Hiring new permanent personnel other than as outlined above for clinical staff
- Costs related to other SAPC-funded programs
- ✓ Utilities
- ✓ Facility/Lease payments
- $\checkmark$  Acquisition of real property
- ✓ Repairs or upgrades to publicly –owned ✓ buildings
- Development of a new or maintenance of an existing electronic health record system

- ✓ Software maintenance fees
- Any accounting and legal costs potentially applicable to a capital improvement
- ✓ Leasehold improvements to homes rented under an operating lease
- ✓ Deductibles on insurable events
- ✓ Other non-capital costs as determined by County





#### **REQUIREMENTS AND DELIVERABLES**

CAPACITY BUILDING INITIATIVE

# **CBI REQUIRMENTS & DELIVERABLES**

- Priority Requirements:
  - Organization Capacity Building Assessment (CBA) ORGANIZATIONAL CAPACITY ONLY
  - Work Plan (based on priorities identified in CBA)
  - Budget (template and narrative)

| Organizational Capacity                | Strengthening Residential Facility Infrastructure<br>Same as Organizational Capacity AND |
|--|--|
| Monthly and Final Reports              | Primary Benefit to Contractor  |
| Invoicing                              | Evidence of Site Control   |
| Subcontracts/Consulting                | Site Modification, when applicable   |
| Attend SAPC meetings & work with CIBHS | Bids and Subcontracts  |
| Identify a Program Manager             |  |



### **PROGRAM MANAGER**

- Required: For both Statements of Work
- Identify: Either one person or two, depending on the number of SOW
- Responsibility: Oversight of capacity building activities and communicating with SAPC.
- Submit: Identified program manager name to your Capacity Building CPA
- Include: the Program manager's name and contact on all reports, invoices, and other documents as needed.
- Notify: your assigned Capacity Building CPA when there is a change in the Program Manager



#### **ORGANIZATIONAL CAPACITY BUILDING ASSESSMENT TOOL**

- User-friendly: with the Organizational Capacity Building Assessment (OC ONLY).
- Nine Elements: each element focuses on an area of organizational management
- Available at: <u>http://publichealth.lacounty.gov/sapc/HealthCare/CapacityBuilding.htm</u>
- **Time Efficient:** the tool does not require a significant amount of time to complete
- Time Sensitive: it must be completed before the work plan and budget.
   Deadline is February 15, 2017! BUT....consider completing sooner.
- Submission: submit the completed assessment with the results page to <u>SAPC\_Compliance@ph.lacounty.gov</u>
- Review: this will only be reviewed and compared with the work plan(s). After submitting, you do not need SAPC wait for SAPC to approve to continue working on the work plan.



COUNTY OF LOS

### **WORK PLAN**

- Aligns with the Organizational Capacity Building Assessment (for organizational capacity SOW ONLY).
- **Contents:** There are two different work plans for each SOW:
  - Organizational Capacity SOW: capacity building needs, activities, timeline, expected outcomes and evaluation
  - Strengthening Residential Infrastructure SOW: Problems to be addressed, work to be conducted, timeline, and photos/drawings
- Submit: One work plan for each SOW
- Sample: In your packet are samples of the work plan; blank templates are available on the website
- Review: Work Plans will be reviewed by a multidisciplinary team within 5-7 business days of submission
- Deadline: February 28, 2017, but sooner is better



## BUDGET

- Aligns: Budgets must align with the activities in the work plan
- **Cost Reimbursement:** reimbursement is based on ACTUAL costs
- Billing: SAPCs Electronic Billing System, but...
- Invoicing: Payment is based on approval of invoices
- Cost Reporting: Remember this is based on actual costs, so there should be no variances at the end of the term
- Submission: The sooner the better in order to start billing
- Budget and Narrative Review: Please pull out the budget and narrative templates located in your folders
- Review/Approve: Capacity Building Contract Program Auditor



#### SCHEDULE C-1 – ORGANIZATIONAL CAPACITY

#### **COST REIMBURSEMENT:**



NOTE: COSTS FOR FACILITY RENT/LEASE ARE NOT ALLOWABLE UNDER THIS STATEMENT OF WORK



#### SCHEDULE C-2 – STRENGTHENING RESIDENTIAL FACILITY INFRASTRUCTURE

#### STRENGTHENING RESIDENTIAL FACILITY INFRASTRUCTURE

#### COST REIMBURSEMENT:

|                            | Period of (Board Approval)<br>through 06/30/17 |  |  |  |
|----------------------------|--|--|--|--|
| 1. Salaries                | \$   |  |  |  |
| 2. Equipment Lease         | \$   |  |  |  |
| 3. Services and Supplies   | \$   |  |  |  |
| 4. Repairs & Maintenance   | \$   |  |  |  |
| 5. Administrative Overhead | \$   |  |  |  |
| 6. Gross Budget            | \$   |  |  |  |

### INVOICES

- Format: must use the invoice template provided, also available on <u>http://publichealth.lacounty.gov/sapc/HeathCare/HealthCareReform.htm</u>
- Include: supporting documentation, where warranted (e.g. consultant invoice, bids/quotes, specifications, designs, photos, etc.)
- **Separate:** one invoice submitted per capacity building SOW
- Submission: submit the 10<sup>th</sup> of each month to <u>SAPC\_Compliance@ph.lacounty.gov</u>
- Review/Approved: by Capacity Building Contract Program Auditor.



### **MONTHLY REPORTS**

 Format: will be based primarily on your work plans, templates are being developed and will be available on the webpage

#### Contents:

- 1. Period covered by the report
- 2. Summary of project status for the report period, including:
  - $\checkmark$  Description of work plan objectives, and other work during the reporting period
  - ✓ Unresolved issues resulting in non-completion of work plan objectives and the plan of action
  - ✓ Documentation and progress on subcontractor/consultant activities
  - ✓ Staff changes
  - $\checkmark$  Any other information, as required
- Submission: submit the 10<sup>th</sup> of each month to <u>SAPC\_Compliance@ph.lacounty.gov</u>
- Review: by Capacity Building Contract Program Auditor.



## SUBCONTRACTORS/CONSULTANTS

- All subcontracts or agreements between your agency and another company or individual **must** be reviewed and approved by SAPC.
- Use the subcontractor/consultant checklist sheet to ensure you include the following, in advance, as a part of their subcontractor/consultant packets:
  - Detailed scope outlining the consultant/subcontract product or services to be provided, estimated time on the project, description of fees and an estimate or detailing of exact costs
  - Resume, CV, licenses, certifications or other explanation of experience
  - Bid summary sheet, for SRFI only where applicable
- Submit with the monthly report or on its own



 Subcontractor/consultant activities not approved, in writing, by SAPC in advance may not being reimbursed.





 Primary Benefit to Contractor: Repairs and improvements to <u>leased property</u> will be reviewed to ensure that the landlord or property owner is not the primary beneficiary of the SRFI activities.

• This may require a site visit or review of submitted documentation

• EXAMPLE: Installing a new HVAC system or roofing an entire building that contains other businesses besides your agency.



- **Site Control**: SAPC requires that all SRFI providers submit evidence that they maintain site control of the facility(ies) where activities will take place.
  - □ To demonstrate site control, agencies should submit:
    - copy of the deed (if owned),
    - lease (if leased/rented),
    - or other approved evidence of site control.
  - □ If repairs/improvements will take place on leased property, you must submit:
    - written acknowledgement indicating support of the property owner for any improvements AND
    - a lease that extends to at least the year 2020 (three [3] years from this SOW).
  - Determination of appropriate site control is at the discretion of SAPC
  - Deadline: February 28, 2017







- Site Visits: Site visits will be conducted by SAPC at various stages
- Statement of Work Modifications: A Statement of Work Modification must be submitted that describes the reason for the delay and the revised target completion dates, and this must be approved by SAPC in advance of proceeding with the project. A template will be provided on the webpage.
- **Bids and Subcontracts**: For all projects over \$1,500, agencies must submit the bid information sheet identifying the three (3) bids/quotes. For subcontracted services \$1,000 or above, must use a company or individual that is appropriately licensed and bonded.



- Regulations: It is expected that agencies will ensure any work, including that of subcontractors, complies with all Federal, State, County and City laws, ordinances or regulations controlling the action or operation of those engaged in the work, or affecting materials used, and operate in accordance with them.
- Safety: Agency must ensure all rules of safety under Federal, State, or local code or regulation are carried out AND take proper safety and health precautions to protect the work, employees, residents, the public and the property of others.



"Assessments helps organizations move beyond old thinking, enables them to ask the hard questions and go deeper than they may typically be inclined to do."

Create the Future

CAPACITY BUILDING INITIATIVE

#### ORGANIZATIONAL CAPACITY BUILDING ASSESSMENT



## **CAPACITY BUILDING ASSESSMENT TOOL**

For all <u>Organizational Capacity Statements of Work</u>, a capacity building assessment must be completed prior to beginning activities:

 Use your own capacity building assessment tool approved by SAPC (it must have been completed within the last 12 months)

#### OR

- Use the SAPC-identified organizational capacity building assessment tool
  - developed by The Center for Public Skills
  - part of a larger capacity building toolkit for non-profit organizations
  - very user-friendly
  - Uses excel spreadsheet with pre-existing formulas
  - based on knowledge amassed over many years, from the practices of other nation-wide capacity building efforts



### **CAPACITY BUILDING ASSESSMENT TOOL**

#### **Nine Primary Elements**





#### **OVERVIEW OF CAPACITY BUILDING ASSESSMENT TOOL**

| Mission Vision Strategy      |   |                                   |   |   |                   |  |
|------------------------------|---|-----------------------------------|---|---|-------------------|--|
| Accomment                    | LEVEL 1:  | LEVEL 2:                          | LEVEL 3:  | LEVEL 4:  | Select the leve   |  |
| Assessment<br>Categories (7) | Clear need  | Basic level                       | Moderate level  | High level  | that reflects the |  |
|                              | for increased capacity of capacity in place             |                                   | of capacity in place                                    | of capacity in place                                | organization      |  |
| 1. Mission                   | The organization's mission not known or understood; not | The organization's mission        | Clear expression of the<br>organization's mission; held | Clear expression of the<br>organization's mission;  | 2                 |  |
|                              | referred to or used.                                    | only a few; broad agreement       | by many within organization                             | universally held within                             |                   |  |
|                              |   | lacking: rarely referred to or    | (by both board and staff) and                           | organization (by both board                         |                   |  |
|                              |   | used.                             | often referred to but may not                           | and staff) and used to drive                        |                   |  |
|                              |   |                                   | always drive programming                                | programming and other                               |                   |  |
|                              |   |                                   | and other organizational                                | organizational decisions and                        |                   |  |
|                              |   |                                   | decisions and strategies.                               | strategies.   |                   |  |
| 2. Shared Beliefs &          | No common set of basic                                  | Common set of basic beliefs       | Common set of basic beliefs                             | Common set of basic beliefs                         | 2                 |  |
| Values                       | beliefs and values held within                          | aligned with mission seems to     |   | and values exists and is                            |                   |  |
| Values                       | the organization. Differences                           | exist or is assumed among         | the organization (board and                             | widely shared within the                            |                   |  |
|                              | among and within board and                              | some within the organization      | staff); values clearly aligned                          | organization (board and                             |                   |  |
|                              | staff may stem from conflicting                         | but is not clearly articulated or | with the organization's                                 | staff); provides members                            |                   |  |
|                              | beliefs and values.                                     | shared broadly.                   | mission, emphasizing positive                           | sense of identity and clear                         |                   |  |
|                              |   |                                   | social change; helps provide                            | direction for behavior; beliefs                     |                   |  |
|                              |   |                                   | members a sense of identity;                            | embodied by leader but<br>nevertheless timeless and |                   |  |
|                              |   |                                   | beliefs are aligned with<br>organization purpose and    | stable across leadership                            |                   |  |
|                              |   |                                   | often harnessed to produce                              | changes; beliefs clearly                            |                   |  |
|                              |   |                                   | impact.   | support overall purpose of                          |                   |  |
|                              |   |                                   | inipuo.   | the organization and are                            |                   |  |
|                              |   |                                   |   | consistently harnessed to                           |                   |  |
|                              |   |                                   |   | produce impact.                                     |                   |  |



### **CAPACITY BUILDING ASSESSMENT TOOL**

- Completing the Capacity Building Assessment as a team is highly recommended.
- Team can consist of the Executive Director, at least one other staff member, and at least two board members, one being in key leadership position.
- Submit completed tool with summary sheet to

SAPC\_Compliance@ph.lacounty.gov

• Deadline for submission is

#### February 15, 2017





### PRIORITIZING CAPACITY BUILDING FOCUS

Work with your team to analyze and prioritize the capacity building focus area.

- You are NOT required to follow these steps, but they may be helpful in completing your work plan
- □ Typically, this will be the categories with the lowest scores (1 or 2)
- We recommend you start by selecting 6 out of the 55 elements, which most influence the organization AND can be accomplished in the next 5-6 months.
- □ List them on a sheet of paper, computer, or projector
- Look for the categories that are the "driving forces" right now. Those that have the greatest, fundamental impact on the organization's capacity to be successful under the START ODS.



### **EXAMPLE OF SELECTED FOCUS AREAS**

#### **Six CB Focus Areas**

- 1. Fund/Revenue Model
- 2. Use of Technology
- 3. Service Planning, Relevance & Integration
- 4. Incorporating Effective Practices and Models
- 5. Operational Policies and planning
- 6. CEO/Executive Staff Succession Planning



## PRIORITIZING CAPACITY BUILDING FOCUS

Work with your team to analyze and prioritize the capacity building focus area.

- Once the 6 focus areas have been identified, discuss with your team to further prioritize.
- A maximum three (3) priority areas is recommended to include in your work plan
- These steps are NOT required, but may assist you in completing your work plan

**REMINDER:** Look for the areas that have the greatest, fundamental impact on the organization's capacity to be successful under the START ODS.



### **EXAMPLE OF SELECTED FOCUS AREAS**

**Six CB Focus Areas** 

- 1. Fund/Revenue Model
- 2. Use of Technology
- 3. Service Planning, Relevance & Integration
- 4. Incorporating Effective Practices and Models
- 5. Operational Policies and planning
- 6. CEO/Executive Staff Succession Planning



### INCORPORATING PRIORITY AREAS INTO WORK PLAN

Work with your team to incorporate this information into your work plan.

Will you need Education and training? Or Do you need more focused technical assistance?

Possible sources: staff and capacity building consultants, local United Way, state association of nonprofits, university-based training resources, etc.

Would peer exchanges with other nonprofits be helpful?
 e.g. Meeting with Executive Director that has developed an exemplary staff orientation program.

Are there print, audio, web, and/or video resources?
e.g. staff and capacity building consultants or others assemble package of resources on

leadership succession planning



COUNTY OF LOS ANGELE

#### **EXAMPLE – ORGANIZATIONAL CAPACITY WORK PLAN**

| CAPACITY BUILDING NEEDS     | PROPOSED ACTIVITIES   | TIMELINE  | EXPECTED OUTCOME   |
|-----------------------------|---|---|--|
| financial capacity of       |   | 1   | Operationalization of a<br>permanent financial<br>management system  |
|                             | Convene a workgroup to assist in planning   |   |  |
| workforce to assess medical | Hire full time clinical program<br>director   | By 3/31/17  | increase patient capacity,<br>improved patient placement<br>in most appropriate level of   |
| appropriateness.            | Develop clinical protocol for<br>establishing medical necessity   | By 5/30/17  | care   |
|                             | Ensure staff trained on ASAM  | By 6/30/17  |  |
| engaging monolingual        | CLAS standards.   | By 4/1/17   | Increase capacity to engage<br>and retain monolingual<br>Spanish/ Limited-English<br>proficient patients.  |
|                             | Send 2 bilingual staff to attend the PAL interpreter training   | By 6/1/17   |  |
|                             |   |   |  |
| -                           | Example: Need to improve         financial capacity of         organization         Example: Increase clinical         workforce to assess medical         necessity and treatment         appropriateness.         3. Example: Increase success at         engaging monolingual         Spanish/Limited-English proficient | Example: Need to improve       Retain skilled CPA, bookkeeper or other financial capacity of organization         Retain skilled CPA, bookkeeper or other financial management expert         Organization       Convene a workgroup to assist in planning         Develop permanent financial management protocols       Example: Increase clinical workforce to assess medical necessity and treatment appropriateness.         Bayroprise       Hire full time clinical program director         Bayroprise       Develop clinical protocol for establishing medical necessity         Bayroprise       Ensure staff trained on ASAM         Spanish/Limited-English proficient patients.       Send 2 bilingual staff to attend the PAL interpreter training         Develop more culturally and linguistically appropriate marketing | Example: Need to improve<br>financial capacity of<br>organizationRetain skilled CPA, bookkeeper or<br>other financial management expertBy 2/28/17By 3/15/17<br>By 3/11/7Sy 3/15/17<br>By 3/1/17By 3/15/17<br>By 3/1/17Convene a workgroup to assist in<br>planning<br>Develop permanent financial<br>management protocolsBy 3/15/17<br>By 3/1/17Example: Increase clinical<br>workforce to assess medical<br>necessity and treatment<br>appropriateness.Hire full time clinical program<br>directorBy 3/31/173. Example: Increase success at<br>engaging monolingual<br>Spanish/Limited-English proficient<br>patients.Hire full time clinical protocol for<br>establishing medical necessity<br>Ensure staff trained on ASAM<br>Send 2 bilingual staff to attend the<br>PAL interpreter training<br>Develop more culturally and<br>linguistically appropriate marketingBy 6/30/17 |



#### **SUPPORT AND RESOURCES**

#### **CAPACITY BUILDING INITIATIVE WEBPAGE**

#### http://publichealth.lacounty.gov/sapc/HeathCare/HealthCareReform.htm





## CAPACITY BUILDING CONTRACT PROGRAM AUDITORS

- Each agency is assigned only ONE Capacity Building CPA
  - In most cases, this will be different from you normal CPA
- Each CB CPA:
  - Supports agencies in reaching their capacity building goals
  - Provides ongoing project monitoring and management
  - Serves as the initial point of contact for capacity building activities
  - Provides resources and information
  - Reviews/approves invoices, work plans, reports, and other documentation
  - Offers ongoing provider preparedness and support



## CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS

- CIBHS will be available to assist agencies in preparing for the START ODS Implementation.
- Contact your CB CPA if there are particular requests for assistance



# COMMUNICATION

- This initiative **WILL NOT** be successful without it
- We will be in regular communication with you
- We encourage and invite you to contact your CB CPA, whenever there is confusion, questions, or concerns regarding your activities as soon as it arises
- Let us know if there are additional resources you need or have that can be shared
- Take advantage of the resources on the webpage



# **QUESTIONS?**

